

Hertfordshire Partnership University NHS Foundation Trust Council of Governors Meeting PUBLIC

Da Vinci A&B

19 September 2019 13:00 - 19 September 2019 16:00

INDEX

Agenda Item 00 Agenda CoG 19 September 2019.docx.....	3
Agenda Item 3 CoG PUBLIC minutes 16May19.doc.....	5
Agenda Item 5 CEO board report Sep 19.doc.....	14
Agenda Item 8.1 Report of the Quality and SU Experience Meeting.doc.....	20
Agenda Item 8.2 Report of the CoG Performance Committee.doc.....	22
Agenda Item 8.3 Report of the Membership and Engagement Committee.doc.....	24
Agenda Item 10 Q1 2019 20 Performance Report Final (2).docx.....	26
Agenda Item 10 FS Annual Plan.doc.....	36
Agenda Item 10 2019 2020 Annual Plan Q1 report COG 19 Sept 2019.docx.....	38
Agenda Item 11 FINAL Minutes of the PUBLIC Board held 9May19.doc.....	43
Agenda Item 11 Minutes of the Extraordinary Board 22nd May 2019.doc.....	54

Meeting of the Council of Governors

Thursday 19th September 2019

The Colonnades, Beaconsfield Road, Hatfield AL10 8YE

Da Vinci A&B

13:30 – 15:30pm

A G E N D A

Service User Presentation 13.00 -13.30

Chair: Sarah Betteley

Item No.	BY	SUBJECT	REPORT	ACTION	TIME
PART 1-PUBLIC					
1	Chair	Welcome and Apologies for absence		Note	
2	Chair	Declarations of Interest		Note	
3	Chair	Minutes of the public meeting held: 16th May 2019	Attached	Approve	
4	Chair	Matters Arising Schedule	Verbal	Review/ Update	
5	Tom Cahill	CEO Report	Attached	Receive	
6	Helen Edmondson	Company Secretary Report	Verbal	Note	
7	David Atkinson	NED report on Finance & Investment Board Sub-Committee	Verbal	Note	
8	Fran D Ilana R Barry C	Reports from Council of Governors' Groups: 8.1 Quality & Service User Experience 8.2 Performance 8.3 Membership & Engagement	Attached Attached Attached	Receive Receive Receive	
9	Jon Walmsley	Lead Governor Activity Report	Verbal	Receive	
10	Keith Loveman	Headline Performance Report Annual Plan Q1 Update	Attached & Presentation	Receive	
11	Chair	Minutes of the Public Board meetings held: 9th May 22nd May	Attached	Receive	
Questions from the public					
PRIVATE -PART II					

12	Chair	Minutes of the private CoG meeting held: 16th May 2019	Attached	Approve	
13	Tom Cahill	STP Update <ul style="list-style-type: none"> • ICAs • East of England Collaborative New Care Model 	Attached Attached & Presentation	Receive	
14	Chair	Minutes of the Private Board Meetings: 9th May 6th June	Attached	Note	
15	Chair	Date of next meeting: 12th December 2019			

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 16th May 2019

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

Attendance: Please see end of Minutes

Item	Subject	Action
013/19	<p>Service User Experience presentation</p> <p>CL welcomed Amanda, Tony and Lara to the Board. Amanda presented to the Board on her experiences as a service user who had experienced both inpatient services at Kingfisher Court and more recently the services of the PATH team.</p> <p>CL thanked Amanda for her time and inspirational story of her journey and to Tony (STaR worker) and Lara for accompanying.</p>	
014/19	<p>Welcome & Apologies</p> <p>Chris Lawrence welcomed all to the meeting and apologies were noted.</p>	
015/19	<p>Declarations of Interest</p> <p>There were no declarations reported.</p>	
016/19	<p>Minutes of public Council of Governors meeting held: 14th February 2019</p> <p>The minutes were approved as an accurate record of the meeting.</p> <p>The Minutes of the 14th February 2019 were APPROVED</p>	
017/19	<p>Matters Arising Schedule</p> <p>There were no matters arising to address.</p>	
018/19	<p>CEO Report</p> <p>The Council of Governor's received the Chief Executives report with the following headlines :</p> <p>The NHS had seen its busiest winter yet in terms of demand however April had been the busiest month to date, with the Trust seeing particular impact on SPA and placing increasing pressure on CAMHS.</p> <p>NHSE/I</p> <p>With the merger of NHSE/I regulations for Foundation Trusts were changing with a view that there would be less regard for Foundation Trust status. We would need to see how this played out and what this would mean for governors.</p> <p>STP</p> <p>Deborah Fielding, the Executive Lead for the STP had retired. Recruitment for an</p>	

	<p>interim lead for a 6-9 month period took place on the 15th May 2019. An STP Design paper which outlined what the future system would like beyond 2021 had been developed. It was likely there would be a single Integrated Care System (ICS) with three geographical Integrated Care Partnerships (ICP) having responsibility for the health of the population in each locality. TC further advised there was consideration being given to the development of an ICP for Specialist Mental Health and Learning Disabilities. An STP workshop would be scheduled for the Governors.</p> <p>Action: Workshop for Governors on STP to be scheduled</p> <p>Performance Performance for quarter 4 had been relatively stable. Issues were around CAMHS 28 day wait to assessment, EMDASS 12 week wait to diagnosis and Adult Community 28 day wait to assessment, associated with ongoing demand pressures. Looking ahead, the ongoing transformation work within CAMHS was the big issue to deliver.</p> <p>Innovation The Innovation Hub was up and running with a focus on Continuous Quality Improvement (CQI) training for staff on the next stage of HPFTs Good to Great journey.</p> <p>Quality Suicide prevention remained a priority. The Quality Strategy was near completion. The final version would be shared with the Governors.</p> <p>Health & Safety Executive TC advised the Health & Safety Executive had visited the Trust for 3 days this week in relation to the Health and Safety Act 1974. The inspection had examined management arrangements for the prevention of violence and aggression and musculoskeletal disorders experienced by staff.</p> <p>Workforce The Staff Survey had seen positive results and good feedback with culture safety putting us at the 'top of the tree' in this respect. Concerns continued around workload and bullying and harassment with a view these were linked and related to pressures.</p> <p>Finance The year had finished with a surplus of £392k meeting our control total and providing us with access to the NHSI Provider Sustainability Funding with a provisional award of £3m for next year. TC advised there would be a challenging CRES of £6.5m for 2019/20.</p> <p>Recruitment TC welcomed the two new Non-Executive Directors David Atkinson and Diane Herbert and to Sarita Dent, Associate Non-Executive Director.</p> <p>Following the resignation of Jill Hall, Company Secretary TC reported that a recruitment process was under way.</p>	KW
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	<p>A recruitment process was also underway for the Director of People and OD with TC noting this would not be a joint appointment with HCT.</p> <p>The CEO Report was RECEIVED</p>	
019/19	<p>Chairs Report CL updated governors with a verbal report and provided the below key messages:</p> <p>CL had met with David Williams, Leader for Hertfordshire County Council and held a good session, however there was still more work to be done to ensure there was an understanding of the work we do.</p> <p>CL had been a panel member for the Interim STP lead on Tuesday 15th May 2019. There had been two candidates, Kathryn Magson, Herts Valley CCG and a job share with Iain MacBeath, Herts County Council and Beverley Flowers, East & North Herts CCG. No outcome had been announced.</p> <p>CL stated he was delighted Sarita had joined the Board as an associate NED and acknowledged this was an important new development that he hoped other Trusts would follow. CL advised he had shared the role with Baroness Dido Harding who had been approving.</p> <p>CL updated Governors on the Chairs Competency Framework explaining this was a piece of work he commenced a year ago to look at the role of Chair's in Provider Trusts which was felt were not understood or appreciated. The framework had been developed with a panel of Chairs with advice from PwC to help lead organisations and create a structure. CL reported he had shared the framework with CD and JW who would use for his appraisal. The framework had also been presented to NHSI this week who had welcomed the development and liked the co-production. A similar piece of work would be undertaken to create the same for Chief Executives.</p> <p>CL paid tribute to the work of Jill Hall, Company Secretary remarking she had done a great deal in her year with the Trust.</p> <p>Governor Elections – nominations were now open and would close on the 3rd June 2019.</p> <p>The Chairs verbal update was NOTED</p>	
020/19	<p>NED Report on the Integrated Governance Committee SBe presented to the Governors on the work of the Integrated Governance Committee highlighting the committee's primary focus was safety and quality. Reports were received from various committees including the Quality & Risk Management Committee (QRMC) and the Workforce and Organisational Development Committee (WODG) which were scrutinised and discussed at each meeting. The Committee also advised on the content of the Trust Risk Register (TRR) and the Board Assurance Framework (BAF). Another important element for the committee was to ensure learning was implemented from any Serious</p>	

	<p>Incidents.</p> <p>SBe stated that in terms of the TRR and BAF a lot of work had been done over the past year with both documents now being much stronger and providing greater assurance. Alongside this, both the TRR and BAF had been moved up the committee agenda so the items were addressed first. In addition, the front sheets to the report also noted how the report was aligned to the TRR and BAF.</p> <p>SBe further explained that the committee also carried out regular Deep Dives and over the past year had undertaken dives into Lone Worker Devices, Recruitment & Retention and CAMHS, noting CAMHS had been valuable and was great to see it being given 'outstanding' in the CQC report. The next meeting would see a Deep Dive into organisational development.</p> <p>KL added that following the Board sub-committees a written report is provided for each Public Board, covering the work undertaken by the committee in each meeting, which governors may find useful.</p> <p>The Integrated Governance Committee verbal update was NOTED</p>	
021/19	<p>Reports from Council of Governor Sub-Groups</p> <p>Quality & Service User Experience FD presented to the governors on the work of the Quality & Service User Experience group whose last meeting had been held on the 29th March 2019. The below areas of work were discussed and updates received:</p> <ul style="list-style-type: none"> • CAMHS • Removal of dormitory accommodation • Demand on beds • CQC inspection • Reports considered were Safe Staffing and the Integrated Safety Report • Rehabilitation Pathway • Hertfordshire Specialist Learning Disability Service • CQC Provider Action Statements <p>FD concluded her report noting that Tina Kavanagh had been asked to attend a future meeting to provide an overview of the Mental Health Legislation team.</p> <p>Performance IR updated governors on the work of the Performance group stating their last meeting had been held on the 17th April 2019. Key aspects of the meeting were:</p> <ul style="list-style-type: none"> • Q3 performance report • Annual Plan 2019/20 • SPIKE II • Governor attendance at sub group meetings <p>The next Performance meeting is scheduled for the 8th July 2019 @ 13:00pm. All governors were welcome.</p>	

