

Hertfordshire Partnership University NHS Foundation Trust

Board of Directors PUBLIC Meeting

Da Vinci BChairman: Chris Lawrence

7 November 2019 10:30 - 7 November 2019 13:30

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BOARD OF DIRECTORS PRIVATE / PUBLIC MEETING

SCHEDULE OF THE DAY

Thursday 7th November 2019

Da Vinci B - The Colonnades, Beaconsfield Road, Hatfield, AL10 8YE

| Timing | Subject | Venue |
|----------------------|---|----------------------|
| 08:30 – 9:15 | Nominations & Remuneration Committee | Grey Thompson |
| 9:15 – 09:30 | COMFORT BREAK | |
| 09:30 – 10:15 | Private Board | Da Vinci B |
| 10:15 – 10:30 | COMFORT BREAK | |
| 10:30 – 11:00 | Service User Story | Da Vinci B |
| 11:00 – 13:30 | Public Board Meeting | Da Vinci B |
| 13:30 – 14:30 | NED Only session with Working sandwich Lunch | Da Vinci B |

BOARD OF DIRECTORS

A Public Meeting of the Board of Directors

Date: Thursday 7th November 2019

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

Time: 10.30am – 13:30pm

**Service User Story
10.30am-11am**

A G E N D A

| | SUBJECT | BY | ACTION | ENCLOSED |
|-------------------------------------|--|-------------------------------|----------------------------|-----------------|
| 1. | Welcome and Apologies for Absence: | Chair | | |
| 2. | Declarations of Interest | Chair | Note/Action | Verbal |
| 3. | Minutes of Meeting held on 5th September 2019 | Chair | Approve | Attached |
| 4. | Matters Arising Schedule | Chair | Review & Update | Attached |
| 5. | CEO Brief | Tom Cahill | Receive | Attached |
| QUALITY & PATIENT SAFETY | | | | |
| 6. | Report of the Integrated Governance Committee – 18th September 2019 | Sarah Betteley | Receive | Attached |
| 7. | Business Continuity and Preparedness: a) Flu b) Winter | Dr Asif Zia Sandra Brookes | Approve | Attached |
| 8. | Service User Outcomes: Stories to the Board | Sandra Brookes | Approve | Attached |
| 9. | Mental Health (Use of Force) Act 2018 | Dr Jane Padmore | Approve | Attached |
| OPERATIONAL AND PERFORMANCE | | | | |
| 10. | Report of the Finance & Investment Committee – 17th September 2019 | David Atkinson | Receive | Attached |
| 11. | Annual Plan 2019/20 - Quarter 2 | Karen Taylor | Receive | Attached |
| 12. | Performance Report – Quarter 2 | Karen Taylor | Receive | Attached |
| 13. | Finance Report: Quarter 2 | Paul Ronald | Receive | Attached |
| 14. | Financial Planning 2020/ 21 | Paul Ronald | Receive | Attached |
| 15. | Strategic Investment Plan 2019/20 | Keith Loveman | Approve | Attached |
| GOVERNANCE AND REGULATORY | | | | |
| 16. | Report from Audit Committee – 10th September 2019 | Catherine Dugmore | Receive | Attached |

| STRATEGY | | | | |
|--|---|---------------|---------|----------|
| 17. | Digital Strategy | Keith Loveman | Approve | Attached |
| 18. | New Care Models - East of England Mental Health Collaborative | Karen Taylor | Receive | Attached |
| 19. | Hertfordshire and west Essex STP Update | Tom Cahill | Receive | Attached |
| 20. | Any Other Business | Chair | | |
| | QUESTIONS FROM THE PUBLIC | Chair | | |
| Date and Time of Next Public Meeting: Thursday 5 th December 2019 | | | | |

ACTIONS REQUIRED

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

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

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

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

For Information: Literally, to inform the Board

Chair: Chris Lawrence

**Minutes of the PUBLIC Board of Directors Meeting
Held on Thursday 5th September 2019
Da Vinci B – Colonnades**

Present:

| NON-EXECUTIVE DIRECTORS | | DESIGNATION |
|--------------------------------|--|--|
| Chris Lawrence CL | | Chairman |
| Loyola Weeks LW | | Non-Executive Director |
| David Atkinson DA | | 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 |
| 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 |
| Linda Storey LS | | Interim Company Secretary |
| Helen Edmondson HE | | Head of Corporate Affairs & Company Secretary |
| Sarita Dent SD | | Associate Non-Executive Director |
| Paul Ronald PR | | Deputy Director of Finance |
| MEMBERS OF THE PUBLIC | | |
| Karen Holland | | CQC Inspection Manager Hospitals Directorate |
| Michael Thorpe | | Deputy Director of Improvement & Innovation |
| Lisa Gazeley | | Communications and Engagement Officer |
| APOLOGIES | | |
| Mark Harvey | | Principal Social Worker Adult Care Services |
| Tanya Barron TBa | | Non-Executive Director |
| Sarah Betteley SBe | | Deputy Chair and Non-Executive Director |
| Item | Subject | Action |
| 084/19 | Service User Presentation CL welcomed Dr Louise Quinn, CAMHS Consultant Psychiatrist and Karen Wright, Dialectical Behavioural Therapy Clinical Lead who presented to the Board on the new DBT (Dialectical Behaviour Therapy) service. CL thanked Louise and Karen and welcomed them back in 6 months for an update. | HE |
| 085/19 | Welcome and Apologies for Absence CL welcomed all to the meeting with an extended welcome to Helen Edmondson, Head of Corporate Affairs & Company Secretary and Karen Holland, CQC Inspection Manager who was observing. CL also welcomed David Atkinson at his first Board as Non-Executive Director. | |

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| | Apologies for absence were recorded from Tanya Barron, Non-Executive Director, Sarah Betteley, Non-Executive Director and Mark Harvey, Principal Social Worker Adult Care Services. | |
| 086/19 | Declarations of Interest There were no items declared. | |
| 087/19 | <p>Minutes of the meeting held on 23rd May 2019 & 6th June 2019 The minutes of the meeting held on the 23rd May were discussed and agreed as an accurate account of the meeting.</p> <p>The minutes of the meeting held on the 6th June were discussed with one amendment to note: 080/19 The narrative should read <i>'The report had been tailored back on its content to allow for confidentiality'</i>.</p> <p>The remainder of the minutes of the 6th June 2019 were agreed as an accurate account of the meeting.</p> <p>APPROVED The Minutes of the 23rd May 2019 and 6th June 2019 were APPROVED</p> | |
| 088/19 | Matters Arising The matters arising schedule was discussed and updates noted. | |
| 089/19 | <p>CEO Brief TC presented the report to the Board which was taken as read. The below key headlines were discussed and noted:</p> <p>National Update</p> <p>New Government The NHS was to get greater government priority and focus than had been the case for some time.</p> <p>EU Brexit preparations TC remarked that there remained a lot of uncertainty in terms of Brexit. The Trust was preparing for possible scenarios</p> <p>Investing in the NHS workforce There had been some significant announcements in recent weeks regarding investment in the NHS workforce. The Trust had placed bids and been fairly successful.</p> <p>Regional Update</p> <p>New Care Models, East of England Collaborative TC reported he was pleased with how the Collaborative was progressing. The next steps would be to look at how we developed the clinical models for the three specialist services as well as exploring future commissioning</p> | |

arrangements. A formal paper would be brought to the Board and Council of Governors around the governance arrangements for this.

Mental Health Support at School

Following a successful bid for national funding, two new mental health support teams would join the two teams already in place to support schools and colleagues in Hertfordshire and West Essex.

STP

The STP had gathered momentum and pace, partly due to the new leadership of Beverley Flowers and Iain MacBeath. It was likely that there would be a shadow ICS in place from April 2020. The Trust had been successful in two recent STP-wide funding bids to NHS England to improve Community Mental Health Services (CMHS) and Crisis services which would now move into the transformation phase.

The STP was required to submit a plan by the end of September to outline its readiness to implement the Long Term Plan which was to include alignment between activity, workforce and finance. There would be further iteration of the plan in November 2019.

TC stated the system was starting to hold together with a much tighter drive from NHSE/I. The Integrated Care Alliances would hold the main budget on the commissioning and provision within our three main localities with the geographical patch more or less now ratified.

The three Integrated Care Partnerships were West Essex, West Herts and East & North Herts. There was a proposal for a specialist Mental Health and Learning Disability Partnership and there was a paper outlining the proposals for this which would be submitted on the 17th September 2019.

NHS Organisation and System Regulation

TC updated stating that Foundation Trusts were monitored by NHSI and the CQC however going forward there would be a number of changes to this infrastructure, details of which are covered in a paper later on the agenda.

Trust-wide Update

Performance

TC reported that demand continued to remain high. Beds and the provision of beds were a significant challenge. The Trust had seen strong performance in many areas however we were still off target with access for Older People and Adults, with the west of the county seeing the most pressure. Our current focus and number one priority was access for children and young people with a £250k sum of money set aside to address the waiting lists, however the system was struggling.

Quality Strategy

The Trusts new Quality Strategy had been launched.

Inclusion and Diversity

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| | <p>TC commented that the Trust was not making the progress it needed to and, as a Board; we needed to have a conversation on how to move this forward. Inclusion and Diversity would be pushed up the Board agenda.</p> <p>Finance Performance was under pressure with July reported as an £8k loss compared to a planned surplus of £50k. Capital wise, there was much noise nationally. In May, all STPs across the country were requested to reduce their capital spend plans by 20%, however since the new government spending levels for capital had been increased, the 20% reduction had been reversed.</p> <p>Workforce The Trust had launched the Long Service Awards which had recognised over 90 members of staff who had completed 30 and 40 years of NHS service.</p> <p>Changes had been made to the Disciplinary Policy and process to include BAME representatives to ensure a 'just culture'.</p> <p>Interview panels for staff being recruited at Band 8a or above now had a BAME representative on the panel.</p> <p>Annual Staff Awards. The Annual Staff Awards would be held on the 27th November 2019.</p> <p>Senior Appointments TC acknowledged Helen Edmondson, who had commenced her post on Monday 2nd September as Head of Corporate Affairs and Company Secretary.</p> <p>Executive Director of People and OD. Unfortunately we had not appointed at the last round of interviews and therefore were back out to recruitment. At Nominations and Remuneration Committee held on 5th September 2019 the appointment of Susan Young as Interim Director of Workforce and OD had been agreed. TC acknowledged the work of MM who had been in post as an interim for the past 12 months.</p> <p>RECEIVED The Board discussed and RECEIVED the CEO report</p> | |
| 090/19 | <p>Report of the Integrated Governance Committee – 17th July 2019 LW presented the Integrated Governance Committee report to the Board which was taken as read. LW confirmed there had been no significant issues for escalation to the Board and commented on the new NEDs who had attended the meeting and were able to bring a fresh set of eyes.</p> <p>The meeting had looked at the various reports and the Board Assurance Framework (BAF) which was acknowledged as an evolving document. LW referenced page 3 (overall page 32) of the report and the WRES data which had shown that the Trust had not made the progress it had aspired to, however acknowledged the work undertaken to date.</p> <ul style="list-style-type: none"> The Committee had received an update on the Health and Safety | |

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| | <p>Executive report and the work which would be carried out to address the four Improvement Notices.</p> <ul style="list-style-type: none"> • The CQC Action Plan was presented which confirmed the action plan was on track with no areas for escalation. • The Integrated Safety Report had been received for Quarter 1 which advised the committee of the changes to pressure ulcer reporting. • The committee had also discussed the violence and aggression and bullying and harassment incidents which had not decreased in the quarter. Work would continue using Continuous Quality Improvement to improve this. <p>CL made formal recognition to the authors of the various reports.</p> <p>RECEIVED The Board RECEIVED the report</p> | |
| 091/19 | <p>Integrated Safety Report Quarter 1 2019/20</p> <p>JPad presented the Integrated Safety report for Quarter 1 advising she would take the paper as read. The report was looked at in-depth at the Integrated Governance Committee. Key points for the Board to note were:</p> <ul style="list-style-type: none"> • Quarter 1 had seen a decrease in incident reporting in comparison to the previous quarter, particularly in the number of unexpected deaths. • A Deep Dive would be undertaken to look at the violence and aggression incidents due to the increase in numbers • JPad advised that in terms of incidents around falls and pressure ulcers, following analysis, it was noted these were often occurring at night and a piece of work was underway to look at the care pathway and also opportunities which new technology may provide. • A physical healthcare nurse consultant had been appointed. • MOSS Strategy – JPad advised that the current strategy had come to the end of its life span and had been revised to the MOSS2gether Strategy which incorporated the just culture work. The strategy would be taken to the Executive Team next week and then to the Integrated Governance Committee for approval. <p>CL raised Respect Training and how this was adapted to those staff members who were not able to carry out the necessary restraint methods. JPad responded stating that the Trust acknowledged that not all staff are able to participate and so the staff mix is looked at for each shift to ensure safe staffing levels.</p> | |

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| | <p>RESOLVED The Board RECEIVED the report</p> | |
| 092/19 | <p>Safer Staffing Report Q1 2019/20 JPad updated the Board on the Safe Staffing Report for Quarter 1 which had previously been to the Integrated Governance Committee on the 17th July 2019.</p> <ul style="list-style-type: none"> • JPad reported that the picture was a challenging one however safe staffing levels were being maintained. • There had been a decrease with agency spend due to the increase in the use of bank staff. • There was continued concern around the retirement profile for those staff with mental health nurse status, allowing them to retire at 55. <p>SBr commented that there was more we could do with the Safe Care model and E rostering and noted a new post which was being recruited to.</p> <p>CD remarked on the variance of the vacancy rates with JPad providing assurance and confirming that staffing levels were looked at 3 times per day.</p> <p>KL noted that a Business Case had been put together using evidence which had come from the Safe Care model.</p> <p>SD asked about the recruitment of male nurses with JPad advising there was currently a national campaign which the Trust were participating in.</p> <p>LW noted that of the 67 student nurses in the Trust 41 had committed to the Trust, which was good news.</p> <p>RESOLVED The Board RECEIVED the report</p> | |
| 093/19 | <p>Safeguarding Annual Report 2018/19 JPad presented the Safeguarding Annual Report 2018/19 to the Board advising that it had been given robust discussion at the Integrated Governance Committee on the 17th July 2019. Key messages for the Board were::</p> <ul style="list-style-type: none"> • The Trust had received two external assurance visits for both adults and children with the CCGs stating they had seen high levels of assurance. • • Following a review of serious incidents it has been identified that domestic violence cases were not always referred. Training had been introduced to improve this. • Around a year ago Continuous Quality Improvement (CQI) was used to implement change. • The Trust had seen significant sickness levels within the Safeguarding | |

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| | <p>team; however they had pulled together and seen a positive year with a continuing Continuous Quality Improvement journey. The priorities set out on page 20 (overall page 104) of the report, had been correlated with serious case reviews and serious incidents. The priorities had been approved by the Integrated Governance Committee and the Board.</p> <p>TC made acknowledgement to JPad and the team for their work.</p> <p>RESOLVED The Board RECEIVED the report</p> | |
| 094/19 | <p>Report of the Finance and Investment Committee 9th July 2019 DA presented the report to the Board with the below key highlights:</p> <p>The committee held a Deep Dive led by Andrew Godfrey on Social Care savings and service model development which would result in a circa £3.6m saving. The committee would receive an update in six months.</p> <p>An update had been presented to the committee on the East of England Collaborative Board with DA commenting this work was moving at pace.</p> <p>The committee discussed capital spending in great detail and would be giving it significant focus.</p> <p>PR had presented the CRES stats on the corporate review. The committee were pleased to see the progress with this work but urged that it continued to ensure the efficiency savings were fully delivered. A Deep Dive would also be undertaken to focus on the shortfall.</p> <p>CL sought clarification regarding HCT not submitting a bid for services at the Mount prison. KT reported that a verbal update at FIC had been provided regarding the decision for HPFT to not submit a bid for the tender for provision of mental health and physical health services into the Mount. She added that the Trust had not been able to find a NHS partners or independent provider who was planning to submit a bid. TC stated that disappointing could not find a partner.</p> <p>RESOLVED The Board RECEIVED the report</p> | |
| 095/19 | <p>Annual Plan 2019/20 Q1 Update KT presented the Trusts performance against the Annual Plan for Quarter 1 with the below headlines for the Board to note:</p> <ul style="list-style-type: none"> • Quarter 1 had delivered on the majority of milestones and those which had not been met would continue into Quarter 2. There were no issues which needed to be brought to the attention of the Board. • The focus for Quarter 1 had provided time to develop the new measures and in the vast majority of these we now had baseline data. • Overall good progress had been made at the end of Quarter 1. Objective | |

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| | <p>2 (Experience) had been rated Amber however this was now back on track and would move forward into Quarter 2. Objective 5 (innovation and productivity) had also been rated Amber in terms of CRES but would be in line for Quarter 2.</p> <ul style="list-style-type: none"> • It was anticipated that at year-end we would have delivered on 6 out of 7 objectives. • Safety remained an issue and was rated Amber due to delays with a programme around work on physical seclusion suites. However overall, the Trust was in a good place for year-end outcomes. <p>The Board discussed the ambition of zero suicides. It was clarified that the Trust was committed to yearly decrease that would mean the Trust reached zero.</p> <p>DA outlined the Board had stated that inclusion, engagement and BAME were a priority but this was not currently reflected in the plan's priorities. KT and TC welcomed the feedback and agreed they would consider this when reviewing the strategic objectives.</p> <p>RESOLVED The Board RECEIVED the report</p> | |
| 096/19 | <p>Performance Report Q1 2019/20</p> <p>KT updated the Board on the Trusts performance for Quarter 1 providing the below highlights from the report:</p> <ul style="list-style-type: none"> • Quarter 1 continued to see increase in demand, however overall performance continued to do relatively well with 63% of indicators meeting or exceeding the required standard. • KT referred to the KPI table on page 2 (overall page 132) of the report stating there were many areas of strong performance, particularly in CRISIS care and, in our more specialist services, we were delivering over and above. • Although there were a number of indicators showing as red all of these were moving in the right direction. In terms of the indicators which were below where they needed to be or static, these were highlighted in the report summary. • There were 5 out of the 71 indicators which were worsening: <ol style="list-style-type: none"> 1. Out of area placements 2. Delayed transfers of care 3. CAMHS access 4. Rate of referrals meeting maximum 18 week wait standard 5. Improving Access to Psychological Therapies <p>Overall, the level of sustained performance in the face of the increased demand was good and this was a key focus for the Trust.</p> | |

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| | <p>LW asked what the situation with delayed transfers of care related to, SBr outlined that it was due to difficulties in finding appropriate placements that would enable discharge.</p> <p>CL acknowledged as a Board the hard work of the Trust.</p> <p>RESOLVED The Board RECEIVED the report</p> | |
| 097/19 | <p>Finance Report: Period to End July 2019</p> <p>PR presented the Finance Report for the period to end of July 2019. The paper was taken as read and would be presented in full to the Finance & Investment committee later in September. Highlights for the month of July for the Board to note were:</p> <ul style="list-style-type: none"> • At month 3 the Trust was slightly above plan with a reported deficit of circa £7k against a Plan of £50k surplus. The position was caused by additional expenditure with agency costs, estates and external placements. • The forecast for month 5 was £100k loss against a plan of £50k. • There had been some additional non-recurrent income of £600k which had provided us with some headroom. <p>Overall, the Trust was confident it would meet its year-end target, however whilst confident, there was a current gap between the spending trend, CRES programme and income. An action plan had been put in place to address this.</p> <p>RESOLVED The Board RECEIVED the report</p> | |
| 098/19 | <p>Workforce & Organisational Development Report Q1 2019</p> <p>MM presented the Quarter 1 Workforce and Organisational Development Report which was taken as read, Key areas for the Board to note were:</p> <ul style="list-style-type: none"> • During Quarter 1 there had been a focus on the experience of our staff and our approach to enhancing this, including work with our BAME staff and staff with other protected characteristics. • One piece of work to support this was to amend the Disciplinary Policy to include a BAME representative as part of the decision making panel, which had seen a reduction in number of formal investigations initiated. The outcomes of the panel would be evaluated and reported on in a future report to the Board. • In addition, all interviews for Band 8a and above would have a BAME representative. The two pieces of work had been received positively and analysis and evaluation would take place accordingly. • There had been a number of staff engagement events in Quarter 1 which included the introduction of the HIVE, staff working environments, career conversations and mock interviews. | |

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| | <ul style="list-style-type: none"> • The Long Service Awards had been introduced with very positive feedback. • Workforce metrics were stable. • The quarter also marked the anniversary to the launch of the Discovery system which showed the Trust as 92% compliant as at September 2019. • Recruitment and retention remained a challenge. <p>RESOLVED The Board RECEIVED the report</p> | |
| 099/19 | <p>Health & Safety Executive Inspection & Action Plan</p> <p>JPad presented the Health & Safety Executive Inspection and Action Plan advising the report had been discussed in detail at the private board. JPad advised that the Trust was on track for submitting its report back to the Health & Safety Executive on the 9th September 2019 stating .</p> <p>There were 3 key things to note:</p> <ul style="list-style-type: none"> • Letter of evidence • Strengthening of contracts • Single patient units which had violence and aggression <p>RESOLVED The Board RECEIVED the report</p> | |
| 100/19 | <p>Annual Health Safety & Security Report 2018/19</p> <p>JPad briefed the Board on the Annual Health Safety & Security Report for 2018/19 noting the report had been to the Integrated Governance committee on the 17th July 2019 and had also been discussed extensively at the Executive Team meetings.</p> <ul style="list-style-type: none"> • The report showed good progress with a reduction in needle stick injuries due to the introduction of new equipment. • The Trust had strengthened its processes for lone worker devices introducing a new KPI and work on this would conclude in 2019/20. • A water safety group was re-established in October 2018 which leads on the water hygiene across the Trust. All Water Risk Assessments were in place and any required work was being completed. <p>RESOLVED The Board RECEIVED the report</p> | |
| 101/19 | <p>Mental Health Act Managers Annual Report</p> <p>LW presented to the Board explaining it reported on the activity of Mental Health Act Managers and the use of the Mental Health Act in HPFT during 2018/19. The Report was a requirement by the Terms of Reference of the MHAM Committee. The report was for information only and provided assurance that the statutory functions of the Trust Board were carried out within HPFT. LW</p> | |

