

# Hertfordshire Partnership University NHS Foundation Trust Council of Governors PUBLIC meeting

Da Vinci A&B

16 May 2019 13:00 - 16 May 2019 15:30

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**Meeting of the PUBLIC Council of Governors**

**Thursday 16<sup>th</sup> May 2019**

**The Colonnades, Beaconsfield Road, Hatfield AL10 8YE  
Da Vinci A&B  
13:00 – 15:30pm**

**A G E N D A**

**13:00 – 13:30: Service User Presentation**

Item No.	BY	SUBJECT	REPORT	ACTION	TIME
<b>PART 1- PUBLIC</b>					
1	Chairman	<b>Welcome and Apologies for absence</b>		<b>Note</b>	
2	Chairman	<b>Declarations of Interest</b>		<b>Note</b>	
3	Chairman	<b>Minutes of the Public CoG meeting held: 14<sup>th</sup> February 2019</b>	Attached	<b>Approve</b>	
4	Chairman	<b>Matters Arising Schedule</b> • <b>Extraordinary CoG</b>	Attached	<b>None</b>	
5	Tom Cahill	<b>CEO Report</b>	Attached	<b>Receive</b>	
6	Chairman	<b>Chairs Report</b>	Verbal	<b>Note</b>	
7	Chairman	<b>Governor Elections</b>	Verbal	<b>Note</b>	
8	Sarah Betteley	<b>NED Report on the Integrated Governance Committee</b>	Verbal	<b>Note</b>	
9	Fran D Ilana R Barry C	<b>Reports from Council of Governors' Groups:</b> <b>9.1 Quality &amp; Service User Experience</b> <b>9.2 Performance</b> <b>9.3 Membership &amp; Engagement</b>	Attached Attached Attached	<b>Receive</b> <b>Receive</b> <b>Receive</b>	
10	Jon Walmsley Lead Governor	<b>Lead Governor Activity Report</b>	Attached	<b>Receive</b>	
11	Ronke Akerele	<b>End of Year Performance Report</b>	Presentation	<b>Receive</b>	
12	Dr Jane Padmore	<b>CQC Report</b>	Attached	<b>Receive</b>	
13	Karen Taylor	<b>Annual Plan 19/20</b>	Attached	<b>Receive</b>	

14	Chairman	<b>Minutes of the Public Board meeting held: 7<sup>th</sup> February 2019</b>	Attached	<b>Receive</b>	
<b>Questions from the public</b>					

**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 Council of Governors meeting held**

**Thursday 14<sup>th</sup> February 2019**

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

**Attendance:** Please see end of Minutes

Item	Subject	Action
000/19	<p><b>Service User Experience presentation</b></p> <p>Beth Watkins who was accompanied by her parents Maria and Andrew, along with Beth's worker Rachel Williams and Brid O'Leary provided the board with an inspiring and moving account of her journey and experiences with the CAMHS eating disorder service.</p> <p>Of particular note to the board was service users' 'weight' whereby Beth's father Andrew recounted that had Beth been seen sooner her weight would not have dropped so low, however when the weight did drop, she then became a priority and was seen. TC acknowledged the difficulties with access.</p> <p>CL thanked Beth for her inspirational story and Beth's parents Maria and Andrew. CL also recorded thanks to Brid and Rachel.</p>	KW
001/19	<p><b>Welcome &amp; Apologies</b></p> <p>Chris Lawrence welcomed all to the meeting and apologies were noted.</p>	
002/19	<p><b>Declarations of Interest</b></p> <p>There were no declarations reported.</p>	
003/19	<p><b>Minutes of previous public Council of Governors meeting held: 13<sup>th</sup> December 2018</b></p> <p>The minutes were approved as an accurate record of the meeting.</p> <p><b>The Minutes of the 13<sup>th</sup> December 2018 were APPROVED</b></p>	
004/19	<p><b>Matters Arising Schedule</b></p> <p>CL highlighted that the revised governor evalu8 appraisal form had been updated and annual appraisals were being scheduled.</p> <p><b>The Matters Arising Schedule was NOTED</b></p>	
005/19	<p><b>CEO Report</b></p> <p>The Council of Governor's received the Chief Executives report with the following headlines :</p> <ul style="list-style-type: none"> <li> <p><b>NHS Long Term Plan</b></p> <p>TC advised governors that NHS England had now published its Long Term Plan. Whilst there was lots of good news TC personally felt the plan was over optimistic. The NHS was struggling and it would be case of being able to continue rather than transform. The first</p> </li> </ul>	

year would be seen as a 'transition' year with different models operating by year 2. There would be a difference in the way the money flowed with NHSI and E working together. TC confirmed we were in negotiation with commissioners to sign a five year contract with a two year option. The uplift in money for Mental Health and Learning Disabilities whilst good news, would see a large chunk taken up for the nurse and doctor staff pay award leaving the Trust with a challenging Cost Improvement Plan (CIP) target.

- **Regional Director Appointment**

TC reported that Ann Radmore, currently Kingston Hospital Foundation Trust Chief Executive had been appointed as the East of England Regional Director. Ann would be taking up post from April 2019.

- **Herts & West Essex STP**

The STP was gaining momentum with the NHS Long Term Plan forming the Integrated Care System Strategy would comprise of Strategic Commissioning, Strategic Assurance and Strategic Performance. TC would provide more information at the next Council of Governors.

- **West Herts Adult Community Services**

TC informed governors that HCT had lost the tender for the Adult Community Health Services in West Hertfordshire. Central London Community Healthcare Trust (CLCH) would be the new provider for these services. HPFT had made contact with colleagues at CLCH to begin conversations on working together. The Trust had also been in contact with HCT to understand how we moved forward with the current joint working arrangements.

- **Finance**

TC reported that although the Trust had struggled in January 2019 it was now back on track and holding steady, however noted that we should not forget the £1.4m spent to keep on balance.

- **Care Quality Commission (CQC)**

TC advised governors that the CQC had confirmed they would be visiting the Trust between the 4<sup>th</sup> and the 8<sup>th</sup> March to undertake the Well Led and Core service inspection. Focus groups had already been undertaken with various groups of staff. TC further advised they would be inspecting 6 of our core 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

The outcome of the visit would be available by the end of March.

- **Executive and Non-Executive Recruitment**

Non-Executive post

The Non-Executive recruitment would be covered under the Lead

	<p>Governor report.</p> <p>Executive post TC informed governors that this would be Jess Lievesley' last meeting. Recruitment for the post was underway with the final interviews taking place on the 21<sup>st</sup> March 2019.</p> <p>Questions were invited from the Council. No questions were put forward.</p> <p><b>The CEO Report was RECEIVED</b></p>	
006/19	<p><b>Chairs Report</b> <b>CL updated governors with a verbal report and provided the below key updates:</b></p> <ul style="list-style-type: none"> <li>• CL had recently made a number of site visits to include Essex, Kingfisher Court and Norfolk. Staff at all sites were preparing for the CQC with staff feeling confident and providing good feedback.</li> <li>• Lift in Essex – CL commented that this was a wonderful achievement and also noted the Essex contract which had recently been secured.</li> <li>• CL had visited Kingfisher Court on Wednesday 13<sup>th</sup> February 2019 with Lord Victor Adebawale, Chief Executive of Turning Point and a great champion for WRES. The visit had included a visit to the 136 suite where Victor commented it was one of the best he had seen and lunch on Swift ward with service users and staff. CL expanded on the visit stating that there was lots of pragmatic realism and a determination to do better. CL recorded thanks to TC and the Executive Team.</li> <li>• Council of Governor Sub Committees Chairs meeting CL advised the Chairs had held a meeting prior to the Council of Governors. Lots of good work was being done but with a recognition that there was still some way to go.</li> </ul> <p>Questions were invited. No questions were put forward.</p>	
007/19	<p><b>Work of Board Sub-Committee - Presentation</b> KL presented to the Council on the work of the Audit Committee noting he was presenting in the absence of the Chair, Catherine Dugmore.</p> <p>The slides from the presentation and narrative were circulated to the Council following the meeting.</p> <p>IR queried whether the 'No Deal' Brexit paper which had been mentioned at the last Council meeting could be shared with Governors. TC confirmed the paper which went to the Public Board would be shared.</p> <p><b>Action Point: KW to circulate the 'no deal' Brexit paper from the Public Board of the 7<sup>th</sup> February to the Council</b></p> <p><b>The presentation was NOTED</b></p>	KW
008/19	<b>Reports from Council of Governor Sub-Groups</b>	

	<p><b>8.1 Quality &amp; Service User Experience</b></p> <p>JW updated Governors on the work of the Quality &amp; Service User Experience meeting as FD had been absent at the last meeting. JW confirmed they had held an effective meeting on the 15<sup>th</sup> January 2019 with 11 attendees. An operational update and CQC update had been provided by JL. JW noted the recent CQC Governor Focus Groups which had been very well attended with a good mix of governors. SBe had also attended the meeting and provided an update on the Safe Staffing and Integrated Safety report. The next meeting was scheduled for the 28<sup>th</sup> March 2019 @ 14:30pm.</p> <p><b>8.2 Performance</b></p> <p>IR introduced her report noting to the Council the report would be taken as read. Key points to note were:</p> <ul style="list-style-type: none"> <li>• Great attendance</li> <li>• An update on the Performance report had been provided by RA with IR recording that this was much appreciated by the committee.</li> <li>• An update had also been provided on the transition from CAMHS to Adult services and from Adult services to Older Peoples services.</li> </ul> <p>Questions were invited. No questions were put forward.</p> <p><b>8.3 Membership &amp; Engagement</b></p> <p>JW provided governors with an update on the Membership &amp; Engagement meeting in the absence of BC who had submitted his apologies. The meeting was held on the 21<sup>st</sup> January and had received an excellent presentation on Mental Health Champions in Schools from Breda O'Neil, CAMHS Schools Link Manager, E&amp;N Herts CCG. Leah Johnson had provided a presentation on the Inclusion and Engagement Team. A Comms update had been provided by Helen Bond where they had also discussed the Adult and CAMHS welcome packs. JW conclude his update mentioning the homework given to governors by BC at the last meeting where he had asked for suggestions of groups to visit. Good feedback had been received with areas such as the Samaritans. The next meeting was scheduled for the 2<sup>nd</sup> April 2019 at 10:00am.</p> <p><b>The reports were RECEIVED</b></p>	
009/19	<p><b>Headline Performance Report including Annual Plan Quarter 3</b></p> <p>RA presented the Quarter 3 Performance Report and an update on the annual plan to Governors.</p> <p>Performance Report Q3</p> <p>The slides provided information around Access to Services, Safe and Effective Services, Workforce and Finance each highlighting the sustained improvement and the areas which required improvement. The financial position at the end of December 2018 headlines were the NHSI use of resources (UOR) rating which was showing as 1 for the first time this year (2018) a surplus of £82 for the month ahead of the plan of £78k and a surplus of £408k for the year to date.</p> <p>Annual Plan Q3</p> <p>RA talked through the slides which provided governors with current progress and areas of continued progress for Quarter 4 in the below areas:</p>	