	<p>Membership & Engagement</p> <p>BC reported on the meeting of the Membership & Engagement group. The last meeting had received updates on the below areas:</p> <ul style="list-style-type: none"> • Communications Update from Peter Gibson on engaging effectively with our membership • Inclusion and Engagement team update on current projects • The role of the Service User, Carer Council and the Council of Councils • European Elections and aspects of Purdah • Governor Elections <p>KT had been invited to attend the next meeting on the 2nd July 2019 to provide an update for governors on the Engagement Strategy.</p> <p>The reports were RECEIVED</p>	
022/19	<p>Lead Governor Activity Report</p> <p>JW provided a brief summary on the work of the Lead Governor highlighted below:</p> <ul style="list-style-type: none"> • JW acknowledged and welcomed the input from the governors into the Trust Annual Plan • Recruitment of Non-Executive Directors had been a rigorous process involving good governor involvement with excellent results • JW encouraged governor attendance at the sub-groups • JW acknowledged the CQC 'Outstanding' result recording a note of thanks to CL as Chair and to all the staff <p>The Lead Governor report was RECEIVED</p>	
023/19	<p>End of Year Performance Report</p> <p>RA provided a presentation to the Governors on the End of Year Performance Report Quarter 4 which covered the Annual Plan and Trust Performance for each respective area and highlighted both sustained improvement and areas for further improvement. Of the 7 objectives laid out for 2018/19, 5 had been met with 2 showing as amber and these would be taken forward in the 2019/20 Annual Plan.</p> <p>Key Achievements for the year</p> <ul style="list-style-type: none"> • CQC inspection outcome – 'Outstanding' • Safety Culture • CAMHS Tier 4 development • Sustaining the Staff Survey position • The launch of Discovery – online learning tool • SPIKE2] • Continuous Quality Improvement (CQI) and the launch of the Innovation Hub & Innovation Fund • CRES programme delivery • LD model for Essex 	

	<ul style="list-style-type: none"> Contract renewals <p>A copy of the presentation would be circulated to governors.</p> <p>The presentation was RECEIVED</p>	
024/19	<p>CQC Report</p> <p>JPad commented on the CQC result relaying the importance of the role played by governors. JPad stated that EB, who unfortunately was not present at today's meeting, had stood with TC to welcome the inspection team with JPad stating how immensely impressed she had been with her candour and address.</p> <p>JPad reported that feedback received from the CQC following governor interviews had been how responsive, informed and knowledgeable they were and this had been triangulated when they had interviewed the Lead Governor.</p> <p>JPad noted that behind the summary report was the full inspection report and encouraged governors to read.</p> <p>The Trust was now one of only five Mental Health Trusts in the country to achieve 'Outstanding'. JPad concluded recording her thanks to the Governors.</p> <p>The verbal update was RECEIVED</p>	
025/19	<p>Annual Plan 19/20</p> <p>KT presented the Annual Plan for 2019/20 acknowledging the input from the governors. KT reported the Trust was now in its 4th year of its 'Good to Great' journey.</p> <p>The Annual Plan had 7 Strategic Objectives which covered safe services, great experience, effective, evidence based practice, attract, retain and develop people, improve, innovate and transform, deliver joined up care and shaping the future delivery of health and social care.</p> <p>KT advised on the Trust contracts noting the Hertfordshire contract of 5 plus 2 years at £180m. Mention was also given to the Hertfordshire County Council 4% social care efficiency savings required each year in year 2 – 5 stating further information on this would be provided at a future Governor meeting.</p> <p>The financial headlines for 2019/20 saw a forecast income of £240m with a CRES plan of £6.5m with the main focus for achieving this focusing on managing demand, Beds and Placements.</p> <p>A copy of the presentation would be circulated to governors.</p> <p>The Annual Plan 2019/20 report was RECEIVED</p>	
026/19	<p>Minutes of the Public Board meeting held 7th February 2019</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>The Minutes were RECEIVED</p>	

027/19	AOB No further business was raised.	
Date/Time of Next Meeting: The next meeting is scheduled for Thursday 19 th September 2019		

Close of Meeting

Attendance:

Non-Executive Directors		
Chris Lawrence	Chairman	CL
Simon Barter	Non-Executive Director	SBa
Janet Paraskeva	Non-Executive Director	JP
Sarah Betteley	Non-Executive Director	SBe
Executive Directors		
Tom Cahill	Chief Executive	TC
Karen Taylor	Director Strategy & Integration	KT
Dr Jane Padmore	Director Quality & Safety	JPad
Dr Asif Zia	Director Quality & Medical Leadership	AZ
Keith Loveman	Director of Finance & Deputy Chief Executive	KL
Mariejke Maciejewski	Interim Director of Workforce & Organisational Development	MM
Ronke Akerle	Director of Innovation	RA
Sandra Brookes	Director Delivery & SU Experience	SBr
Public Governors		
Jon Walmsley	Public Governor (Lead Governor)	JW
Barry Canterford	Public Governor	BC
Bob Taylor	Public Governor	BT
Caroline Bowes-Lyon	Public Governor	CBL
Emma Paisley	Public Governor	EP
Ilana Rinkoff	Public Governor	IR

Tap Bali	Public Governor	TB
Mark Edgar	Public Governor	ME
Eni Bankole-Race	Public Governor	EBR
Catherine Adedoyin Akanbi	Public Governor	CA
Appointed Governors		
Fran Deschampsneufs	Appointed Governor (Herts MIND Network)	FD
Rosemary Farmer	Appointed Governor	RF
Eve Atkins	Appointed Governor	EA
Staff Governors		
Herbie Nythani	Staff Governor	HN
In Attendance		
Kathryn Wickham	Minutes	KW
Sarita Dent	Associate Non-Executive Director	SD
Apologies		
David Andrews	Appointed Governor	DA
Catherine Dugmore	Non-Executive Director	CD
Ray Gibbins	Appointed Governor (Viewpoint)	RG
Meredith Griffiths	Public Governor	MG
Grahame Wright	Staff Governor (Corporate)	GW
William Say	Public Governor	WS
Emily Burke	Public Governor	EB
Colin Egan	Public Governor	CE
Harinder Singh Pattar	Public Governor	HP
Loyola Weeks	Non-Executive Director	LW
Tanya Barron	Non-Executive Director	TBa

Council of Governors Meeting

Meeting Date:	19 th September 2019	Agenda Item: 5
Subject:	CEO Briefing	
Presented by:	Tom Cahill, CEO	

National update

In this section of my briefing, I set out a number of recent national announcements and reports that will help shape and provide context to the work being undertaken by HPFT in providing consistent, high-quality care to service users and their carers.

New Government formed

With Boris Johnson becoming the country's Prime Minister, a new Government has been formed that resulted in several major announcements being made during August relating to the NHS, including:

- £1.8 billion being invested in 20 hospital upgrade projects across England (£850 million) and backlog maintenance and equipment projects (£950 million)
- Confirmed that the funding plan set out by the previous government to support the delivery of the NHS Long Term Plan will remain in place
- New proposals to address NHS Pension issues affecting senior clinical staff
- £250 million funding to set up a national artificial intelligence laboratory, overseen by NHSX (Digital), to enhance the care of patients and support research

Mr Johnson also made a commitment to address how social care is funded in England, which could bring real benefits for the NHS as well.

Whilst the Prime Minister's public sector announcements have drawn commentary and debate from many quarters, it would appear that the NHS is getting greater government priority and focus than has been the case for some time.

EU Exit preparations

There is a distinct possibility that Britain will leave the EU without a deal at the end of October. The NHS like many other organisations is escalating plans in preparation for this possible eventuality with main concerns around Workforce, Medicines and General Supplies. The Trust like all other Trusts is preparing for this possible scenario.

NHS Mental Health Implementation Plan, 2019/20 to 2023/24

On 26 July 2019, NHS England published the [NHS Mental Health Implementation Plan](#), which covers the period from 2019/20 through to 2023/24. It sets out in detail what growth is expected of the sector and the exact phasing of funding to CCG baselines and centrally-held transformation money over the next five years.

The plan also confirms the roll-out of a new Patient and Carer Race Equality Framework. Similar to NHS Workforce Race Equality Standard (WRES), the new framework aims to measure the differences in the treatment of patients from a black and minority ethnic (BAME) background – recommended originally in the [Crisp Report](#) and endorsed in the [Review of the Mental Health Act](#).

The success of the plan is dependent on getting the workforce in place and the plan confirms the shift towards local areas being expected to take more responsibility for ensuring they have the

appropriate workforce in place. The guidance includes projected workforce implications of the expansion (additional to requirements of [Stepping Forward](#), the 2017 mental health workforce plan), but states the numbers in the guidance are indicative and are there to inform locally-created *people plans*, which will be aggregated to show the national picture. This represents, perhaps, a slightly more bottom-up process than has been the case previously.

Investing in the NHS workforce

There have also been some significant announcements in recent weeks regarding investment in the NHS workforce.

On 18 July 2019, Health Education England announced that it will invest [£2 million during 2019/20](#) to boost the learning disability workforce, with the aim of providing an extra 230 registered nurses and 150 trainee nursing associates. The funding will be used to provide:

- Two-year registered nurse apprenticeship for nursing associates who wish to become learning disability nurses
- New postgraduate and undergraduate learning disability apprenticeships
- Additional money for investment in a targeted awareness campaign

This was followed on 23 July by the Secretary of State for Health and Social Care announcing [£20 million funding](#) to prepare more young people for an entry-level job or apprenticeship in the NHS. The aim of this three-year programme, which will involve 150 NHS trusts across the country, is to support 10,000 young people from all backgrounds to get a career in the NHS. The funding will be matched by £7 million from the Prince's Trust.

Regional update

This section of the briefing reviews significant developments at a regional and STP level in which HPFT is involved or has impact on the Trust's services.

New Care Models, East of England Mental Health Collaborative

Since the last update provided in July, the collaborative's bid to support the delivery of CAMHS Tier 4, adult forensic and eating disorder services has been submitted to NHS England. NHS England has confirmed that the collaborative can proceed to the next stage, which involves developing clinical models for these three specialist services, as well as exploring future commissioning arrangements. The launch for the New Care Models has been confirmed as being 4 October 2019 – further details about this event will be shared in due course.

More young people in Hertfordshire and west Essex to benefit from mental health support at school

Following another successful bid for national funding two new mental health support teams will join the two teams already in place to support schools and colleges in Hertfordshire & West Essex,.

Staff for the new teams will be recruited from September 2019 and will work in schools to:

- Support children and young people who are experiencing mild to moderate mental health issues
- Help the senior mental health lead in each school to develop the support that they offer to the whole school community
- Give timely advice to school and college staff, liaising with external specialist services to help children and young people to get the right support and stay in education

HWE STP

Activity within the STP has increased in terms of pace within a number of areas.

Firstly, NHS I/E are working much more closely with our STP to develop our readiness to transition into an integrated care system which will form a major plank of the future architecture of the local system. This will take the form of ongoing support but also an assessment against a defined

maturity matrix which will determine the gaps that we need to fill and address in order to become ready.

Secondly, the STP is required to submit by the end of September a plan outlining its readiness to implement the NHS long term plan. This includes alignment between activity, workforce and finance and also detailed plans of how we are going to implement and achieve the requirement of the national priorities around Cancer, Urgent and Emergency Care and Mental Health. Thirdly, The STP is pushing the development of the integrated care partnerships which is designed to hold the ring on commissioning and provision within our three main localities: East & North Herts, West Herts and West Essex. Alongside this are proposals to develop a specialist MH & LD alliance to support the delivery of care for people with complex needs.