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| | <p>reminded the Board that the MHA managers were not employees of the Trust; however annual DBS checks and contracts were issued each year.</p> <ul style="list-style-type: none"> LW reported that last year had seen a rise in hearings (shown on page 4, overall page 237) of the report, in particular around 136 suites which had seen an increase of 22%. This risk had been placed on the Trust Risk Register. There were currently 43 active managers covering Norfolk, Essex and Hertfordshire. The Mental Health Act managers hold an annual conference which, this year, would be held on the 16th October 2019 in Duxford. The Board were invited to attend. LW reported that there was a lack of managers in the east of the county where hearings had to be cancelled due to a lack of managers. This was currently being addressed. LW further updated that the MHAM were looking at diversity as currently it was predominately made of up of white, middle class. Also to undertake benchmarking of remuneration of the managers. <p>LW concluded thanking JPad, Tina Kavanagh and her team, Hattie Llewelyn-Davies and Suki Sangha for their work.</p> <p>SBr commented on the increase in the 136 suite advising that the Trust was working closely with the police and street triage teams. In addition, Oxfordshire were trialling police to work directly with the teams of frequent attenders</p> <p>LW advised that the Trust would need to consider the recommendations from the Mental Health Act review.</p> <p>RESOLVED The Board RECEIVED the report</p> | |
| 102/19 | <p>Annual Report on Appraisal & Revalidation of Doctors</p> <p>AZ presented the Annual Report on the Appraisal and Revalidation of Doctors and advised the report assured the Board that HPFTs responsibilities were being met by the monitoring of the frequency and quality of medical appraisals. When comparing appraisal against national benchmarking HPFT reported as 97% compliant. This was better than other organisations nationally making HPFT a top performer. AZ asked the Board to approve the annual report. All in attendance agreed.</p> <p>DA queried why there was not 100% compliance. AZ responded commenting that there were 4 Doctors non-compliant, 2 were off sick, 1 had been deferred by the GMC and 1 had not followed the due process.</p> <p>CL acknowledged as a Board the hard work of AZ and his team.</p> | |

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| | <p>APPROVED The Board APPROVED the Annual Report on Appraisal & Revalidation of Doctors</p> | |
| 103/19 | <p>European Union Exit Preparedness KL introduced the report noting that it was similar to a report brought to the Board in March 2019. KL advised the Board that the Trust had revisited its plans and had concentrated on critical areas. A desktop exercise would be undertaken to ensure plans were robust alongside training for on-call managers. The Trust was looking at what might be further required to support its EU staff in terms of messages and to also reassure that service users were given the level of certainty.</p> <p>RESOLVED The Board gained ASSURANCE</p> | |
| 104/19 | <p>Board Assurance Framework LS presented the Board Assurance Framework (BAF) to the Board which outlined the latest updates. The BAF had been reviewed at the Integrated Governance Committee on the 17th July 2019 and would be reviewed at the Audit Committee on 10th September 2019. It was noted that the BAF was a live document and would continue to be reviewed by Committees and the Board.</p> <p>RESOLVED The Board gained ASSURANCE</p> | |
| 105/19 | <p>Trust Risk Register JPad reported on the Trust Risk Register (TRR) stating there had been some significant changes which were noted below:</p> <p>Two Risks escalated to the Trust Risk Register:</p> <ul style="list-style-type: none"> • CAMHS: Unable to provide consistent timely access to CAMHS Community Services (Risk 1150) • Flu: The Trust may not be able to sustain service user safety during a flu outbreak (Risk 1147) <p>One Risks downgraded from the Trust Risk Register:</p> <ul style="list-style-type: none"> • CAMHS: Failure to provide an efficient and effective CAMHS service which impacts on the clinical care provided to young people (Risk 617). <p>Risk scores have increased for two risks:</p> <ul style="list-style-type: none"> • EU Exit: The Trust may experience continuity and/or cost of supply issues for critical goods/services. (Risk 1000) • Finance: The Trust is unable to ensure short term financial performance in the current year (Risk 116) <p>One risk scores has been decreased and amended</p> <ul style="list-style-type: none"> • S136: Unlawful detention of service users under S136 breaches beyond 24hrs (Risk 882) | |

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| | <p>JPad commented that this was a live document and was discussed in detail at the Executive Team meetings, Board and Integrated Governance Committee.</p> <p>RESOLVED The Board gained ASSURANCE</p> | |
| 106/19 | <p>Integrated Governance Committee Terms of Reference LS reported that the Terms of Reference were approved by the Integrated Governance committee on the 17th July 2019 and asked the board for ratification. All in attendance agreed.</p> <p>RESOLVED The Board RATIFIED the Integrated Governance Committee Terms of Reference</p> | |
| 107/19 | <p>NHSE/I Oversight Arrangements KL advised that in August the East of England had written to all organisations setting out the framework. The existing statutory roles and responsibilities of NHSI and NHSE in relation to providers and commissioners remain unchanged. The key change is the context in which they are applied.</p> <p>HPFT was rated in the top segment indicating the Trusts performance would be reviewed quarterly with a light touch. KL commented that it was key for the Trust to have the right relationships with NHSI. KL further advised noting that NHSI were currently going through an appointment process so our current contact may change.</p> <p>RECEIVED The Board RECEIVED the report</p> | |
| 108/19 | <p>Chairs Action LW explained that the report was to seek agreement from the Board for Chairs action to be carried out for Sheila Tinto-Walker to become an MHAM in Essex and for Paul Daynes to become an MHAM in Norfolk.</p> <p>Sheila Tinto-Walker and Paul Daynes had successfully completed the required observations and the Board were asked to approve the Chairs action for appointing Sheila Tinto-Walker as a Mental Health Act Manager for Essex and Paul Daynes for Norfolk.</p> <p>APPROVED The Board APPROVED the Chairs Action for Sheila Tinto-Walker and Paul Daynes to become MHA Managers</p> | |
| 109/19 | <p>Any Other Business No further business was put forward.</p> | |
| 110/19 | <p>QUESTIONS FROM THE PUBLIC CL invited questions from the public.</p> | |

Date and Time of Next Public Meeting:

The next Public meeting is scheduled for Thursday 7th November 2019 @ 10:30am in Da Vinci B, The Colonnades

Close of Meeting

DRAFT

Agenda Item 4
PUBLIC BOARD OF DIRECTORS' MATTERS ARISING SCHEDULE – 7th November 2019

| Date on Log | Agenda Item | Subject | Action | Update | Lead | Due date | R A G |
|-------------|-------------|---|---|--|------|----------|-------|
| | | | | | | | |
| | | | | | | | |
| 29/11/18 | 153/18 | Workforce & Organisational Development Report Quarter 2 | Board Workshop to be held on Staff Engagement | It was agreed for this to be held in Quarter 2 | JH | b/f | A |

Board of Directors

| | | |
|----------------------|-------------------------------|----------------|
| Meeting Date: | 7 th November 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.

General Election

A general Election has been called for December, with the date confirmed for 12 December. We will enter a period of Purdah when the house of parliament rises. Purdah is the period in the run-up to an election during which restrictions are placed on the use of public resources and the communication activities of public bodies, civil servants and local government officials. The pre-election period is designed to avoid the actions of public bodies distracting from or having influence on election campaigns

Queens Speech

On the 14 October Parliament received the Queen's Speech which set out a number of key measures to support health and social care. In particular:

- Continued implementation of the NHS Long Term Plan.
- Legislation to establish a Health Service Safety Investigations Body.
- A Medicines and Medical Devices Bill to capitalise on opportunities to ensure the NHS and patients can have faster access to innovative medicines
- Review of the Mental Health Act.
- New legislation to bring in targeted changes to law to enable the integration of services and establishment of ICs and ICPs.

With the general election called for December a new Queens Speech will result from the newly formed government.

CQC State of Care Report 2018/19

The CQC published its annual assessment of health and social care in England. The report describes that most of the care across England is good quality and, overall the quality is improving slightly. The report focused on inpatient mental health and learning disability services as this is an area where they had seen a decline in quality. They reported that overall the quality of care in mental health has remained stable and they have seen good and outstanding care. The CQC goes on to states that this masks deterioration in some specialist inpatient services.

In the report the CQC highlights particular issues around quality of care and access reacting to difficulty in accessing mental health services and rising demand for mental health care. This is as well as barriers to getting diagnoses and assessments, especially for dementia, autism, mental health conditions and social care. The report is an important opportunity for us to reflect on our achievements but also to recognise the challenges we face and be clear on what we are doing to deliver high quality responsive care. It also provides the back drop for future CQC inspections.



Children and young People's well being

The Government published a State of the Nation report that integrated the available evidence on the state of children and young people's wellbeing. The scope of the report includes new statistics as well as a wide set of indicators on the wellbeing of children and young people in England. The report specifically provides an in-depth analysis on psychological wellbeing in teenage girls.

The Trust is a key provider of specialist Mental Health services for children and young people and we need to continue to work closely with partners to ensure we are having a positive impact on their health and wellbeing.

In supporting the focus on health of children and young people NHSE announced that a new taskforce will be set up to improve current specialist children and young people's inpatient mental health, autism and learning disability services in England, which will be chaired by Anne Longfield OBE, Children's Commissioner for England. The review will be given wide-ranging scope to track progress and propose rapid improvements in existing services examine the best approach to complex issues such as inappropriate care, out of area placements, length of stays and oversee the development of genuine alternatives to care, closer to home.

NHS Performance

A recent report set out that despite trusts working hard the NHS has missed all its key performance targets over the last four years. Trusts are positive about the quality of care they provide but there is a strong concern about demand.

EU Exit

An extension to the EU Exit has been announced until the end of January 2020, although the position remains fluid. The Trust like many other organisations is ramping up plans in preparation for exit with main concerns around Workforce, Medicines and General Supplies. As of the end of October daily SitRep reporting for EU Exit has stood down.

Regional and System 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.

STP Update

I have included a separate STP Update under item 19 which summarises the key developments across the STP including;

- ICS Accelerator site – Herts and West Essex STP is one of 10 STP sites nationally being supported by the national team, recognising the good progress made by the system to date.
- Leadership – A joint Accountable Officer across the three CCGs is currently being recruited to
- Long Term Plan – the STP has submitted its draft implementation plan, final plan to be submitted in November
- Integrated Care Partnerships (ICPs) – there will be three geographical ICPs, one for each of the Clinical Commissioning Group footprints
- Mental Health and Learning Disabilities population needs are being considered both at STP and ICP level; with the development of a dedicated ICP for mental health and learning disabilities under consideration.

Visit from Ann Radmore

Ann Radmore, East of England Regional Director, recently visited East and North Hertfordshire. It was an opportunity for her to understand how integration of physical and mental health services was operating at locality and Primary Care Network level.

Capital

A recent announcement of a £2.8bn hospital building programme saw both Princess Alexandra Hospital Trust and West Hertfordshire Hospital Trust included in the list of six trusts nationally to potentially receive funding to develop new hospital buildings. This is very positive news for the system and its communities. In support of the announcement Prime Minister Boris Johnson visited Watford General Hospital. Members of the Core 24 team had an opportunity to meet the Prime Minister and outline how the service works and how it helps meet the needs of service users.

Adult Community Services in West Hertfordshire

The new contract for adult community services in West Hertfordshire went live on 1 October 2019. Central London Community Healthcare NHS Trust is the new provider and are increasingly contributing to the system as a leader of community services. HPFT is developing our relationship with them from a positive base.

Regulators

NHSE and NHSI have come together and are implementing a new regulatory and assurance framework. In particular there are expectations with regard to the control total for individual trusts and the system as a whole. The detail of these expectations and the impact they may have are still being worked through.

Trust-wide update

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

Quality

In response to learning from incidents and the mortality governance work the focus in the last month has been on physical healthcare and the management of the deteriorating patient. CQI continues to grow with 200 coaches and leaders having signed up and their training started. CQI at the Trust is about creating a movement of the way we do things, which has seen local, small scale as well as medium and large scale projects underway. This is making a real difference too many aspects of the Trust's work, for example drive to recover performance and improve access for older people, young people. Using a CQI approach for each area, has been a measurable recovery of performance with the next phase moving performance to sustainable improvement in quality and outcomes.

The last month has also seen preparation for the next CQC inspection begin in earnest. The preparation is following the same principles as last year, the design of the process has been supported by an intensive CQI workshop to identify ways to improve. The PIR is still expected in quarter 3 with the inspection in quarter 4.

Performance

Overall Trust wide performance continues to be strong against a background of high demand and activity, reflected in wider system pressures. This quarter has seen significant improvements to adults, older people and CAMHS (Child and Adolescent Mental Health Services) access. We expect these improvement trends to continue into the next quarter. The recovery plan for CAMHS is complete, which means even though not yet reflected in the waiting times performance, the back log has been managed and the service is now moving into stable delivery. The system wide redesign of CAMHS services has commenced with our system partners and remains a key requirement to

ensure the needs of young people are met on an ongoing basis. Additional funding has been secured to bolster CAMHS services (See section below).

It is important to highlight that across the Trust our services remain under considerable pressure, reflecting the regional and national picture. There are considerable pressures on beds, and on community teams, with the Trust also seeing an increase in Delayed Transfers of Care. Patient flow between community and inpatient services, and across the system, remains a key area of focus during Quarter 3. The Trust has also been undertaking robust Winter Planning in anticipation of the seasonal spikes in demand seen during Quarter 3 and 4.

CAMHS Additional Funding

The Trust has been successful in securing additional funding for Children and Young People from Hertfordshire commissioners. The additional funding will provide more capacity to meet growing demand for CAMH services. It will also see the Trust develop services for young people with Eating Disorders and support children and young people with Autism. There was also agreement for additional funding to pilot new triage model in the SPA to ensure that the Trust continue to deliver a responsive service that ensures we meet the waiting time targets for the service.

The additional funds will be a significant boost for the Trust and recognise the significant increase in demand that has been seen in the service. It is also worth noting that HCT received additional funding to reduce waiting list for its Step 2 service. They are an important partner in the delivery of emotional wellbeing services for children and young people and the increased resource is a welcome addition.

Finance

For the month of September there is a surplus reported of £47k against a Plan of £50k deficit, and for the year to date there is a surplus reported of £214k against a Plan of £200k surplus. The position has therefore returned to Plan for the Quarter and the year to date. The improvement is driven by additional unexpected income and reductions in both agency and secondary commissioning expenditure. However the pressure on services and in particular inpatient beds continues to require significant focus. The Trust is confident that will meet its financial duties, including break even in 2019/20 however the underlying position is impacted by a shortfall in recurrent efficiency schemes which needs to be addressed to ensure longer term sustainability.

Inclusion

October is Black History month, and in support of this we held a Race Equality Action Day on 18 October. The day included a powerful presentation from Beverley Brathwaite from University of Hertfordshire, where she talked about white privilege and how although most racism is not conscious or overt, it can still have a significant detrimental impact on people of colour. CAMHS Community Manager Marsha Mungo-Okolii shared some of her personal experiences of working in the NHS and Managing Director of East and North Herts SBU and West Essex Learning Disabilities and IAPT, Wellington Makala spoke about the importance of remaining humble and never forgetting where you come from. The event also included Interactive workshops after a delicious Caribbean lunch and music from Uzambezi Arts.

Recognition of our staff

Our staff continue to provide excellent care to our service users and this is recognised locally and nationally. The positive practice in mental health awards saw the three teams receive highly commended for their work:

- Community Perinatal team
- CAMHs Eating Disorders team
- Members of the mental health older people's team

Regi Alexander, Interim Clinical Director for Forensic and LD has been nominated for Psychiatrist of the year by the Royal College of Psychiatrists. Also three teams have been nominated for the HSJ awards,

- Acute or Specialist Service Redesign Initiative Award - Our CAMHS Home Treatment Team
- Community or Primary Care Service Redesign Award - Our Care Home Support Service by MHSOP South West Herts
- Connecting Services and Information Award - Our Business Intelligence & Data warehouse.

Following a national recruitment process Sarah Damms, currently Senior Service Lead, has been appointed Managing Director for West Herts SBU. She starts in post on 1st December 2019. The interim arrangements for the Essex and IAPT Managing Director post will continue while a national advert is placed for the substantive role.

Tom Cahill,
Chief Executive

Trust Public Board

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|----------------------|--|---|
| Meeting Date: | 7 th November 2019 | Agenda Item: 6 |
| Subject: | Integrated Governance Committee Report 18 th September 2019 | For Publication: Yes |
| Author: | Helen Edmondson, Head of Corporate Affairs and Company Secretary | Approved by: Sarah Betteley, Non-Executive Director, Committee Chair |
| Presented by: | Sarah Betteley, Non-Executive Director, Committee Chair | |

Purpose of the report:

To provide the Board with an overview of the work undertaken by the Integrated Governance Committee at its most recent meeting held on the 18th September 2019.

Action required:

The Board is asked to receive and note the report.

Summary and recommendations to the Board:

An overview of the work undertaken is outlined in the body of the report. No issues were noted to be escalated to the Board.

Recommendation:

To receive and note the report and note that there were no issues that needed to be escalated to the Board.

Relationship with the Business Plan & Assurance Framework:

Strategic Priorities 1, 2, 3, 4 and 5. and associated Board Assurance Framework risks 1.1, 1.2, 2.1, 3.1, 4.1, 4.2, 4.3, 4.4, 4.5, 4.6 and 5.1.

Summary of Financial, IT, Staffing and Legal Implications:

None.

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

The Committee regularly receives updates from the Equality, Diversity and Inclusion Group and a summary of their most recent meeting on the 25th July 2019 was received.

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

Evidence of robust governance review process for the Well Led standard.

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

None.

1. Introduction

The Integrated Governance Committee (IGC) was held on the 18th September 2019 in accordance with its terms of reference and was quorate. In addition two members of the CQC Inspection team were in attendance at the meeting as observers.

2. Reports were received from the IGC Sub Committees

- 2.1 QRMC meeting held on 1st August 2019. The IGC noted the focus at QRMC that had taken place in the Learning Disability and Forensic SBU, to consider the CQC feedback and undertake a CQI project. It was noted that 3 inpatient wards and 4 secure wards had been accredited. In addition it was noted that the meeting received the Physical Health Strategy Annual Report for 2018/19. They also received the Pharmacy Annual Report for 2018/19. The Terms of Reference for the Safety Committee and Emergency Preparedness, Resilience and Response were agreed.
- 2.2 QRMC meeting held on 3rd September 2019. The IGC noted the report from the East and North Herts SBU that used the structured template for reporting. It was noted that the internal deep dive had identified a number of positive findings and areas that require further development and as a result an external review has been commissioned. In addition the meeting had undertaken a detailed review of the Trust Risk Register, agreeing those to be escalated, downgraded and risk scores amended. The meeting considered the annual plan priorities to fully implement new pathways and services to support recovery.
- 2.3 The IGC questioned how the safety aspects in the report were being managed and was advised that a Trust Risk Register including the identified risks had had a thorough review at the QRMC meeting on 3rd September 2019.
- 2.4 Workforce and Organisational Development Group held on 4th September 2019. The IGC noted the focus on the recruitment and retention initiatives to reduce turnover rates. In addition the group considered the results from the quarter 1 Pulse survey, which had seen a significant number of improvements. The meeting also supported the proposal for a Reverse Mentoring Programme and agreed the key messages for the EDI WRES Communication Plan.
- 2.5 Information Management and Technology and Information Governance Programme Group held on 3rd September 2019. The meeting had received and noted the quarter 2 to date performance for FOI and Subject Access Requests, which remains below target. The next Programme Group will be considering an options appraisal to address the backlog. In addition IGC received an update regarding performance of HBLICT services with regard to handling of contacts. The Committee noted the improvement in waiting times. A number of projects were highlighted which included windows 10 upgrade, Skype and Paris infrastructure refresh.
- 2.6 Equality, Diversity and Inclusion Group meeting held on the 25th July 2019. The meeting had reviewed the Trust's Equality Plan and considered quality of the data for protected groups across the SBUs. This included a deep dive by

East and North SBU into their WRES data. It had been agreed for other SBUs to undertake a deep dive and report via a template.

3. Governance and Regulation

3.1 Board Assurance Framework

The updated Board Assurance Framework (BAF) was reviewed. The Committee noted the progress made and agreed that the strength of the framework lay in the clarity of the assurances. The Committee noted that work had been undertaken to update assurances with the most recent evidence and that the updated version had been received by the Board on 5th September and Audit Committee on 10th September.

3.2 Trust Risk Register

- 3.2.1 IGC considered and approved the Trust Risk Register for August 2019. It was noted that a significant amount of work had been undertaken to review, amend risk scores, add and downgrade items. The Committee discussed the process of each Executive Director reviewing the risks as SRO as well as the Executive team undertaking peer review of the Risk Register as a whole.
- 3.2.2 The Committee reviewed the risks that had been escalated to the Risk register as well as those downgraded from the register. They also considered the risk whose scores had increased or been decreased/amended. The committee welcomed the new trend information included in the report.

4 Workforce

4.1 Quarter 1 Workforce and Organisational Development Report

- 4.1.1 An update was received on the activity of the workforce and OD directorate. The meeting heard that during quarter one the focus had been on the experience of the people working at HPFT, including the development of an inclusive Just and Learning culture and delivery of health and wellbeing initiatives. The Committee received feedback on the result of quarter one pulse survey, which reported significant improvements of responses.
- 4.1.2 The committee received an update on the work force KPIs for quarter one.

4.2 Statutory, Essential Training Update Report

- 4.2.1 The progress made in quarter one with regard to Statutory and Essential training compliance was discussed. The Committee noted that a Discovery Satisfaction Survey was in place and the data will be analysed alongside the Learning and Development audit.
- 4.2.2 It was noted that the second phase of the supervision dashboard had been launched and reporting compliance of Management supervision would be launched in October 2019. The Committee welcomed feedback from CQC observers regarding how the Trust could receive feedback on the quality of supervision provided.

4.3 Health and Safety Executive Submission

An update was received on the actions to address the four Improvement Notices following the HSE inspection from May 2019. The Committee were

informed that an action plan is in place to address areas of improvement. In line with deadline the Trust has reported back to HSE assuring them of the completed actions. The Committee approved the submission.

4.4 Guardian of Safe Working Quarter 1

4.4.1 The Committee noted that whilst there had been an increase in the number of exception reports the Trust had the lowest number of forms completed by a mental health Trust in the East of England.

4.4.2 The issues raised in the exception reports were discussed and it was explained that Junior Doctors forum discussed the concerns and sought to identify solutions.

4.5 Annual Report Medical Appraisal and Revalidation 2018/19

It was noted that the Trust reported that 97.6% of appraisals and revalidations for medical staff had been completed on time in comparison to 92.6% of other mental health trusts.

4.6 GMC Training Survey 2019

The report was received and Committee was advised that the survey was the best ever for GP trainees since surveys had begun and remains positive for Foundation Year 1 doctors. Areas for improvement related to clinical supervision and workload.