	<ul style="list-style-type: none"> <li>• Safety</li> <li>• Experience</li> <li>• Health of Service Users</li> <li>• People</li> <li>• Innovation</li> <li>• Joined Up Care</li> <li>• Shaping the future</li> </ul> <p>The updated slide deck would be circulated to governors.</p> <p><b>Action Point: KW to circulate the updated slide deck to governors</b></p> <p>RA concluded her presentation noting the draft of the 2019/20 Annual Plan was underway which would include input from the governors. A date would be circulated shortly. TC acknowledged and encouraged governors to attend.</p> <p><b>The report was RECEIVED</b></p>	<b>KW</b>
<b>010/19</b>	<p><b>Spot the Signs and Save a Life</b></p> <p>EP provided a presentation to the Governors on the Spot the Signs and Save a Life explaining it was an awareness campaign which offered training for professionals and signposting and information to the public. The campaign delivered Hertfordshire County Councils Suicide Prevention Strategy 2017 which was outlined by Public Health and funded by the Trust. The ambition was to have zero suicides in Hertfordshire being consistent with the national suicide prevention strategy for England. The service also aimed to improve support to those bereaved or affected by suicide. The presentation also summarised statistics of the campaign and its successes.</p> <p>Questions were invited.</p> <p>BT queried whether the service was offered in the East of the County with EP confirming that the campaign covered the whole of the county it just so happened that the Harpenden was chosen to start the roll out.</p> <p>VM asked about support to those families bereaved by suicide. EP replied commenting that the campaign had a focus on prevention however Nikki Willmott, Head of Safer Care and Standards was doing a piece of work on what could be done to help families who had lost a family member to suicide.</p> <p>IR queried the Infographic asking if it would be possible to share this with the governors. EP advised that the infographic was for use alongside the training however had leaflets that she could pass on to IR.</p> <p>CL thanked EP for her presentation.</p> <p><b>The presentation was RECEIVED</b></p>	
<b>011/19</b>	<p><b>Minutes of the Public Board meeting held 29<sup>th</sup> November 2018</b></p> <p>CL noted to governors the minutes were approved by the Board and were for noting only.</p>	

	<p>The Council noted the minutes with no comments.</p> <p><b>The Minutes were RECEIVED</b></p>	
<b>012/19</b>	<p><b>AOB</b>            Jess Lievesley            CL recorded a huge thank you to JL on behalf of the Board for his work with the Trust, his candour, sense of humour, warmth, enthusiasm and commitment wishing him every success in his future role.</p> <p>Work Placements            WS provided information to Governors on work placement progress explaining the pilot had commenced in July last year (2018). To date it had been a very positive initiative with 64 1:1 sessions taking place and 3 placements completed. The project was overseen by James Holland. WS noted this enthusiasm for the project and commended it to the governors.</p> <p>CL thanked WS for the update.</p> <p>No further business was raised.</p>	
<b>013/19</b>	<p><b>Date/Time of Next Meeting:</b>            The next meeting is scheduled for Thursday 16<sup>th</sup> May 2019</p>	

***Close of Meeting***

**Attendance:**

<b>Non-Executive Directors</b>		
<b>Chris Lawrence</b>	<b>Chairman</b>	<b>CL</b>
<b>Janet Paraskeva</b>	<b>Non-Executive Director</b>	<b>JP</b>
<b>Simon Barter</b>	<b>Non-Executive Director</b>	<b>SBa</b>
<b>Loyola Weeks</b>	<b>Non-Executive Director</b>	<b>LW</b>
<b>Sarah Betteley</b>	<b>Non-Executive Director</b>	<b>SBe</b>
<b>Tanya Barron</b>	<b>Non-Executive Director</b>	<b>TBa</b>
<b>Executive Directors</b>		
<b>Tom Cahill</b>	<b>Chief Executive</b>	<b>TC</b>
<b>Keith Loveman</b>	<b>Director of Finance &amp; Deputy Chief Executive</b>	<b>KL</b>
<b>Mariejke Maciejewski</b>	<b>Interim Director of Workforce &amp; Organisational Development</b>	<b>MM</b>
<b>Ronke Akerle</b>	<b>Director of Innovation</b>	<b>RA</b>
<b>Jess Lievesley</b>	<b>Director Delivery &amp; SU Experience</b>	<b>JL</b>
<b>Public Governors</b>		

<b>Bob Taylor</b>	<b>Public Governor</b>	<b>BT</b>
<b>Ilana Rinkoff</b>	<b>Public Governor</b>	<b>IR</b>
<b>Emily Burke</b>	<b>Public Governor</b>	<b>EB</b>
<b>Emma Paisley</b>	<b>Public Governor</b>	<b>EP</b>
<b>Eni Bankole-Race</b>	<b>Public Governor</b>	<b>EBR</b>
<b>William Say</b>	<b>Public Governor</b>	<b>WS</b>
<b>Verity Masters</b>	<b>Public Governor</b>	<b>VM</b>
<b>Jon Walmsley</b>	<b>Public Governor (Lead Governor)</b>	<b>JW</b>
<b>Appointed Governors</b>		
<b>David Andrews</b>	<b>Appointed Governor</b>	<b>DA</b>
<b>Rosemary Farmer</b>	<b>Appointed Governor</b>	<b>RF</b>
<b>Ray Gibbins</b>	<b>Appointed Governor (Viewpoint)</b>	<b>RG</b>
<b>Fran Deschampsneufs</b>	<b>Appointed Governor (Herts MIND Network)</b>	<b>FD</b>
<b>Staff Governors</b>		
<b>In Attendance</b>		
<b>Kathryn Wickham</b>	<b>Minutes</b>	<b>KW</b>
<b>Apologies</b>		
<b>Karen Taylor</b>	<b>Director Strategy &amp; Integration</b>	<b>KT</b>
<b>Jill Hall</b>	<b>Company Secretary</b>	<b>JH</b>
<b>Catherine Dugmore</b>	<b>Non-Executive Director</b>	<b>CD</b>
<b>Dr Jane Padmore</b>	<b>Director Quality &amp; Safety</b>	<b>JPad</b>
<b>Dr Asif Zia</b>	<b>Director Quality &amp; Medical Leadership</b>	<b>AZ</b>
<b>Simon Barter</b>	<b>Non-Executive Director</b>	<b>SB</b>
<b>Barry Canterford</b>	<b>Public Governor</b>	<b>BC</b>
<b>Meredith Griffiths</b>	<b>Public Governor</b>	<b>MG</b>
<b>Grahame Wright</b>	<b>Staff Governor (Corporate)</b>	<b>GW</b>
<b>Herbie Nythani</b>	<b>Staff Governor</b>	<b>HN</b>
<b>Mimi de Wolf</b>	<b>Public Governor</b>	<b>MdW</b>

DRAFT

**Minutes of the EXTRAORDINARY Council of Governors meeting held**

**Tuesday 16<sup>th</sup> April 2019**

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

**Attendance:** Please see end of Minutes

Item	Subject	Action
001/19	<b>Welcome &amp; Apologies</b> Chris Lawrence welcomed all to the meeting and apologies were noted. In the absence of the company secretary the Chairman confirmed quoracy.	
002/19	<b>Declarations of Interest</b> There were no declarations reported.	
003/19	<b>ARC recommendation for the appointment of two Non-Executive Directors: David Atkinson and Diane Herbert</b> JW presented the paper to governors and provided some background explaining that the ARC had been through a robust recruitment process with good input from the governors. A unanimous decision had been reached to appoint Diane Herbert following the resignation of Michelle Maynard and David Atkinson in preparation for Simon Barter's 'end of term appointment in July 2019. JW asked for the governors to ratify the Appointments and Remuneration Committees (ARC) recommendation to appoint Diane Herbert and David Atkinson. All in attendance agreed.  CL stated that Diane Herbert would commence her role on the 1st May 2019. David Atkinson would formally commence his role on 1st August 2019 with the ARC supporting the appointment of David Atkinson in the interim as an Associate NED commencing 1st May 2019 allowing a handover period before Simon stepped down.  Governors supported the Associate NED role for the period 1 <sup>st</sup> May – 31 <sup>st</sup> July 2019.  <b>The ARC recommendation was RECEIVED</b>	
004/19	<b>Co-opted Associate Non-Executive Director – development post</b> CL introduced the item noting to governors that at the Board meeting of the 4 <sup>th</sup> April the Board had supported the proposal to create a Co-opted Associate NED development post for a period of 12 months. A suitable candidate had been identified through the recent NED recruitment process: Sarita Kohli Dent who had made it to the final short list for the NED role to replace Simon Barter. The proposal of the post had been shared with other Trust Chairs and NHSi who had welcomed the idea and hoped other Trusts would follow suit. As this was not an appointment to the Board it did not require the approval of the Governors, however did seek the Council of Governors support for Sarita Kohli Dent to take up post on the 1 <sup>st</sup> May 2019.  All in attendance supported the appointment of Sarita Kohli Dent.  <b>The report was NOTED</b>	

<b>005/19</b>	<b>AOB</b> There were no further items of business.	
<b>006/19</b>	<b>Date/Time of Next Meeting:</b> The next meeting of the Council of Governors is scheduled for Thursday 16 <sup>th</sup> May 2019	