NHS: Organisation and System Regulation

With the establishment of the seven regional bodies and the appointment of seven regional Directors, there is consideration being given as to how organisations and systems will be overseen. Going forward, this is regarded as key to Foundation Trusts where possible Governance and Assurance will be lead through the STP and ICS's. NHSI will continue to make direct relations with each organisation and depending on the organisations' overall performance will determine the level of monitoring or support.

Trust-wide update

Finally in this section, an overview of the Trust's most recent performance, along with other important information, is provided.

Performance review

Overall, performance continues to do well against a backdrop of continued increased demand for services. Referrals into SPA are up 15% from the same quarter in 2018/19.

- Of our 64 targeted Key Performance Indicators 35 are rated green, 11 amber and 18 red

Areas of Strong Performance include;

- Rate of service users that would recommend the Trust's services to friends and family if they needed them
- Rate of carers that feel valued by staff
- Staff Friends and Family Test (FFT) - Staff saying they would recommend the Trust as a place to work
- Urgent and crisis access for all services
- The percentage of people under adult mental illness specialties on Care Program Approach (CPA) who were followed up within 7 days of discharge from psychiatric in-patient care
- The percentage of people under adult mental illness specialties who were followed up within 72 hrs of discharge from psychiatric in-patient care

Areas we have previously identified as under-performing which are now improving include;

- Access for older people – 12 week referral to treatment standard
- Access for adults in the community – 28 day wait standard

Our current focus areas for improvement are;

- Access for Children and young people – 28 day access standard
- Out of area placements
- Delayed Transfers of Care

Quality Strategy

The National Patient Safety Strategy has been published. The key messages from this are reflected in the Trust's new Quality Strategy, which was ratified at the last Board and is being formally

launched this month. The planning for the annual celebration of Recovery Week is also underway with local events taking place and Board members will be invited to attend many of the events.

MOSS together

The consultation in relation to the Making Our Services Safer Together (MOSS Together) strategy is coming to an end. This is the next stage in our approach to reducing restrictive practice, building on the previous MOSS strategy, incorporating Shared Decision Making and having a Just Culture. This year world patient safety day is 17th September and the Trust will be undertaking a number of activities to mark this day and reinforce the approach the Trust is taking to patient safety.

HSE

The Trust continues to work on the areas highlighted by the Health and Safety Executive during their inspection and will be in a position to write to the HSE to say we have addressed their concerns by the deadline set for September.

CQC Prep

Preparation for the next CQC inspection visit is about to begin, building on the learning from this year's inspection. Focus groups with staff are being run by CQC throughout the year.

Inclusion and Diversity

Work continues to ensure that the inequalities are addressed in the Trust. Our annual BAME staff celebration event will also be held at the Colonnades on 18th October 2019. The theme this year, chosen by the BME network is Race Equality: Action not Words.

In order to support this work, the Trust is hosting the first twitter chat NHS book club on 9th October, which will be complemented by an HPFT book club one evening at the Colonnades. The first book is 'Why I'm no longer talking to white people about race' by Reni Eddo-Lodge. This book was chosen in order to support the NHS drive to improve the experience of Black, Asian and Minority Ethnic staff and to celebrate Black History Month in October 2019. Everyone is welcome to join.

Financial Performance

The position for July is reported as an (£8k) loss compared to a planned surplus of £50k. This puts us slightly behind the Plan YTD at £251k against a Plan of £300k. The key drivers in the increase are bed pressures which saw a further increase in short term external beds and additional agency cost. August has seen the level of beds managed back down to plan levels with work ongoing to remove the current variation. A key contributor in August to the reduction in beds has been the positive impact of EROS, the new enhanced community rehab service. There are several other key service developments in train and their successful implementation will be key to this. Overall the Trust remains confident of meeting the annual Control Total.

Capital

There has been much discussion at a national level about the availability of capital provision and the flexibility of organisations to address their own capital issues. In May all STP's across the country were requested to reduce their capital spend plans by 20% which had a significant impact for many organisations in their bid to address and keep patients safe. However, since the new government has been in place, spending levels for capital have been increased to reverse the 20% reduction and all organisations are able to continue to implement capital programmes in line with operational plan submissions. However, there remains general concern about the availability of capital funding. On a long term basis particularly given the state of the NHS facilities, this is something the Trust will consider with the Finance & Investment Committee as we go forward.

Workforce

A big focus over the last two months has been on enhancing our **people's experience** across the Trust. This includes;

- Introduction of **long service awards** which recognised over 90 members of staff for 30 and 40 years' NHS service.
- Changes to the **Disciplinary Policy** and Process to include **BAME representatives** as part of a decision making panel to ensure objectivity

- **Interview panels** for staff being recruited at a Band 8a or above now have a BAME representative on the panel.
- Work on revising our **approach to grievance processes** to make them more conflict resolution and mediation led.

Pressure on our **workforce** remains high and whilst sickness absence has stabilised, recruitment and retention remains a challenge. To support **recruitment activity** we now have:-

- Recruitment events based on location or job role with extensive social media coverage to publicise the event. This is proving successful in relation to the level of interest and also recruited staff.
- Newly designed candidate packs which focusses on the CQC outstanding rating for the Trust.

We have evaluated the impact of our retention initiatives introduced in previous months which has shown that the Buddy Scheme for new starters, career conversations and HR surgeries are all welcome introductions for staff.

Further **retention developments** include

- Introduction of 100 day and 2 year stay interviews
- Re-launch of the internal transfer and retire and return processes.

It is anticipated that this focus on staff experience will have a positive impact on the Trust's staff turnover rates.

Mental Health Transformation Funds

The Trust has been notified that two recent STP-wide funding bids to NHS England to improve Community Mental Health Services (CMHS) and Crisis services have been successful with the expectation of Wave 1 Transformation Funding being formally announced imminently.

Annual staff awards

Nominations opened for the Trust's 2019 annual staff awards on 19 August, with service users and/or their carers encouraged to submit their nominations for several of the categories via the [Trust's website](#) (staff have been asked to submit their nominations via the Trust's new staff intranet, The Hive). Nominations will remain open until 4 October 2019, following which the judging process will start. Those shortlisted will be invited to the awards evening, which is being held at Tewin Bury farm on the evening of Wednesday, 27 November.

Long service awards

Thursday, 11 July saw the Trust hold its second long service awards for staff who have worked for 30 and 40+ years in the NHS. The event, which was held at the Colonnades and received very positively by all present, saw some 50 members of staff receive their awards. Later this year, those staff who have 25+ years of NHS service will also be recognised.

Senior appointments

Executive Director for People and OD

An appointment was not made following the recent recruitment process for the Trust's substantive Executive Director of People and Organisation Development. The post will be re-advertised shortly.

Head of Corporate Affairs and Company Secretary

Following an interview process that took place in July, Helen Edmondson – who worked with the Hertfordshire and West Essex STP – was offered the role to become the Trust's next Head of Corporate Affairs and Company Secretary. Helen joined us on 2nd September and I would like to welcome her. Whilst Helen undertakes her induction into the Trust, Linda Storey will continue in the role as Interim Company Secretary until 12th September.

Trust teams shortlisted for national awards

NHS Providers 2019 Conference Showcase (Manchester, 8/9 October)

- SEAL University Project team

Positive Practice in Mental Health (PPiMH) Awards (Duxford, 10 October)

- Community perinatal team – Perinatal mental health category
- Pimp my Zimmer project – older people's mental health category
- CAMHS eating disorders team – Eating disorders category

HSJ Awards (Central London, 6 November)

- CAMHS home treatment team – Acute or specialist service redesign initiative
- Care home support service (MHSOP South West Herts) – Community or primary care service redesign
- SPIKE2 – Connecting services and information

Royal College of Psychiatrists Awards (Central London, 8 November)

- Dr Regi Alexander – Psychiatrist of the year

**Tom Cahill,
Chief Executive**

Council of Governors Meeting

Meeting Date:	19 th September 2019	Agenda Item: 8.1
Subject:	Report from the Council of Governors Quality & Service User Experience Meeting	For Publication:
Author:	Fran Deschampsneufs, Appointed Governor & Chair	Approved by:
Presented by:	Fran Deschampsneufs, Appointed Governor & Chair	

Purpose of the report:

To update the Council on the work of the Council of Governors Quality & Service User Experience Meeting

Action required:

To receive

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**

Meeting held: Tuesday 16th July 2019

The meeting was well attended by Governors and Loyola Weeks attended as the NED. Wellington Malaka, Managing Director, Essex Learning Disability Partnership & HPFT Trustwide IAPT attended the meeting in place of Sandra Brookes and gave us a very interesting and informative operational update and CQC update, including an update on CAHMS.

We looked at the Q4 staffing report and Loyola updated us on the integrated safety report and MHA CQC Provider Action statement.

We had a presentation from Kate Spokes and Peggy Postma on IAPT across Hertfordshire and Essex which again was informative. This was followed by Catherine Swaile and a report on Children Autism Diagnosis about which we did not have a great deal of information before the presentation.

We also looked at our forward planner and added a couple of suggestions for next year.

FD September 2019

Council of Governors Meeting

Meeting Date:	19 th September 2019	Agenda Item: 8.2
Subject:	Council of Governors Performance Meeting	For Publication:
Author:	Ilana Rinkoff, Public Governor and Chair	Approved by:
Presented by:	Ilana Rinkoff, Public Governor and Chair	

Purpose of the report:

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

Action required:

To note Summary and recommendations of the Council of Governors Performance meeting Chairs update report September 2019.

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 last meeting was held on the 8th July 2019. This was a packed agenda meeting and well attended.

Performance Update Report

Michael Thorpe – Deputy Director Innovation and Strategy provided a video link overview for the Governors. Highlights included:

Access to Services: MT advised that demand remains high, the majority of access targets are not being met and some SOF targets have also not been met. In relation to the CAMHS 28 day target, we are currently seeing 1 in 5 people within 28 days. As a result we have a Task and Finish Group to turn this around.

Workforce: - The Trust's mandatory training target of 92% was achieved at 92.04%, the first time that this has been met since Q4 2014/15. All measures moving in the right direction, except sickness which saw a very slight increase.

Audit Committee Report

Catherine Dugmore presented her report from the Audit Committee meeting held on 24th April and discussed preparation work on the year end. The Group were pleased to note that there were no qualifications this year on the quality report.

CD advised the AC do have deep dives of Audit, these are actions requested from the Trust Risk Register (TRR) with a presentation from Service Line reporting. Updates will be provided to the Performance Group going forward.

CD confirmed that KPMG as new auditors had brought a fresh pair of eyes and had been helpful.

IM&T (Information Management and Technology) and SPIKE II update

Hakan Akozek and Avi Reddy were welcomed to the meeting and highlighted key areas of focus within the IM&T team and provided an update on SPIKE II and a live demo.

Spike II is a Business intelligence tool for operational services. This is an Open Source which has been designed and developed by in-house team with 3rd party support. This went live in Jan 2019. Since going-live we have generated over 85K report views. It is used by 1580 staff, and now includes 5 new dashboards and 48 new KPIs/metrics. The Group were extremely pleased and impressed with the functions of SPIKE II.