5 Quality Safety

5.1 CQC Action Plan Update

The report was received and it was noted that the action plan was on track with no areas for escalation. It was noted that a response had been sent to CQC in relation to the regulatory notice. Future focus of the action plan was to fully embed recording of supervision. The Committee were informed that one action had not been completed within the agreed timescales but mitigating actions were in place.

5.2 Annual Emergency Preparedness, Resilience and Response (EPRR) Report.

The Committee noted the progress made in 2018/19. The Trust was rated as substantially compliant when assessed against the NHSE Core Standards and was an active member of the Local Health Resilience Partnership. Focus for 2019/20 will be to strengthen Business Continuity Plans via testing and to ensure have robust plans for EU exit.

5.3 NHSI Zero Suicide plan

The Committee discussed and approved the content of the Zero Suicide Action Plan. It was noted that this would be shared with NHSI and the Hertfordshire Suicide Prevention Programme Board. The Committee noted the Trust's aspiration to Zero Suicides and that this was confirmed through the

Annual Plan. It was noted that the reporting of progress against the plan will be included in the Integrated Safety Report.

6 Quality Effectiveness

6.1 Annual Nutrition Report

6.1.1 The Annual Report summarising the work completed in 2018/19 was received by the Committee. It was noted that this is the first annual report following Trust participation in an NHSI survey concerning nutrition and hydration. The Committee noted the governance and assurance processes in place.

6.1.2 The Committee discussed the current CQC self-assessment and CQC observers provided advice and guidance with regard to the validation of the HPFT screening tool.

7 Quality Experience

7.1 Quarter 1 Service User and Carer Experience Update

The Committee noted there has been an increase in complaints, compliments and the number of PALs contacts and reduction in number of feedback surveys received compared to quarter 4.

8 Feedback from Audit Committee

The Committee agreed to review items (see below) which were referred to them by the Audit Committee.

- a) Clinical audit reports
- b) Quality of supervision provided
- c) Duty of Candour Internal Audit report.

9 Recommendations

The Board is requested to receive and note the report and to note that there were no items that needed to be formally escalated.

Board of Directors

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| Meeting Date: | 7 th November 2019 | Agenda Item: 7a |
| Subject: | Healthcare Worker Flu Vaccinations | For Publication: Yes |
| Author: | Sally Judges, Head of Allied Health professions and Healthy Lifestyles | Approved by: Professor Asif Zia, Executive Director Of Quality and Medical Leadership |
| Presented by: | Professor Asif Zia, Executive Director Of Quality and Medical Leadership | |

Purpose of the report:

To inform the board of the 2019-20 Flu vaccination for staff campaign

Action required:

To approve the 2019-20 flu vaccination delivery plan

Summary and recommendations to the Board:

Key themes for our 2019-20 campaign

- Quality Improvement methodology has informed the model, shifting from resilience to change. This includes a focus on how peer to peer conversations and local 'walk the talk' have a positive impact on the hearts and minds approach
- Robust infrastructure including:
 - Recording of staff options
 - Improved methods for recording of vaccinations completed
- Local ownership
 - Peer vaccinators, as well as a role in delivering vaccinations they have an education role.
 - Templates provided for local communications
 - Local champions identified
- Focus on individuals, having your vaccination to protect individuals and their loved ones, 'think flu – think you'

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:

No

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

Seen by the following committee(s) on date:

No

Healthcare Worker Flu Vaccinations

1. Background

- 1.1 The CQUIN target for 2019-20 is 80% of frontline staff should get vaccinated against flu virus. The Trust set up steering group to review the learning from the 2018-19 campaign and agreed changes to the approach in 2019-20 flu campaign. The key focus of this year's campaign has been to protect staff, their families and service users.
- 1.2 The 2018/19 CQUIN target for frontline staff to be vaccinated against the flu virus was 75%; the trust achieved 53% for Hertfordshire based staff.

2. Learning from 2018-19

- 2.1 To develop the strategy for 2019-20 feedback was collated from key individuals involved in last year's campaign. A number of focus groups were organised to get feedback on last year and engage staff in the flu vaccination plan.
- 2.2 The key themes that emerged from feedback sessions were:
 - Lack of ownership of the implementation plan between corporate and operational teams.
 - Planning trajectories were not introduced till much later.
 - Delay in getting the denominator right
 - Lack of responsiveness by the Occupational health provider
 - Poor recording and sharing of information regarding staff who had been vaccinated or declined vaccination
 - A number of flu clinics cancelled at short notice due to lack of availability of Occupational Health Staff
 - Clinics were booked by the HR team but ownership at a local SBU level was sporadic
 - Peer vaccinators were not all deployed in their local area/teams and some did not carry out any vaccinations
 - Inconsistencies in recording of information of staff who had their vaccination or who communicated otherwise. There was negative feedback from individuals and teams about being chased for information.
 - Big events were not made best use of to carry out the vaccination or share information about flu.
 - Some individuals had a significant influence, positive or negative, on the vaccination uptake in a team

3. Flu team

The flu steering group was set up and has been meeting weekly since the beginning of July. The Head of AHPs and Healthy Lifestyles, is the lead for the delivery of the 2019-20 campaign, and started by having conversations with individuals in April. Each SBU and appropriate corporate teams are in attendance each week and were joined by staff side colleagues in September.

4. Flu campaign 2019-20

- 4.1 The focus of this year's campaign has been on the winning hearts and minds of all staff and implementing solutions to avoid the issues highlighted from our review of the 2018-19 campaign being repeated. Expertise from the innovation team has been utilised to review and develop best practice in the planning of the Trust approach for the 2019-20 campaign
- 4.2 In addition to the learning from last year's campaign, particular attention has been paid to the model used by GSK to bring about change at scale. Trust plans, detailed below take into account the learning from 2018-19 and reflect the areas of focus of the GSK model which have the biggest potential impact on change.
- 4.3 These are:
- Robust infrastructure from the beginning of the campaign
 - 'Walk the talk' from peers has the biggest impact
 - Personal contact can shift resistance

5. Robust infrastructure

5.1 Plan

Flu vaccination trajectories have been planned across three stages.

Stage 1: initial drive, October to first week of December.

Original plans were to initiate flu vaccination in September; however, plans had to be updated as vaccine production was delayed due to the World Health Organisation's decision to delay the selection of the flu strain notification by one month. First vaccines were not received until 10 October and clinics started week commencing 14 October.

Stage 2: second week of December to New Year: It is recognised that this can be a difficult period to run clinics but it was agreed to use this time Trust will target particular areas where uptake has been low and require more targeted communications.

Stage 3: January to February: Final push, using the information collected will focus on any specific teams, professional groups etc. where take up is low.

5.2 Staff options

- 5.2.1 Various options were explored with the Trust's Chief Information Officer regarding the best ways to ask for and collect information from staff about whether they intended to have their vaccination. The Chief Information Officer explored a number of options and companies providing a service which could meet the Trust's needs and information governance requirements. A new electronic recording system is in place to deliver our requirements. After some initial 'teething problems' related to NHS mail security issues, the system is working and the problems resolved.
- 5.2.2 The system that has been put in place allows us to:
- Respond to staff returns with an automated email, including information based on their reply which supports easier booking of clinics.
 - Automatically record staff choices which would allow us to follow up with specific staff, for example, if they choose not sure, the response from the system will

include information on why the flu jab is important and where they can find further information.

- Have a live record of vaccination numbers and be able to filter this information in a number of ways, for example, by team and SBU, by profession

5.3 Recording of flu clinic attendance

Another area of learning for the Trust from last year's campaign was the low recording of clinic attendance run by peer vaccinators and by our Occupational Health Provider.

HPFT's performance team have developed a live reporting system which can be used by our own staff and by OH staff, so records can be updated immediately.

The new system is enabling us to identify areas where, for example, more staff education is required and provide SBUs with up to date data regarding their team's performance.

5.4 Local ownership

The Flu steering group has been meeting weekly since the beginning of July and has active representation from corporate services and operations. This has improved joint ownership across corporate and operations for this years campaign.

SBU representatives have identified peer vaccinators for all service areas. Peer vaccinators are also being used as educators and role models. They are able to talk to staff and within teams about the benefits of vaccination. They are our local 'walks the talk' advocates. We have increased our peer vaccinators from 12 to 22 with another 18 currently completing their learning requirements.

Live reporting system will allow accurate, timely information to be shared with SBUs. Weekly meeting will analyse the data and identify any areas requiring additional education or support.

6. Communications plan

6.1 Communications message this year is 'think flu – think you'. Protecting yourself, your loved ones, colleagues and service users. .

6.2 To win the hearts and minds of individuals and get the teams focused on positive celebratory messages. Similarly, compliance reporting will be congratulating teams on improvements and offering further support as needed.

6.3 The evidence from change models confirms that mass exposure to generic comms can be positive initially but then impact is not maintained. To maintain impact local role models and engagement is the key. Templates for local posters, photos of local champions are being used in staff areas. Local peer vaccinators and our site managers are ensuring that posters advertising clinics etc. are displayed using local staff photos.

7. Staff incentives

7.1 The executive team agreed that all teams, clinical and non-clinical, who reach 80% vaccination levels, will receive financial support to have a celebration of the team's choosing. Similarly, postcards will be sent to teams when they meet 50%, 65% and 80% with suitable, encouraging, messages for each stage with a space for Managing

Directors to record a personal message for each team at each stage. Success will be shared and celebrated across SBUs and our social media platforms.

- 7.2 In line with the trust tag line 'think flu think you', and protecting their family and service users against flu, a number of incentives will be offered to staff including photographic competition, afternoon tea vouchers and tickets to local zoo.

8. Risks

- 8.1 The Trust has not historically performed well in this area. Processes have been put in place to support this and future campaigns. Our shift in approach and messaging has been informed by best practice and evidence. As the Flu campaign gets underway we will start to get more data and information. Due to the higher number of vaccinators, there is more flexibility within the system to accommodate any changes and target areas where the campaign is falling behind.

- 8.2 Our Occupational Health Provider has continued to be unreliable despite many discussions and agreements regarding contingency plans. We are managing the sudden unavailability of their staff by using our own staff wherever possible.

9. Healthcare worker flu vaccination best practice management checklist

The trust has been asked by NHS England and NHS Improvement to complete the best practice management checklist for healthcare worker vaccination. This can be found in Appendix 1. We have assessed ourselves as green on all indicators.

10. Summary

We have used learning from last year's campaign and evidence of change models to plan our flu campaign for 2019-20. We have focussed on joint ownership across the organisation, robust infrastructure and targeted local campaigns

Appendix 1 – Healthcare worker flu vaccination best practice management checklist – for public assurance via trust boards by December 2019

| A | Committed leadership number in brackets relates to references listed below the table | Trust Self-assessment |
|----------|--|------------------------------|
| A1 | Board record commitment to achieving the ambition of 100% of front line healthcare workers being vaccinated, and for any healthcare worker who decides on the balance of evidence and personal circumstance against getting the vaccine should anonymously mark their reason for doing so. | G |
| A2 | Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers | G |
| A3 | Board receive an evaluation of the flu programme 2018/19, including data, successes, challenges and lessons learnt | G |
| A4 | Agree on a board champion for flu campaign | G |
| A5 | All board members receive flu vaccination and publicise this | G |
| A6 | Flu team formed with representatives from all directorates, staff groups and trade union representatives | G |
| A7 | Flu team to meet regularly from September 2019 | G |
| B | Communications plan | |
| B1 | Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trades unions | G |
| B2 | Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper | G |
| B3 | Board and senior managers having their vaccinations to be publicised | G |
| B4 | Flu vaccination programme and access to vaccination on induction programmes | G |
| B5 | Programme to be publicised on screensavers, posters and social media | G |
| B6 | Weekly feedback on percentage uptake for directorates, teams and professional groups | G |
| C | Flexible accessibility | |
| C1 | Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered | G |
| C2 | Schedule for easy access drop in clinics agreed | G |
| C3 | Schedule for 24 hour mobile vaccinations to be agreed | G |
| D | Incentives | |

| | | |
|----|--|---|
| D1 | Board to agree on incentives and how to publicise this | G |
| D2 | Success to be celebrated weekly | G |

Trust Public Board

| | | |
|----------------------|---|-------------------------|
| Meeting Date: | 7 th November 2019 | Agenda Item: 7b |
| Subject: | Business Continuity and Preparedness | For Publication: |
| Author: | Sandra Brookes Executive Director Service Delivery and Service User Experience | Approved by: |
| Presented by: | Sandra Brookes Executive Director Service Delivery and Service User Experience | |

Purpose of the report:

The purpose of the report is to summarise the Emergency Preparedness, Resilience and Response (EPRR) Annual report, presented to the Integrated Governance Committee, noting the progress made during 18/19 and the rating against the NHSE Core Standards in 18/19 as “substantially compliant”. It provides assurance that the Trust is meeting its requirements and delivering safe services under the Civil Contingencies Act 2004, The NHS Act 2006 and The Health and Social Care Act 2012.

The report summarises the assurance process against the Core standards for 19/20, indicating the results of the self-assessment and areas currently rated as “partially compliant” or requiring further evidence to support. The report will also highlight the plans that have been put in place to address these areas and the work being undertaken towards achieving full compliance by the end of Quarter 4 19/20.

The report also summarises recent testing of Business Continuity Plans and actions to be taken forward as a result of and the key components of the Winter Plan.

Action required:

The Board are requested to note the Trust self- assessment rating for 19/20 and the actions being taken to ensure “full compliance”. The Board are requested to note the areas for action following testing of the Major Incident Plan and business continuity plans and the key components of the Winter Plan.

Summary and recommendations

The Integrated Governance Committee had the opportunity to review the EPRR Annual Report 18/19 and noted the progress made in particular the appointment of an EPRR Officer and establishment of a Trust wide EPRR Group. In addition the Committee were assured of the active engagement of the Trust in the Local Health and Resilience Partnership and having an agreed EPRR work-plan in place.

The Trust is part way through the process of assurance against the Core Standards for 19/20 having achieved “substantially compliant” in 18/19. Following an initial self- assessment, an assurance meeting with NHSE/I and subsequent review of the self - assessment and further evidence submitted, three core standards have been identified as “partially compliant”:

- No 25 Command and Control- On call staff Trained
- No 28 Training and exercising – Strategic and tactical responder training
- No 69 FFP3 access (Use of Filtering Face pieces)

These standards have actions plans in place to achieve “fully compliant” by the end of Quarter 4 19/20

A recent planned table top exercise to test the Major Incident Plan highlighted a number of areas for action including review of the Major Incident Plan, improving clarity regarding roles and responsibilities and improved access to information for on-call managers for example via Apps. The exercise also demonstrated the need to have more regular exercises planned throughout the year. A plan has now been drafted for the EPRR Group to lead including both planned and unannounced exercises.

The EPRR Group will oversee the actions arising from the above incorporating into the EPRR work plan and ensure the Trusts compliance with the NHS Core Standards in relation to the EPRR framework.

The Winter Plan has been ratified by the Executive Team and the Strategic Business Units and Corporate services are working together to ensure that resources are in place throughout the winter to ensure that services are maintained during any periods of adverse weather conditions or system pressures. The risk currently identified is the ability to provide sufficient bed occupancy (adult acute and older peoples) to meet demand. Contingencies are being put into place. A weekly planning meeting Chaired by the Deputy Director of Service Delivery and Service User Experience will be implemented from December through to February to monitor the plan. This will be increased to daily during any periods of adverse weather conditions or increased pressure, internally or system-wide, in meeting demand. Daily SitRep reporting will also commence.

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

Links to Risk register

Risk 1 EU Exit- Implications for the Trust of different scenarios arising from Brexit

Risk 11 Quality and Safety- The Trust may not be able to sustain service user safety during a flu outbreak

Links to BAF

We will provide safe services so that people feel safe are protected from avoidable harm.

We will deliver a great experience of our services so that those who need to receive our support feel positively about their experience.

Summary of Financial, IT, Staffing & Legal Implications:

The Health and Social Care Act 2012 requires all NHS organisations to plan for, and respond to a wide range of incidents that could impact on health or patient care. This includes significant incidents or emergencies such as prolonged periods of pressure on services, extreme weather conditions, infectious disease outbreaks or a major transport accident.

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

Evidence for S4BH; 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 EPRR Annual Report was presented to Information Governance Committee 18th September 2019

1. Emergency Preparedness, Resilience and Response (EPRR) Annual Report 2018/2019

The Health and Social Care Act 2012 requires all NHS organisations to plan for, and respond to a wide range of incidents that could impact on health or patient care. This includes significant incidents or emergencies such as prolonged periods of pressure on services, extreme weather conditions, infectious disease outbreaks or a major transport accident. The programme is referred to as Emergency Preparedness, Resilience and Response.

Core Standards and supporting guidance from NHS England set out the parameters for Trusts to adhere to in relation to Emergency Preparedness. The Trust is also required by the Health and Social Care Act (2008) Regulated Activities Regulations (2010) to have plans in place for dealing with emergencies.

The Civil Contingencies Act 2004 (CCA) provides the framework for emergency preparedness in the UK. Although Mental Health Trusts do not currently have statutory obligations under the CCA, the Department of Health and NHS England require all NHS providers to adhere to the principles of the Act.

A paper was presented to the Integrated Governance Committee (IGC) in September 2019 outlining the EPRR activity during this period. The Committee noted the progress made particularly since the appointment of an EPRR Officer in January 2019, the establishment of an EPRR group reporting into the Quality and Risk Management Committee and an agreed action plan put into place to address areas of development. The group has core membership from operations, estates, Pharmacy and safety teams.

The Trust was rated as “substantially compliant” when assessed against the NHSE Core Standards and has been an active member of the Local Health and Resilience Partnership (LHRP), including attending a number of local and regional table top exercises.

A number of training opportunities have been developed across the LHRP and this work has continued into 2019/20, including Gold and Silver training and media training.

The report highlighted that key areas of focus for 2019/20 were to further strengthen the service Business Impact Assessments, additional training for on-call managers and a programme of testing resilience in Major and Critical incidents.

In addition the report indicated the need to have an ongoing focus on developing robust plans for Brexit/No Deal.

2. Emergency Preparedness, Resilience and Response (EPRR) annual assurance process for 2019/2020

As part of the NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework, providers and commissioners of NHS funded services must show they can effectively respond to major, critical and business continuity incidents whilst maintaining services to patients.

The process is in four stages. The first stage is a self- assessment against the core standards and deep dive standards. The deep dive standards do not contribute to the overall assurance rating for the trust. This year the deep dive standards are assurance of 'Extreme Weather'.

2.1 Self-assessment-stage 1

The initial self- assessment indicated that 3 core standards only met "partial compliance":

1. Duty to Maintain – Critical Incident – the trust cannot provide enough evidence to show regular testing. There are plans to test this going forward.
2. Duty to Maintain – Major Incident – the trust needs to test this more regularly. There are plans to test this going forward.
3. Command and Control – Trained On-Call Staff – a programme of training is in place, and a new training pack, however not all staff have been trained.

The 3 core standards rated as "partially compliant" have an action plan against them and the Trust is expected to be fully compliant by the end of quarter 4 2019/20.

The self-assessment therefore rated the trust as 'Substantial Assurance' against the NHSE rating definitions with 95% compliance. The self-assessment return was submitted on 30th August 2019.

2.2 Assurance meeting-stage 2

An assurance meeting was held with NHSE/I to review our self- assessment against the NHS EPRR Core Standards. The self- assessment concluded that Trust should be rated as "partially compliant" in relation to the testing of the Major Incident and Critical incident plans and on-call staff being fully trained in Silver and Gold Command as indicated in the self- assessment.

The review of the self- assessment also highlighted a number of areas where NHSE/I required additional evidence to support the compliancy rating:

- Table top/ real time exercises to test Major Incident and Critical plans
- Training of on-call staff including EPRR
- EPRR Board or sub-committee report
- The Trust response to Mass Casualties
- The Trust response to Infectious Disease outbreaks
- A media strategy
- Business Impact Analyses for services

Further evidence to support the above has been submitted to be considered as part of stage 3 (review by NHSE/I to determine final rating). In addition we have re-reviewed the self-assessment following the feedback from stage 2 and have identified 3 core standards that remain partially compliant:

No.25 Command and Control- On call staff Trained

No 28 Training and exercising – Strategic and tactical responder training

No 69 FFP3 access (Use of Filtering Face pieces)

All these core standards have a clear action plan to ensure they meet full compliancy by the end of Quarter 4 19/20. The Trust will receive confirmation of its compliancy rating by end of Quarter 3 19/20 (stage 4).

3. Business Continuity Testing

As part of the Trust continuous preparedness to ensure that we have confidence in arrangements regarding pandemic flu and to ensure compliance around Core standard

12 - Duty to Maintain plans – Major Incident, the Trust tested the Major Incident Plan and the Gold, Silver and Bronze command structures, in a table top exercise conducted on 11 October 2019.

This exercise involved participants from the Trust senior management team and local senior management team's representative of the 4 counties in which the Trust provides Mental Health and Learning Disability Services. The exercise simulated the declaring of a Major Incident and deploying Gold, Silver and Bronze commands (one per SBU).

This provided an excellent opportunity for those new to roles within the organisation to be trained, as well as for those with previous experience to refresh practice and be updated in regard to their role in responding to a major incident within the Trust.

The major incident scenario was developed in line with current guidance and legislation, to ensure that the organisation has effective arrangements in place to respond to a Major Incident (as defined within the EPRR Framework).

A number of areas of for action were identified:

- Review of the Major Incident Plan as whilst not out of date requires some updating reflecting changes in services and lessons learnt from the exercise regarding clarity of actions
- Clarity regarding roles and responsibilities at Gold, Silver and Bronze levels
- Additional training and more regular planned and unplanned tests/exercises of a range of scenarios
- Improving access to information to support on-call managers and commanders for example Apps.

The Emergency Preparedness Resilience Response Group (EPRR) will oversee the actions arising from this exercise. This group also oversees the Trusts compliance with the NHS Core Standards in relation to the EPRR framework reporting into QRMC and IGC.

This meeting will include the learning above in its action planning and work plan going forward.

In addition there have been two local power outages during October 2019, which meant that services based on Kingsley Green site on the first occasion and in The Marlowes on the second, had to instigate their business continuity plans. On both occasions these were well implemented and the impact on service provision was minimal. These real time incidents provided an opportunity for the testing of the Trust response to a "critical incident".

A review of these incidents has taken place to identify any areas of learning; repairs required to generator at Kingfisher Court to switch on automatically, (this will be on 5th November 2019) and ensuring communication with other providers on shared sites.