### Meeting Closed

#### Attendance:

<b>Non-Executive Directors</b>		
<b>Chris Lawrence</b>	<b>Chairman</b>	<b>CL</b>
<b>Executive Directors</b>		
<b>Tom Cahill</b>	<b>Chief Executive</b>	<b>TC</b>
<b>Mariejke Maciejewski</b>	<b>Interim Director Workforce &amp; Organisational Development</b>	<b>MM</b>
<b>Public Governors</b>		
<b>Jon Walmsley</b>	<b>Public Governor (Lead Governor)</b>	<b>JW</b>
<b>Barry Canterford</b>	<b>Public Governor (via conference Call)</b>	<b>BC</b>
<b>Bob Taylor</b>	<b>Public Governor</b>	<b>BT</b>
<b>Caroline Bowes-Lyon</b>	<b>Public Governor (via conference call)</b>	<b>CBL</b>
<b>Emma Paisley</b>	<b>Public Governor (via conference call)</b>	<b>EP</b>
<b>Meredith Griffiths</b>	<b>Public Governor (via conference call)</b>	<b>MG</b>
<b>Tap Bali</b>	<b>Public Governor</b>	<b>TB</b>
<b>William Say</b>	<b>Public Governor (via conference call)</b>	<b>WS</b>
<b>Eni Bankole-Race</b>	<b>Public Governor (via conference call)</b>	<b>EBR</b>
<b>Appointed Governors</b>		
<b>Rosemary Farmer</b>	<b>Appointed Governor</b>	<b>RF</b>
<b>David Andrews</b>	<b>Appointed Governor (via conference call)</b>	<b>DA</b>
<b>Staff Governors</b>		
<b>Dr Mike Shortt</b>	<b>Appointed Governor</b>	<b>MS</b>

<b>In Attendance</b>		
<b>Kathryn Wickham</b>	<b>PA to Chairman &amp; Company Secretary   Minute Taker</b>	<b>KW</b>
<b>Apologies</b>		
<b>Jill Hall</b>	<b>Company Secretary</b>	<b>JH</b>
<b>Emily Burke</b>	<b>Public Governor</b>	<b>EB</b>
<b>Angelina Sclafani-Murphy</b>	<b>Public Governor</b>	<b>ASM</b>
<b>Fran Deschampsneufs</b>	<b>Appointed Governor (Herts MIND Network)</b>	<b>FD</b>
<b>Ray Gibbins</b>	<b>Appointed Governor (Viewpoint)</b>	<b>RG</b>
<b>Verity Masters</b>	<b>Public Governor</b>	<b>VM</b>
<b>Harinder Singh Pattar</b>	<b>Public Governor</b>	<b>HP</b>

## Council of Governors Meeting

<b>Meeting Date:</b>	16 <sup>th</sup> May 2019	Agenda Item: 5
<b>Subject:</b>	CEO Brief	
<b>Presented by:</b>	Tom Cahill, CEO	

### National update

#### **CQC Mental Health Inspection Lead to step down**

Paul Lelliott, who has been deputy chief inspector and the CQC's lead for mental health inspection for five years, is set to leave the organisation at the end of summer. A former consultant psychiatrist, Dr Lelliott was appointed to the role in January 2014 when the mental health inspection programme was launched. Currently he is leading the CQC's thematic review into the use of restraint, seclusion and segregation for people with mental health, learning disabilities and/or autism.

#### **European Elections: Pre-election Guidance from NHS Improvement**

On 1 May 2019, NHS Improvement published its pre-election guidance to NHS trust, which runs from that date through to and including Thursday, 23 May 2019, the date of the European Elections. The guidance itself can be found on NHS Improvement's website:

<https://improvement.nhs.uk/news-alerts/upcoming-local-elections-pre-election-guidance-2019/>

In summary, the guidance states:

- The NHS has a duty to remain politically impartial at all times, but especially during pre-election periods when specific restrictions are placed on the use of public resources and the communication activities of public bodies
- NHS organisations are expected to behave impartially, especially when it comes to any external
- In terms of media handling, NHS organisations are asked to avoid proactive media on issues that may be contentious and for social media/websites, nothing contentious should be posted
- Board meetings held in public should be confined to discussing matters that need a board decision or require board oversight; matters of future strategy should be deferred
- FT governor elections – these can continue to go ahead, but the NHS is asked to exercise caution

The Trust is in the process of bringing the guidance to the attention of its wider leadership team and it will be included in this week's Highlights e-newsletter, which is sent out to all staff by email.

#### **Final Never Events Report for 2017/18 published**

NHS Improvement published its final adjusted Never Events report for 2017/18. Never Events are serious, largely preventable safety incidents that should not occur if the available preventative measures are implemented. For the year in question, no such Never Events were recorded by HPFT.



## **NHS England roles out Employment Coaches scheme**

On 20 April 2019, NHS England announced a major expansion of a scheme designed to help tens of thousands of patients with serious mental health problems who want to work, to find employment. The voluntary scheme, known as Individual Placement and Support (IPS), is being rolled out to 28 new local NHS areas, meaning eight out of ten parts of England will have access to the programme.

## **Regional update**

### **Hertfordshire and West Essex STP**

#### **Leadership**

Deborah Fielding, the Executive Lead for the STP retired, as planned, during April 2019. Whilst there are plans in place to consider a joint appointment between the STP and the CCGs in due course, the STP leadership has agreed to proceed with the appointment of an interim STP Head for the period of six to nine months. Interviews are expected to take place during May.

#### **Design**

As agreed, the Chair of the STP has produced a draft paper outlining the possible future architecture for commissioning and provision in the Herts & West Essex system. This paper will come to the next board meeting, but in essence as expected, it is proposing a single Integrated Care System (ICS) for the system with responsibility for strategic commissioning, providing assurance and performance within three geographical Integrated Care Partnerships with responsibility for the health management of the population in each locality.

There is also consideration being given to the development of an Integrated Care Partnership for Specialist Mental Health. Any such proposal would require Board approval.

#### **STP Operating Plan 2019/20**

The STP operating plan for 2019/20 was submitted to NHSI on 12 April and we await formal feedback. This will form the first year of a five year plan to be developed during the first half of the financial year.

## **Trust-wide Update**

### **Performance**

Our quarter-end performance results reveal an all-time record for the highest volume of referrals into SPA (16,036 referrals for Q4, 5% higher than Q3). Despite this unprecedented volume pressure we have registered the 4<sup>th</sup> highest quarter for green-rated Trust wide key performance indicators of any quarter over the last 4 years.

Clearly, we are doing more 'units' of work with the same level of resources, however there are pressure points in key service areas that require remedial action. Primarily, these pressure areas manifest as performance dips in our access targets across Adult Community, Older Persons Dementia Diagnosis and Children's services.

In response, Continuous Quality Improvement activity for CAMHS 28 day wait to assessment, EMDASS 12 week wait to diagnosis, and Adult Community 28 day wait to assessment, will allow us to optimise processes and drive efficient use of resources. However, we are alive to the risk that addressing access pressures can move the problem deeper into our delivery system and will take a whole systems approach, problem analysis and solution design.

Within the workforce, we are seeing modest improvement across all key performance indicators and believe that the effect of recent IT system improvements with Discovery and SPIKE 2 have delivered significant improvements to mandatory training and compliance activities.

## **Innovation**

The Innovation Hub has been open since early March, and has received positive feedback. The Hub delivers a mixture of regularly scheduled sessions as well as bespoke workshop facilitation, helping individuals and teams to understand more about Continuous Quality Improvement (CQI) in order to address the problems and realise the opportunities in delivering their services.

In March and April we continued our investment in Innovation strengthening our skills and procurement activity to train and support Continuous Quality Improvement at all levels of the Trust.

We are sharing our innovation around delivering CAHMS Tier 4 services closer to home (the Hospital at Home Model) with the New Models of Care Collaborative. As a result we are creating opportunities to explore new ways of working across the region. Extending our network in this way gives us greater capacity for ideas and innovation by borrowing ideas and analysis from our near neighbours and creates relationships and understanding to work better together in the future.

## **Quality & Safety**

The Peer Experience Listening stakeholder group are planning work relating to feeling safe in inpatient service areas. They will work in co-production with service users to look at more proactive approaches with feeling safe and safety on the wards.

A co-produced questionnaire has been drafted to be initially piloted in Oak, Robin and Albany Lodge. The questionnaire looks at service user experiences, resources to help individuals feel calm, relaxed and reassured, how individuals feel safe on the ward and the support they need.

Safety Pods are being piloted in service areas and training provided for their use. Governance for, and evaluation of their use is overseen by the Safety Committee.

We have implemented a number of actions regarding the use of restrictive interventions – including seclusion, to focus on using the least restrictive practice in our service areas. Moving forwards these will be incorporated in to our co-produced *MOSS2gether* strategy which we are currently planning.

## **Quality Strategy**

Our Quality Strategy has been developed through reviewing the Quality and Service Delivery Strategy and a number of consultations and sets out clear objectives under each of the three quality domains of Safe, Effective and Experience detailing what this will mean for service users, carers and staff. The final version of the draft strategy will now be presented to IGC and subsequently to the Board for ratification.

## **Suicide prevention**

We continue to deliver the zero tolerance to suicides action plan. In collaboration with 'Spot the Signs' a new app 'Stay alive' is being launched on 9<sup>th</sup> May. This is an excellent resource whereby service users can hold their safety plans as well as find support and guidance when in crisis.

The Trust has been part of the public health audit into suicides with Public health, and the final findings will be presented next month.

## **Health & Safety Executive (HSE)**

As you are aware, the Health and Safety Executive (HSE) will be visiting the Trust for a three day inspection from 13<sup>th</sup> to 15<sup>th</sup> May 2019 in relation to the Health and Safety Act 1974.

The inspection is one of twenty inspections that are planned nationally to examine management arrangements for prevention of violence and aggression experienced by our staff and how we prevent injuries at work e.g. back injuries.