KPMG Presentation

Neil Hewitt and Jessica Hargreaves presented the work carried out by KPMG as external auditors for HPFT. NH advised that everything they produce is addressed to the Trust Governors. When they produce a plan they should get input from the Governors. Governors should also input into Audit Risk areas. KPMG are to attend future Council of Governors Meeting to discuss what indicator the Governors would like KPMG to look at in the Quality Report.

Other

The Board Note on planning for a 'no deal scenario for Brexit' was circulated to the Governors prior to the meeting.

Next meeting:

The next meeting is scheduled for the 8th November 2019 @ 10:30am. Governors are asked to note all dates in list circulated and reminders will be sent out 2 weeks in advance.

Council of Governors Meeting

Meeting Date:	19 th September 2019	Agenda Item: 8.3
Subject:	Council of Governors Membership & Engagement Meeting	For Publication:
Author:	Barry Canterford, Public Governor, Engagement Champion and Chair	Approved by:
Presented by:	Barry Canterford, Public Governor, Engagement Champion and Chair	

Purpose of the report:

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

Action required:

For the Council 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**

Membership and Engagement Group

Last Meeting: Tuesday 2nd July 2019

Action Log from Last Meeting

This was reviewed. Main item was the timeline for the Governors Election.

- It was reported that some members were having problem getting into the Election from NHS.NET . This would be investigated.
- The AGM would be held on the 17th July 2019 5-8pm Community Engagement-Brainstorming
- How we as Governors can effectively engage with members (approx. 9000) and the wider Hertfordshire Community.
- Various ideas were discussed including
- Obtaining printout of members in each Governors Area.
- Organising more presentations to stakeholder and defined groups such as Round Table U3A.
- Other ideas were raised refer to the circulated minutes
- Subject to be raised at next meeting when a document with ideas on Engagement prepared by Eni Bankole-Race and the Chair will be presented.
- Engagement and Engagement Team Update.
- Leah Johnson gave an update on the team's activities. It was agreed that a member of the team should be invited to future meetings.
- Communications Update
- Helen Bond reported the latest issue of Partnership Matters had been circulated. Possibility of some members getting electronic version.
- Elections are underway.
- HB will get a breakdown of membership. We have active SU Council and Carers Council with all Councils meeting together regularly.

Events Taking Place over coming weeks

- Recovery Conference I urge Governors to attend.
- Healthy Memory Café.
- Multi Agency project to be held once a month at Hertford Theatre. 2hr Café with various professionals giving advice followed by a dementia friendly film show.

The next is scheduled for the 22nd October 2019 10.30-12.30hrs

Council of Governors

Meeting Date:	19 th September 2019	Agenda Item: 10
Subject:	Performance Report : Q1 2019/20	For Publication: Yes
Author:	Michael Thorpe, Deputy Director of Improvement and Innovation	Approved by: Karen Taylor, Executive Director of Strategy and Integration
Presented by:	Keith Loveman, Deputy Chief Executive and Director of Finance	

Purpose of the report:

To inform the Council of Governors about the Trust's performance during Quarter 1 2019/20.
A presentation will be given at the meeting.

Action required:

To receive the report, discussing performance and actions being taken

Summary and Recommendations

This report provides a summary of the overall performance of the organisation during Quarter 1 against 71 national, regional and local indicators across five key groupings:

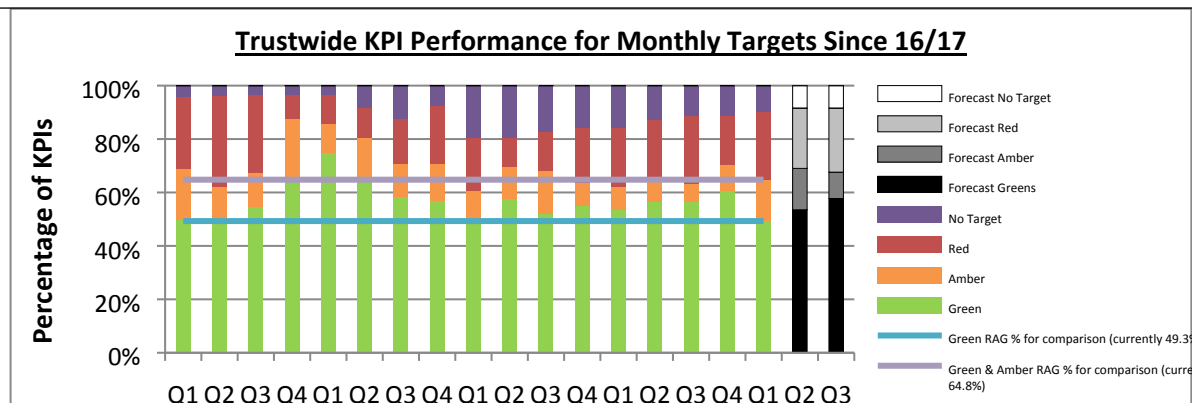
- Single Oversight Framework (NHS Improvement)
- Access to Services
- Safety and Effectiveness of Services
- Workforce indicators
- Financial indicators

Quarter 1 Performance Summary

Overall, performance continues to do relatively well with 63% of indicators meeting/exceeding or very close to the required standard against a backdrop of continued increased demand for services. Referrals into SPA are up 14.7% from the same quarter in 2018/19. Of the 71 performance indicators currently monitored the overall Red, Amber, Green (RAG) ratings are as follows:

- 35 are rated Green (50%)
- 11 are rated Amber (13%)
- 18 are rated Red (27%)
- 7 are currently monitored but no formal performance target set (10%)

The chart below shows comparative performance in terms of rag rated indicators since April 2016.



Areas of Strong Performance

Of the 35 green KPIs, examples of consistently strong performance despite volume challenges and system pressures include:

- Rate of service users that would recommend the Trust's services to friends and family if they needed them
- Rate of carers that feel valued by staff
- Staff Friends and Family Test (FFT) - Staff saying they would recommend the Trust as a place to work
- Urgent, Crisis and CCAT access for all services
- Recovery rates for IAPT services and 18 week referral to treat times
- Urgent and routine access for eating disorders
- In-patient admissions that have been gate-kept by crisis resolution/ home treatment team
- Routine referrals to Specialist Community Learning Disability Services meeting 28 day wait
- Trust wide performance declined by volume of Red and Amber performance indicators
- CAMHS referrals meeting social worker contact waiting time standards for children in care
- The percentage of people under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care
- The percentage of people under adult mental illness specialties who were followed up within 72 hrs of discharge from psychiatric in-patient care

Analysis of Red and Amber RAG rated Indicators

For the 29 (18 red and 11 amber indicators) performance is either Improving, Holding (i.e. no change), or Worsening.

Improving Indicators

Seven red/amber indicators improved their position during Quarter 1, with robust initiatives underway to improve performance. These include improvements in significant challenge areas such as 28 day access for adults and 12 weeks diagnosis for EMDASS, as well as near complete recoveries for CPA reviews and mandatory training.

It is worth noting that this improvement has continued into Quarter 2 and at the end of August Adult Community access is almost at 90%; EMDASS has recovered to a position of 67% against a target of 80% and the rate of referrals meeting maximum 18 week wait time from referral to treatment for all mental health and learning disability services is showing improvement.

Holding Indicators

17 red/amber indicators have remained static during Quarter 1 and the vast majority of indicators are holding performance at a level close to the required standard. These include:

- Vacancy and turnover rates
- Initial clusters and cluster reviews
- Risk assessment and cardio metabolic assessments
- Data quality metrics such as DQMI

Within this cohort of indicators there are also some which are 'low volume', albeit important, metrics, like the rate of staff experiencing physical violence and routine referrals to community eating disorder services. There are also some metrics which are again very important, but which see a high level of variance as they are more 'subjective.' An example of which is the rate of service users saying they are treated in a way that reflects the Trust's values

At the end of August the performance of these indicators have, in the main, remained static. However, the majority of these indicators have plans to address performance already in place; and where this is not the case this is being explored and addressed during Quarter 2.

Worsening Indicators

Five red/amber indicators have seen a decline in performance in Quarter 1. These are;

- Out of area placements
- Delayed transfers of care (DTC)
- CAMHS access
- Rate of referrals meeting maximum 18 week wait standard
- Improving Access to Psychological Therapies (specifically West Essex)

All of these have been subject to focused areas of improvement work in Quarter 2, and at the end of August improvements are already being achieved. For example, CAMHS 28 day access is seeing improvement in Quarter 2 and is on track to meet the agreed improvement target for the end of Quarter 3. Out of area placements and DTCs continue to be a challenge in Quarter 2, reflecting high levels of demand. Initiatives are already underway to recover performance with benefits anticipated during Quarter 2 and 3.

Conclusion & Recommendation

The Council of Governors is asked to discuss and note

- the overall Trust Performance in the context of the overall demand and activity levels which continue to increase and challenge the Trust.
- the areas of consistently strong performance across the Trust
- the areas of improvement against currently underperforming indicators
- the actions being taken to address the indicators that have seen a decline in performance in Quarter 1

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

Performance reflects the requirements of the Annual Plan, SBU Business Plans Assurance Framework

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

N/A

Equality & Diversity and Public & Patient Involvement Implications:

N/A

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

All targets

Seen by the following committee(s) on date:

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

Trust Board 5 September 2019

Summary Performance Report Quarter 1 2019/20

Quarter 1 Performance Summary

Overall, performance continues to do well against a backdrop of continued increased demand for services. Referrals into SPA are up 14.7% from the same quarter in 2018/19. Of the 71 performance indicators currently monitored the overall Red, Amber, Green (RAG) ratings are as follows:

- 35 are rated Green (50%)
- 11 are rated Amber (13%)
- 18 are rated Red (27%)
- 7 are currently monitored but no formal performance target set (10%)

Sections below highlight key challenges in performance using the 5 main reporting categories for the trust:

- Single Oversight Framework - NHS Improvement (SOF)
- Access to Services
- Safety and Effectiveness of Services
- Workforce indicators
- Financial indicators

SOF:

- IAPT 6 week waits to begin treatment: The Q1 figure of 69.83% is a decrease of 7.71% on Q4 performance against a target of 75%. The vacancies in East & North CCG areas have been attributed to this decline with a performance level of 22.99%. All other CCG's are well above target with an average in excess of 90%. Recruitment is underway in East & North and will address these performance issues upon completion.
- Cardio-metabolic assessment and treatment for people with psychosis; community service users and inpatients remain on the SOF, although they are no longer a CQUIN. All three measures are now part of the trust's contractual performance reporting via the Herts Quality Schedule. FEP and CPA reporting is from April 2019 and Inpatient reporting from Q3 in order to allow time for a report to be developed on SPIKE 2. Due to changes in some forms on PARIS, FEP data was not available at the time of reporting. Community CPA was at 46.33% against a 65% target.
- Inappropriate out of area placements are rag rated as red in Q1, with 277 days recorded against a target of 200 days. Pressure on beds has seen the level rise in recent months, reflecting the national picture. There is collaborative working across service lines to minimise out of area placements, with 3 critical bed state phone calls per week. There is also work in the acute services to mitigate admissions wherever possible by extending the criteria of CATT services. Discharges are still very slow and there is a review pending of the red-green methodology with a planned re-launch.