4. Winter Planning

The Winter Plan has been agreed and ratified by the Executive Team. The plan outlines the anticipated demand based on last year's data during the Christmas and New Year holiday period and the planning of resources to support an effective response to the demand. All services currently have resources planned. In addition system Winter Resilience funds have been approved to support the following schemes:

- A Band 6 Crisis worker is based at Hertfordshire Urgent Care office on Mon-Fri (19:00 – 23:00) and Sat & Sun (09:00 -19:00) to respond to mental health calls where A&E disposition or Ambulance dispatch is indicated. The worker will triage the service user; refer to the Crisis Teams if necessary or signpost. This scheme will be in place from end of November 2019 to March 2020.
- The Twilight AMHP shift 17:00 – 23:00, Mondays to Friday prioritising S136, and extension to in-hours AMHP rota is to be continued.
- The Trust will continue to work in conjunction with Hightown Pretorian Housing Association to deliver a step-down service (6 beds) to support discharge from hospital. The service which was originally funded from October 2019 to March 2020, has been extended to March 2020 following positive feedback
- Discharge to Assess – both actual and virtual beds in place across Herts.
- 0.5 band 6 Frailty Discharge to Assess nurse post to support D2A from Princess Alexandra Hospital.

System requests to support winter planning to date have been responded to. The risk currently identified is the ability to provide sufficient bed occupancy (adult acute and older peoples) to meet demand. Contingencies plan are being put into place. A weekly planning meeting Chaired by the Deputy Director of Service Delivery and Service User Experience will be implemented from December through to February to monitor the plan. This will be increased to daily during any periods of adverse weather conditions or increased pressure internally or system wide in meeting demand. Daily SitRep reporting will also commence.

Board of Directors

| | | |
|----------------------|--|---|
| Meeting Date: | 7 th November 2019 | Agenda Item: 8 |
| Subject: | Review of Service User & Carer Stories heard at Trust Board & Council of Governors | For Publication: Yes |
| Author: | Lara Harwood – Service Experience Lead | Approved by: Sandra Brookes – Director of Delivery and Service Experience |
| Presented by: | Sandra Brookes – Director of Delivery and Service Experience | |

Purpose of the report:

To review the outcomes of the Board stories at Trust Board and Governors meetings and to reflect on the stories heard over the previous year.

Action required:

The Board is asked to review the outcomes from the Board stories and support the recommendation to continue stories to be discussed at future Board meetings.

Summary and recommendations:

In line with the Trust approach to service experience, as a cycle of feedback, it is important for the Board to reflect on the stories heard in the previous year. An annual review forms part of the Board's business cycle and features as a Board agenda item every 12 months.

This paper details the feedback received from those giving the stories, members of the Board and Council of Governors.

In addition it makes a number of recommendations:

- It is recommended that the stories to Board programme continues.
- It is recommended that the experience team implement a number of additions to enhance the programme:
 - Consider what other forums would benefit from having Board stories.
 - Support staff to present stories to the Board and Council of Governors. For example new members of staff and staff in new roles.
 - Align stories to items on Board and Council of Governor agendas, to maximise their impact.

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

Great Care, Great Outcomes - We will deliver a better experience of services and improved outcomes by delivering on our Quality and Service Development Strategy.

Great organisation - We will provide staff and teams with better access to the right information and tools to do their jobs effectively and efficiently

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

The Trust has a legal duty to involve people in services. This is one of many ways the Trust approaches this duty currently.



Welcoming Kind Positive Respectful Professional

Equality & Diversity /Service User & Carer Involvement implications:

This strategy was co-produced; we know that the Trust must continue to learn from the lived experiences of those using HPFT services (NHS England Five Year Forward for Mental Health 2016), by working collaboratively with stakeholders, staff, service users and carers to ensure that we consistently deliver services that are representative of the people using services.

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

N/A

Seen by the following committee(s) on date:

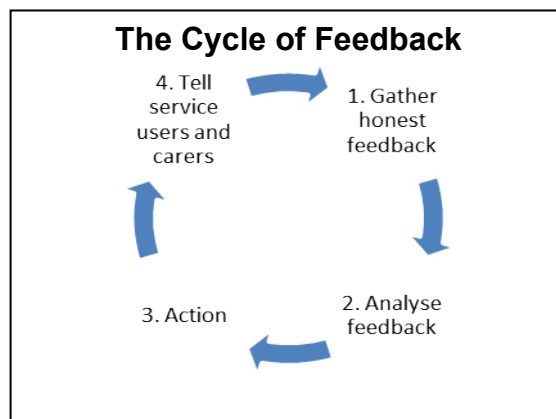
Finance & Investment/Integrated

Governance/Executive/Remuneration/Board/Audit

Review of Service User & Carer Stories heard at Trust Board & Council of Governors

1. Background

- 1.1 In 2015 The Trust Board implemented a new dimension to their meetings to hear directly from service users and carers about their experiences of using services. This was later expanded to the Council of Governors.
- 1.2 Stories serve as an opportunity for Board members to hear direct, honest experience about what has worked well for service users and carers and what improvements could be made to services.
- 1.3 As stories to Board form part of the Trust service feedback programme each year anyone who has participated in the programme, or been part of one of the meetings, is asked to give feedback on the stories programme. This ensures that we maintain the cycle of feedback, an intrinsic part of the experience approach.



2. Feedback from service users and carers

- 2.1 A survey was sent to all service users and carers who participated in the stories programme over the last year. We received eight completed surveys and two email responses.

a) Preparing the story

Positive comments were provided about the support given to prepare for the story and the importance of the personal attention given to each individual.

b) Presentation Day

Service users recognised that, although some have considerable experience of public speaking, the experience was “nerve-racking” and the support given was vital throughout the process. One spoke of the clear arrangements and how the support given by the Service Experience Team and supporting clinical teams had been appreciated.

One service user commented that the CEO and Chair coming out to welcome them was particularly appreciated. There were also comments given about the welcome people received in the meeting room. One comment was given about the meeting room feeling slightly claustrophobic and cramped.

Although one person mentioned that it had been a little intimidating, all spoke about the meeting as being friendly and informal.

c) After the meeting

Praise was given to the Chair for his kind letters of thanks following a story, which were appreciated. It was recognised by one respondent that sharing could be painful and must not be underestimated. However, everyone felt the experience had been very positive.

Many of the speakers have gone on to speak at other meetings and become experts by experience undertaking involvement work with HPFT.

3. Feedback from Board members and Governors

- 3.1 A survey was sent to all Board members and Governors to ask for their feedback. Six surveys were completed and one piece of feedback through email.
- 3.2 All respondents felt that the stories programme was an essential part of the meetings, and all commented that every story had been useful and impactful. It was felt that stories had been informative and humbling and had raised issues and concerns that needed to be dealt with. A recent story where a service user returned to give an update about his discharge to the community was appreciated and valued as an important story of recovery. A comment was given about ensuring transparency and hearing about the progress made.

4. Comments and suggestions

- 4.1 Comments and suggestions were made by those giving feedback. These are noted below, including actions when taken:
- A written description of the purpose of the talk and the process would be useful – Service Experience team have created a “Stories to Board” leaflet.
 - One carer commented that they had not received a response to their question about communication with carers – the team will review their approach to updating feedback to people following their story to the board.
 - Suggestions for stories included:
 - Stories about service users who have been inpatients over some time, their transition to the community and how the services had supported people after discharge.
 - Stories focusing on post CAMHS from young people and parent/carers.
 - More staff stories: new members of staff and new roles.
 - Aligning stories, where possible, with key discussion points on the Board agenda.

5. Updates and outcomes since the Board Stories

- 5.1 It will often be the case that no specific action is needed as stories mainly serve as a means to make the Board aware of the experiences of service users and carers using services whilst often providing a cathartic and recovery-relevant experience for the person sharing the story. It is often enough that the story has been heard and acknowledged. This can particularly serve as an opportunity for the Board to reflect on how services are improving.
- 5.2 However, where issues have been raised, the Service Experience team will follow-up any actions taken following the board meeting and liaise with the

service user/carer to update them. The following actions have been taken in response to stories to the board:

- Door entry issues have been responded to at Logandene by introducing a hospitality nurse responsible for answering the door out of hours.
- S17 leave – the Service Line Lead has spoken to doctors about ensuring paperwork is up to date.
- Unsupervised areas – zonal supervisions have been introduced instead of 1:1s.
- Staff on phones – the team have purchased a lockable phone box for all staff phones.
- GP knowledge regarding Asperger's – the service user spoke at a Herts Valley Clinical Commissioning Group patient stories event in July 2019 about raising awareness for Asperger's diagnosis and support.
- A Learning Disability welcome pack was suggested – work on this is planned for later this year.
- Issues around lack of activities on Robin ward have been addressed since the service user's stay. A full and comprehensive occupational therapy programme is now run by dedicated full time staff; part of this is delivered out of hours. A psychologist is now in post. Recreational workers are now skilled in how to deliver groups and offer a nursing activity timetable. The ward now has access to instructors. There are also more evening activities on the ward.
- The service user spoke at a Herts Valley Clinical Commissioning Group patient stories event in July 2019 and raised awareness around mental health and bi-polar disorder.

5.3 Stories Library

Service Experience are working on a new "Stories Library" which will promote the use of service user, carer and staff stories across the trust increasing their use and ensuring robust governance. Service users and carers who have participated in Board and Council of Governor meetings over the last year are involved in co-designing and co-producing the library. The library will help to ensure stories can be shared more widely across the trust. This will begin in November with service users and carers being offered the opportunity of sharing their stories at other forums.

6. Recommendations

6.1 It is recommended that the stories to Board programme continues.

6.2 It is recommended that the experience team implement a number of additions to enhance the programme:

- Consider what other forums would benefit from having Board stories.
- Support staff to present stories to the Board and Council of Governors. For example new members of staff and staff in new roles.
- Align stories to items on Board and Council of Governor agendas, to maximise their impact.

Trust Public Board

| | | |
|----------------------|---|---|
| Meeting Date: | 7 th November 2019 | Agenda Item: 9 |
| Subject: | Mental Health (Use of Force) Act 2018 | For Publication: |
| Author: | Andy Cashmore, Practice Development and Patient Safety Lead Tina Kavanagh, Directorate Manager (Mental Health Legislation) | Approved by: Dr Jane Padmore, Executive Director of Quality and Safety/Chief Nurse |
| Presented by: | Dr Jane Padmore, Executive Director of Quality and Safety/Chief Nurse | |

Purpose of the report:

To provide the Board with an update in reference to the Use of Force Act and the next stages regarding its implementation and compliance.

Action required:

The Board are asked to note the key points identified in the report and approve the recommendations.

Summary and recommendations:

The Use of Force Act (the Act), widely referred to as Seni's Law, received Royal Assent on 1st November 2018; to date the Regulations have not been issued to include when the Act will come into force. Once the Act's provisions come into force, mental health inpatient units will have to comply with new requirements around use of force policies, training and data collection.

The paper sets out how the Trust is preparing for the implementation of the Act. The Act makes provision for the oversight and management of appropriate force in relation to people in mental health units. It requires mental health units to appoint a Responsible Person who must publish a policy regarding the use of force by staff who work there, including steps to take to reduce the use of force by staff in the unit.

The Act states that each Responsible Person must publish information for service users at a mental health unit about their rights in relation to the use of force by staff. The Act also states that the Responsible Person must maintain a record of the use of force including records of the service user's disabilities and mental disorder and whether they have a learning disability or autism. Furthermore, in circumstances where a police officer is going to a mental health unit on duty that involve assisting staff who work there, the police officer must take a body camera if reasonably practicable.

The Trust sits on the Expert Reference Group chaired by the Care Quality Commission (CQC) and the Department of Health and Social Care and is making preparations in a timely manner.

The following recommendations were agreed by the Executive Team and for the Board to approve the recommendations:

- The Executive Director Quality and Safety/Chief Nurse is appointed as the Trust's nominated Responsible Person.
- The Deputy Director of Nursing and Quality/DIPC is the Trust's Operational Lead.
- The governance and assurance processes for the implementation of the Force Act (2018) to be managed by an implementation group, chaired by the Trust's Practice Development and Patient Safety Lead. This will report to the Restrictive Practice Committee, chaired by the Deputy Director of Nursing and Quality/DIPC. This will be reported through to the Integrated

Governance Committee who will oversee the implementation on behalf of the Board.

- Once data collection and reporting has begun, this will be reported, along with actions that are taken, in the quarterly Integrated Safety Report that goes to IGC and Board.

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

All legislation is integrated into the Business Plan. Executive team to agree that the report provides assurance that all statutory responsibilities under the Mental Health (Use of Force) Act 2018 are undertaken.

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

When the regulations are issued the date for implementation of this Act will be outlined. Until this happens steps will be taken to ensure the Trust is prepared for the implementation. The regulations will determine what further requirements are needed and the financial and staffing implications will be clear.

1. Introduction

- 1.1. The Use of Force Act (the Act) is widely referred to as Seni's Law, in reference to Olaseni Seni Lewis who died in 2010, having been restrained by 11 police officers at Bethlem Royal Hospital.
- 1.2. The Act received Royal Assent on 1st November 2018; to date the Regulations have not been issued to include when the Act will come into force. Once the Act's provisions come into force, mental health inpatient units will have to comply with new requirements around use of force policies, training and data collection.
- 1.3. This paper sets out the plans that are in place to ensure the Trust is compliant.

2. Requirements

- 2.1. The Act makes provision for the oversight and management of appropriate force in relation to people in mental health units and other similar units. It requires mental health units to appoint a Responsible Person who must publish a policy regarding the use of force by staff who work there, which must include steps taken to reduce the use of force by staff in the unit.
- 2.2. The Act also states that each Responsible Person must publish information for patients (service users) at a mental health unit about their rights in relation to the use of force by staff. As a means of effecting greater scrutiny, the Act also states that the Responsible Person must maintain a record of the use of force which must include records of the service user's disabilities and mental disorder and whether they suffer from learning disabilities or autism. Furthermore, in circumstances where a police officer is going to a mental health unit on duty that involve assisting staff who work there, the police officer must take a body camera if reasonably practicable.
- 2.3. It is required that the Trust allocates the role of Trust's Responsible Person and an Operational Lead for the purpose of implementing this Act.
- 2.4. The Responsible Person is required to ensure that the policy is published and implemented, as well as consulting with police and other agencies prior to publication.
- 2.5. The Trust will be required to provide all inpatient units with the following information:
 - The Responsible Person's policy for the use of force
 - The person to whom any complaint about the use of force may be made
 - Details of an organisation which can provide service users with free, independent advice about the use of force. This information must be provided to service users as soon as is reasonably practicable after their admission and at regular intervals thereafter.
- 2.6. The Responsible Person must keep an entry in the data records; this record is required to subsequently be reported on an annual basis to the Secretary of State. The Secretary of State will then produce a report and present to Parliament. If anyone dies under the use of force, the Trust will be required to notify within 7 days and provide an investigation within 3 months.

3. Action taken

- 3.1. The Trust sits on the Expert Reference Group chaired by the Care Quality Commission (CQC) and the Department of Health and Social Care. The most recent advice from this group, with regards to compliance with the law and evolving guidance, indicates it is anticipated that all organisations should be compliant within 6 months of the launch date which is expected to be in late 2019/early 2020.
- 3.2. The Trust's Violence and Aggression policy requires review to reflect the Act and the forthcoming regulations and consultation with the Police takes place. This is currently in progress and is being held at the Trust wide Police Liaison Group and also the Restrictive Practice Committee.

- 3.3. Training is being reviewed as a separate process, which RESPECT Training Solutions are part of the initial pilot program for accreditation. Further information, including specific guidance will be forthcoming. The delivery date for this is to be confirmed by the company but is being actively sought by the Trust.
- 3.4. A decision has been made to establish an Implementation Group, reporting to the Restrictive Practice Committee. This will be chaired by the Practice Development and Patient Safety Lead, to ensure the provisions are in place prior to the implementation of the Act. The Group's remit will be to develop policy, governance and assurance processes, to ensure that all areas of the Act are clear for staff and that the Trust is compliant.
- 3.5. The Trust continues to review the requirements for capture of data as advised within the guidance given by the National Reference Group relating to the Act. The Trust is compliant with the standards for submission of the Mental Health Minimum Data Set.
- 3.6. Datix criteria is being reviewed to ensure the accurate and appropriate capture of data to enable the Trust to meet the reporting requirements as well as learn from incidents. This is being supported by advice from the National Reference Group. This includes:
 - The place, time and duration of the use of force
 - The type of force used
 - The identity of the service user
 - The identity and job title of those who restrained the service user
 - The reason anyone not employed by the Responsible Person was involved in the use of force on the service user
 - The service user's mental disorders or main mental disorder
 - The relevant characteristics of the service user
 - Whether the service user had a learning disability or autism
 - Any medication administered to the service user during the use of force, or to achieve or facilitate the restraint
 - Death of, or any serious injury sustained by the service user or as a result of the use of force, including where, on the facts known to the Responsible Person, a 'reasonable manager or person' would believe the use of force to have contributed to the death or serious injury
 - All efforts made to avoid the need to restrain the service use
 - Whether consent for the use of force had been given by the service user and the time and form in which consent was given.
- 3.7. All of the above data is currently available across PARIS and Datix but further work is be required to ensure we are able to capture it consistently and easily.

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| 4. Recommendations |
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- 4.1. In light of the requirements, and the work done to date, the Executive Team approved the following recommendations and the Board is asked to approve them:
 - The Executive Director Quality and Safety/Chief Nurse is appointed as the Trust's nominated Responsible Person
 - The Deputy Director of Nursing and Quality/DIPC is the Trust's Operational Lead
 - The governance and assurance processes for the implementation of the Use of Force Act (2018) to be managed by an implementation group, chaired by the Trust's Practice Development and Patient Safety Lead. This will report to the Restrictive Practice Committee, chaired by the Deputy Director of Nursing and Quality/DIPC. This will be reported through to the Integrated Governance Committee who will oversee the implementation on behalf of the Board

- Once data collection and reporting has begun, this will be reported, along with actions that are taken, in the quarterly Integrated Safety Report that goes to IGC and Board.

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| 5. Conclusion |
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- 5.1. This report has set out how the Trust is preparing for the implementation of the Use of Force Act (2018). It demonstrates that the Trust is considering the implications, consulting with and participating in the National Reference Group, and is putting in place the systems and process to ensure that the Trust is compliant.
- 5.2. The paper outlines the recommendations approved by the Executive Team, which the Board is asked to approve.

Trust Public Board

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|----------------------|--|--|
| Meeting Date: | 7 th November 2019 | Agenda Item: |
| Subject: | Report from Finance & Investment Committee – 17 th September 2019 | For Publication: Yes |
| Author: | Paul Ronald, Deputy Director of Finance | Approved by: Keith Loveman Executive Director - Finance |
| Presented by: | David Atkinson, Non-Executive Director Chair – Finance & Investment Committee | |

Purpose of the report:

This paper provides a summary report of the items discussed at the Finance & Investment Committee meeting on 17th September 2019.

Action required:

To note the report and seek any additional information, clarification or direct any further actions as required.

Summary and recommendations:

Deep Dive – Delivering Value

The deep dive was within the context of the program currently being short of the target value of £6.5M. The Director of Service Delivery & Customer Experience and the Deputy Director of Finance gave a joint presentation setting out the measures taken to reinvigorate the Delivering Value Programme which are built around a 9-point framework, developed to ensure a consistent structured approach which delivers the annual savings requirement whilst maintaining quality standards. The program included steps to accelerate progress on the several key service re designs as well as stronger links with the national programmes, closer working with IT and CQI and more extended use of the Model Hospital and other benchmarking data sets. FIC welcomed the presentation and noted the focus on service transformation and the cultural piece of work to be addressed. PR/SB were requested to ensure that appropriate resource was in place to take this work forward.

Business Development

a) New Care Models

The Director of Strategy and Integration gave an overview of progress on the development of the East of England Provider Collaborative and the NHS England selection process, noting that at this point there is no contractual commitment. This was to be discussed in detail at the Strategy Group on 26th September 2019. The meeting was also advised of the key dates in the intended implementation by October 2020 and the key areas of focus currently including the risk share arrangements which will be worked through with NHSE and other partners as appropriate.

b) ICA Development

The Director of Strategy and Integration updated on the position regarding the development of a Mental Health and Learning Disabilities Integrated Care Organisation from the Board paper of 5th September with FIC requested to approve the continued exploration of the development and the establishment of a Partnership Board. This request was approved

c) Long Term Plan Implementation

FIC received an update on the published NHS Long Term Plan and the implementation process

explaining the two different framework elements of Fixed and Flexible with the flexible changes to be completed by 2023-24 with local systems deciding the timing within that period. It was emphasised that the implementation Framework sets a welcome but challenging development for Mental Health and Learning Disabilities although during this period the financial environment will likely remain difficult. The update also set out for FIC the main areas of risk involved.

d) Planning 2020-21

The Director of Strategy and Integration updated FIC on the approach being taken to support the development of the Trust's Annual Plan for 2020 and beyond. The timeline aligns to the national timetable with the majority of work to be completed in February for sign-off by the Board of Directors in March 2020.

e) Commercial Development

The Director of Strategy and Integration updated FIC on the current commercial activity across the organisation covering; the retender of a range of IAPT services in Essex, the joint work with East London to bid to NHS England for Liaison and Diversion Services (providing positive alternatives to Inpatient Forensic Services), the extension of the LD contract with Buckinghamshire to March 2020 and the decision to qualify out of the prison MH In reach services

Strategic Investment Programme Update

a) The Director of Finance updated FIC on the key investment considerations, being the Digital Strategy, with a likely level of investment over the period of £15m-£20m and the proposed inpatient development in the East and North of the County part funded by related asset disposals. There was a discussion on the financing options being explored in the context of the recent systems wide capital developments.

b) Update on STP Financial Planning Requirements

FIC received an update on the STP Financial Planning requirements and the extended planning obligations of each STP. Of particular note was the 0.5% contingency funding being required within the region and its effect on the proposed Control Total which would increase to circa. £1.4m annually for the next four years. It was highlighted that, the mechanics of how this will be progressed and any adverse impact on MH investment is unclear at this point.

Operational Review

a) Performance Report – Period to July/August

FIC received an update on the Trust's performance against both the NHSI Single Oversight targets and KPI's for Q1 2019/20. Overall performance continues relatively well with 63% of the indicators meeting or exceeding the required standard against a backdrop of continued increased demand for services.

There are five red/amber indicators which have seen a decline in performance in Quarter 1. All areas have been subject to focused areas of improvement work and at the end of August improvements were being achieved. There was also a discussion on several of the Workforce indicators, and the strong links between the level of vacancies/leadership and lower performance.

b) Financial Summary – Period to August including DV Update

FIC were informed of the current financial position to August and the expected position for the Quarter. Importantly there had been a very positive turnaround since the difficult position reported in July with reduced bed and agency costs. The investment in the community rehabilitation team (EROS) and its positive impact in supporting earlier discharge back to the home environment was noted as a strong example of the service transformation discussed within the deep dive above.