## **CQC**

Following the CQC Inspection that concluded at the end of March, it was noted that the inspection team were very complimentary about our staff and their caring attitudes with obvious commitment to the Trust values. The Trust has now received the draft report, which is in the process of being

checked for factual accuracy, and it is hoped that the final rating and report will be published later in May.

### **Workforce & OD**

The Big Listen was held in April and proved to be the highest attended so far with nearly 100 colleagues present. The overall day was very well evaluated with the three workshops well attended. Major topics of conversation included the working environment, career progression in corporate teams and more mobile equipment to allow agile working. As with previous Big Listens the topics of discussion will be collated and responses provided to the workforce.

Our 10<sup>th</sup> Cohort of the Leadership Academy programme started in April and recruitment for our local Mary Seacole Programme is underway. We also started a series of Management Fundamentals workshops for new managers. Further developments of our learning management system launched in April include a “My Team Dashboard” which allows managers to review the compliance of their direct and indirect reports and “SME Dashboard” which allows the Subject Matter Experts to review compliance of their training areas.

Recruitment continues to be a challenge however the performance data for quarter 4 shows a drop in vacancy rate and turnover with 140 new starters through the quarter. A Buddy scheme for new starters is now in place to support the transition into a new workplace and guidance has been produced for managers to support 100 day and stay conversations as part of our retention initiatives.

Our work on improving the experience of BAME staff continues with the introduction of a BAME representative on all interview panels for Band 8a posts and above.

### **Financial update**

For year the financial position reported was a surplus of £392k, £32k ahead of the Plan and the NHSI Control Total. This was consistent with our projections in recent months which saw after a very difficult first quarter which required £1.4m additional support, a recovery approach which delivered a continued run of favourable surplus variances and then in Q4 the decision to make £1.1m of much needed investment within the estate.

The favourable variances reflected some additional non contract income, pay and agency savings and financing costs being below Plan. The highlights have been;

1. Performance of our CAMHS T4 service which after a difficult first six months has seen the successful implementation of the vision of a community based service operating locally enabling a large reduction in the previous out of area inpatient provision.
2. Steady reduction in agency costs within services which has saw us comply with the NHSI agency ceiling; and
3. Reduction in overhead costs whilst maintaining strong support to our clinical services.

The meeting of our Control Total has provided us access to the NHSI Provider Sustainability Funding with a provisional award of £3.5m of funding which will be used for further capital investment next year.

### **NED Appointments**

I am pleased to advise that following a formal recruitment process, we have now appointed two Non-Executive Directors. Diane Herbert commenced on 1<sup>st</sup> May and David Atkinson commenced as Associate NED on 1<sup>st</sup> May until he takes up his formal post on 1<sup>st</sup> August. Also, as a developmental role, Sarita Dent has been appointed as Associate NED for a period of 12 months. I am pleased to welcome them all to today's meeting.

### **Company Secretary**

Following the recent resignation of our Company Secretary Jill Hall, an advert for her replacement is currently out, with interviews scheduled for 5<sup>th</sup> June.

### **Executive Director People & OD**

As this post is currently vacant, recruitment agency Gatenby Sanderson has been appointed to undertake an executive search of prospective candidates for this important role. I will update you as the recruitment process progresses.

### **Awards**

#### **Congratulations to:**

#### **National award winners**

At the Advancing Healthcare Awards (AHA) for 2019 ceremony, which were held on 12 April 2019 in central London, two HPFT staff won their categories. The awards, which aim to highlight the work of allied healthcare professionals and healthcare scientists, saw adult drama therapist Amber Tibbitts announced as one of seven Rising Star award winners across the UK, along with Clare Hubbard, drama therapy lead and Marina Morgan-Gynn, drama therapist, who won the Innovation in Mental Health award for the young person's drama therapy group initiative.

Currently, HPFT has nominations submitted to a further eight different national awards, ranging from the British Medical Journal awards to the NHS Parliamentary awards. I look forward to sharing how HPFT staff have fared over the coming months.

**Tom Cahill,  
Chief Executive**

### Council of Governors Meeting

<b>Meeting Date:</b>	16 <sup>th</sup> May 2019	<b>Agenda Item: 9.1</b>
<b>Subject:</b>	Report of the Council of Governors Quality & Service User Experience Sub Committee	<b>For Publication: Yes</b>
<b>Author:</b>	Fran Deschampsneufs, Chair of the Quality & Service User Experience Sub Committee	<b>Approved by:</b> Fran Deschampsneufs, Chair of the Quality & Service User Experience Sub Committee
<b>Presented by:</b>	Fran Deschampsneufs, Chair of the Quality & Service User Experience Sub Committee	

#### **Purpose of the report:**

To update the Council of Governors on the work of the Council of Governors Quality & Service User Experience sub-committee

#### **Action required:**

To note

#### **Summary and recommendations to the Board:**

#### **Relationship with the Business Plan & Assurance Framework:**

#### **Summary of Implications for:**

#### **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


## **Notes of the Quality and Service User Experience Group Meeting**

**Held on Thursday 28 March 2019**

6 Governors attended plus Loyola Weeks (LW) and Jess Lievesley (JL). Alison Smith (AS) and John Fanning (JF) presented.

JL presented his final verbal operational update. CAMHS remains the largest operational challenge and our ability to see clients within 28 days. Commissioners are aware of the situation and the Trust is in negotiation with them. The group discussed possible reasons for the increase in referrals. Social media was considered and increased pressure in schools.

The Trust is pleased it has now moved away from dormitory provisions but could not operate on fewer beds. There are discussions as to whether some more beds could be provided in East and North of the county in the future.

Demand in the South West is very high. There is also an increase in demand for dementia services for clients with early diagnosis.

JL updated us on the status of the CQC inspection.

The Safe Staffing report and the Integrated Safety Report were considered and discussed with LW.

AcS provided an update on the Rehabilitation Pathway. This service provides residential beds across Hertfordshire to help people return to independent living. It was agreed that some people have been in the rehabilitation units for a long time and the group will be provided with an update on the service in 6 months' time.

JF provided us with an overview of the work carried out by the Hertfordshire Specialist Learning Disability Services. The Community Assessment and Treatment Service provides specialist healthcare to adults with learning disabilities whose needs cannot be met by mainstream services only. Working in collaboration with other professionals they support people remain in the community and prevent unnecessary hospital admissions.

LW updated the group on the CQC Provider Action statements and it was agreed that Tina Kavanagh would be asked to attend a future meeting to provide an overview of the Mental Health Legislation team.

### Council of Governors Meeting

<b>Meeting Date:</b>	16 <sup>th</sup> May 2019	<b>Agenda Item: 9.2</b>
<b>Subject:</b>	Report of the Council of Governors Performance Sub Committee	<b>For Publication: Yes</b>
<b>Author:</b>	Ilana Rinkoff, Chair of the Performance Sub Committee	<b>Approved by:</b> Ilana Rinkoff, Chair of the Performance Sub Committee
<b>Presented by:</b>	Ilana Rinkoff, Chair of the Performance Sub Committee	

#### **Purpose of the report:**

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

#### **Action required:**

To note

#### **Summary and recommendations to the Board:**

#### **Relationship with the Business Plan & Assurance Framework:**

#### **Summary of Implications for:**

#### **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**

Last meeting held on 17th April 2019

**Q3 Performance update Report:**

Ronke Akerele (RA), Director Innovation and Transformation, provided an overview for the Governors on the 2019/19 End of Year Performance and discussions were held on underlying success drivers for key achievements and underlying causes/challenges for areas of improvement.

CAMHS remains an area for improvement, as previously, and RA agreed to present on the increasing number of CAMHS referrals data and interventions being actioned at the next meeting.

**Strategy Update:**

Karen Taylor (KT), Executive Director Strategy & Integration, presented an overview and circulated HPFT's Annual Plan for 2019-20. KT advised that the plan reflects the very useful discussions with the council of governors, final contracts with the Commissioners together with feedback received from NHSI.

**Audit committee report**

Catherine Dugmore (CD) sent her apologies due to health reasons. There was no report as the Audit Committee meeting of 26th Feb was cancelled.

Further to discussion with Chris Lawrence, an update on any deep dive reports requested by the board will be circulated to governors and included as a standing item for future sub group meetings.

**SPIKE II:**

The presentation on this will be held at the next meeting. Feedback from Ronke Akerele was that it had revolutionised how people look at data and how this has also encouraged looking ahead and pre-planning.

**Other:**

- The Governors discussed the importance of encouraging a greater number of governors to attend the sub group meetings where there is a forum to discuss items in more detail than the CoG. It was recognised that alignment with one of the sub groups enhances governors' understanding and effectiveness.

**Next meeting:**

Wednesday 8 July 2019 at 1-3pm

Governors to note all dates are in list circulated and reminders will be sent out 2 weeks in advance.



### Council of Governors Meeting

<b>Meeting Date:</b>	16 <sup>th</sup> May 2019	<b>Agenda Item: 9.3</b>
<b>Subject:</b>	Report of the Council of Governors Membership & Engagement Sub Committee	<b>For Publication: Yes</b>
<b>Author:</b>	Barry Canterford, Chair of the Membership & Engagement Sub Committee	<b>Approved by:</b> Barry Canterford, Chair of the Membership & Engagement Sub Committee
<b>Presented by:</b>	Barry Canterford, Chair of the Membership & Engagement Sub Committee	

#### **Purpose of the report:**

To update the Council of Governors on the work of the Council of Governors Membership & Engagement sub-committee

#### **Action required:**

To note

#### **Summary and recommendations to the Board:**

#### **Relationship with the Business Plan & Assurance Framework:**

#### **Summary of Implications for:**

#### **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**

The meeting welcomed Peter Gibson Interim Director for Communication. Topics discussed included how do we engage more effectively with our membership. This was led by Peter. We are in contact with about 8000 members in Hertfordshire but have very limited Membership in the rest of the world (Essex Buckingham and Norfolk). We are not aware of how many Staff members we have and it was agreed we would obtain breakdown for next meeting.

The entire Engagement Strategy is to be examined and Karen Taylor is undertaking some of the project and it was agreed to invite Karen to the next meeting.