Access:

- The adult community 28 day wait was at 76.3% in Q1, a decrease of 8.5% from Q4 and 202 people short of the target 95% (reduced from 98% from April 2019). All quadrants have improved their performance over the quarter, with North achieving 100% compliance in June. The main pressure remains in NW and SW whose

performance is still impacted by the large number of breaches that are being cleared. Demand and capacity planning has now been completed for both NW and SW quadrants and a range of Continuous Quality Improvement actions are now in progress across services to incrementally improve the initial assessment wait times. Progress is monitored on a weekly basis and improvement is expected to continue throughout Q2.

- Urgent adult community waits were at 50% in Q1. This equated to one breach, with the person being seen on Day 3.
- Performance against the EMDASS 12 week diagnosis target rose by 13.27% in Q1 to 62.42% against the 80% target. The EMDASS CQI initiative is reported by services to be helpful in clearing the backlog and looking at ways of working more efficiently. Improvement is expected to continue, with recovery predicted by the end of Q2.
- CAMHS referrals meeting assessment waiting time standards - urgent (p1 - 7 days) were at 66.15% for the quarter, a reduction of 12.3% on Q4 18/19 figures. The breaches were caused by pressure in the East Quadrant meaning the 7 day target could not always be met.
- CAMHS 28 day assessments declined by 10% from the Q4 18/19 figure to 23.89% in Q1 against a target of 95%. The CAMHS CQI initiative has commenced, with a weekly task and finish group in place, and is expected to address the issues that cause a 50%+ fallout rate between referral and treatment. Additional resource is being put in place to clear the current backlog and provide additional support within the teams to meet anticipated treatment needs.
- The 18 week to treatment target was narrowly missed in Q1, at 97.61%. The decline is attributable to the long waits for assessment and treatment in CAMHS, particularly in the East Quadrant. This should resolve once the backlog has been cleared.
- West Essex was 288 people behind the cumulative access target at the end of Q1 (946/1234). The service continues to address the challenge to recruitment to PWP roles and a number of appointment slots were lost in June due to an issue with admin staff support, which is now being reviewed. Lower than anticipated referrals continue to be of concern. This is being picked up with the CCG through a new joint action planning approach. NEE are keeping access as close to the level required to prevent further increases to the waiting lists.
- North East Essex was 27 people behind target at the end of Q1 (1660/1687). The service has undertaken an intensive piece of work reviewing and updating the waiting list, which has had a positive effect on performance in June and is expected to result in a reduction of people waiting with a positive effect on capacity in the team and associated access targets.

Safe and Effective:

- Delayed transfers rose by 1% from Q4 to 6.72% in Q1(March, April, May used as proxy quarter) against a target of $\leq 3.5\%$. The main area with delays is adult inpatient services where delayed transfers of care continue to fluctuate and are reflective of the complexity of a number of individuals in the acute services, with difficulties identifying placements and safe community care packages. There are more individuals who local Councils are reluctant to accept responsibility for, due to high risk and antisocial behaviours. Actions are the same as those for out of area placements.

- Performance against the risk assessment target of 95% has declined by 0.78% to 91.43% in Q1. Areas that have lower performance remain in the large community teams in both CAMHS and Adult Services. This is due some large medical caseloads, and a higher number of unallocated cases. The large ADHD caseload in CAMHS also affects performance with CYP having infrequent appointments for monitoring of medication. All areas continue to monitor and review risk assessment completion, and individual performance can now be monitored via SPIKE 2.
- Rate of service users saying they are treated in a way that reflects the Trust's values; Who report the Trust to be welcoming and friendly; who know how to get support and advice at a time of crisis and who report being involved in discussions about their care.

All of the above are HYS indicators that have moved from being above target in Q4 to below target in Q1. The decline in performance varies from 1.9% to 10.21%. Fewer HYS forms were completed in the quarter which has previously affected results in an adverse manner. The decline warrants further investigation and a piece of work will be undertaken between the Service Experience Lead and the Performance Team to determine whether the drops are significant and if so, what may have caused this.

- Cluster reviews were at 85.88% in Q1, a drop of 1.58% on Q4 performance. Across services the focus has been given to meeting access targets, risk assessments and CPA reviews. The same issues that apply to risk assessments also apply to clustering reviews in terms of lack of capacity and high medical caseloads.
- Improvement has continued in both employment and accommodation status recording in Q1 (73.41% and 73.7% respectively). The introduction of SPIKE 2, giving everyone easy access to this data has been responsible for this improvement, but is now slowing and requires a continued focus in order to reach the 85% recording threshold.

Workforce

The Pulse Survey questions were reviewed and refreshed this quarter to monitor measures from the Trust annual plan with four questions removed and four questions introduced.

We received 450 responses, with the highest response from East and North Herts SBU. There have been a number of significant improvements in the responses received this quarter including

- How likely are you to recommend HPFT to Friends and Family if they needed care or treatment increasing from 77% in Q4 to 83% in Q1 and
- How likely are you to recommend HPFT to Friends and Family as a place to work which increased from 66% in Q4 to 76% in Q1

The turnover rate has increased slightly to 15.64% in Q1 from 15.49% at the end of Q3. However, the Trust's unplanned turnover rate this quarter dropped to 11.03% from 11.42%. Unplanned turnover excludes those staff who leave the Trust as a result of retirement, end of a fixed term contract or dismissals.

The sickness absence rate has decreased this quarter to 4.19% in Q1 from 4.31% and is above the Trust target of 4%. There has been a decrease in the sickness absence rates

across all however only corporate services and East and North Herts SBU have sickness absence rates below the Trust target at 2.45% and 3.96% .

The compliance rate for Statutory and Mandatory Training has increased again to 91.4% from 90.4% over the last quarter with the monthly rate in June hitting the target of 92%. There is still significant work being carried out to raise the compliance rates above the target, with work continuing with Subject Matter Experts. In addition Quarterly Assurance Meetings continue to take place and action plans are in place for those topics below compliance.

The overall compliance rate for PDP and Appraisals has dropped during Q1 to 86.46% from 89%. Essex & IAPT SBU and LD&F SBU have both shown an increase in the compliance rate, but no SBU is hitting the target. HR BPs are working with managers and senior SBU management to increase the focus on PDP compliance.

Finance:

- For the month of June there was a surplus of c. £162k against a Plan of £53k and for Quarter 1 Year to Date there was a surplus of c. £260k against a Plan of £252k. This meets the NHSI Control Total for the Quarter and will therefore achieve PSF for the Quarter of c. £283k.
- The position does remain challenging with Secondary Commissioning spend continuing to increase, particularly for MHSOP Placements, and for Acute and PICU External Placements. Pay spend is also increasing both for substantive, and with bank and agency starting to increase, though the latter still within the NHSI Ceiling and just within the internal agency Plan. The shortfall on the Delivering Value programme also drives the position. These issues are offset by underspends on vacancies including those relating to new or expanded services.

Council of Governors

Meeting Date:	19 th September 2019	Agenda Item: 10
Subject:	Annual Plan 2019/20 - Quarter 1 Report	For Publication: Yes
Author:	Karen Taylor, Director, Strategy & Integration & Michael Thorpe, Deputy Director of Improvement and Innovation	Approved by: Karen Taylor, Director, Strategy & Integration
Presented by:	Keith Loveman, Director of Finance & Deputy CEO	

Purpose of the report:

Present the Trust's performance against the Annual Plan for Quarter 1

Action required:

To receive the report, discussing the content and implications for Trust performance

Summary and recommendations:

The Annual Plan comprises of seven objectives across the four themes of the Trust's 'Good to Great' strategy. It describes the actions the Trust needs to take and the milestones to be reached, by quarter, to deliver the Trust's agreed outcomes for the year. At the end of each quarter each objective receives two RAG (red, Amber, Green) ratings which indicate:

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

Significant work has taken place during Quarter 1 which means the Trust is in a strong position with regards to achieving year end outcomes. At the end of Quarter 1 six (out of seven) objectives are on track to deliver the planned end of year outcomes (RAG rated Green). Objective 1 (Safety) has been RAG rated Amber due to planning timetables which now mean the planned new seclusion suites are unlikely to all be completed in 2019/20. However, good progress has been made against the majority of other the key safety milestones during Quarter 1 with a positive impact on outcomes including a reduction in falls, and an improved percentage of people reporting feeling safe in acute services since last quarter. A reduction in suicides and violent incidents, together with an increase of service users feeling safe across all inpatient units remain priority areas for focus to achieve the end of year outcomes.

Overall, good progress has been made at the end of Quarter 1 with five out of seven objectives

fully meeting the milestones set for this quarter. Objective 2 (Experience) has been rated Amber due to slower than expected progress being made on the carer milestones and also due to access to services being behind target for Adults, CAMHS and Older People. Objective 5 (Innovation & productivity) has also been rated Amber as plans have not yet been fully identified to achieve the required CRES (Cash Releasing Efficiency Savings). In addition, progress around Time to Care has been slower than anticipated. However, at this stage in the year it is anticipated actions will be taken to ensure the Annual Plan outcomes are fully delivered.

Conclusion

The Trust has made good progress during Quarter 1 with the significant progress made towards realising the required outcomes by year end.

The Council of Governors is asked to discuss the Quarter 1 Trust Annual Plan report.

Relationship with the Business Plan & Assurance Framework:

Annual plan outlines the key deliverables for the Trust and this report summarises progress against Annual Plan (all objectives)

Summary of Implications for:

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

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

N/A

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

Delivery of the Annual Plan supports delivery of the above

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

Executive Committee 28 August 2019, Trust Board 6 September

TRUST ANNUAL PLAN 2018/19 – QUARTER 1 REPORT

1. Summary

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

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

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

2. Progress against End of Year Outcomes

Significant work has taken place during the Quarter to support the Trust to achieve the year end outcomes and the detail in Appendix 2 demonstrates this. At the end of Quarter 1 six (out of seven) objectives are on track to deliver the planned end of year outcomes (RAG rated Green).

One objective has been RAG rated Amber (Objective 1 - Safety) due to planning timetables which now mean the new seclusion suites are unlikely to all be completed in 2019/20. Good progress has been made against the majority of other key safety milestones during Quarter 1 with a positive impact on outcomes including a reduction in falls, and improved percentage of people reporting feeling safe in acute services since last quarter. Reduction in suicides and violent incidents and improving feeling safe across all inpatient units remain priority areas to achieve the end of year outcomes.

Table 1 End of Year RAG projection

Objective		End of Year Projection
1	We will provide safe services, so that people feel safe and are protected from avoidable harm	
2	We will deliver a great experience of our services, so that those who need to receive our support 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)	

3. Performance against Quarter One Milestones

At the end of Quarter 1 five (out of seven) objectives delivered against the milestones set for the quarter. (RAG rated Green). Two objectives have been RAG rated Amber reflecting current performance and achievement against key milestones within Quarter 1.