FIC was advised that the Q2 Control Total was now expected to be met. However it was noted that pay cost underspends will reduce going forward and there will be a period of double running. It is also anticipated that demand will increase with winter pressures both directly and through the impact within Acute services.

c) Capital Expenditure – Period to August

The Deputy Director of Finance presented the Capital Expenditure report the key point being that a

number of the schemes were now progressing following the detailed planning and design stages. There was also a request to approve the disposal of 2-4 Alexandra Road which is surplus to requirement. This disposal was approved.

d) Approval of updated Investment Policy

The Trusts Investment Policy has been updated to reflect the latest NHSI guidance and FIC were requested to consider and approve the proposed revisions it was agreed that this would be considered outside of the meeting.

e) STP Procurement Plans

FIC was advised that there is a proposal to create a single procurement function for the STP and that this can provide a number of benefits. FIC were asked to approve participation in the development of the full business case. This was agreed noting the requirement that any proposals ensure there is sufficient dedicated resource for the specific needs of specialist trusts.

f) Reference Cost Submission

The Deputy Director of Finance presented the 2018/19 Reference Cost Submission and provided assurance that the return is in accordance with the relevant guidance. FIC was also informed of the changes in the submission for the 19/20 return and that the Trust was on schedule with the changes required for this.

FIC Business Programme 2019

The FIC Business programme was reviewed and potential forward items discussed.

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

Controls & Assurance – reporting key matters considered by the Finance & Investment Committee to the Trust Board.

Summary of Financial, IT, Staffing & Legal Implications:

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

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

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

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

n/a

Trust Public Board

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| Meeting Date: | 7 November 2019 | Agenda Item: 12 |
| Subject: | Annual Plan 2019/20 - Quarter 2 Report | For Publication: No |
| Author: | Michael Thorpe, Deputy Director of Improvement and Innovation & Karen Taylor, Executive Director Strategy & Integration | Approved by: Karen Taylor Executive Director Strategy & Integration |
| Presented by: | Karen Taylor Executive Director Strategy & Integration | |

Purpose of the report:

Present the Trust's performance against the Annual Plan for Quarter 2.

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, in order to deliver the Trust's agreed outcomes for the year. At the end of each quarter each objective receives two RAG ratings which indicate:

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

Good progress has been made at the end of Quarter 2 with five out of seven objectives assessed as 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 related milestones. 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).

The significant work that has taken place during Quarter 2 means the Trust is in a strong position with regards to year end outcomes. (Appendix 2). At the end of Quarter 2, 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. This is Objective 1 – Safety. Good progress has been made against the key milestones during Quarter 2, with a reduction in the number of suspected suicides reported, however this is an area of continued focus for the Trust. Also, the planned Safety Suites will not be in place by the end of the financial year due to long planning lead times which were unanticipated at the start of the annual planning cycle.

At this mid-way point of the year (end of Q2) we undertake a review of objectives to test if there has been a material change in our operating circumstances or if the assumptions that we used in the development of the Annual Plan were materially incorrect. Having completed this review only the one item above related to the Safety Suites fits these criteria. The planning permission timeframe and lead-time for developers was unrealistic, and consequently we propose revising this objective to complete all Safety Suite builds in Quarter 2 of 2020/21.

Conclusion

This report demonstrates the extensive activities undertaken during Quarter 2 to deliver the priorities outlined in the Annual Plan. Significant progress has been made with continued focus 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.

The attached paper summarises progress against the Annual Plan. It provides a detailed commentary, by objective, against the milestones delivered during Quarter 2. It also provides a detailed commentary, by objective, against the required outcomes and a projected end of year position (Red Amber Green - RAG).

The Trust Board is asked to

- Discuss and receive the Quarter 2 Annual Plan report
- Note the change to the timeline for delivery of the Safety Suites

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

Summarises Progress against Annual Plan (all objectives)

Summary of Financial, Staffing, and IT & Legal Implications:

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

Equality & Diversity and Public & Patient Involvement Implications:

None noted

TRUST ANNUAL PLAN 2019/20 – QUARTER 2 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 2, 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 reflecting the current performance and significant challenges remaining to achieve the outcomes across this objective.

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) | |

The Amber rated objective is as follows:

Objective 1 – Safety

Good progress has been made against the key milestones during Quarter 2 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. The Amber rating reflects our continued focus on reducing the number of suspected suicides, violent incidents and feeling safe across all inpatient units. The Amber rating also reflects the delivery of the new Safety Suites which are unlikely to all be completed in 2019/20 due to planning timetables; and our ambition to further reduce suicides.

3. Performance against Quarter Two Milestones

At the end of Quarter 2, four (out of seven) objectives delivered fully against the milestones set for the quarter. (RAG rated Green). Three objectives have been RAG rated Amber reflecting the current performance and achievement against key milestones.

Table 2 – Q2 milestones RAG rating

| Objective | | Q2 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 was rated Amber due to the slower than anticipated progress made to deliver the work related to carers.

Objective 5 – Innovation and Transformation This objective has been rated Amber due to the CRES (Cash Releasing Efficiency Programme) not yet being fully realised. Confidence is high that this will be recovered in Q3 & Q4.

4. Conclusion

This report has demonstrated the extensive activity undertaken during Quarter 2 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 2, with a positive impact on outcomes including a reduction in suspected suicides. MOSS2gether, Safe Wards, HOPE and Respect training have all made strong progress. The year end outcome remains Amber reflects the continued focus required in these areas and also the Safety Suites, although building will commence, will not be opened. |
| 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 has been made during the quarter with really good progress around Pathways. Refurbishment activities in Colne House, Aston Ward and Marlowes are completed which shows a recovered position against Q1 progress. However, the carer work remains challenged - plans are in place to injection further pace to recover. |
| 3 | We will improve the health of our service users through the delivery of effective evidence based practice |  |  | | | The majority of Q2 milestones were met, with strong progress in the development of consistent pathways across HPFT. Good work took place in Q2 to embed physical health practices. |
| 4 | We will attract, retain and develop people with the right skills and values to deliver consistently great care, support and treatment |  |  | | | Overall, the majority of milestones for Q2 have been met. Good progress made in recruitment leading to a significant increase which we expect to sustain throughout the remainder of the year. We also have evidence through our Pulse Surveys that the experience of our BaME staff is improving. |
| 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. CQI and Digital activities are progressing well. CRES targets are reporting a trajectory to meet target by year end although quarterly progress is behind target. |
| 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 2 with Pathways making good progress, primary mental health services commencing across Hertfordshire, and funding secured for transformation of community all age adult services. However, bed configurations for LD and Essex is behind trajectory, although this is still anticipated to be achieved by the end of the year. |
| 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 2 has seen further progress against all the key milestones, with the East of England Collaborative moving forward to its next stage of development. Quarter 3 will continue to see work progressed on the future MH & LD model, system transformation and EOE collaborative. |



Appendix 2 – Annual Plan 2019/20 - Quarter 2



Commentary against Milestones and Outcomes



Great Care, Great Outcomes



| Strategic Objective 1 (Owner JP) | Q2 Key Actions / Milestones | Q2 Milestones Rating |
|---|---|---|
| <p>We will provide safe services, so that people feel safe and are protected from avoidable harm</p> <p>Key Priorities</p> <p>We will continue our drive to reduce suicides and prevent avoidable harm</p> <p>We will continue to ensure our service users feel safe across our inpatient units</p> <p>We will ensure seclusion and restrictive practices and environments across the Trust are in line with best practice</p> | <ul style="list-style-type: none"> Implement the new training framework and set trajectory for compliance Consultation on the MOSS 2gether Strategy All inpatient units will have 1+ initiative to improve reporting feeling safe in their service Staff Feeling Safe baseline recorded and an improvement trajectory set Each inpatient unit to implement a minimum of 2 SafeWard methodologies Commence Trust-wide review all restrictive practice (including seclusions) to enhance collaboration & sharing of good practice Plan introduction of HOPE(S) Clinical Model, and RESPECT training Develop improved discharge support, working with the Samaritans Evaluate risk assessments & review against 2018 deep dive <p>Commentary:</p> <ul style="list-style-type: none"> The MOSStogether Strategy is finalised and on track with a full work plan for delivery in quarter 3. The Matrons are providing weekly surgeries for staff, service users and carers; feedback received regarding feeling safe Safety on Wards Project created a baseline (82%) for staff feeling safe and set an improvement target (85%), by year end. The impact of Safe Wards methodologies will be measured from Q3 for a reduction in incidents of violence and aggression. HOPE training and implementation is scheduled for Q3 and Q4. RESPECT training revised the Duty of Care Module, added de-escalation techniques in community and will make revisions to principles of personal care, following a trial in Q3. The Restrictive Practice Committee has commenced the review of restrictive practice using data from MOSS and MHSDS. Discharge support working with Samaritans has made good progress but has slipped into Q3 due to changes to personnel leading. Progress is expected to recover fully for Q3. An annual deep dive of all confirmed suicides reported as Serious Incidents in the last 12 months is to be undertaken in Q3. |  |
| Summary: | Key Outcomes at Year End | Year End Outcomes Projection |
| <p>Good progress has been made against the key milestones during Quarter 2, with a positive impact on outcomes including a reduction in suspected suicides. The year end outcome remains Amber as the Safe Care Suites will not be opened, however progress has been made and planning permission been granted and work will be well-underway across all sites by the end of the year.</p> | <ul style="list-style-type: none"> 10% reduction suspected suicides Suicides relative to total contacts with HPFT. (Baseline 5.07-4) 85% service users report feeling safe across adult & CAMHS inpatients < moderate - severe harm as consequence violence & aggression (<54) < Moderate - severe harm as % of violence & aggression (baseline 13%) > % staff reporting feeling safe (82% baseline) Reduction in the length of time spent in seclusion per episode Safety Suites opened |  |



| Strategic Objective 2 (Owner SB) | Q2 Key Actions / Milestones | Q2 milestones Rating | |
|--|--|---|--|
| <p>We will deliver a great experience of our services, so that those who need to receive our support feel positively about their experience</p> <p>Key Priorities We will improve the timeliness and experience of accessing our services and subsequent treatment</p> <p>We will improve the quality and experience of the environment across our services (physical estate, standard of food, cleanliness).</p> <p>We will improve the ways in which we recognise and support carers</p> | <ul style="list-style-type: none">7 day First Response Service & new roles into Home Treatment TeamDesign of Child and Adolescent Mental Health Services (CAMHS) pathways – Mental Health Support Teams (MHST), schools & other servicesImplement assessment pathway in CAMHS Attention deficit hyperactivity disorder (ADHD)Roll-out of primary care model across localities & reporting framework in placeImproving Access to Psychological Therapies approach agreed, recruitment startedDigital strategy to support IAPT agreedAir conditioning in Colne House and Aston Ward complete, as is Marlowes refurbishment.Carers promotional campaign throughout JulyPhase I ColonnadesCarers in Herts passport used to identify carers. Explore digital tools for carers networksReview of community initial assessment processesLaunch carer champions programme in adult acutePeer review of assessment quality. Plus development of risk assessment checklist |  | |
| | Commentary: | | |
| | <ul style="list-style-type: none">7 day service in place for first response. In Q2, 98% of service users had a Crisis Plan in place within 1 hour.CAMHS pathways are developed. Trailblazer project and the Mental Health Support Teams (MHSTs) continue to progressNew trial underway with Healios for ADHD Assessment pathway and post-diagnostic support. Results due on Q3 and Q43 of the 4 Herts Valleys Clinical Commissioning Groups have commenced primary care service delivery.IAPT recruitment programme is in place to expand the workforce across all relevant localities within the allocated budgetsDigital strategy for IAPT is developed and aligned to the Digital Strategy.Works in Colne House, Aston Ward and Marlowes are completed.Carers promotional Campaign activities and ‘induction groups’ are on track. However, other carer activities are behind plan. | | |
| Summary: | Key Outcomes at Year End | Year End Outcomes Projection | |
| Positive progress made during the quarter with really good progress around Pathways. However the carer work remains challenged and there is a plan in place to inject pace into this activity in Quarter 3. | <ul style="list-style-type: none">Improved crisis access (service users have a crisis plan in place within an hour)>95% access standard achieved in both CAMHS and AMHSCAMHS trailblazer in place. CAMHS reduction in wait to treatment time> access to our IAPT services – in line with contract standards for all 4 CCGsRefurbishment of Albany Lodge and Aston WardBusiness case for re-provision of adult acute beds for E&N HertsRemodelling community hubs leading to improvements in experience metricsImplement the plans outlined in our carers plan for 2019/20 |  | |

| Strategic Objective 3 (Owner AZ) | Q2 Key Actions / Milestones | Q2 Milestones Rating |
|---|---|---|
| <p>We will improve the health of our service users through the delivery of effective evidence based practice</p> <p>Key Priorities</p> <p>We will improve the effectiveness of our interventions through the implementation of evidence based pathways</p> <p>We will improve our physical health practices across the Trust</p> <p>We will develop our approach to research to strengthen the relationship between practice, research and audit</p> | <ul style="list-style-type: none"> Continue baseline measurements for PD admissions PD baseline admissions data on SPIKE Train staff and standardise CATT interventions Roll out of PH priority training (phase 1), agree trajectory for compliance. Evaluate consolidate learning from phase 1 NEWS2 implementation Develop audit for quality of wellbeing plans Targeted work to increase research activities Implement PD pathway; training of staff Develop community NEWS2 community pilot (phase 2) Electronic discharge notification to be developed and implemented trust wide Research strategy approved Targeted increase of service user enrolled in research <p>Commentary:</p> <ul style="list-style-type: none"> PD measures are now available on SPIKE and are being tracked and managed in near real time. The Crisis Pathway has been under extensive review and standardisation and staff training is being rolled out. Lessons learned reported and planned into NEWS2 implementation Phase. Quality Audit developed for Wellbeing plans and are being implemented in PARIS for Q3. Research has recruited 151 participants into 16 different studies, which is on track for meeting our annual target of 310. The research strategy has been developed and not yet approved and we are behind on enrolling more service users into research activities – we expect to recover both positions in Q3. |  |
| Summary: | Key Outcomes at Year End | Year End Outcomes Projection |
| <p>Most Q2 milestones were met, with strong progress made in regards to progression the development pathways consistently across HPFT. Good work took place in Q2 to embed physical health practices.</p> | <ul style="list-style-type: none"> Fully implement new pathways and services to support recovery for <ul style="list-style-type: none"> Psychosis; Dementia; All age Personality Disorder (PD) Crisis care pathway; Learning Disability (LD) services in Essex All pathways across the Trust include physical health Physical health training & equipment for our staff across the Trust Work with partners and experts in physical health to improve services New model of research and research strategy – aligned to service & innovation Profile of research raised across the organisation. |  |

| Strategic Objective 4 (Owner SY) | Q2 Key Actions / Milestones | Q2 Milestones Rating |
|---|---|---|
| <p>We will attract, retain and develop people with the right skills and values to deliver consistently great care, support and treatment</p> <p>Key Priorities</p> <p>We will continue to focus on and deliver key high impact recruitment and retention activities</p> <p>We will develop an inclusive culture where all staff feels safe and valued.</p> <p>We will continue to develop the collective leadership culture of the organisation where staff feel empowered and engaged</p> | <ul style="list-style-type: none"> Workforce of the Future strategy consultation undertaken Continue with health and wellbeing initiatives Launch long service awards Campaign to raise awareness of disability and making reasonable adjustments at work Embedding cultural ambassadors to sit on investigations and disciplinary panels. Bullying and harassment champions to be established throughout the Trust Develop Trust intranet further Launch new health and wellbeing strategy Implement revised recruitment, retention and reward strategy Just & inclusive approach included within High Performing Teams Framework SBU Talent mapping undertaken Marketing & promotion of staff networks (target network size to be agreed) Second set of teams start the high performing teams framework <p>Commentary:</p> <ul style="list-style-type: none"> 4 Health Check clinics, 2 x 8 week Mindfulness courses and 1 x Taster Sessions and Flu clinics all underway. Talent mapping undertaken with senior leaders and planning underway with SBUs to take forwards. Long service awards have been well received with 2 events held so far. Planning future & on-going events underway Just and Inclusive approach embedded in High Performing Teams framework – to be implemented Communications campaign, workshops and training held in Q2 to raise disability awareness–more planned in Q3 Decision making panels are in place within the disciplinary process and contain BAME representatives Wellbeing strategy and revised recruitment, retention and reward strategy is now complete and waiting approval or revision, ahead of implementation. Not all identified have undertaken the High Performing Team assessment. Plans in place to recover pace for Q3. |  |
| Summary: | Key Outcomes at Year End | Year End Outcomes |
| <p>Good progress made in Q2 with a new approach to recruitment including targeted recruitment events. This is expected to bring in higher number of new starters in Q3 (with over 250 candidates expected to join in Q3). The delivery of this level of new starters will significantly reduce the vacancy rate. We have confidence that the retention initiatives launched during Q1 are becoming more embedded & expect this to be reflected in a decreasing turnover rate through Q3/4. We are already seeing an improvement in the experience of our BaME, evidenced through Pulse surveys and through the new First Decision Making Panel.</p> | <ul style="list-style-type: none"> Recruitment – Target of <12% vacancy rate by year end Retention – Target of <14.7% turnover rate by year end Develop our Just and Inclusive Culture across the Trust Significant improvement in the experience of our BAME staff and staff with a disability High Performing Teams Model implemented |  |

| Strategic Objective 5 (Owner KL/JP) | Q2 Key Actions / Milestones | Q2 Milestones Rating |
|--|--|---|
| <p>We will improve, innovate and transform our services to provide the most effective, productive and high quality care</p> <ul style="list-style-type: none"> We will create a culture and environment where we embed continuous quality improvement approach to deliver Great Care and Great Outcomes. We will provide staff and teams with better access to the right information to do their jobs effectively and efficiently We will enable more effective ways of working that value service user, carer and staff time. | <ul style="list-style-type: none"> CQI Training Partner commenced delivery of training programme 1st cohort of senior leaders trained in CQI skills and expertise Improvement initiatives underway across operational and corporate services Business case developed for Single Service User View System Evaluation of Skype for Business (video) Cleansing data on Productivity Dashboard Digital Strategy approved at Board Patient Safety Dashboard & Quality Outcomes in Staff / Team Dashboard Live in SPIKE Infrastructure upgrade of PARIS system Confirm trajectories for improvement in direct care % |  |
| | <p>Commentary:</p> <ul style="list-style-type: none"> All CQI milestones have been met for Q2 and are on track to meet objectives for the year. The digital strategy has been amended and is due for final sign-off by the Board in Q3. SKYPE evaluation and the associated Business Case was discussed and agreed to proceed. The Digital Strategy was not submitted to the Trust Board in Q2. It is planned to be submitted in Q3. Safety Dashboard has been delayed due to delays in agreeing the specifications. During PARIS upgrade testing HPFT identified a number of issues were identified during testing which require resolution across Civica. These will be addressed in Q3. Time to Care planning trajectories will now take place in Q3. Progress has been made in terms of identifying metrics and ratios that indicate, inform and improve Time to Care in target pathways (CAMHS and EMDASS), and there is good evidence that these have been implemented to good effect. | |
| Summary: | Key Outcomes at Year End | Year End Outcomes Projection |
| <p>All key enabler actions have been delivered during this quarter. CQI and Digital activities are progressing well. CRES targets are reporting a trajectory to meet target by year end although quarterly progress is behind target.</p> | <ul style="list-style-type: none"> CQI model implemented with 1000 staff utilising CQI training & facilities Digital Strategy finalised – focus for the next 5 years Improve time to care to 50% for all staff Streamline and further develop our Electronic Patient Record system to support delivery of care and system interoperability. CRES £6.5m delivered without a negative impact on quality £1m corporate CRES delivered |  |

| Strategic Objective 6 (Owner KT/SB) | Q2 Key Actions / Milestones | Q2 Milestones Rating |
|--|---|---|
| <p>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</p> <p>Key Priorities</p> <p>We will develop and deliver new models of care in our older persons services</p> <p>We will implement our new model of care across Learning Disability Services in Essex</p> <p>We will develop a new model of primary mental health across Hertfordshire</p> | <ul style="list-style-type: none"> Care home support function/team in post Dementia diagnosis pathway operational in 2 EN Herts localities Plans ready re mobilisation of locality working for MHSOP Roll-out of primary care model across localities & reporting framework in place Agree proposal for future bed configuration & development of an implementation plan Delivery of level 2 frailty and dementia training to 30 MHSOP staff Establish Adult Specialist community service model <p>Commentary:</p> <ul style="list-style-type: none"> Care home support team recruited and model agreed and communicated. Changes to EMDASS pathway modelled and showing improvements in capacity and flow in localities. MHSOP: staff and cases mapped to localities and Primary Care Networks. PARIS functionality upgraded to take account of PCNs. West and East & North teams now have recruited and are mobilising the new primary care model, with local variation in model as agreed with commissioners. Reporting framework has been developed and ready to test. Proposals for future bed configurations in LD and Essex have completed an initial options appraisal and are progressing to full specifications and options. The timetable for completing this work is challenging but achievable based on our previous experience with similar projects. Pilots identified for the community transformation – work to be progressed during quarters 3 and 4. |  |
| Summary: | Key Outcomes at Year End | Year End Outcomes |
| <p>Good progress has been made in Quarter 2 with Pathways making good progress. However, bed configuration proposals for LD and Essex is behind trajectory, though it is anticipated the options appraisal will be concluded by the end of the year.</p> | <ul style="list-style-type: none"> We will develop and mobilise our response to Frailty, Primary Mental Health Care Teams and Dementia pathways New model for Older People's community services will be in place We will develop new ways of working with care homes < reduced time to dementia assessment and diagnosis Mobilise and implement transformation of LD Services Access to service improved through new 'Way in' service LD Essex - bed configuration option approved Adult >95% service users will be able to access services within 28 days Adult < reduced time to treatment and ongoing care |  |

| Strategic Objective 7 (Owner KT) | Q2 Key Actions / Milestones | Q2 Milestones Rating |
|--|---|---|
| <p>We will shape and influence the future development and delivery of health and social care to achieve better outcomes for our population(s)</p> <p>Priorities We will lead and drive the development of a population based model for Mental Health & LD focused on improving care & outcomes</p> <p>We will actively support the development of the STP and population health, including the development of the Integrated Care System and Integrated Care Alliances.</p> <p>We will support and drive the development of a new model of care for CAMHS across Hertfordshire</p> <p>We will work at a regional wide level to establish New Care Models</p> | <ul style="list-style-type: none"> • Work with system partners to develop broader MH/LD role within geographical ICAs understood and care/services for those with MH/LD secured • 'Manifesto' for MH/LD developed and discussed with partners • Participate in design of ICA structure for STP • Consider future representation MH/LD leadership across new system architecture • New model / pathways of care designed and initial improvements made where possible • CAMHS - activity review and development clinical model • Contribution to all EOE work streams • Due diligence & financial modelling • Operating model for MH/LD for mental health & LD developed across STP • Whole system CAMHS demand and capacity review complete and reported • Collaborative contracting arrangements to be agreed <p>Commentary:</p> <ul style="list-style-type: none"> • Mandate for scoping and development of MHLI ICP model agreed with STP leadership. • Executive and senior team involvement in the influence of the design of emergent Integrated Care Partnerships • Operating model for MH/LD for mental health & LD developed in outline but needs to be mobilised. The CAMHS Demand and Capacity Review is due to report in October 2019 with a new system-wide model for CAMHS being developed – working to develop new approaches to support the implementation. • Clinical and Service leads in place in all Clinical Design Groups for East of England Collaborative |  |
| Summary | Key Outcomes at Year End | Year End Outcomes Projection |
| <p>HPFT has led discussions locally, regionally and nationally regarding the future model of MH & LD within new system architecture. Quarter 2 has seen further progress against all the key milestones, with the EOE Collaborative moving forward to its next stage of development. Quarter 3 will continue to see work progressed on the future model, system transformation and EOE collaborative.</p> | <ul style="list-style-type: none"> • STP continues to prioritise & invest in MH & Learning Disabilities • Clear manifesto agreed for MH & LD future model • HWE STP population health model continues to develop • Mental Health Investment Standard is met within 2019/20 • MH & LD overtly prioritised within STP strategy & workstreams • System wide CAMHS transformation programme agreed & in place • CAMHS <28 day access achieved • East of England (EOE) Provider Collaborative established • Plans for development of services across EOE under development |  |

Trust Board Meeting

| | | |
|----------------------|---|---|
| Meeting Date: | 7 th November 2019 | Agenda Item: 12 |
| Subject: | Performance Report : Quarter 2 2019/20 | For Publication: Yes |
| Author: | Michael Thorpe, Deputy Director of Improvement and Innovation Karen Taylor, Executive Director of Strategy and Integration | Approved by: Karen Taylor, Executive Director of Strategy and Integration |
| Presented by: | Karen Taylor, Executive Director of Strategy and Integration | |

Purpose of the report:

1. To inform the Trust Board about the Trust's performance against both the NHS Oversight Framework (NHSOF) targets and the Trust KPIs during Quarter 2 2019/20
2. To provide an assessment of the likely performance projections for 2019/20 based upon a review of current trends, management actions and any variations in future targets

Action required:

To receive the report, discussing performance and action required

Summary and Recommendations:

This report provides a summary of the overall performance of the organisation during Quarter 2 against 69 national, regional and local indicators across five key groupings:

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

Overall, trust wide performance continues to do well against a backdrop of continued increased demand for services. 72.4% (50 out of the 69 performance indicators) are exceeding, meeting or very nearly achieving the performance level required.