Leah Johnson of the Inclusion and Engagement team spoke about the projects that were underway. Some of this work relates to the Engagement Strategy and it was agreed that Leah would be a regular attendee at future meetings.

The role of the Service User, Carer Council and the Council of Councils was discussed and it was agreed that a member of the Council of Governors will attend Council of Councils. Leah also reported that James Holland was being seconded to NHS England for 9 months.

Peter reported on the Communications update and that a state of Purdah existed on certain aspects of Communications due to the European Elections and reminded members to refer any approach by the press to the Communications team.

The upcoming Council of Governors Election was also discussed. The information pack has been sent out to members.

The next meeting will be July 2<sup>nd</sup> 2019.

### Council of Governors Meeting

<b>Meeting Date:</b>	16 <sup>th</sup> May 2019	<b>Agenda Item: 10</b>
<b>Subject:</b>	Lead Governor Activity Report	<b>For Publication: Yes</b>
<b>Author:</b>	Jon Walmsley, Lead Governor	<b>Approved by: n/a</b>
<b>Presented by:</b>	Jon Walmsley, Lead Governor	

**Purpose of the report:**

To update the Council of Governors on the work of the Lead Governor.

**Action required:**

To note

**Summary and recommendations to the Board:**

**Relationship with the Business Plan & Assurance Framework:**

**Summary of Implications for:**

**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**

Since the last Council of Governors quarterly meeting, I chaired the final interviews and associated meetings for the two new Non-Executive Directors we have now hired: Diane Herbert and David Atkinson. This was a rigorous process involving several governors with excellent results.

My interview with the CQC as a formal part of their recent inspection seemed to go well, and was ably assisted with detailed preparation from several HPFT staff members which was greatly appreciated.

Representing the Council of Governors, I was part of the team that interviewed for the successor of Jess Lievesley and was pleased to see Sandra Brookes hired. I am certain that she will be an inspiration to her team at a time when, like all NHS staff, they are under enormous pressure.

I'd like to record my appreciation of Jess' exceptional commitment to working with the Council of Governors in a constructive, realistic and collaborative manner.

With some other governors, I attended an in-depth meeting where we were invited to give our views on the Trust Annual Strategic plan, and it was satisfying to see some of our input added to the final document.

I have attended a couple of board meetings, and the Council of Governors' Performance and Quality and Service-User Experience sub-groups where excellent detailed information regarding key aspects of the trust was provided and discussed.

It is important that all governors attend at least one of the Council of Governor sub-group meetings regularly. If this is not possible for any reason, please let the Chair (Chris Lawrence) know.

**Council of Governors**

<b>Meeting Date:</b>	16 <sup>th</sup> May 2019	<b>Agenda Item:</b> 12
<b>Subject:</b>	CQC	<b>For Publication:</b> tbc
<b>Author:</b>	Dr Jane Padmore, Director of Quality and Safety	<b>Approved by:</b> Dr Jane Padmore, Director of Quality and Safety
<b>Presented by:</b>	Dr Jane Padmore, Director of Quality and Safety	

**Purpose of the report:**

To provide the Council of Governors with an overview of the recent CQC inspection

**Action required:**

For information

**Summary and recommendations:**

In March 2019 the CQC conducted the annual well led inspection and core inspection of 6 service lines.

This report sets out the process for receiving the report and governance arrangements for ensuring the appropriate action is taken.

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

Priority one.

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

N/A

**Equality & Diversity /Service User & Carer Involvement implications:**

Not applicable

**Evidence for Registration; 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

Public Board – 9<sup>th</sup> May 2019

## **1. Introduction**

**1.1.** In March 2019 the CQC conducted the annual well led inspection and core inspection of 6 service lines. The draft report has been received for factual accuracy and circulated to the Board members.

**1.2.** The outcome and findings in the draft report have been set out in the report that went to the Private Board meeting. That report also set out the challenges that have been put forward by the Trust. As the report is embargoed, this will not be set out in this report.

## **2. The inspection outcome**

**2.1.** The factual accuracy report and supporting evidence has been received. Any challenge has to be submitted to the CQC by Tuesday 7<sup>th</sup> May 2019. The Trust has been working together to consider what has been reported and put forward any challenges that can be robustly supported with evidence.

**2.2.** The CQC will then make any amendments they deem appropriate prior to agreeing a release date and communication strategy with the Trust and NHSI. It is likely this will be delay due to purdah.

**2.3.** The intelligence from feedback during the inspection, the informal feedback letter and the draft report findings have been used to ensure swift action is taken to address any concerns.

**2.4.** A formal action plan is being developed which will be held at the Quality Risk Management Committee and reported through to the Integrated Governance Committee.

**2.5.** Given the feedback thus far it is anticipated that the Trust will receive a positive outcome.

## **3. Conclusion**

**3.1.** This paper set out the next steps in relation to the CQC inspection that was undertaken in March 2019. It details how the actions will be monitored and how the Trust will receive assurance that appropriate and sustainable actions are taken.

## Council of Governors

<b>Meeting Date:</b>	16 <sup>th</sup> May 2019	<b>Agenda Item: 13</b>
<b>Subject:</b>	Trust Annual Plan 2019-20	<b>For Publication:</b>
<b>Author:</b>	Karen Taylor, Director, Strategy & Integration	<b>Approved by:</b> Karen Taylor, Director, Strategy & Integration
<b>Presented by:</b>	Karen Taylor, Director Strategy & Integration	

### Purpose of the report:

The attached paper provides the Council of Governors with an overview of our Annual Plan for 2019/20, with the full plan provided as Appendix 1 to the report. Our plan, which builds on the significant progress we have made as a Trust during 2018/19, has been developed in conjunction with our key stakeholders including our Board, Council of Governors, commissioners and other partners. Detailed outcome trajectories and actions to be taken by quarter against each of the seven objectives are in place.

### Action required:

The Council of Governors is asked to RECEIVE the Trust Annual Plan for 2019/20.

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



	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"> <li>• We will lead and drive the development of a population based model for Mental Health &amp; LD focused on improving care &amp; outcomes</li> <li>• We will actively support the development of the STP and population health, including the development of the Integrated Care System and Integrated Care Alliances.</li> <li>• We will support and drive the development of a new model of care for CAMHS across Hertfordshire</li> <li>• We will work at a region wide level to establish New Care Models</li> </ul>

#### **Relationship with the Business Plan & Assurance Framework:**

The Annual plan outlines the key deliverables for the Trust

#### **Summary of Implications for:**

1. Finance – Delivery of the Annual Plan is 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**

1 May Executive Committee, Finance & Investment Committee 19 March, Integrated Governance Committee 20 March, Trust Private Board 4 April, Trust Public Board 9 May

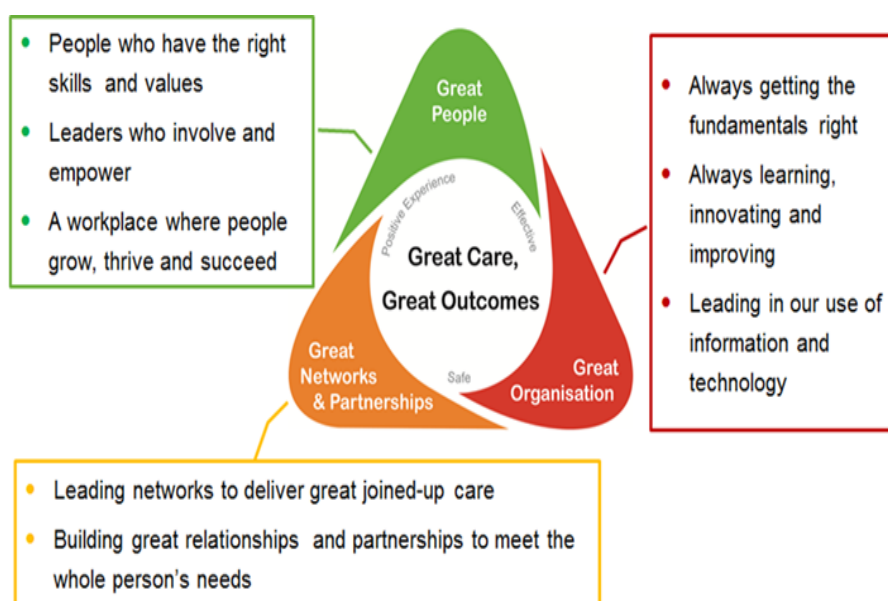
# ANNUAL PLAN 2019-20

## 1. Introduction

This paper provides an overview of HPFT's Annual Plan for 2019-20. It aligns with the 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, reflects discussions with the Council of Governors, final contracts with our Commissioners together with 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 as a Trust during 2018-19. Our relentless focus on continuously improving our services to provide high quality care will continue over the next twelve months. 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

has been 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 (see Table below). The actions to be taken and outcomes are clearly defined (See Appendix 1). The Annual plan is 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"> <li>We will continue our drive to reduce suspected suicides and prevent avoidable harm</li> <li>We will continue to ensure our service users feel safe across our inpatient units</li> <li>We will ensure seclusion and restrictive practices and environments across the Trust are in line with best practice</li> </ul>
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"> <li>We will improve the timeliness and experience of accessing our services and subsequent treatment to support recovery</li> <li>We will improve the quality and experience of the environment across our services for service users and staff.</li> <li>We will improve the ways in which we recognise and support carers</li> </ul>
We will improve the health of our service users & support recovery through the delivery of effective evidence based practice	<ul style="list-style-type: none"> <li>We will improve the effectiveness of our interventions to support recovery through the implementation of evidence based pathways</li> <li>We will improve physical health for people with serious mental illness and learning disability</li> <li>We will develop our approach to research to strengthen the relationship between practice, research and audit</li> </ul>
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"> <li>We will continue to focus on and deliver key high impact recruitment and retention activities</li> <li>We will develop an inclusive and just culture where all staff feel safe and valued.</li> <li>We will continue to develop the collective leadership culture of the organisation where staff feel empowered and engaged</li> </ul>
We will improve, innovate and transform our services to provide the most effective, productive and high quality care	<ul style="list-style-type: none"> <li>We will create a culture and environment where we embed continuous quality improvement approach to deliver Great Care and Great Outcomes.</li> <li>We will provide staff and teams with better access to the right information to do their jobs effectively and efficiently</li> <li>We will enable more effective ways of working that value service user, carer and staff time.</li> </ul>
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"> <li>We will develop and deliver new models of care in our older persons services</li> <li>We will implement our new model of care across Learning Disability Services in Essex</li> <li>We will develop a new model of primary mental health across Hertfordshire</li> <li>We will improve our physical health practices across the Trust</li> </ul>
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"> <li>We will lead and drive the development of a population based model for Mental Health &amp; LD focused on improving care &amp; outcomes</li> <li>We will actively support the development of the STP and population health, including the development of the Integrated Care System/Alliances</li> <li>We will support and drive the development of a new model of care for CAMHS across Hertfordshire</li> <li>We will work at a region wide level to establish New Care Models</li> </ul>