Table 2 - Q1 milestones RAG rating

Objective		Q1 RAG rating
1	We will provide safe services, so that people feel safe and are protected from avoidable harm	Green
2	We will deliver a great experience of our services, so that those who need to receive our support feel positively about their experience	Amber
3	We will improve the health of our service users through the delivery of effective evidence based practice	Green
4	We will attract, retain and develop people with the right skills and values to deliver consistently great care, support and treatment	Green
5	We will improve, innovate and transform our services to provide the most effective, productive and high quality care	Amber
6	We will deliver joined up care to meet the needs of our service users across mental, physical and social care services in conjunction with our partners	Green
7	We will shape and influence the future development and delivery of health and social care to achieve better outcomes for our population(s)	Green

Objective 2 – Experience This objective is rated Amber due to the slower than anticipated progress made to deliver the work related to carers; and also current performance against the access targets.








Objective 5 – Improve & Innovate This objective is rated Amber due to a number of milestones not being achieved in relation to productivity and the digital strategy. The CRES (Cash Releasing Efficiency Programme) remains behind plan also contributing to the Amber rating.

It is expected the activities will be brought back on track during Quarter 2 to support full delivery of the Annual Plan outcomes by the end of 2019/20.

4. Conclusion

This report has demonstrated the extensive activity undertaken during Quarter 1 to deliver the priorities outlined in the Annual Plan. Significant progress has been made, and continued focus to overcome the known challenges and improve performance is required to enable the ambitions outlined in the Plan to be fully realised. At this stage of the year it is anticipated actions will be taken to ensure the Annual Plan outcomes are fully delivered.

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

	Objective	EOY Projection at			EOY Actual	Year End Outcomes Commentary
		Q1	Q2	Q3	Q4	
1	We will provide safe services, so that people feel safe and are protected from avoidable harm					Good progress has been made against the key milestones during Quarter 1, with a positive impact on outcomes including a reduction in suspected suicides, and improved percentage of people reporting feeling safe in acute services since last quarter. Q1 saw high levels of moderate and severe harm, leading to a shortfall against target. Amber rating reflects the delivery of the new seclusion suites; and our ambition to further reduce suicides.
2	We will deliver a great experience of our services, so that those who need to receive our support feel positively about their experience					Positive progress made during the quarter. Although access standards are below target in CAMHS, Adults and Older People leading to a Q1 RAG rating of amber it is expected these targets will be achieved by year end. Carer activity has not been completed and will continue into Q2. Refurbishment of Albany Lodge and Aston Wards will be challenged to complete by end of Q4 due to long lead-times in commencing the work.
3	We will improve the health of our service users through the delivery of effective evidence based practice					Most Q1 milestones were met, with some excellent progress creating the framework and structure to develop pathways consistently in HPFT. Good progress has been made with the PD pathway but not yet at a point of recruitment. End of year outcomes expected to be met.
4	We will attract, retain and develop people with the right skills and values to deliver consistently great care, support and treatment					The majority of the Q1 milestones have been met, with the majority of the workforce indicators moving in the right direction with the exception of the turnover rate. Focus remains on recruitment and retention initiatives, which remains challenging across the NHS. The end of year outcomes are achievable, but require continued focus and momentum.
5	We will improve, innovate and transform our services to provide the most effective, productive and high quality care					All key enabler actions have been delivered during this quarter. Although the Trust CRES delivery is behind plan and the time to care programme is in the early stages of development, it is expected actions taken to address this during Quarter 2 and 3 will ensure the Trust delivers against this 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					Good progress has been made in Quarter 1 with MY Plan, Physical Health and IT enabled activities progressing well. New model of care for older people's services under development, but slower than anticipated. EMDASS performance is behind planned trajectory in Q1 however there is confidence that it will improve further during Q2. Primary Mental health model being rolled out.
7	We will shape and influence the future development and delivery of health and social care to achieve better outcomes for our population(s)					HPFT has led discussions locally, regionally and nationally regarding the future model of MH & LD within new system architecture. Quarter 1 has seen good progress against all the key milestones, with the EOE Collaborative moving forward to its next stage of development. Quarters 2 & 3 remain a key period for the development MH & LD within the future system architecture.

**Minutes of the PUBLIC Board of Directors Meeting
Held on Thursday 9th May 2019
Da Vinci B – Colonnades**

Present:

NON-EXECUTIVE DIRECTORS		DESIGNATION
Christopher Lawrence CL		Chair - up to and including item 7
Loyola Weeks LW		Non-Executive Director
Simon Barter SBa		Non-Executive Director
Sarah Betteley SBe		Non-Executive Director - Chair from Item 8 onwards
Tanya Barron TBa		Non-Executive Director
Janet Paraskeva JPa		Non-Executive Director
Diane Herbert DH		Non-Executive Director
Catherine Dugmore CD		Non-Executive Director
EXECUTIVE DIRECTORS		
Tom Cahill TC		Chief Executive Officer
Karen Taylor KT		Director, Strategy and Integration
Mariejke Maciejewski MM		Interim Director, Workforce & Organisational Development
Dr Jane Padmore JPad		Director, Quality and Safety
Ronke Akerele RA		Director, Innovation and Transformation
Sandra Brookes SBr		Director, Service Delivery & Customer Experience
Keith Loveman KL		Director, Finance
Dr Asif Zia AZ		Director, Quality & Medical Leadership
IN ATTENDANCE		
Kathryn Wickham KW		PA to Chairman and Company Secretary Minute Taker
Sarita Dent SD		Associate Non-Executive Director
David Atkinson DA		Associate Non-Executive Director
Paul Ronald PR		Deputy Director of Finance
MEMBERS OF THE PUBLIC		
Barry Canterford		Public Governor
Jon Walmsley		Lead Governor
Maria Gregoriou		Associate Director of Workforce (attendance for item 15)
Natalie Rotherham		Head of Scrutiny, Herts County Council
APOLOGIES		
Mark Harvey		Principal Social Worker Adult Care Services
? Company Secretary		
Item	Subject	Action
040/19	Service User Presentation CL welcomed KM who presented his story as a carer and more recently as an active member of the carer council and STP co-production board. CL thanked Kevin for his presentation acknowledging the scale of the work he undertakes.	
041/19	Welcome and Apologies for Absence CL welcomed all to the meeting with an extended welcome to Diane Herbert, Non-Executive Director, David Atkinson, Associate Non-Executive Director and	

	<p>Sarita Dent, Non-Executive Director.</p> <p>There were no apologies for absence.</p>	
042/19	<p>Declarations of Interest</p> <p>There were no items declared.</p>	
043/19	<p>Minutes of the meeting held on 7th March 2019</p> <p>The minutes of the meeting held on the 7th March 2019 were discussed and agreed as an accurate account of the meeting.</p> <p>APPROVED</p> <p>The Minutes of the 7th March 2019 were APPROVED</p>	
044/19	<p>Matters Arising</p> <p>The matters arising schedule was discussed and updates noted.</p>	
045/19	<p>CEO Brief</p> <p>TC presented the report to the Board which was taken as read. The below key headlines were discussed and noted:</p> <p><u>National Update</u></p> <p>European Elections</p> <p>TC stated that on the 1st May 2019 NHS Improvement had published its pre-election guidance which was set out in the CEO Brief. The CQC result announcement would not be affected by this.</p> <p><u>Regional Update</u></p> <p>STP</p> <p>Plans were in place to consider a joint appointment between the STP and CCGs with an interim STP Head for a period of 6 – 9 months. Interviews were scheduled for the 15th May 2019. TC also noted the STP Design paper which outlined the possible future architecture for commissioning and provision in Herts and West Essex.</p> <p>NHSI/NHSE East of England</p> <p>TC commented on the appointment of Catherine O’Connell, Director of Commissioning who had been identified as the main link with the Herts and West Essex STP, confirming we would be working with Ann Radmore and her team to further understand the implications for us as a Trust and the new regulations.</p> <p><u>Trust-wide Update</u></p> <p>Performance</p> <p>The quarter-end performance results showed the highest ever volume of referrals into SPA however staff were performing well. There continues to be increasing pressures in CAMHS with demand outstripping capacity. There were also high demands on Adult Community 28 day waits from referral to</p>	

	<p>assessment which remain a Trust priority and there were a number of initiatives underway to address this.</p> <p>Innovation The Innovation Hub had been open since early March and was receiving positive feedback.</p> <p>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 9th May. This is an excellent resource whereby service users can hold their safety plans as well as find support and guidance when in crisis.</p> <p>The Trust has been part of the public health audit into suicides with Public health, and the final findings will be presented next month.</p> <p>Quality Strategy The Quality Strategy was near completion and a final version would be presented to the Integrated Governance Committee and subsequently to the Board for ratification.</p> <p>Health & Safety Executive (HSE) The Health and Safety Executive (HSE) would be visiting the Trust for a three day inspection from 13th to 15th May 2019 in relation to the Health and Safety Act 1974. The inspection was one of twenty inspections planned nationally to examine management arrangements for prevention of violence and aggression and musculoskeletal disorders. JPad confirmed the tone for the inspection was very much a 'compliant/not compliant' approach.</p> <p>Workforce & Organisational Development The 10th Leadership Academy had commenced in April 2019 Recruitment for the Mary Seacole Programme was underway Results of the Staff Survey showed positive feedback</p> <p>Finance The financial year ended well, with achievement of the set control total enabling receipt of additional PSF. However there were real pressures in-year and ongoing. The headlines were that the Trust would broadly break-even in 2018/19 but that the underlying pressures signalled a tough year ahead.</p> <p>Recruitment An advert to appoint to the Company Secretary post was out with interviews scheduled for the 5th June 2019. An advert was also out for the vacancy of Executive Director of People and OD with Gatenby Sanderson appointed to undertake the Executive search.</p> <p>National Awards A piece of work was underway to promote the Trust Awards Profile with more information provided to the Board in due course.</p> <p>TC invited questions.</p>	
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	<p>Suicide Prevention App. JPad noted the launch today (9th May 2019) of the Suicide Prevention App.</p> <p>Individual Placement and Support (IPS) KT raised the Individual Placement and Support (IPS) scheme. The IPS was a voluntary scheme and would be rolled out to 28 new local NHS areas with HPFT being one of those in the work plan.</p> <p>CAMHS Steering Group KT further noted the CAMHS steering group working with Herts County Council and commissioners to look at ways to drive down and stem the demand for referrals. The Board would be kept apprised of the work.</p> <p>RECEIVED The Board discussed and RECEIVED the CEO report</p>	
046/19	<p>Report of the Integrated Governance Committee SBe presented the Integrated Governance Committee report to the Board which was taken as read and confirmed there had been no significant issues for escalation to the Board.</p> <p>Workforce and Organisational Development There had been lots of positive work with improvements seen in time to hire metrics, recruitment and retention and the flexible working pilot. A Deep Dive on Organisational Development had been requested for the next meeting.</p> <p>Flu Campaign The Committee had held a discussion on the performance of the 2018 flu campaign and this would be discussed regularly ahead of this year's campaign.</p> <p>QRMC There were a number of policies approved for ratification with a request going forward for a quick reference guide to be provided for each policy.</p> <p>Board Assurance Framework SBe confirmed the BAF was now improved and a much stronger document. The BAF had also been moved up the IGC agenda so that it and the Trust Risk Register were at the top. Front Sheets for IGC papers also now indicated how they aligned to the TRR and BAF.</p> <p>SBe concluded the report welcoming the three new Non-Executives to attend an IGC meeting.</p> <p>RECEIVED The Board RECEIVED the report</p>	
047/19	<p>Care Quality Commission: initial feedback and themes JPad introduced the item and provided an update to the Board on the progress, initial themes and feedback.</p>	