Areas of Strong Performance

Examples of consistently strong performance despite volume challenges and system pressures include:

- All Single Oversight Framework indicators with current targets have been met in Q2
- First Episode of Psychosis service users seen within 14 days
- 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) – Q2 has seen the highest score since the introduction of

the indicator of staff saying they would recommend the Trust as a place to work

- Crisis and Children's Crisis Assessment and Treatment Teams (CCAT) access
- Recovery rates for users of the Improving Access to Psychological Therapies (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
- Child and Adolescent Mental Health Services (CAMHS) referrals meeting social worker contact waiting time standards for children in 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 indicators that are not currently meeting their target performance

There are 25 of our 69 performance indicators that are below our performance standards, where performance is either; Improving (5), Holding - i.e. no change (13), or Worsening (7).

Improving Indicators

Five under-performing indicators showed improvement during Quarter 2, with robust initiatives underway towards recovery. These include improvements in significant challenge areas such as 28 day access for adults, which achieved target in September and 12 weeks diagnosis for EMDASS which is forecast to meet target at the end of November.

Holding Indicators

13 underperforming indicators have remained static during Quarter 2; the majority of these are holding performance at a level close to the required standard. These include:

- Vacancy and turnover rates
- Sickness rates
- Initial clusters and cluster reviews
- Risk assessment CPA Reviews
- Data quality metrics such as DQMI

Worsening Indicators

Seven indicators have seen a decline in performance in Quarter 2. These are;

- CAMHS Access – a Task and Finish Group is overseeing recovery, and with the number of young people waiting to be seen dramatically reduced it is anticipated the service will achieve 85% during Quarter 3.
- 18 week wait – recovery of this position is dependent on CAMHS Access recovery and will be achieved in Quarter 4.
- IAPT Access for West Essex – a number of new initiatives are underway to address this including direct referrals
- North East Essex Recovery Rates – this has largely occurred due to the increase in numbers being recruited (access) and a plan to address is in place
- Delayed transfers of care (DTC) – this has increased during the quarter
- Service Users Feeling Safe on Acute Units – this has reduced although importantly the service has increased the numbers of service users giving feedback.
- Personal Development Plan (PDP) and Appraisal – this has been a small but steady decline in performance and is a key focus for Quarter 3.

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 3 and 4.

Conclusion & Recommendation

The Trust Board is asked to discuss and note;

- the overall Trust Performance in the context of the overall demand and activity levels, which continue to increase
- 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 2 and the trajectories for improvement

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

Executive Committee 28 August 2019

Performance Report

Quarter 2

2019/20

Contents

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| 3. Performance against SOF Targets | Page 6 |
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| 7. Conclusion | Page 15 |

Appendix 1 – Q2 Exception Report

Appendix 2 – Q2 Quality Account – Priority Indicators

Appendix 3 – Q2 Performance Dashboard

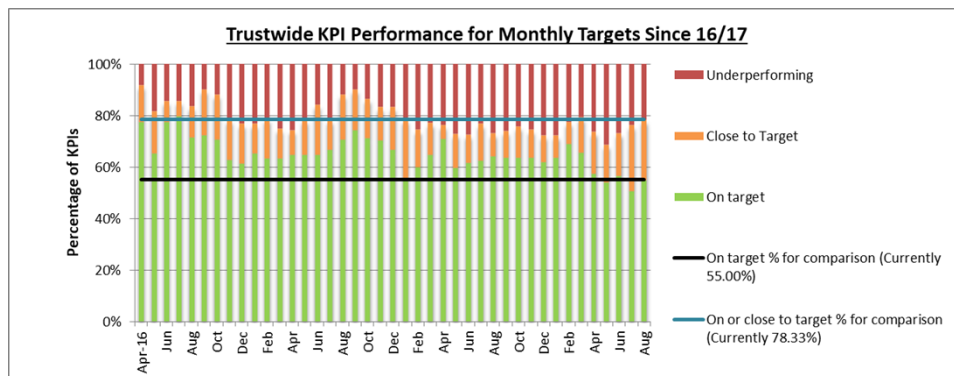
1. Summary

1.1 Performance Overview

Overall, Trust wide performance continues to do well against a backdrop of continued increased demand for services. 72.4% (50 out of the 69 performance indicators) are exceeding, meeting or very nearly achieving the performance level required.









Of the 69 performance indicators currently monitored overall performance is as follows:

- 39 (56.5%) are meeting or exceeding target performance levels (on target)
- 11 (15.9%) are almost meeting target performance levels (close to target)
- 14 (20.3%) are not meeting our performance standards (underperforming)
- 5 (7.2%) are currently monitored but no formal performance target set



1.2 Activity Summary

The chart below provides a summary of some of the key areas activity across the Trust during Quarter 2. It provides a sense of the volume of work and sets some of the context for the performance of the Trust over the quarter. Of note is that referrals into our Single Point of Access (SPA) are up 10.2% from the same quarter in 2018/19.

| A summary of activity across the Trust during Quarter 2 | |
|--|---|
|  304 adult acute admissions in Q2 |  6,882 new spells of care in secondary mental health services in Q2 |
|  2,982 people on CPA in Q2 |  10,863 people entering treatment in Wellbeing Services in Q2 |
|  64,852 total secondary mental health contacts in Q2 |  7,530 discharged from secondary mental health services in Q2 |
|  401 inpatient beds in Q2 |  160 Starters, 138 Leavers at the end of Q2 |

1.3 Reporting Categories

The remainder of the paper provides an overview performance using the five main reporting categories for the Trust:

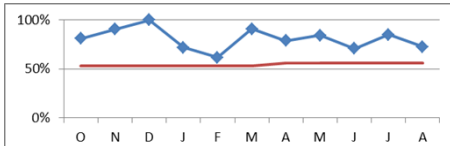
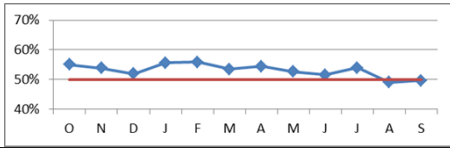
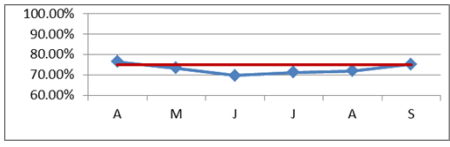
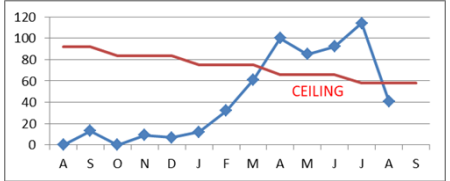
- Single Oversight Framework - NHS Improvement
- Access to Services
- Safety and Effectiveness of Services
- Workforce indicators
- Financial indicators

Finally, an overview is also given on the Quality Account Priority Indicators and Employment and Accommodation indicators.

2. Single Oversight Framework

2.1 Summary of Position

There are four Key Performance Indicators (KPIs) under this domain and all NHS Single Oversight Framework indicators with current targets have been met in Quarter 2.

| KPI | Trend | Quarter 2 Status |
|---|--|---|
| Suspected Early Intervention in Psychosis (EIP) engaged with Care Co-ordinator within 14 days of referral (Target 56%) |  | Current performance: 72.7% Fully met target. Reported 1 month in arrears for operational reasons. |
| IAPT proportion moving into recovery (Target 50%) |  | Current performance: 50% Fully met target |
| IAPT 6 week Referral To Treatment 3-month Rolling (Target 75%) |  | Current performance: 75.3% Fully met target |
| Inappropriate out-of-area placements (OAPs) for adult mental health services. (Target 58 bed days) |  | Current performance: 41 Fully met target |

3. Access to Services

3.1 Summary Position

In Quarter 2 the Trust consistently met 15 out of our 22 access indicators. Access has been a key area of focus during Quarter 1 and 2; with significant improvements seen across a number of areas.

3.2 Areas of Strong Performance

- HPFT has exceeded the target of 95% inpatient admissions assessed by the Crisis Assessment and Treatment Teams (CATT) as 'gatekeeper' since April 2017. Performance for Quarter 2 was 97% of inpatient admissions, ensuring service users are offered alternatives to admission wherever possible.
- 99% of Children and Young People presenting in crisis are seen within four hours of referral to our Children's Crisis Assessment and Treatment Teams.
- 99.8% of referrals through our Single Point of Access (SPA) are routed or sign-posted to the appropriate service within 14 days of referral to HPFT (excluding crisis referrals). The 95% target has been hit consistently since June 2017.

3.3 Access Indicators currently underperforming

Below is an exception summary for those KPIs that have not been met:

- CAMHS 28 day access
- Number of people entering IAPT treatment – West Essex
- EMDASS diagnosis
- Urgent adult community waits
- Adult 28 days access
- 18 weeks
- IAPT NE Essex – treatment

| KPI | Trend | Quarter 2 Status |
|---|-------|---|
| CAMHS 28 day access (Target 95%) | | Current performance: 19.23% A task and finish group was established in July and has been targeting improvement during Quarter 2. A significant number of young people have now been seen from the waiting list (571 to 76). It is anticipated CAMHS will return to 85% of CYP being seen within 28 days during November. Hitting the 95% target requires broader system changes to be put in place. |
| Number of people entering IAPT treatment - West Essex (Target 2468) | | Current performance - 361 below target A task and finish team is modelling referral activity, designing and testing solutions to recruit directly, improve recruitment via GPs and learn from NHSI's Demand and Capacity research. It is anticipated this work will lead to recovery of performance by Quarter 4. |

| | | |
|---|--|--|
| <p>EMDASS Diagnosis within 12 weeks</p> <p>(Target 80%)</p> | | <p>Quarter 2 performance: 68% Performance has been recovering since March 2019, and has reached the highest point since recovery began at 73.44% in September. Full recovery is projected and on track for delivery during Quarter 3.</p> |
| <p>Urgent adult community waits</p> <p>(Target 98%)</p> | | <p>Q2 performance - 67%. This relates to 1 service user (3 overall during the quarter) An administration error caused the missing of the target for one service users & should not be considered a trend or underlying service problem.</p> |

3.3.1 Access Indicators - Almost Met

There are a further three access indicators that have not been met; but are very close to being achieved. These are:

- Adult Community 28 day access
- 18 week referral to access
- IAPT NE Essex – entering treatment

| KPI | Trend | Status |
|---|-------|--|
| <p>Adult Community 28 Day Access</p> <p>(Target 95%)</p> | | <p>Q2 performance: 92.24% In September performance was achieved (95.74%) which is the first time the target has been met since June 2016. Considerable CQI activities have contributed to this turnaround, with stable recovery anticipated for Quarter 3</p> |
| <p>All referrals meeting 18 week refer to treatment standard</p> <p>(Target 98%)</p> | | <p>Q2 mean performance: 97% This indicator is close to target with recoveries in EMDASS & Community access underpinning the improvements. When CAMHS returns to hit target the 18 week standard will be met - expected stable recovery will be during Q3</p> |
| <p>Number of people entering IAPT treatment North East Essex</p> <p>(Target 3374)</p> | | <p>Q2 cumulative performance: 3213 / 3374 (161 behind target) Over-recruitment into IAPT in previous quarters used treatment slots for assessments. A plan to increase treatment availability is being agreed with the CCG including the use of on-line technology. Recovery is projected during Quarter 4.</p> |

3.4 Access KPI Conclusion

Considerable progress has been made; it is projected that during Quarter 3 four further access targets will move to being fully achieved (Adult urgent community waits, Adult 28 days, EMDASS, 18 weeks). IAPT access remains an ongoing area of focus.

4. Safety and Effectiveness of Services

4.1 Summary Position

There are 25 Safety & Effectiveness Key Performance Indicators of which 15 have been fully met, 4 are almost met, and 6 where further improvement is required.

4.2 Areas of Strong Performance

- The percentage of service users that would recommend the Trust's services to friends and family if they needed them has been constantly above the 80% target since April 2018
- The percentage of carers who report feeling valued by our staff has been consistently above target over the same time period.
- The percentage of our staff who would recommend our services to their friends and family has risen consistently over the last 9 quarters and now holds steady at 80+%.

4.3 Underperforming Indicators

There are six KPIs that have not been met during Quarter 2. These are:

- Delayed Transfers of Care
- IAPT recovery NE Essex
- Employment & Accommodation status
- Cardio-metabolic checks
- Cluster reviews

| KPI | Trend | Status |
|---|---|---|
| Delayed Transfers of Care (DTCs) (Target 3.5%) | | Q2 mean performance: 7.6% DTCs in adult services have been impacted by a range of factors, including availability of care packages & placements. A task & finish group has been established to look at patient flow and this group is reviewing key actions, with a recovery trajectory to be agreed during November. |
| IAPT % clients moving towards recovery in NE Essex (Target 50%) | | Q2 mean performance: 43.8% The service monitors recovery rates to identify actions that could result in higher recovery rates. A key issue appears to have been the introduction of group sessions. Digital solutions are being put in place during Quarter 3 and 4, which should support achievement of the target. |
| Mental Health Services Data Set submissions to NHS Digital - Employment - Accommodation (Target 85%) | Employment data Accommodation data | Q2 mean performance: 75% Recording of employment & accommodation were historically poor, but have risen steadily since the introduction of SPIKE to the highest level they have been at the end of Q2. HPFT benchmarks extremely well against other trusts for these indicators. |

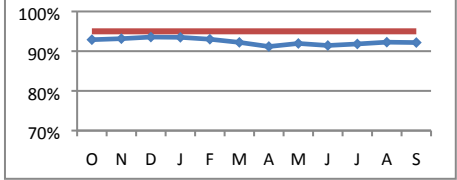
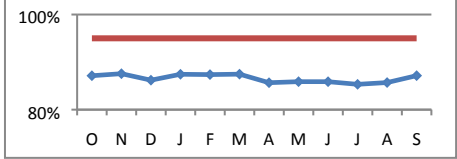
| | | Expected recovery during Q4 based on current trends of month on month improvements for the last 10 months. |
|---|-------|---|
| KPI | Trend | Status |
| Cardio-metabolic checks for people with psychosis (Target 90%) | | Q2 mean performance: 58.8% Underperformance has been caused, in part, by inconsistent recording practices across quadrants & teams. Accurate recording has been in place since August and a task and finish review has commenced to address underperformance and is being overseen by the Physical Health Care group. Recovery trajectories will be included in Q3 once the root cause and solution strategy has been formulated. |
| Percentage of eligible service users with a completed Payment by Results cluster review (Target 95%) | | This indicator was introduced in 2017 in anticipation of Clustering being used as a mechanism of paying mental health trusts by results. This mechanism was never used and this indicator now needs to be reviewed to assess ongoing use. |

4.3.1 Safety & Effectiveness - Almost Met KPIs

There are a further four KPIs which are close to being met:

- Acute inpatients feeling safe
- CPA review in last 12 months
- Update to date risk assessment
- PBR Cluster review

| KPI | Trend | Status |
|--|-------|---|
| Rate of acute Inpatients reporting feeling safe (Target 80%) | | Q2 mean performance: 79.8% A significant amount of work has taken place to increase the numbers of service users giving feedback. Overall the trend remains static; and considerable work continues to ensure this indicator improves |
| % those on Care Programme Approach (CPA) who had a CPA review within last 12 months - Target 95% | | Q2 mean performance: 94% There has been a steady performance over the last two quarters; the main issue impacting on this performance was staffing shortages in the south west quadrant. Recovery is projected for Q4. |

| | | |
|--|---|---|
| Rate of service users with a completed up to date risk assessment (Target 95%) |  | - Q2 mean performance: 92.2% Large caseloads held by psychiatrist's impact on this KPI. A review is being undertaken to agree the next steps to improve performance; a trajectory will be agreed during November. |
| Percentage of eligible service users with a completed PbR cluster review (Target 95%) |  | Introduced in 2017 in anticipation of Clustering being used as a mechanism of paying mental health trusts by results. This KPI is under review to ascertain future use and value. |

4.4 Conclusion - Safety & Effectiveness KPIs

Overall there has been good progress made, with the majority of indicators being achieved. Key areas of focus for performance improvement next quarter include Delayed Transfer of Care (DToC) and the consequent impact on Out of Area Placements (OAPs).

5. Workforce

5.1 Summary position

There are seven KPIs routinely monitored. Two have been fully met, three are almost met and two where improvement is required.

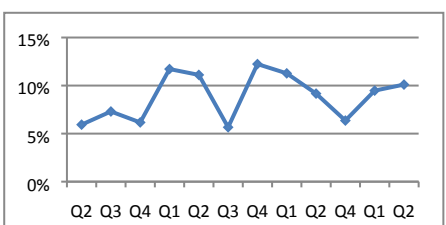
5.2 Areas of Strong Performance

- Since Q4 2018/19 staff saying that they would recommend the Trust as a place to work has increased to a new high of 86%.
- Mandatory training is above the 92% target. The widespread adoption of the Discovery platform is attributed with this success.

5.3 Underperforming Indicators

There are five KPIs that have not been met during Quarter 2. These are:

- Staff experiencing physical violence from service users
- Staff with a PDP
- Staff wellbeing at work
- Sickness rate
- Turnover rate

| KPI | Trend | Status |
|--|---|---|
| Rate of staff that report experiencing physical violence from service users (Target 5%) |  | Q2 performance: 10.1% This remains a continued area of focus for the Trust with the rollout of SafeWard methodology, safety huddles and safety crosses with a view to improving incidence rates of violence and aggression towards staff. |
| Rate of staff with a current PDP and appraisal | | Q2 mean performance: 8.3% There has been a slight decline over the first two quarters of the year. An online appraisal system is being considered to help capture of appraisals, rather than relying on |

| | | |
|-------------|--|---|
| (Target 5%) | | manual records. The trajectory for achieving the required level of performance is the end of Quarter 4. |
|-------------|--|---|

5.3.1 Workforce indicators – KPIs almost met

Three of the indicators are very close to being achieved and these include staff wellbeing at work, sickness rate and turnover rate. The table below provides commentary on each of these in turn.

| KPI | Trend | Status |
|---|-------|--|
| Staff Wellbeing at Work (Target 75%) | | Q2 mean performance: 72% This has seen steady increase over the last year, an interim appointment has been made to support the promotion of staff wellbeing activities, and it is anticipated this will support improvement against this KPI by quarter 4. |
| Sickness Rate (Target <4%) | | Q2 mean performance: 4.17% Sickness rates are at a low and sustained level against historic performance. Continued monitoring and work to support staff continues, with some areas hitting the 4% target. |
| Turnover Rate (Target <14.7%) | | Q2 mean performance: 15.3% Turnover has remained largely static for the last six months, and there is ongoing work to target retention, this includes targeting key service hotspots, coaching and learning from existing processes. Whilst challenging, the trajectory remains to achieve the year-end target during Quarter 4. |

5.4 Conclusion - Workforce KPIs

Workforce indicators have predominantly remained static over the last two quarters. It is encouraging to see an upward trend in staff wellbeing at work; however PDPs and appraisals have seen a slow downward trend over the last 12 months.

6 Financial Resources

6.1 Finance Overview

At Month 6 we have reported a surplus of 47k in month (against plan 50k deficit) and a surplus of 214k for the year to date (against plan 200k surplus). The Trust is therefore back on Plan this month. The NHSI Rating, the UOR, reports as a 1, the best rating.

There was an improvement in secondary commissioning and in agency spend which drove this, with direct contracts and overheads being a little lower also. Income did reduce but this was expected. Secondary commissioning improvement was mainly due to observation costs being lower than they had been previously, particularly for Acute External and Older People Continuing Health Care, rather than a further improvement on month 5.