## **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**

## **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)	Measurement (how we will know)
We will continue our drive to reduce suspected suicides and prevent avoidable harm	<ul style="list-style-type: none"> <li>We will develop and deliver an <b>enhanced approach to supporting primary care</b> to identify and communicate effectively about those at risk of suicide</li> <li>We will <b>develop a new training and education</b> programme for risk assessment and formulation, based on the Health Education England suicide and self-harm competency framework</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>Reduction in the number of suspected suicides</li> </ul>	<ul style="list-style-type: none"> <li>Reduction suspected suicides</li> <li>New measure to be developed – demonstrating numbers of suicides relative to caseload numbers</li> </ul>
We will continue to ensure our service users feel safe across our inpatient units	<ul style="list-style-type: none"> <li>We will further <b>embed our ‘Feeling safe’</b> activities (e.g. peer support listening, safety huddles, red to green, safety crosses)</li> <li>We will implement <b>The Making our Services Safer Together (MOSS 2gether)</b>;</li> </ul>	<ul style="list-style-type: none"> <li>Service users will feel safe when they use our services</li> <li>There will be less incidents of violence and aggression on our wards</li> <li>Staff will feel safe when they are working on our wards</li> </ul>	<ul style="list-style-type: none"> <li>85% service users report feeling safe across all adult and CAMHS inpatient units</li> <li>&lt; level of harm as consequence of violence &amp; aggression</li> <li>&gt; staff reporting feeling safe</li> </ul>
We will ensure seclusion and restrictive practices and environments across the Trust are in line with best practice	<ul style="list-style-type: none"> <li>We will <b>strengthen our Shared Decision making</b> with service users through implementing The Making our Services Safer Together (MOSS 2gether); using the “Safe wards” model as the underpinning</li> <li>We will <b>build new seclusion/safe care suites</b> at identified service areas, configured to deliver best-in-class standards and seclusion environments approach.</li> </ul>	<ul style="list-style-type: none"> <li>Staff, service users and carers will work together to support service users to manage their feelings and behaviour using the least restrictive practice</li> <li>Improved safety and experience for service users and staff</li> <li>Service users will be supported using the least restrictive practice to recover and to move out of seclusion as quickly and safely as possible</li> </ul>	<ul style="list-style-type: none"> <li>Reduction in the length of time spent in seclusion per episode.</li> <li>Safe care suites opened</li> </ul>

**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)	Measurement (how we will know)
We will improve the timeliness and experience of accessing our services and subsequent treatment to support recovery	<ul style="list-style-type: none"> <li>We will improve our crisis function through the roll out of a <b>24/7 First Response Pathway</b>, working with all partners across the system e.g. Drug &amp; Alcohol, probation and police</li> </ul>	<ul style="list-style-type: none"> <li>Service users will have better access to crisis care (within an hour) and will be able to access the service more easily than 999 and A&amp;E</li> </ul>	<ul style="list-style-type: none"> <li>Crisis access &lt; 1 hour for all service users who require urgent access (100% by Q4)</li> </ul>
	<ul style="list-style-type: none"> <li>We will improve <b>access to our</b> Children and Adolescent services, including putting in place the <b>CAMHS trailblazer development</b></li> </ul>	<ul style="list-style-type: none"> <li>Service users will have improved access to assessment and treatment</li> <li>Service users will have improved outcomes and less reliance on crisis services</li> <li>Waiting times will reduce</li> <li>Service users and carers will have improved outcomes</li> <li>Reduced demand for adult community secondary mental health care.</li> <li>Increased GP Satisfaction</li> <li>Staff will report greater ability to provide great care to service users</li> </ul>	<ul style="list-style-type: none"> <li>CAMHS 28 day access &gt;95% in line with contract</li> <li>&lt;wait to treatment/follow up</li> </ul>
	<ul style="list-style-type: none"> <li>We will improve <b>access to our Adult Mental Health Services</b>, focusing particularly on establishing <b>primary mental health teams</b> across Hertfordshire</li> </ul>		<ul style="list-style-type: none"> <li>Adult MH 28 day access &gt;95% in line with contract</li> <li>&lt;wait to treatment/follow up</li> </ul>
	<ul style="list-style-type: none"> <li>We will improve <b>access to our IAPT services</b></li> </ul>		<ul style="list-style-type: none"> <li>Improved access in line with contract</li> </ul>
	<ul style="list-style-type: none"> <li>We will implement our <b>new model of care for LD Services</b> in Essex</li> </ul>		<ul style="list-style-type: none"> <li>LD Transformation plan delivered</li> </ul>
We will improve the quality and experience of the environment across our services for service users and staff	<ul style="list-style-type: none"> <li>We will complete the <b>refurbishment of Albany Lodge and Aston Ward</b></li> <li>We will progress the business case for <b>re-provision of adult acute beds</b> for E&amp;N Herts</li> <li>We will <b>implement ‘life-cycle’</b> refurbishment programme of works.</li> <li>We will <b>continue the remodelling of our community hubs</b></li> </ul>	<ul style="list-style-type: none"> <li>Staff will be able to access the clinical and office space needed to work effectively</li> <li>Experience of people accessing and receiving services in our community Hubs will improve</li> <li>The physical environments of our inpatient wards and Community Hubs will improve</li> </ul>	<ul style="list-style-type: none"> <li>Delivery of the capital programme for 2019/20</li> <li>Positive feedback from staff through the pulse survey</li> <li>Positive feedback from service users and carers through ‘Having Your Say’</li> </ul>
We will improve the ways in which we recognise and support carers	<ul style="list-style-type: none"> <li>We will Implement the plans outlined in our carers plan for 2019/20</li> </ul>	<ul style="list-style-type: none"> <li>Carers reporting improved access to support and information</li> <li>Carers assessments will have taken place</li> <li>Carers report feeling supported</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Carers assessments (t.b.c)</li> <li>Carers report improved support and information</li> </ul>



**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)	Measurement (how we will know)
We will improve the effectiveness of our interventions through the implementation of evidence based pathways	<ul style="list-style-type: none"> <li>Fully implement <b>new pathways and services to support recovery</b> for                             <ul style="list-style-type: none"> <li>Psychosis</li> <li>Dementia</li> <li>All age Personality Disorder</li> <li>Crisis care pathway</li> <li>Learning Disability services in Essex</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Service users with psychosis, dementia and personality will experience best in class care and outcomes, aligned with NICE guidelines</li> <li>Staff will be able to report, review and use outcome measure to support their practices, with outcome measures captured on SPIKE</li> <li>Appropriate pathway length of stays achieved in line with recognised illness profile</li> </ul>	<ul style="list-style-type: none"> <li>&lt; PD admissions</li> <li>&lt; admissions following CATT intervention</li> <li>&gt; discharge from pathways</li> </ul>
We will improve our physical health practices across the Trust	<ul style="list-style-type: none"> <li>We will ensure all <b>pathways</b> across the Trust include physical health</li> <li>We will transform <b>our physical health training &amp; equipment</b> for our staff across the Trust</li> <li>We will ensure we <b>develop our practices</b> to incorporate meeting the physical health needs of our service users</li> <li>We will <b>work with partners and experts</b> in physical health to improve and develop our services, ensuring collaborative relationships are in place to meet the physical healthcare needs of people with mental illness.</li> </ul>	<ul style="list-style-type: none"> <li>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</li> <li>Service users will be monitored for adverse physical effects of antipsychotic treatment or other poor physical health.</li> <li>Staff will report having the skills and training necessary to support service users with their physical health needs</li> <li>Service users will have an agreed health and wellbeing plan</li> </ul>	<ul style="list-style-type: none"> <li>MOSS2gether implemented to support shared decision making</li> <li>Service users individual recovery plans include physical health</li> <li>Physical health training updated and staff training being delivered</li> <li>NEWS2 implemented to support staff to identify physical deterioration</li> </ul>
We will develop our approach to research to strengthen the relationship between practice, research and audit	<ul style="list-style-type: none"> <li>Develop <b>new model of research and research strategy</b> for the organisation, which is fully aligned to innovation and improvement.</li> <li>Raise the <b>profile of research across</b> the organisation</li> </ul>	<ul style="list-style-type: none"> <li>Staff are empowered to participate in research practice</li> <li>Research strategy developed (aligned with University of Hertfordshire)</li> <li>Clinical research capability increased within the organisation</li> <li>Higher profile of research across the organisation</li> </ul>	<ul style="list-style-type: none"> <li>Staff involved in research activity</li> <li>New research projects started during 2019/20 are linked to practice improvements.</li> </ul>