	<p>JPad advised the Board that the factual accuracy challenges to the report had been sent back to the CQC for consideration. The Trust were expecting to be in receipt of the final report by the 15th May 2019. Discussions were underway with staff on how they would like to celebrate.</p> <p>The informed feedback on areas of improvement would be developed into an Action Plan which would go to IGC and be included in the Internal Audit Plan for review.</p> <p>RESOLVED The Board RECEIVED the report</p>	
11:30am	<i>The Chair left and Sarah Betteley, Deputy Chair, chaired the remainder of the meeting.</i>	
048/19	<p>Report of the Finance and Investment Committee</p> <p>SBa presented the report to the Board advising the Board of the 19th March 2019 agenda and discussions. A Deep Dive had been undertaken on STP Planning, with the main agenda items covering: Planning for 2019/20 Business Development, with a particular focus on New Care Models</p> <p>Key elements of the <input type="checkbox"/> Strategic Investment Programme</p> <ul style="list-style-type: none"> o Bed provision E&N Herts o Dormitory removal – SBa confirmed the approval of funding would come to Board for formal sign off o Seclusion & Safe Space Programme <p><input type="checkbox"/> Performance Report – Period to end February 2019</p> <p><input type="checkbox"/> Financial Summary – Period to end February 2019</p> <p><input type="checkbox"/> 2018/19 Final Accounts update</p> <p><input type="checkbox"/> Capital Plan & Expenditure Summary</p> <ul style="list-style-type: none"> • <input type="checkbox"/> FIC Business Programme 2019 • <p>SBa confirmed the major elements of discussions set out in the.</p> <p>RESOLVED The Board RECEIVED the report</p>	
049/19	<p>Q4 Annual Plan 2018/19</p> <p>KT summarised the paper to the Board highlighting that 2018/19 had been a hugely successful year seeing some areas of significant transformation and achieving demonstrable improvements in overall experience for our service users and their families.</p> <p>The key areas of achievement to note were:</p> <p>Safety</p> <p>This had been a significant focus for the Trust with the CQC recognising in their informal feedback the transformation made in this area.</p> <p>Service Transformation</p> <p>System Changes</p>	

	<p>Learning The Trust has launched an improved e-learning system, Discovery which has completely overhauled the on-line learning experience. There has also been the introduction of SPIKE 2 and improvements made to PARIS.</p> <p>CQI Programme The establishment of the Innovation Hub signals our commitment to this approach with further investment planned for 2019/20.</p> <p>Contract Renewal 2019/19 saw the Trust successfully renegotiating and renewing all of its contracts with a five year contract for Hertfordshire and a seven year contract for Essex.</p> <p>There were a couple of areas where the Trust did not fully achieve on the priorities, however considerable work had taken place and was underway to ensure they remained central to the delivery of the Good to Great Strategy and were also included in the Annual Plan for 2019/20.</p> <p>KT stated that in summary, 2018/19 had been a transformational and successful year which was testament to the hard work of the staff.</p> <p>RESOLVED The Board RECEIVED and NOTED the report</p>	
050/19	<p>Q4 Performance Report 18/19 RA presented the Q4 performance report to the Board which was taken as read. RA advised that overall performance for quarter 4 had remained balanced and was holding up against the pressures of the higher than average staff turnover rate. Service demands had also seen a 6% increase in referrals to SPA for the quarter. Q4 KPI metrics suggest that this quarter was the 4th highest performing quarter of the last 16 quarters (4 years).</p> <p>RA gave an overview of key issues to note, including:-</p> <p>Access to services CAMHS performance had decreased significantly in quarter 4 in relation to the 28 day waiting time target. The Trust was engaged with commissioners to look at funding.</p> <p>EMDASS Diagnosis within 12 weeks fell slightly in quarter 4 showing a 6 month decline in performance and an increase in demand. The Trust was confident that the approach being taken using CQI would support recovery of the position.</p> <p>IAPT 3 of the CCGs achieved the access target with Mid and West Essex not meeting the target due to lack of referrals.</p> <p>Overall quarter 4 had seen a generally good, strong performance. Quarter 1</p>	

	<p>would focus on CQI.</p> <p>SBr commented on the work to reduce the backlog in CAMHS and EMDASS. SBr further commented that development work in Primary Care was underway to develop a common model from 4 pilot sites to stem the referral numbers. If demand continued our capacity was not sufficient to meet the demands and achieve the CAMHS 28 day. For CAMHS and EMDASS the pathways were being reviewed, these would then be piloted, tested and if successful, developed further.</p> <p>RESOLVED The Board RECEIVED and NOTED the report</p>	
051/19	<p>Q4 Workforce Report 18/19</p> <p>MM presented the Q4 Workforce and Organisational Development Report which was taken as read. Key areas to note were:</p> <ul style="list-style-type: none"> • Improvement across all key indicators had been seen despite the ongoing challenges of recruitment and retention. The impact of a more streamlined recruitment process had provided a positive effect and the new time to hire improvements had brought this down to 9 weeks. Quarter 4 had seen 140 new starters join the Trust. • Sickness for the quarter had decreased from 4.61% in quarter 3 to 4.31% in quarter 4 but still remained above the Trust target of 4%, however for the month of March sickness fell to 3.3% which was the lowest ever achieved and may have had some impact from the CQC visit. • Significant work continues with health and wellbeing activities alongside prevention. • Compliance for Statutory and Mandatory training had increased in the quarter to 90.26%. The implementation of Discovery, the new learning management system was having a very positive effect with compliance reaching 92% in March. • Organisational Development Activity <ul style="list-style-type: none"> ○ The Big Listen was held in April with over 90 staff attending. Lots of positive feedback had been received. The first cohort of the 2 day Management Fundamentals Programme had been delivered with positive participant feedback. <p>SBa acknowledged the work undertaken and asked about the reporting of the unplanned turnover rate querying whether this should be reported separately. MM confirmed this was reported through the Workforce & Organisational Development meeting (WODG) and that this more refined detail would be included in future Board reports.</p> <p>RESOLVED The Board RECEIVED and NOTED the report</p>	

052/19	<p>Finance Report to end of March 18/19</p> <p>PR presented the summary for the Financial Year 1st April 2018 to 31st March 2019. The report was taken as read with the below highlights.</p> <p>The Control Total of £360k had been met with a surplus of £392k giving the Trust income from the Provider Sustainability Fund (PSF) which was expected to be £3.8m. It was highlighted that £17m of STF/PSF income had been received over the last three years due to the Trust meeting its targets.</p> <p>Main improvements in the position across the year were secondary commissioning, in particular CAMHS Tier 4 New Care Models, PICU and External Placements and reducing agency costs later in the year. It was noted that the position was also supported by the £1.4m release during quarter 1.</p> <p>The contracted funding for 19/20 was positive although PSF was mainly aimed at acute Trusts to support urgent and emergency care. For the Trust there would be the impact of the pay increase and a £6.5m CRES programme which were viewed as challenging.</p> <p>TC acknowledged the outstanding work from the staff but recognising the pressure still on going forward.</p> <p>RESOLVED The Board RECEIVED and NOTED the report</p>	
053/19	<p>Annual Plan 2019/20</p> <p>KT introduced the report confirming it had been to the Private Board in April and had been seen by the relevant Board sub-committees and the Council of Governors in terms of its development. The plan was presented to the Board today for ratification.</p> <p>SBe commented it was an excellent piece of work and acknowledged the hard work undertaken to achieve the plan.</p> <p>APPROVED The Board APPROVED the Annual Plan 2019/20</p>	
054/19	<p>Financial Plan 2019/20</p> <p>The Financial Plan 2019/20 was presented to the Board by PR who provided a summary and the below points highlighted.</p> <p>The Trust had submitted a draft plan to NHSI on the 12th February 2019 with a final submission made on the 4th April 2019. The changes between the draft and final submission were outlined in page 132 of 229 and the risks outlined in page 133 of 229 of the Board pack. It was understood the submission had been confirmed, but with feedback awaited.</p> <p>PR confirmed the Board were asked to receive the Financial Plan for 2019/20.</p> <p>RESOLVED The Board RECEIVED the Financial Plan 2019/20</p>	

055/19	<p>Gender Pay Gap</p> <p>MM provided the Board with an update on the Trusts Gender Pay Gap position and asked to seek Board approval prior to publication of the Report. Key points to note were:</p> <p>From a benchmark perspective the Trust compared favourably.</p> <p>Very Senior Manager Pay (VSM). As a Foundation Trust we were able to determine the rates of pay – all those on VSM contracts are being looked at and addressed. It was highlighted there were only 5 posts that were affected by the VSM pay.</p> <p>Bonus Pay Gap – MM advised it had been reported that the Clinical Excellence Awards had more males applying. Work was already underway to encourage more females to apply.</p> <p>RESOLVED The Board RECEIVED and NOTED the report</p>	
056/19	<p>Report of the Audit Committee</p> <p>CD presented the Audit Committee report to the Board advising the last meeting had been held on the 24th April and that the key discussion had focused on the work and reports of internal audit and counter fraud. The below key points were discussed.</p> <p>Equipment and Medical Device Maintenance</p> <p>This had been given partial assurance however the committee noted they were comfortable with the work being done and the issues addressed.</p> <p>Draft Internal Audit Report & Head of Internal Audit Opinion</p> <p>The Head of Internal Audit Opinion had been presented, based on the work performed and the overall adequacy of HPFT's risk management, controls and governance processes during the year. A positive opinion has been given; however it was noted that the Trust has received slightly more partial opinions than in previous years which is a reflection of the audit areas being reviewed. The Committee agreed to track through where there have been any changes at the meeting in September.</p> <p>Counter Fraud</p> <p>The committee had noted the piece of work being undertaken around Conflicts of Interest and the Declaration of gifts/hospitality and that this would form part of the work plan for 2019/20.</p> <p>Procurement Investigation – final report</p> <p>This was a one off piece of work to undertake an advisory review on procurement processes following an HR investigation. The investigation had been welcomed by the committee and a Deep Dive on Procurement processes would be undertaken at the September meeting.</p> <p>CD highlighted to the new Non-Executive Directors that there was a one hour</p>	