It is expected that the Trust will meet its control total for the year, but there remain a level of risk to this position particularly around the cost of new posts being recruited to, and secondary commissioning activity.

| Financial Indicator | Target | Current Period YTD Plan (September 2018/19) | Current Period YTD Performance (September 2018/19) | Previous Period YTD Performance (August 2018/19) | Change on previous period | Trend |
|--|---|---|---|---|---|-------|
| Overall Surplus (Defecit) | £0k (break even) | £200k surplus | £214k surplus | £167k surplus | £47k surplus | ↑ |
| To keep agency spend below the Trust ceiling of £5.8m spend for the year | Trust Plan is £5,800k spend in the year | £2,895k (NHSI ceiling is £3,053k) | £3,170k (£275k over the Trust Plan) | £2,669k (£256k over the Trust Plan) | £502k | ↔ |
| Delivering Value (cash releasing efficiency savings in Financial Year) | £6,500k savings target | Current estimate of savings requirement for the year is £6,500k | Current savings programme totals £4,148k for the year | Current savings programme totals £4,079k for the year | £69k increase in opportunities identified | ↔ |

7 Quality Account Priority Indicators

7.1 Summary of Quality Account indicators

Eight out of the ten indicators for the Quality Account achieved or were above target in Quarter 2.

All clinical effectiveness indicators and service user experience indicators met or exceeded targets. These include Quality Account targets for re-admittance and friends and family tests.

Two indicators were not able to be reported on: Service user experience of community mental health services, which is part of the national annual survey and rate of service user incidents resulting in severe harm or death which has not yet been published by NHSI.

Full details can be found in Appendix 2 (Quality Account Q2 19/20).

8. Benchmarking – Employment and Accommodation Indicators

8.1 Summary of Benchmarking Indicators

Provisional results for the Adult Social Care Outcomes Framework have been published. The two indicators for which HPFT are solely responsible – 1H) adults in contact with secondary mental health services living independently, with or without support and 1F) the proportion of adults in contact with secondary mental health services in paid employment were both the highest scoring yet at 70.1% and 12.6% respectively.

The table below shows how HPFT compare to our scores last year and those of a comparative authority group, Eastern Region and England. HPFT are significantly higher than all three groups.

| Adult Social Care Outcomes Framework 2018-19 | | | | | | | |
|--|---|------------------------------|-----------------------------------|-----------------------|------------------------------------|-----------------|-----------------|
| ASCOF ID | Measure Description | Good performance looks like? | Hertfordshire (18-19) Provisional | Hertfordshire (17-18) | Comparator Authority Group (17-18) | Eastern (17-18) | England (17-18) |
| 1H | The proportion of adults in contact with secondary mental health services living independently, with or without support | Good to be high | 70.1 | 65 | 52.3 | 56 | 57 |
| 1F | The proportion of adults in contact with secondary mental health services in paid employment | Good to be high | 12.6 | 11 | 9.2 | 8 | 7 |

The ASCOF measures take into account data completeness and this is where HPFT can demonstrate significant improvement in the recording of these indicators. In 2014/15 HPFT were one of the lowest performing trusts in England, scoring 25.9% for 1H) Independent living and 1.6% for 1F) Paid employment. A subsequent focus on recording of employment and accommodation status followed, but it was the introduction of these indicators on the SPIKE dashboard that allowed significant improvement, alongside support from Data Quality staff.

The Trust's current ambition to reach a target of 85% completion of each indicator should see continuing improvement to these two indicators, giving a robust picture of performance on these two important aspects of social care.

8. Conclusion

This report has evidenced the performance of the trust during Q2, 2019/20. Overall, performance continues to do well against a backdrop of continued increased demand for services. Referrals into SPA are up 10.2% from the same quarter in 2018/19. 39 of our 69 performance indicators tell us that we are meeting or exceeding our performance standards.

The Trust has made good progress in meeting all of the Single Oversight Framework targets and has recovered or is on a good recovery trajectory for issues relating to accessing our services.

Overall, performance is positive and largely improving and the trust can demonstrate the actions now being taken to address key areas of underperformance during Quarter 3.

Trust Board

| | | |
|----------------------|--|---|
| Meeting Date: | 7 th November 2019 | Agenda Item: |
| Subject: | Financial Summary to 30 th September 2019 | For Publication: Yes |
| Author: | Sam Garrett, Head of Financial Planning & Reporting | Approved by: Paul Ronald, Deputy Director of Finance |
| Presented by: | Paul Ronald, Deputy Director of Finance | |

Purpose of the report:

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

Action required:

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

Summary and recommendations:

This report sets out the financial position for September Year To Date against Plan including an assessment of the likely outturn, it shows a year to date position slightly ahead of that projected to the September Board meeting and therefore confirms the positive steps being taken.

The key highlights are:

- September's position confirms that there has been a strong improvement in the position since July where a combination of the requirement to commission additional external beds and a spike in agency costs saw a circa £400k underlying loss in the month.
- From August onwards this requirement has reduced substantially back towards Plan levels. As noted in previous reports there will be a level of variation and the key is how to manage this in the most effective way.
- As advised above the position is well above Plan in the month and now ahead of Plan Year To Date. However currently there remains a gap in the recurrent position with both unplanned non recurrent income and savings in pay from vacancies contributing to the overall reported surplus. Work continues to address this through the Delivering Value programme focussed on reducing agency spend, implementation of new service developments, and addressing several areas of non-pay spend. This is showing some progress.
- At this point the Control Total for the full year is expected to be met.

- There remain though continuing risks to the position which whilst being covered for this financial year do present ongoing challenges:
 - The Pay cost underspend will reduce as new and expanded services are recruited to (some of which matched by income). This will also put pressure on agency costs whilst recruitment continues.
 - As well as the internal demand pressures on beds there is the anticipated impact of the expected winter bed pressures within the acute sector.
 - There is a continuing shortfall on the delivery of the detailed plans within the Delivering Value Programme currently estimated at c. £2.0m to provide recurrent financial balance.
 - There is the projected cost of the Digital investment required and the change to revenue based digital service models.

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

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

Summary of Financial, IT, Staffing & Legal Implications:

Finance – achievement of the 2019/20 planned surplus and Use of Resources Rating.

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

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

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

Executive Team 30th October 2019

Background to Financial Plan 2019/20

- 1.1. The Control Total for 2018/19 was met, with a strong turnaround in financial performance in the second half of the year. Whilst this provides a good entry position into the new year, 2019/20 will be a very challenging year, in particular due to:
- 1.1.1. The continued growth in referral numbers whilst operating within a fixed revenue budget.
 - 1.1.2. The pressures around pay costs with the second year of the new Agenda for Change pay award.
 - 1.1.3. The level of non-pay inflation in areas such as third party bed provision and within estates costs.
 - 1.1.4. The number of structural changes to NHS financial systems which have been focused on reducing large acute sector deficits.
- 1.2. The Plan is summarised in Fig. 1a below, stated prior to any amounts due under the Provider Sustainability Fund (PSF):

| Fig 1a Plan | 2017/18 | 2018/19 | 2019/20 |
|--------------------|----------------|----------------|----------------|
| | Actual | Actual | Plan |
| Income | 224.2 | 232.0 | 252.0 |
| Pay | 147.6 | 151.6 | 163.4 |
| Other Direct Costs | 32.2 | 36.8 | 43.7 |
| Overheads | 32.5 | 34.7 | 35.4 |
| EBITDA | 11.9 | 8.9 | 9.5 |
| EBITDA margin | 5.3% | 3.8% | 3.8% |
| Financing | 8.4 | 8.5 | 9.5 |
| Surplus | 3.5 | 0.4 | 0.0 |

2. Summary and Risk Rating

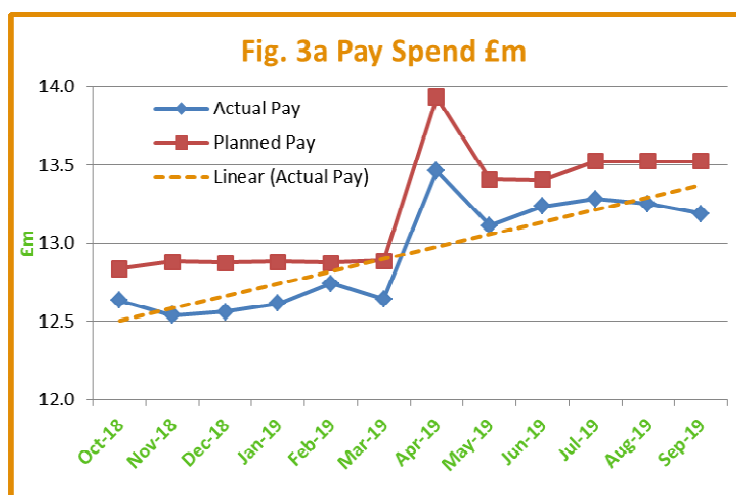
- 2.1. For the month of September there is a surplus reported of £47k against a Plan of £50k deficit, and for the year to date there is a surplus reported of £214k against a Plan of £200k surplus. The position has therefore returned to Plan for the Quarter and the year to date. The improvement is driven by reductions in agency costs, and for Secondary Commissioning costs. Overall the position also remains driven by shortfalls to date on the Delivering Value programme, partly offset by pay underspends.
- 2.2. The Trust's Use of Resources (UOR) framework rating for September and for Quarter 2 remains as a 1, the highest rating; the main in month movements are outlined below:

| Metric | Rating | Reported Rating | Commentary |
|----------------------------|--------|-----------------|---|
| Capital Servicing Capacity | 1.9 | 1 | Slight decrease in month. Rating of 1 maintained even though the term loan repayment is made |
| Liquidity | 1.1 | 1 | Strong cash position of £57.7m supporting liquidity metric. This will fall in M6 as the initial PDC payment of £2m and the term loan repayment of £0.5m |
| I&E Margin | 2.3 | 2 | Slight fall in month due to surplus position |
| I&E Variance | 1.9 | 1 | Stayed the same in month |
| Agency Spend | 1.4 | 1 | Slight fall in month although agency spend fell slightly in month it is not back to the levels at the start of the year, but still under agency cap |
| UOR Overall | | 1 | |

Green = 1, Yellow = 2, Amber = 3, Red = 4

2.3. All figures are reported before any income from the Provider Sustainability Fund (PSF) which is expected to be £125k for the month and £660k for the year to date, providing the Control Total is met as expected.

3. Trading Position



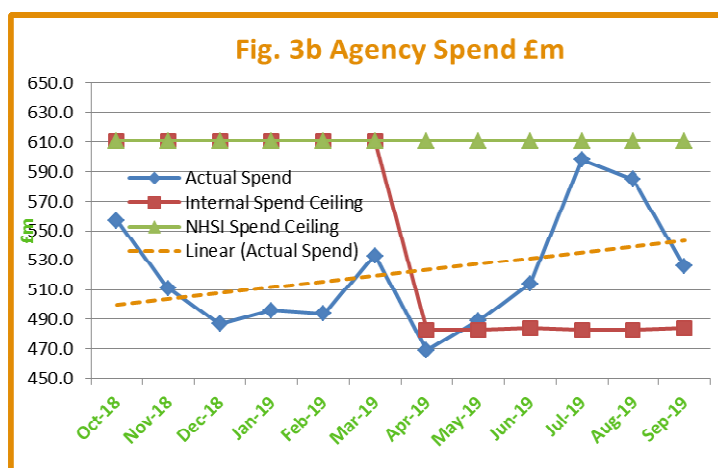
3.1. Pay costs totalled £13.2m for the month against a Plan of £13.2m, and £79.5m for the year to date against a Plan of £80.9m. Pay overall is shown for a rolling 12 month period in Fig. 3a. This includes the

significant increase in Plan for 2019/20 relating both to new investments and to the pay award, and the increase in April for the £420k 1.1% non-consolidated pay award in April only, reducing back down in May, with further small increases in June and July then reducing back down slightly from August.

3.2. With significant investment to recruit against through the remainder of the year across a range of new and expanded services, recruitment remains a challenge, with no significant increase in substantive head

count year to date despite the additional roles created by new investment. There are signs of an increased risk in medical recruitment with a number of doctors leaving or taking maternity leave which may prove challenging to recruit to. It is expected that c. 30 newly qualified nurses will start imminently having been offered posts in their preferred areas; costs for these will be incurred from October as start dates were delayed slightly.

3.3. Medical pay awards have been agreed and have now been paid; c. £85k of additional funding was received for these.



3.4. Agency spend was £502k for the month and £3.2m for the year to date, still just within the NHSI Ceiling but above the Internal Trust Plan by £252k year to date. Fig. 3b shows there has been a small increase overall

through the last 12 months. It should be noted though that £152k to date relates to work on the CAMHS 28 Day Recovery Plan, which will be separately funded by commissioners (income is estimated and included within this position).

3.5. Secondary commissioning reports at c. £2.7m in the month and at £16.8m for the year to date, above Plan by c. £132k in month and £827k for the year to date. Savings have been made in some areas (notably CAMHS and also Main Adult Health Placements), but not all. In particular, year to date spend has increased for MHSOP Placements, and significantly for Acute and PICU External Placements, though the latter have decreased again over the last 2 months. Regular review takes place of all areas under Secondary Commissioning and key figures are included in the weekly Financial Health Check produced for the Executive Team.

3.6. Overhead costs have averaged £2.9m per month during 2019/20 and are a little higher in September at £3.0m. Additional provision has been made for Interserve old year adhoc costs as these have been higher in year than previously expected, and for additional IT costs.

4. Income and Major Contracts

4.1. Total income planned for the year is £252.2m, before PSF, including £235.9m from main commissioners, of which £182.5m is in respect of

Hertfordshire. PSF is expected to be £1.9m for the year with an additional £444k in respect of 2018/19 received this year.

4.2. Income is reported adverse to Plan by £433k for the year to date, this relates largely to deferred income not yet released as planned due to delays in recruitment. There was under-activity on the NHSE Specialist services contract earlier in the year, but this has now increased and additional Cost and Volume Income was received in respect of Astley Court for months 4 and 5.

4.3. A number of areas of additional income are expected but not yet agreed, as follows:

4.3.1. Items to be added to the IHCCT contract such as CAMHS Trailblazers, CAMHS Eating Disorders, and Individual Placement Support

4.3.2. Key NHSE Bids such as Community and Crisis transformation bids

4.3.3. CAMHS 28 day Recovery Plan

Income is included within this position if it is expected and is being spent. In most cases this income has technically been agreed, commissioners need to find a formal mechanism to transfer the funds.

5. Delivering Value CRES Programme

6.1 The current estimate of the Delivering Value Programme requirement for 2019/20 is c. £6.5m, which is relatively high compared to previous years and at the top end of the likely level required to meet this year's Control Total. It is however viewed as a prudent assessment.

6.2 The list of developed schemes plans in progress and opportunities for efficiency identifies potential savings totalling circa £4.5m. These are listed in the appendix.

6.3 There will be a degree of non-recurrent savings this year, however work continues to find recurrent savings to cover the "gap" between programme requirement and current schemes.

6.4 A Workshop will be held at the end of November to help generate new ideas for efficiency savings and to scope these ideas out in terms of likely impact, and inputs required.

6. Statement of Financial Position

- 6.1. Receivables decreased in the month by £388k. This mainly related to the continued payment of debts with the majority of customers now up to date with payments.
- 6.2. Payables and Accruals decreased by £929k in month, predominately related to the clearing of invoices following delays experienced in the summer months.
- 6.3. Cash balances have decreased by £3.0m in the month, the main movements are:
 - 6.3.1. Cash inflow from operating activities £200k
 - 6.3.2. Cash outflow from investing activities (900k)
 - 6.3.3. Cash outflow from financing activities (£2.3m) being the scheduled loan repayment and the PDC payment.

7. Capital

- 7.1. Cumulative net capital spend year to date at Month 6 was £4.3m, £1.4m in month.
- 7.2. There is a further £243k of revenue spend for the year to date at Month 6, in month £53k. This relates primarily to the running costs for empty buildings and accruing for dilapidation costs the Trust may incur for leased buildings.
- 7.3. Capital expenditure is likely to continue to increase for the remainder of the year as larger construction projects move from design to construction phases.

8. Forecast for the Full Year

- 8.1. The full year position is expected to be in line with the Control Total. The position has returned to Plan, which is very positive, with reduced agency costs and reducing some additional bed cost.
- 8.2. Quarter Three will be a key period with the recruitment of new teams expected to be complete and will still be embedding new practices which may potentially entail a period of duplication or double running.
- 8.3. PDC and Depreciation are not expected to alter materially during the year.

Current Trading - Income Statement for Period Ended 30-September-2019

| Actual in month Sep-18 | Actual YTD to 30-Sep-18 | Description | 2019/20 Plan | Month | Sep - 19 | Year to Date | Sep - 19 | Year to Date | Year to Date | West | LD | Essex & IAPT | Support | Other | Total |
|------------------------|-------------------------|--|------------------|-----------------|-----------------|--------------|------------------|------------------|--------------|-----------------|-----------------|-----------------|-----------------|-----------------|----------------|
| 30 | 30 | | | Actual | Plan | Actual | Plan | Actual | Actual | | | | | | |
| 0 | 0 | Number of Calendar Days | 365 | 30 | 30 | 548 | 548 | 548 | 548 | | | | | | 0 |
| 14,166 | 85,179 | Contract #1 Hertfordshire IHCCT | 182,469 | 15,016 | 15,235 | (219) | 90,588 | 91,060 | (472) | (0) | (0) | (0) | (0) | 90,588 | 90,588 |
| 1,842 | 11,165 | Contract #2 East of England | 22,635 | 1,883 | 1,886 | (3) | 11,348 | 11,318 | 30 | (0) | (0) | (0) | (0) | 11,348 | 11,348 |
| 796 | 4,774 | Contract #3 Essex LD | 16,769 | 1,384 | 1,397 | (13) | 8,340 | 8,385 | (45) | (0) | (0) | (0) | (0) | 8,340 | 8,340 |
| 181 | 1,081 | Contract #4 Norfolk (Astley Court) | 2,223 | 185 | 185 | (0) | 1,111 | 1,112 | (1) | (0) | (0) | (0) | (0) | 1,111 | 1,111 |
| 562 | 3,220 | Contract #5 IAPT Essex | 8,281 | 721 | 690 | 31 | 4,320 | 4,141 | 179 | (0) | (0) | (0) | (0) | 4,320 | 4,320 |
| 317 | 1,904 | Contract #6 Bucks Chiltern CCG | 3,918 | 308 | 327 | (19) | 1,942 | 1,959 | (17) | (0) | (0) | (0) | (0) | 1,942 | 1,942 |
| 17,864 | 107,324 | Contracts | 236,296 | 19,498 | 19,720 | (223) | 117,648 | 117,973 | (325) | (0) | (0) | (0) | (0) | 117,648 | 117,648 |
| 119 | 445 | Clinical Partnerships providing mandatory svcs (inc S31 agrmnts) | 1,026 | 82 | 85 | (3) | 435 | 513 | (78) | 435 | (0) | (0) | (0) | (0) | 435 |
| 431 | 1,887 | Education and training revenue | 4,338 | 298 | 320 | (22) | 1,862 | 1,929 | (67) | 50 | 0 | 93 | 1,719 | (0) | 1,862 |
| 398 | 2,958 | Misc. other operating revenue | 3,231 | 206 | 210 | (4) | 1,259 | 1,529 | (269) | 150 | 160 | 146 | 501 | 300 | 1,259 |
| 415 | 2,496 | Other - Cost & Volume Contract revenue | 4,742 | 458 | 395 | 63 | 2,754 | 2,371 | 383 | (0) | (0) | 2,754 | (0) | (0) | 2,754 |
| 171 | 970 | Other clinical income from mandatory services | 2,193 | 166 | 183 | (16) | 1,056 | 1,096 | (41) | 112 | 187 | 757 | (0) | (0) | 1,056 |
| 17 | 135 | Research and development revenue | 369 | 58 | 31 | 28 | 148 | 185 | (37) | (0) | (0) | (0) | 148 | (0) | 148 |
| (0) | (0) | Provider Sustainability Fund | 1,887 | 125 | 126 | (1) | 1,103 | 660 | 443 | (0) | (0) | (0) | (0) | 1,103 | 1,103 |
| 19,415 | 116,213 | Total Operating Income | 254,081 | 20,892 | 21,071 | (179) | 126,265 | 126,255 | 10 | 29,062 | 24,868 | 27,835 | 16,065 | 15,644 | 126,104 |
| (10,773) | (63,557) | Employee expenses, permanent staff | (139,680) | (11,290) | (11,413) | 124 | (67,987) | (69,960) | 1,973 | (18,985) | (16,259) | (12,524) | (9,345) | (10,845) | (29) |
| (1,310) | (8,003) | Employee expenses, bank staff | (16,190) | (1,398) | (1,351) | (47) | (8,330) | (8,079) | (251) | (2,179) | (3,125) | (2,254) | (334) | (439) | (0) |
| (586) | (3,937) | Employee expenses, agency staff | (5,790) | (502) | (483) | (19) | (3,170) | (2,895) | (275) | (1,592) | (1,221) | (129) | (100) | (128) | (0) |
| (34) | (200) | Clinical supplies | (294) | (32) | (25) | (8) | (183) | (147) | (36) | (104) | (38) | (30) | (3) | (8) | (0) |
| (2,274) | (13,131) | Cost of Secondary Commissioning of mandatory services | (31,528) | (2,686) | (2,554) | (132) | (16,795) | (15,968) | (827) | (4,363) | (2,046) | (10,810) | (0) | (0) | 423 |
| (404) | (3,452) | Other Contracted Services | (10,020) | (795) | (834) | 39 | (4,883) | (5,017) | 134 | (118) | (85) | (132) | (4,474) | (74) | (0) |
| (314) | (1,575) | Drugs | (3,133) | (257) | (261) | 4 | (1,558) | (1,567) | 9 | (851) | (592) | (102) | (10) | (4) | (0) |
| (15,694) | (93,855) | Total Direct Costs | (206,635) | (16,960) | (16,921) | (39) | (102,907) | (103,633) | 725 | (28,191) | (23,365) | (25,982) | (14,265) | (11,498) | 394 |
| 3,721 | 22,359 | Gross Profit | 47,445 | 3,931 | 4,150 | | 23,357 | 22,622 | | 871 | 1,503 | 1,853 | 1,799 | 4,146 | 23,197 |
| 19.17% | 19.24% | Gross Profit Margin | 18.67% | 18.82% | 19.69% | | 18.50% | 17.92% | | 3.00% | 6.04% | 6.66% | 11.20% | 26.51% | 18.39% |
| (53) | (549) | Overheads | (828) | (14) | (68) | 53 | (109) | (422) | 313 | (5) | (0) | 3 | (22) | (61) | (109) |
| (69) | (432) | Consultancy expense | (1,226) | (75) | (103) | 28 | (517) | (610) | 93 | (40) | (30) | (41) | (40) | (367) | (1) |
| (356) | (2,163) | Education and training expense | (4,700) | (494) | (392) | (102) | (2,452) | (2,350) | (102) | (84) | (69) | (34) | (141) | (1,981) | (143) |
| (414) | (2,705) | Information & Communication Technology | (6,406) | (505) | (534) | 28 | (3,160) | (3,203) | 43 | (152) | (150) | (157) | (6) | (0) | (2,695) |
| (690) | (3,761) | Hard & Soft FM Contract | (8,324) | (643) | (970) | 327 | (3,800) | (3,156) | (644) | (422) | (652) | (678) | (409) | (964) | (675) |
| (421) | (2,739) | Misc. other Operating expenses | (1,921) | (185) | (160) | (25) | (1,130) | (960) | (169) | (38) | (359) | (32) | (24) | (613) | (64) |
| (63) | (308) | Other Contracts | (419) | (45) | (35) | (11) | (295) | (210) | (85) | (68) | (54) | (100) | (18) | (51) | (4) |
| (490) | (2,945) | Non-clinical supplies | (6,672) | (581) | (556) | (25) | (3,511) | (3,336) | (175) | (7) | (0) | (4) | (2) | (0) | (3,498) |
| (0) | (350) | Site Costs | (1,537) | (82) | (131) | 49 | (302) | (752) | 450 | (0) | (0) | (0) | (0) | (0) | (302) |
| (269) | (1,963) | Reserves | (4,070) | (374) | (339) | (35) | (2,187) | (2,035) | (152) | (580) | (881) | (312) | (248) | (197) | 31 |
| (2,823) | (17,916) | Travel, Subsistence & other Transport Services | (36,105) | (3,000) | (3,287) | 287 | (17,463) | (17,035) | (428) | (1,396) | (2,195) | (1,355) | (909) | (4,235) | (7,373) |
| 898 | 4,443 | Total overhead expenses | (36,105) | (3,000) | (3,287) | 287 | (17,463) | (17,035) | (428) | (1,396) | (2,195) | (1,355) | (909) | (4,235) | (7,373) |
| 4.63% | 3.82% | EBITDA | 11,341 | 932 | 863 | 69 | 5,894 | 5,587 | 307 | (525) | (692) | 498 | 890 | (88) | 5,734 |
| (401) | (2,456) | EBITDA Margin | 4.46% | 4.45% | 4.09% | | 4.66% | 4.42% | | -1.80% | -2.78% | 1.79% | 5.54% | -0.56% | 44.74% |
| (29) | (187) | Depreciation and Amortisation | (5,531) | (443) | (461) | 18 | (2,673) | (2,766) | 92 | (0) | (0) | (0) | (70) | (0) | (2,603) |
| (0) | (0) | Other Finance Costs inc Leases | (354) | (24) | (29) | 5 | (145) | (177) | 31 | (0) | (0) | (0) | (0) | (145) | (0) |
| 35 | 150 | Gain/(loss) on asset disposals | (0) | (0) | (0) | (0) | (0) | (0) | (0) | (0) | (0) | (0) | (0) | (0) | (0) |
| (295) | (1,830) | Interest Income | 366 | 35 | 31 | 5 | 209 | 183 | 26 | (0) | (0) | (0) | (0) | 209 | (0) |
| 208 | 120 | PDC dividend expense | (3,935) | (328) | (328) | (0) | (1,968) | (1,967) | (1) | (0) | (0) | (0) | (88) | (0) | (1,881) |
| 1.07% | 0.10% | Net Surplus / (Deficit) | 1,887 | 172 | 75 | 97 | 1,317 | 860 | 456 | (525) | (692) | 498 | 733 | (25) | 1,156 |
| 208 | 120 | Net Surplus margin | 0.74% | 0.82% | 0.36% | | 1.04% | 0.68% | | -1.81% | -2.78% | 1.79% | 4.56% | -0.16% | 9.24% |
| | | Net Surplus / (Deficit) before PSF | 0 | 47 | (50) | 98 | 214 | 200 | 13 | | | | | | |