**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)	Measurement (how we will know)
We will continue to focus on and deliver key high impact recruitment and retention activities	<ul style="list-style-type: none"> <li>Recruitment – we will strengthen our approach and marketing to <b>attract high calibre people</b> to join the organisation</li> <li>Retention – we will continue to <b>focus on what our staff have said matters to them including</b>; their health &amp; wellbeing; flexible working; working as part of a team; career progression and acknowledgement; access to training.</li> </ul>	<ul style="list-style-type: none"> <li>Staff will want to join the Trust and stay working in the Trust</li> <li>Staff will have more opportunities for flexible working and will be able to progress more easily through new career pathways</li> <li>Staff will be able to access non-mandatory training</li> <li>Staff will feel their contribution is acknowledged via long service awards</li> <li>Service users will receive great care</li> </ul>	<ul style="list-style-type: none"> <li>Minimum 10% reduction in Trust wide vacancy rate (&lt;12%)</li> <li>Minimum 10% reduction in Trust turnover rate (&lt;14%)</li> <li>Workforce for the future strategy in place</li> <li>Improved staff engagement score through Pulse &amp; staff survey</li> </ul>
We will develop an inclusive culture where all staff feel safe and valued.	<ul style="list-style-type: none"> <li>We will work with all groups of staff with protected characteristics to further develop our <b>Just and Inclusive Culture</b> across the Trust</li> <li>We will significantly <b>improve the experience of our BAME</b> staff and staff with a <b>disability</b></li> <li>We will continue our <b>campaign to eliminate bullying and harassment</b> across the Trust</li> </ul>	<ul style="list-style-type: none"> <li>All staff will be aware of and understand what our Just and Inclusive Culture means for them and how they work with colleagues</li> <li>BAME and disabled staff will have an improved staff experience</li> <li>BAME staff will be on all senior recruitment panels</li> <li></li> </ul>	<ul style="list-style-type: none"> <li>Improved staff survey results measured through Pulse survey and staff survey results</li> <li>100% senior recruitment panels (Band 8a+) have BAME representation</li> <li>Reduction staff reporting bullying and harassment by a manager</li> </ul>
We will continue to develop the collective leadership culture of the organisation where staff feel empowered and engaged	<ul style="list-style-type: none"> <li>We will implement our <b>High Performing Teams</b> model</li> <li>We will <b>implement our CQI model</b> across the Trust including; putting in place training and development for staff; resourcing a CQI team</li> <li>We will continue and <b>build on our staff engagement</b> activities across the Trust</li> </ul>	<ul style="list-style-type: none"> <li>Staff will feel that they can make improvements at work</li> <li>Staff will report improved support from line managers</li> <li>Staff will feel more engaged and motivated to deliver great care and great outcomes to service users and carers</li> <li>Improved team working with the high performing team model</li> </ul>	<ul style="list-style-type: none"> <li>High performing team model will have been introduced across x teams</li> <li>Improved staff survey results</li> <li>Improved Pulse survey results</li> </ul>

## 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)	Measurement (how will we know)
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"> <li>We will <b>implement our CQI model</b> across the Trust including; putting in place training and development for staff; resourcing a CQI team</li> <li>We will <b>create time, space and resource</b> to embed CQI through our first <b>Innovation Hub</b>, and further development of hubs across the Trust</li> </ul>	<ul style="list-style-type: none"> <li>Staff will be supported to develop their continuous quality improvement skills and knowledge</li> <li>Staff will be supported to generate ideas and test new improvement ideas and approaches to solving problems</li> <li>Service users will experience improved safety, outcomes, effectiveness of inventions, timeliness to access service</li> </ul>	<ul style="list-style-type: none"> <li>320 staff CQI trained</li> <li>30% staff have utilised the improvement hub(s)</li> <li>Staff reporting they are able to make improvement at work</li> </ul>
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"> <li>We will finalise our <b>Digital Strategy</b> identifying key areas of development of focus for the Trust over the next 5 years</li> <li>We will continue our drive to use data across the Trust to <b>support decision making</b> to improve care and outcomes.</li> <li>Streamline and further <b>develop our Electronic Patient Record system</b> to support delivery of care and system interoperability.</li> </ul>	<ul style="list-style-type: none"> <li>Staff will have improved access to different data sources to support delivery of care</li> <li>Staff will have access to improved reporting through the development of SPIKE</li> <li>Staff will be able to make informed decisions through triangulation of data</li> <li>Staff will report improved functionality, improved access and ease of access to information</li> </ul>	<ul style="list-style-type: none"> <li>Digital strategy in place</li> <li>&gt; staff ease of access and use of information</li> </ul>
We will enable more effective ways of working that value service user, carer and staff time.	<ul style="list-style-type: none"> <li>We will develop and <b>implement plans to increase time to care</b> across our services</li> <li>We will implement a <b>productivity dashboard</b> across the Trust</li> </ul>	<ul style="list-style-type: none"> <li>Staff will have the equipment &amp; technology to deliver high quality, effective care</li> <li>Staff will have more time for direct service user care</li> <li>Service Users will report they have more time to discuss their care</li> <li>CRES programme delivered with no quality impact for service users</li> </ul>	<ul style="list-style-type: none"> <li>All teams operating at 50% of time for direct care</li> <li>Service users report improved time to discuss their care</li> <li>CRES £6.5m delivered without a negative impact on quality</li> <li>Corporate review CRES minimum £1m delivered</li> </ul>

**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 )	Measurement (how we will know)
We will develop and deliver new models of care in our older persons services	<ul style="list-style-type: none"> <li>We will develop and mobilise the Trust's response to the STP <b>Frailty</b> pathways and <b>locality working</b></li> <li>We will develop new ways of working with <b>care homes</b></li> <li>We will implement <b>new Dementia Pathways</b></li> </ul>	<ul style="list-style-type: none"> <li>Service users will experience more joined up care</li> <li>Care home staff will have expert mental health support</li> <li>Carers of service users with dementia will report improved support</li> <li>Staff will feel supported and able to make improvements</li> </ul>	<ul style="list-style-type: none"> <li>New model for Older People's community services will be in place</li> <li>&lt; reduced time to assessment</li> <li>&lt; reduced time to dementia diagnosis</li> </ul>
We will implement our new model of care across Learning Disability Services in Essex	<ul style="list-style-type: none"> <li>Mobilise and implement <b>transformation of LD Services</b></li> <li>Potential <b>bed configuration</b> option appraisal to be completed and implemented</li> </ul>	<ul style="list-style-type: none"> <li>Service users will experience more joined up care &amp; have better access to services</li> <li>Service users will have high quality care and better outcomes</li> <li>Essex LD staff will work in joined up teams, feel supported &amp; able to make improvements</li> </ul>	<ul style="list-style-type: none"> <li>Local integrated teams in place</li> <li>Access to service improved through new 'Way in' service</li> <li>Service users reporting satisfaction with service</li> <li>Bed configuration option approved</li> </ul>
We will develop a new model of primary mental health across Hertfordshire	<ul style="list-style-type: none"> <li>Establish <b>primary mental health care teams</b> across Hertfordshire.</li> </ul>	<ul style="list-style-type: none"> <li>Service users will have improved access to local services &amp; improved outcomes</li> <li>Service users will experience reduced waiting times to access Adult MH services and support</li> <li>Staff will feel motivated and able to make improvements</li> <li>Service users and GPs will report increased satisfaction</li> </ul>	<ul style="list-style-type: none"> <li>&gt;95% service users will be able to access services within 28 days</li> <li>&lt; reduced time to treatment and ongoing care</li> <li>&gt; Increased conversion rate from Initial Assessment to treatment</li> </ul>
We will improve our physical health practices across the Trust	<ul style="list-style-type: none"> <li>We will <b>work with partners and experts</b> in physical health to improve and develop our services, ensuring collaborative relationships are in place to meet the physical healthcare needs of people with mental illness.</li> </ul>	<ul style="list-style-type: none"> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>Medical Interoperability Gateway (MIG) rolled out</li> <li>Paris Connect delivered</li> <li>Older people model delivered</li> <li>Clear links with partner organisations</li> </ul>

**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 )	Measurement (how we will know)
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"> <li>We will <b>develop a vision and approach</b> to the development of specialist MH&amp;LD services and population based MH services in conjunction with partners</li> <li>We will work with partners to <b>refocus the STP MH work</b> stream to focus on key transformational activities across the STP</li> </ul>	<ul style="list-style-type: none"> <li>STP / ICA design plans will meet needs of those with specialist MH/LD</li> <li>Service users will experience better outcomes</li> <li>Staff will feel motivated and able to deliver great care</li> </ul>	<ul style="list-style-type: none"> <li>STP continues to prioritise and invest in Mental Health (MH) &amp; Learning Disabilities (LD)</li> <li>Future of MH/LD specialist provision and role of MH/LD within geographical based ICAs understood and within design plans</li> </ul>
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"> <li>We will ensure Board Directors and senior managers <b>participate and lead key work</b> across the STP</li> <li>We will ensure HPFT staff are represented and active in <b>locality working groups and provider boards</b></li> <li>We will continue to <b>lead the STP mental health and LD</b> work stream</li> </ul>	<ul style="list-style-type: none"> <li>Service users will experience more joined up care</li> <li>Service users will receive care that meets their needs</li> </ul>	<ul style="list-style-type: none"> <li>HWE STP population health model continues to develop</li> <li>Mental Health Investment Standard is met within 2019/20</li> <li>MH &amp; LD is overtly prioritised within the STP strategy and delivery work streams</li> </ul>
We will support and drive the development of a new model of care for CAMHS across Hertfordshire	<ul style="list-style-type: none"> <li>We will work across the system to fully <b>understand the increased demand</b> on CAMHS services to inform a new service model</li> <li>We will work with commissioners and system partners to <b>reduce variation and improve experience</b> for children, young people and their families.</li> </ul>	<ul style="list-style-type: none"> <li>Children &amp; Young people (CYP) will experience better access to services</li> <li>CYP will report being satisfied with the services available to support them</li> <li>Staff will report being able to provide high quality services and being able to make improvements to care</li> </ul>	<ul style="list-style-type: none"> <li>System wide agreed CAMHS transformation programme agreed and under implementation</li> <li>95% CAMHS access &lt;28 days</li> </ul>
We will work at a regional wide level to establish New Care Models	<ul style="list-style-type: none"> <li>Work with partners across East of England to <b>set up a provider collaborative</b> to deliver Enhanced and improved model of Secure Care, Adult Eating Disorders &amp; CAMHS T4.</li> </ul>	<ul style="list-style-type: none"> <li>Develop regional pathways of care to support improved quality and efficiency</li> <li>Service users will have increased local choice and provision to support them at home and in their community</li> </ul>	<ul style="list-style-type: none"> <li>East of England (EOE) Provider Collaborative established</li> <li>Plans for development of services across EOE under development</li> </ul>



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

**Present:**

<b>NON-EXECUTIVE DIRECTORS</b>	<b>DESIGNATION</b>
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
<b>EXECUTIVE DIRECTORS</b>	
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
<b>IN ATTENDANCE</b>	
Kathryn Wickham   KW	PA to Chairman and Company Secretary
Harper Brown   HB (Item 006/19)	Director of Strategy STP
<b>APOLOGIES</b>	
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

<b>Item</b>	<b>Subject</b>	<b>Action</b>
<b>001/19</b>	<b>Service User Presentation</b> 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.	
<b>002/19</b>	<b>Welcome and Apologies for Absence</b> CL welcomed all to the meeting and apologies for absence noted. A warm welcome was given to Harper Brown (HB) Director of Strategy STP.	
<b>003/19</b>	<b>Declarations of Interest</b> Nothing declared.	
<b>004/19</b>	<b>Minutes of the meeting held on 29<sup>th</sup> November 2018</b> The minutes of the meeting held on the 29 <sup>th</sup> November 2018 were discussed and agreed as an accurate account of the meeting.  <b>APPROVED</b> <b>The Minutes of the 29<sup>th</sup> November 2018 were APPROVED</b>	
<b>005/19</b>	<b>Matters Arising</b> The matters arising schedule was discussed and updates noted.	