	<p>meeting on the 15th May to go through the Annual Report in detail ahead of the meeting on the 22nd May. Dial in details would be arranged.</p> <p>External Audit There were no significant issues.</p> <p>RESOLVED The Board RECEIVED and NOTED the report</p>	
057/19	<p>Audit Committee Terms of Reference CD reported that the Audit Committee Terms of Reference had been amended to ensure the meeting was quorate requiring a Non-Executive Director to be present from IGC and FIC. CD clarified that all Non-Executive Directors were members of the Audit Committee.</p> <p>RESOLVED The Board APPROVED the Audit Committee terms of reference</p>	
058/19	<p>Trust Risk Register JPad reported on the Trust Risk Register (TRR). There were currently 12 risks on the register with the report containing the Trusts top ten. The full register was seen by the Integrated Governance Committee. There were no changes to the ratings for the month of March 2019.</p> <p>JPad advised there had been one informal suggestion by the CQC to show whether the risk score increased or decreased over time.</p> <p>RESOLVED The Board RECEIVED and NOTED the report</p>	
059/19	<p>NHSI – Compliance with Foundation Trust Code of Governance KL informed the Board the report set out the Trusts self-assessment of compliance with NHSI's Code of Governance in relation to disclosures. KL advised that the Trust was of a view it was compliant against all disclosures. This had been discussed at the Audit Committee who made a recommendation to the Board for Approval.</p> <p>RESOLVED The Board RECEIVED the recommendation and APPROVED the NHSI – Compliance with Foundation Trust Code of Governance</p>	
060/19	<p>Register of Board of Director Interests & Fit and Proper Persons Declaration SBe confirmed the purpose of the reports was to inform the Board that its members had completed and signed the annual Declaration of Interest and Fit and Proper Persons form for the period 2019/20.</p> <p>RESOLVED The Board RECEIVED the reports</p>	
061/19	<p>Any Other Business No further business was put forward.</p>	

	<p>QUESTIONS FROM THE PUBLIC</p> <p>SBe invited questions from the public.</p> <p>Jon Walmsley noted congratulations on a brilliant year for the Trust and asked what the Governors could do to assist. TC responded stating Governors could write to commissioners in relation to ongoing funding support for Trust services. TC also noted Healthwatch Hertfordshire who the Trust met with 3 times per year and the Public Communication Strategy and suggested we looked at this strategy at a future Board.</p>	
	<p>Date and Time of Next Public Meeting:</p> <p>The next Public meeting is scheduled for Thursday 6th June 2019 @ 10:30am in Da Vinci B, The Colonnades</p>	

Close of Meeting

**Minutes of the Extraordinary Board of Directors Meeting
Held on Wednesday 22nd May 2019
Da Vinci B – Colonnades**

Present:

NON-EXECUTIVE DIRECTORS		DESIGNATION
Christopher Lawrence CL		Chair (left meeting at 11.30am)
Sarah Betteley SBe		Non-Executive Director (Chair from 11.30am)
Loyola Weeks LW		Non-Executive Director
Simon Barter SBa		Non-Executive Director
Tanya Barron TBa		Non-Executive Director
Catherine Dugmore CD		Non-Executive Director
David Atkinson DA		Associate Non-Executive Director
Surita Dent SD		Associate Non-Executive Director
EXECUTIVE DIRECTORS		
Tom Cahill TC		Chief Executive Officer
Keith Loveman KL		Deputy CEO/Director, Finance
Karen Taylor KT		Director, Strategy and Integration
Mariejke Maciejewski MM		Interim Director, Workforce & Organisational Development
Dr Jane Padmore JPad		Director, Quality and Safety
Ronke Akerele RA		Director, Innovation and Transformation
Sandra Brookes SBr		Director, Service Delivery & Customer Experience
Dr Asif Zia AZ		Director, Quality & Medical Leadership
IN ATTENDANCE		
Jane Twelves JT		Minutes
Paul Ronald PR		Deputy Director of Finance
MEMBERS OF THE PUBLIC		
APOLOGIES		
Janet Paraskeva JPar		Non-Executive Director
Item	Subject	Action
E01/19	Apologies for Absence CL welcomed all to the meeting paying tribute to all and reflected on the wonderful sense of achievement following the CQC rating of Outstanding. Apologies for absence were noted.	
E02/19	Declarations of Interest No Declarations of interest were noted.	
E03/19	Minutes of the last Meeting Not applicable.	
E04/19	Matters Arising Not applicable.	
E05/19	Annual Accounts 2018/19 a) Draft Annual Accounts The Deputy Director of Finance summarised the draft annual accounts for review and approval by the Board. PR highlighted the key elements; <ul style="list-style-type: none"> • A surplus of £392K is reported. • The control total has been met. • PSF income of £3535K has been earned. 	

- Income increased by £6M.
- Pay costs increased by £4.7M which reflects the recent pay increase.
- Health and Social Care placements have increased by £3.5M.
- Agency costs reduced below the cap of £7.3M and the Trust recruited more than 300 people in the year.
- SPIKE has been capitalised as a tangible asset.
- Property was valued at £150M with 2 properties up for sale.
- Borrowings reduced by £6.8M.

Overall there were no material changes to report and the accounts reflect strong financial performance. The NHSI Risk Rating of 1 has been achieved.

CD confirmed that Audit Committee had discussed the accounts, were familiar with the content which reflected a strong overall position where a number of other Trusts have struggled to achieve their Control Total. KL added that it is important to note the strength of the balance sheet in terms of forward planning. CD expressed thanks to the team on the preparation of the accounts.

Board approved the draft accounts.

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

The Annual Audit Report was presented to Audit Committee summarising the work undertaken and the range of outcomes. CD reported that it is a positive reflection on how the organisation utilises Internal Audit paying particular attention to decisions and actions. The overall opinion given is top of the middle and reflects an adequate and effective framework for risk management, governance and internal control. CD confirmed that Audit Committee follow up on actions and noted that there are 3 long outstanding items to be addressed and will ensure that these are progressed as soon as possible to ensure there are no unmitigated risks.

Board approved the Internal Audit Annual report.

c) i) External Audit Annual Governance Report

CD advised that Audit Committee had received the External Audit Annual Governance report, which reflects on the financial status, Value for Money and Quality. As the new External Auditors KPMG reported a successful year in terms of the information provided and co-operation with the team. The work undertaken highlighted the key risks taking into consideration the management judgements around the Financial statement, Value for Money and Quality which all received a clean opinion with positive comments in terms of a thorough process.

Board Approved the External Audit report.

ii) Quality Report

CD reported that subject to completing their final checks, KPMG are satisfied that there is sufficient evidence to provide a limited assurance on the content of the quality report. KPMG check everything that NHSI require and looked at 2 mandated indicators;

- Early Intervention in Psychosis (EIP)
- Inappropriate Out of Area Placements

	<p>KPMG have also concluded there is sufficient evidence to provide a limited assurance opinion in respect of EIP however at the time of issuing the report the work on Inappropriate Out of Area Placements was ongoing.</p> <p>The Governors also selected indicator relating to 7-day follow up following discharge. KPMG advised that it was likely that this indicator would also be given a clean and positive outcome.</p> <p>CD formally recognised the work by the teams and Jacky Vincent in preparing the report.</p> <p>Board approved the Quality report.</p> <p>iii) Draft Letter of Representation KL set out the Letter of Representation and once approved will be sent to the External Auditors. The letter is industry standard however paragraph 16 is specific to HPFT's financial statement. Audit Committee recommended approval of the letter to the Board.</p> <p>Board approved the Letter of Representation.</p> <p>d) Draft – Annual Report including Annual Governance Statement The Draft Annual Report for 2018/19 had been endorsed by Audit Committee for approval by the Board. This is a significant document containing 5 key reports and the Annual Governance Statement. It tells the whole for the Trust and demonstrates the responsibilities and stewardship of the public purse. The Annual Governance Statement confirms that the organisation is properly constituted with specific requirement of what the Accountable Officer signs off.</p> <p>The Report confirms that the Board of Directors are collectively and individually responsible for the preparation of the Annual Report and the Quality Report and confirm that the Directors consider the reports are fair, balanced and understandable and provide the necessary information for all stakeholders.</p> <p>KL advised that the draft document had been previously considered by Audit Committee and the Executive Team and meets the expectations and responsibilities of the Board.</p> <p>Board approved the Annual Report.</p> <p>e) Draft – Quality Report including Quality Account The Director of Quality and Medical Leadership presented the Quality Report; the report has been through both Audit Committee and Integrated Governance Committee for review and has been updated following regular feedback from the External Auditors.</p> <p>The Report confirms that the Board of Directors are collectively and individually responsible for the preparation of the Annual Report and the Quality Report and confirm that the Directors consider the reports are fair, balanced and understandable and provide the necessary information for all stakeholders.</p> <p>Board approved the Quality Report.</p>	
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E06/19	<p>Annual Reports</p> <p>a) Use of Corporate Seal KL presented the annual report outlining the use of the Trust's corporate seal to be noted as approved by the Audit Committee. The majority of documents required to use the seal were formal lease arrangements which have been seen by Finance and Investment Committee and Board.</p> <p>Board approved the report.</p> <p>b) Use of Waivers KL presented the annual report outlining the use of Waivers to be noted as approved by Audit Committee. During the period 1st April 2018 to 31st March 2019 there were 40 Waivers total £1,348,004.49 for the Trust. Three Waivers were authorised for purchases that exceeded £100K. All Waivers are authorised by either the CEO or the Director of Finance and go through a rigorous process. The number authorised under specialist expertise is similar to the previous year.</p> <p>Audit Committee has requested a deep dive into the reasons behind the use of Waivers for the meeting in September. Internal Audit had highlighted that HPFT are not an outlier against other organisations and have agreed to assist with the deep dive.</p> <p>Board approved the report.</p> <p>c) Losses and Compensation Payments KL presented a report setting out losses and special payments for the period 1st April 2018 to 31st March 2019 as approved by Audit Committee. The losses and special payments process is set out in the Standing Financial Instructions. The amounts are no less than in previous years however work continues to drive payments down. Consideration is being given to use of technology. Audit Committee discussed stock control for Pharmacy and AZ agreed this would be addressed under the Pharmacy report for Integrated Governance Committee.</p> <p>Board approved the report.</p> <p>d) Treasury Management The Treasury Management report was presented as approved by the Audit Committee. The report sets out treasury management activity as part of the final accounts process and in accordance with the Treasury Management policy. The key elements of the report were discussed highlighting that HPFT had made a loan repayment and the level of cash is strong giving the ability for further investment.</p> <p>Board approved the report.</p>	
E07/19	<p>NHSI Declarations</p> <ul style="list-style-type: none"> • Compliance with Provider Licence The Director of Finance presented evidence of compliance with the Trust's provider licence. The Trust is required to provide evidence of assurance and a declaration as to whether or not it is compliant with each element of conditions. If further actions are needed to ensure compliance these action should be listed. The paper sets out HPFT's self-assessment and evidence of assurance that the report is true, sound and accurate. 	

	Board approved the report.	
E08/19	Audit Committee Annual Report 2018/19 CD provided a summary of the work of the Audit Committee during the year 2018/19 setting out assurance that it has complied with the duties delegated by the Trust Board. Board approved the report.	
E09/19	Any other Business No other matters were discussed.	