006/19	<p><b>Health and Social Care Strategy</b></p> <p>HB, Director of Strategy for the STP presented the Herts &amp; West Essex Integrated Health &amp; 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 31<sup>st</sup> January 2019 - Universal Personalised Care: Implementing the Comprehensive Model. TC requested a copy be circulated to the Board.</p> <p><b>Action Point 1: KW to circulate Universal Personalised Care document to the Board</b></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><b>RESOLVED</b>  <b>The Board RECEIVED and NOTED the report</b></p>	KW
007/19	<p><b>CEO Brief</b></p> <p>TC presented the report to the Board. The key headlines were discussed and noted as follows:</p> <p><b><u>National Update</u></b></p> <ul style="list-style-type: none"> <li> <p><b>NHS England Long Term Plan</b></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> </li> <li> <p><b>Operating and Planning Guidance 2019/20</b></p> <p>TC explained that Provider organisations were required to make a draft submission of their Operational Plan to NHSI/E by the 12<sup>th</sup> February 2019 with STPs submitting a draft consolidated plan by the 19<sup>th</sup> 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> </li> </ul>	

### **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 4<sup>th</sup> and 8<sup>th</sup> March 2019. We have been advised there would be 6 core services inspected these were:



	<ul style="list-style-type: none"> <li>• Adult acute and psychiatric intensive care units (PICU)</li> <li>• Community adult mental health service</li> <li>• Crisis services and places of safety</li> <li>• Inpatient CAMHS</li> <li>• Community CAMHS</li> <li>• Inpatient older adults</li> </ul> <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"> <li>• <b>Finance</b> 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.</li> <li>• <b>Executive and Non-Executive recruitment</b> TC informed the Board that the shortlisting for the Non-Executive recruitment had taken place on the 6<sup>th</sup> February 2019. Recruitment for the Director of Delivery and Service User Experience was underway with interviews in mid-March.</li> </ul> <p>TC invited questions:</p> <p><b>WRES</b> 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><b>CAMHS</b> 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><b>RECEIVED</b> <b>The Board discussed and RECEIVED CEO report</b></p>	
008/19	<p><b>Planning for EU Exit - Update</b> 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 28<sup>th</sup> November 2018. The key areas of risk identified were:</p> <ul style="list-style-type: none"> <li>• Pharmaceuticals</li> <li>• Clinical Consumables &amp; Medical Devices</li> <li>• Workforce</li> <li>• Procurement</li> </ul> <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><b>RECEIVED</b> <b>The Board RECEIVED the report</b></p>	
009/19	<p><b>Report of the Integrated Governance Committee – 23<sup>rd</sup> January 2019</b></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"> <li>• Fragility in the underlying IT infrastructure results in an IT failure</li> <li>• Statutory and Mandatory Training Compliance</li> <li>• Failure to comply with the new Data Protection Regulations (GDPR)</li> </ul> <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 &amp; 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><b>RECEIVED</b> <b>The Board RECEIVED and NOTED the report</b></p>	
010/19	<p><b>Integrated Safety Report: Quarter 3</b></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"> <li>• 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.</li> <li>• Staff felt the Deep Dives across the services and in being pro-active in addressing incidents were making a difference.</li> <li>• Positive results had been observed from continuous improvement initiatives in older adult services with a reduction in slips, trips and falls.</li> <li>• 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.</li> </ul>	

	<p><b>RESOLVED</b> The Board <b>RECEIVED</b> the report</p>	
012/19	<p><b>Safer Staffing Report: Quarter 3</b> 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><b>RESOLVED</b> The Board <b>RECEIVED</b> and <b>NOTED</b> the report</p>	
013/19	<p><b>Report of the Finance and Investment Committee – 22<sup>nd</sup> January 2019</b> 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"> <li>• <b>Innovation and Improvement Deep Dive</b> A presentation had been provided on the Innovation and Improvement work to date, seeking out some key examples of success and learning.</li> <li>• <b>Performance Report Quarter 3</b> 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.</li> <li>• <b>Key Financial summary</b> 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.</li> <li>• <b>New Models of Care</b> 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.</li> <li>• <b>Contract Negotiation</b> 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.</li> <li>• <b>IT Business Cases</b> Two Business Cases had been presented to the committee which had been discussed in detail and endorsed.</li> </ul>	

	<p>SBa concluded his update noting information on the Forward Strategic Investment programme would be provided on an ongoing basis.</p> <p><b>RESOLVED</b>  <b>That the Board RECEIVED and NOTED the report</b></p>	
014/19	<p><b>Integrated Performance Report: Quarter 3</b></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"> <li>• Minimal use of 'inappropriate' out of area placements (achieved 9 against a target ceiling of 250)</li> <li>• First Episode Psychosis two week wait performance (achieved 89.29% against a target of 53%)</li> <li>• CPA reviews (achieved 96.85% against a target of 95%)</li> <li>• 3 day and 7 day follow-up after inpatient discharge at 92.7% and 97.81% respectively</li> </ul> <p>Key areas of pressure were highlighted as:-</p> <ul style="list-style-type: none"> <li>• CAMHS 28 day waiting times had achieved 83.2% against a target of 95%. This was a slight decline compared to quarter 2.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul> <p><b>RESOLVED</b>  <b>That the Board RECEIVED and NOTED the report</b></p>	
015/19	<p><b>Annual Plan 2018/19: Quarter 3</b></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><b>Action Point 2: RA to provide a short report on position of the Annual Plan seven objectives for the March 2019 Board</b></p>	RA

	<p><b>RESOLVED</b> That the Board RECEIVED and NOTED the report</p>	
016/19	<p><b>Workforce and Organisational Development Report: Quarter 3</b> MM presented the below highlights from the report:</p> <ul style="list-style-type: none"> <li>• The majority of the workforce key performance indicators had slightly declined this quarter.</li> <li>• 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.</li> <li>• 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 1<sup>st</sup> January 2019. A new careers website had been launched in quarter 3.</li> <li>• 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.</li> <li>• 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.</li> </ul> <p><b>RESOLVED</b> That the Board RECEIVED and NOTED the report</p>	
017/19	<p><b>Finance Report: December 2018</b> 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><b>RESOLVED</b> That the Board RECEIVED and NOTED the report</p>	
018/19	<p><b>Long Term Plan &amp; Operating Plan 2019/20</b> KL explained the report brought together the key joint planning guidance from NHSI &amp; 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 &amp; 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 &amp; 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><b>RESOLVED</b> <b>The Board RECEIVED the update</b></p>	
<b>019/19</b>	<p><b>Report of the Audit Committee: 4<sup>th</sup> December 2018</b></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><b>RESOLVED</b> <b>The Board RECEIVED the report</b></p>	
<b>020/19</b>	<p><b>Board Assurance Framework</b></p> <p>KL presented the Board Assurance Framework (BAF) reporting that following discussion at the Integrated Governance Committee on the 23<sup>rd</sup> 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><b>RESOLVED</b> <b>The Board RECEIVED the report</b></p>	
<b>021/19</b>	<p><b>Trust Risk Register</b></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 &amp; 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><b>RESOLVED</b> <b>The Board received and noted the Trust Risk Register report</b></p>	
<b>022/19</b>	<p><b>Risk Management Strategy</b></p> <p>JPad introduced the item and noted that the Integrated Governance Committee had received the Risk Management Strategy at its meeting of the 23<sup>rd</sup> 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>	

	<p>subsequent to approval of the strategy, the policy would be updated.</p> <p><b>RESOLVED</b>  <b>The Board APPROVED the Risk Management Strategy</b></p>	
023/19	<p><b>Board Committee Terms of Reference</b>  CL introduced the item and asked the Chair of the Finance &amp; Investment Committee Simon Barter and the Chair of the Integrated Governance Committee Sarah Betteley for their comments on the terms of reference.</p> <ul style="list-style-type: none"> <li>Finance &amp; Investment Committee  SBa confirmed there were no changes</li> <li>Integrated Governance Committee  SBe confirmed there were no changes</li> </ul> <p>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.  <b>Action Point 3: Audit Committee terms of reference deferred until the next meeting</b></p> <p><b>RESOLVED</b>  <b>The Board RECEIVED and NOTED the terms of reference for FIC and IGC</b></p>	
024/19	<p><b>Any Other Business</b></p> <p><b>IT Helpdesk issues</b>  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.  <b>Action Point 3: RA to pull together a robust plan around the IT Helpdesk wait times</b></p>	RA
	<p><b>QUESTIONS FROM THE PUBLIC</b>  CL invited questions from the public. None were put forward.</p>	
<p><b>Date and Time of Next Public Meeting:</b>  The next meeting is scheduled for Thursday 7<sup>th</sup> March 2019 @ 10:30am in Da Vinci B, The Colonnades</p>		

***Close of Meeting***