Trust Board

| | | |
|----------------------|---|---|
| Meeting Date: | 7 th November 2019 | Agenda Item: 14 |
| Subject: | Financial Planning 2020/21 | For Publication: Yes |
| Author: | Paul Ronald, Deputy Director of Finance | Approved by: Keith Loveman Director of Finance |
| Presented by: | Paul Ronald, Deputy Director of Finance | |

Purpose of the report:

To set out for the Board the early considerations in relation to the 2020/21 Annual Financial Plan and the timetable and process for its completion. This provides Board members the fullest opportunity to consider the anticipated opportunities and risks within the wider context of a changing external environment.

Action required:

To consider the matters set out in the report and their financial implications for the Trust and its service provision, whilst identifying any matters where further detail is required to make a full assessment of the likely implications and the adequacy of the Trusts intended response.

Summary and recommendations:

This paper shows that this is likely to be a period of continuing growth in services with the additional Ten Year Plan investment. This is welcome and the Trust is well placed to make effective use of the opportunities this provides. The Trust recognises the challenges that will be faced in this time of significant change both within organisational form and in the way things are done with the wide adoption of technology and digital solutions. Supporting the workforce through this change will be essential as will maintain a strong grip on the areas of financial variation and risk.

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

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

Summary of Financial, IT, Staffing & Legal Implications:

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

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

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

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

Introduction

1. The Trust is required to submit an Annual Financial Plan and related narrative each year to NHSI as part of the routine regulatory requirements. The exact details of this have changed regularly over recent years in terms of the submission dates (normally some time from early April to late May) and the number of years covered within the Plan (normally one year but has been two or three) so it is difficult to assess what the final requirements will be.
2. The Planning Guidance is normally issued in late December and it is expected that the timing will be similar for this cycle. What we have seen in general is a tightening in the level of financial scrutiny across even high performing organisations so it is likely that there will be more detail required probably in the areas of; workforce and activity data, capital spending and its profile and the details of savings plans and their quality assessment.
3. A significant change this year has been a far more detailed STP submission which is now in its final drafting stage with a final draft submitted on October 31st for final review and completion by November 14th. Whilst this process has been led for the STP by the extended central STP finance team individual organisations have fed in details to the process and have participated in a weekly call on progress.
4. This is a five year Plan covering this year and four further years to March 31st 2024. Whilst the detail is high level and in summary form it is likely in some way to inform the future the financial parameters under which MH and LD services will operate over this planning period. So the detail below makes reference to several of the key planning assumptions applied in the completion of this STP five year plan.

Background

5. 2020/21 is the second year of the NHS Long Term Plan which was set out in January 2019, with 19/20 seen as a transitional year with a rebasing of Control Totals across organisations to reflect changes such as the Market Forces Factor and national tariff variations. In terms of financial headlines then the ten year plan states that;
 - 5.1. There will be an increase in funding with growth averaging 3.4% a year over the next five years, compared with 2.2% over the past five years.
 - 5.2. There is a renewed commitment that mental health services will grow faster than the overall NHS budget, with new ring fenced local investment funding to enable further service expansion and faster access to community and crisis mental health services for both adults and particularly children and young people.
6. In return for the improved financial settlement and its weighting to the earlier years of the ten year planning period, five tests have been set which will be important determinants in the ongoing regulator assurance process;

- 6.1. the NHS (including providers) will return to financial balance;
 - 6.2. the NHS will achieve cash-releasing productivity growth of at least 1.1% a year, with all savings reinvested in frontline care;
 - 6.3. the NHS will reduce the growth in demand for care through better integration and prevention;
 - 6.4. the NHS will reduce variation across the health system, improving providers' financial and operational performance;
 - 6.5. The NHS will make better use of capital investment and its existing assets to drive transformation.
7. An early indication of the changes arising from the new STP configurations has been the STP Control Totals and the individual organisational sub totals. This is discussed further below. Other points of note in the STP planning work have been a heavy focus on reconciling the income totals between providers and the main commissioners and the reconciliation to a separate workforce return made to Health Education England. Mental health Trusts have **not been required** to complete the activity triangulation template to date.
 8. In summary we would expect to see a relatively high level of revenue growth compared to most recent years. There will be significant operational pressures from the push for new operating models and from the savings required to deliver the Control Totals. There will be a real challenge to recruit to meet the new investment expected and there is likely to be a much higher spends in digital technology related Capex as the Ten Year Plan looks to exploit the opportunities this can provide.

Key Considerations

Control Total

9. For HPFT a principal requirement is to agree the proposed Control Total for the period which is at a higher level than this year's break even requirement. This increase reflects the 0.5% contingency set by the region. The submission has been made on the basis of this figure but with a clear advice that this is still under discussion across the STP. What is not clear is how this contingency will be applied within the STP and whether its effect is to dilute the investment in MH services. A further change illustrated within the table below is the removal of the Provider Sustainability Funding that has been available and earned HPFT circa £20million cash over the last four years.

| | Plan | Forecast Outturn | Plan | Plan | Plan | Plan |
|--|-----------|---------------------|-----------|-----------|-----------|-----------|
| <i>Monetary values should include inflation</i> | 2019/20 | 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 |
| Provider Income | 253,654 | 255,213 | 259,608 | 269,886 | 280,801 | 289,882 |
| Provider Expenditure | (251,767) | (252,883) | (258,308) | (268,486) | (279,401) | (288,482) |
| Provider Surplus / (Deficit) excluding PSF, MRET, FRF | - | - | 1,300 | 1,400 | 1,400 | 1,400 |
| Provider Surplus / (Deficit) including PSF, MRET, FRF | 1,887 | 2,330 | 1,300 | 1,400 | 1,400 | 1,400 |
| Provider CDEL | 12,200 | 11,252 | 8,068 | 22,400 | 28,065 | 7,800 |
| Total Provider Workforce | 3,428 | 3,479 | 3,475 | 3,569 | 3,629 | 3,704 |

Table 1 summary submission to STP made October 30th excluding LTP funding

Revenue

10. In relation to the revenue then this is based upon the detail provided by the three main CCG commissioners, the agreed revenue figure from HCC and the commissioning figures from NHSE for the current services. This shows an

increase of circa 3.5% per year over the period however the revenue increase is likely to be higher **as the figures do not currently include;**

10.1. There is £1.6m of transformation monies under discussion with HCC to support changes within the current service model.

10.2. The discussion with NHS England regarding the New Care models and the potential transfer to the provider collaborative. This could be circa £30m additional annual funding.

10.3. Any reduction in income arising from the tender in Essex for IAPT services

10.4. Any changes from the establishment of ICO's

11. To develop upon the above the STP is expecting Long Term Planning funding for MH services, this is included within the draft return currently based upon assumptions provided by the STP team. The annual amounts are shown in table 2 below and in the outer years are very significant amounts. The actual amounts could be higher or lower dependent upon the actual local decisions made.

| | | | | | |
|---|----------------|----------------|----------------|----------------|-----------------|
| Mental Health | (1,316) | (1,421) | (4,110) | (8,268) | (11,113) |
| <i>Children and Young People</i> | (64) | (69) | (1,260) | (1,952) | (3,220) |
| <i>Adult and older adult CRHTTs and Crisis Alternatives</i> | (1,252) | (1,352) | (587) | (787) | (1,027) |
| <i>SMI</i> | 0 | 0 | (2,264) | (5,530) | (6,866) |

Table 2 summary annual LTP funding available to STP estimate

Operating costs

12. With revenues and the surplus levels determined as per above then the expenditure is the balancing number and has been determined as follows;

12.1. It is assumed that the major element of the existing and new spend will be on pay will increase slightly too circa 65% of total operating costs.

12.2. There is limited additional spend on external beds with a reduction in Long Term bed provision for Social Care explicit in the HCC transformation program and the general impact of the changes in operating models seeing more community based support.

13. The following planning assumption have been provided in the STP submissions;

| Element | 2020/21 | 2021/22 | 2022/23 | 2023/24 |
|--|--------------|--------------|--------------|--------------|
| Tariff | | | | |
| AFC pay deal | 2.90% | 0.70% | | |
| Pay and mix effects - AFC | n/a | 2.10% | 2.10% | 2.10% |
| Pay and mix - other HCHS | 2.10% | 2.10% | 2.10% | 2.10% |
| Tariff drugs | 0.60% | 0.60% | 0.60% | 0.60% |
| Revenue consequences of capital | 1.80% | 1.90% | 2.00% | 2.00% |
| Other operating costs | 1.80% | 1.90% | 2.00% | 2.00% |
| Weighted inflation | 2.40% | 2.40% | 2.00% | 2.00% |
| Efficiency factor | (1.1%) | (1.1%) | (1.1%) | (1.1%) |
| Tariff uplift | 1.30% | 1.30% | 0.90% | 0.90% |
| CNST contributions | 10.50% | 10.50% | 10.50% | 10.50% |

Table 3 summary planning assumptions

14. Key points from the above are that;

- 14.1. The level of pay inflation remains relatively high over the first two years.
- 14.2. The above does not include any impact from the increased employer pension contribution. Previous communications state that any such change will be fully funded but this is considered a planning risk.
- 14.3. Non Pay inflation of circa 2% is assessed as low given the external uncertainties which could push prices higher. For example drug prices and the impact of Brexit or the demand for digital skills pushing up capital prices.
- 14.4. The efficiency factor used in the tariff of 1.1% is not considered representative of the level of efficiency savings required by Trusts. The indication is that this is likely to be 2%-3%.

15. Even at these inflation rates a significant amount of the revenue growth is expected to be absorbed by inflation with limited head count growth as shown below. Actual planning numbers are higher than below reflecting skills mix movements (see table five below);

| | 19/20 | 20/21 | 21/22 | 22/23 | 23/4 |
|----------------------------|---------|---------------|---------------|---------------|---------------|
| Income less OI | 244,933 | 251,554 | 261,728 | 272,569 | 281,576 |
| Growth % | | 2.7% | 4.0% | 4.1% | 3.3% |
| Growth £ | | 6,621 | 10,174 | 10,841 | 9,007 |
| inflation | | | | | |
| Pay % | | 2.9% | 2.8% | 2.1% | 2.1% |
| Pay inflation £ | | -4,669 | -4,611 | -3,640 | -3,776 |
| non pay % | | 1.8% | 1.9% | 2.0% | 2.0% |
| Non pay inflation £ | | -1,583 | -1,702 | -1,815 | -1,882 |
| available | | 369 | 3,860 | 5,386 | 3,349 |
| estimated headcount | | 7 | 69 | 96 | 60 |
| CIP at 2% | | 70 | 71 | 73 | 74 |
| Net | | -63 | -2 | 23 | -14 |

Table 4 High level impact analysis of revenue growth on headcount

16. With the expected LTFM growth then there is a material growth in headcount expected which shows a potential 6.5% growth in workforce over the period;

| FTE | 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 |
|----------------------------|---------|---------|---------|---------|---------|
| Model with full LTP | 3,479 | 3,475 | 3,569 | 3,629 | 3,704 |

Table 5 High level workforce numbers with LTP funds

Capital

17. The current STP submission shows the capital plan recently provided as part of the recent national prioritisation review that took place. The figures are the full numbers without any application of any dilution. It is likely that the costs will increase to reflect additional digital investment. How this will be structured and funded is not known at this time so is excluded. To support this program a £20m capital loan is included from 2022/23

| Capital | 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 |
|--|---------------|--------------|---------------|---------------|--------------|
| Property, Land and Buildings | 11,245 | 9,400 | 19,400 | 27,400 | 7,300 |
| Plant and Equipment | 0 | 0 | 0 | 0 | 0 |
| IT | 1,307 | 500 | 3,000 | 2,000 | 500 |
| Other | 0 | 0 | 0 | 0 | 0 |
| Gross Capital Expenditure | 12,552 | 9,900 | 22,400 | 29,400 | 7,800 |
| Disposals / other deductions | (1,300) | (1,832) | 0 | (1,335) | 0 |
| Charge after additions/deductions | 11,252 | 8,068 | 22,400 | 28,065 | 7,800 |

Risks and Mitigating Actions

18. This is a relatively early point in the Trust planning process with the detailed guidance and full planning requirements not anticipated for some weeks. However the STP planning taken place currently gives several strong signals of the likely landscape. Much of this is signalled in the Ten Year Plan documentation.
19. We would fully expect to meet the Control Total for the current year and to have some continued flexibility for next year if anticipated further growth monies are received late in the current year and are able to be deferred. What we have seen is greater degree of monthly variation in additional bed costs and it will be important to look to reduce that level of fluctuation going forward as the Trust is not able to absorb this in the manner it has in the past.
20. The other key factor in this year has been in the lead time in establishing the new service teams. As shown above the planning period will continue to see an increase in workforce and the ability to recruit and establish the new service teams at the earliest point will be an important determinant of success. It is likely that this recruitment and embedding will take place at a time of significant organisational change. Reviewing the current recruitment and retention process to minimise the lead time to recruit and induct will be an important action over the next months as will the continuing work to maximise our recruitment and retention success.
21. The changes in service delivery required within the new care models working will bring significant operational change and therefore the work to create a strong CQI skill base across the workforce will help support the effective delivery of change.
22. The full extent of the efficiency requirement is not known yet but is likely to be 2% plus for the Trust. What is clear is that the Trust will not look to rely on non-recurrent savings to meet this and the Delivering Value program and its integration with service change needs to set out at a much earlier point for next year.
23. The effective roll out of the Digital strategy aligned with the effective use of the CQI methods in developing and implementing change will be important determinants in the transition to new ways of working.

Trust Public Board

| | | |
|----------------------|---------------------------------------|----------------------------|
| Meeting Date: | 7 November 2019 | Agenda Item: 15 |
| Subject: | Strategic Investment Plan Development | For Publication: No |
| Author: | Keith Loveman Director of Finance | Approved by: |
| Presented by: | Keith Loveman Director of Finance | |

Purpose of the report:

To provide an update to the forward Strategic Investment Programme in support of our Good to Great Strategy.

Action required:

To:-

- Note the developing programme and key themes
- Note potential areas of strategy development likely to require investment including:
 - estates
 - organisational development
 - digital
- Note the estimated costs and forecast affordability
- Critically review and appraise the potential investment schedule
- Comment on included schemes and identify omissions
- Confirm the draft programme

Summary and recommendations to the Board:

Introduction

This paper updates the summarised high level estimates previously discussed at the Finance & Investment Committee in relation to the forward Strategic Investment Programme which will underpin delivery of our Good to Great Strategy.

To further support this work and to help frame financial strategy and planning, the Strategic Investment Programme is being refreshed alongside other key areas of Trust development:

- Estates Strategy
- Organisational Development Strategy
- Digital Strategy

Further work will be required to confirm the relevant elements of the Quality Strategy.

Affordability

The current indicative estimates are summarised as:

| | £m | £m |
|------------------------|--------|-------------|
| Estates | | |
| - Expenditure | 79.2 | |
| - Receipts | (14.7) | |
| | | 64.5 |
| OD | | 1.5 |
| Digital | | 18.5 |
| Estimated total | | 84.5 |

Estimates associated with potential investments are set out in more detail at appendix 1. The most recent updates to the schedules are highlighted in italics. Further work will be required to confirm the relevant elements of the Quality Strategy.

The Trust currently carries a cash balance of c.£60m. Projecting cashflow forwards, recognising known liabilities and working to a policy of maintaining a minimum ongoing cash balance equivalent to two months payroll suggests that the Trust could fund an investment of c.£20-40m from current and future internal resources. This would indicate that the above could require external borrowing in the range of £25-40m depending upon the desired solutions. This would be impacted by:-

- Other development/innovation/transformation schemes and the need for investment
- Financial performance of the Trust across the relevant period

The content and nature of the programme will evolve over time and therefore this will remain subject to change in terms of the programme and financial impact. Following discussion by the Executive on 28 August further work is being undertaken to establish priorities for investment, timelines and potential elements that would be considered as 'red line' investments. These will be confirmed with the Executive and then brought back to FIC and the Board.

Funding

As indicated above, external borrowing is likely to be required to meet elements of the forward programme. Informal discussions regarding future plans and potential funding requirements have been commenced with NHSI colleagues. In addition, innovative opportunities are being explored in relation to the potential for investment arrangements backed by pension fund schemes. The Finance & Investment Committee will receive regular updates as part of ongoing reporting.

Recommendation

The Board is recommended to:-

- Note the estimated costs and forecast affordability
- Critically review and appraise the potential investment schedule
- Comment on included schemes and identify omissions
- Confirm the draft programme, noting the ongoing work in relation to priorities

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

Summary of Implications for:

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

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

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

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

Executive Team 28 August 2019
Finance & Investment Committee 17 September 2019

Appendix 1 – DRAFT 5 year Strategic Investment Programme

| Project | Original Plan 19/20 | Post PSF Plan 19/20 | 20/21 | 21/22 | 22/23 | 23/24 | 5 year plan |
|-------------------------------------|------------------------|------------------------|---------------|---------------|---------------|---------------|--------------------------------------|
| Inpatient Projects | | | 5,000 | 15,000 | 25,000 | 5,000 | 50,000E&N beds reprovion |
| Albany Lodge Works | 2,000 | 1,500 | | | | | 1,500 |
| Oak Ward | 2,000 | 500 | 4,000 | | | | 4,500Complete refurbishment estimate |
| Aston Ward Refurb | 1,000 | 1,000 | | | | | 1,000 |
| Hamden Antiligature | 100 | 700 | | | | | 700 |
| Gainsford Antiligature | 100 | 700 | | | | | 700 |
| Forest House Annexe | 250 | 250 | | | | | 250 |
| Forest House Refurb | | | 2,000 | | | | 2,000Refurbishment estimate |
| Seclusion Rooms | 3,000 | 5,220 | 2,000 | | | | 7,220Cost advisor forecast c. £9.5m |
| Community Projects | | | | | | | |
| Colonnades | 1,000 | 1,000 | | | | | 1,000 |
| Trustwide Projects | | | | | | | |
| Backlog Maintenance | 1,500 | 1,500 | 1,500 | 1,500 | 1,500 | 1,500 | 7,500 |
| IT Projects | | | 2,500 | 2,500 | 2,500 | 2,500 | 10,000Digital strategy estimate |
| IT Allocation | 1,300 | 1,680 | 500 | 500 | 500 | 500 | 3,680 |
| Paris Upgrade | 500 | 690 | | 2,500 | 1,500 | | 4,690 |
| App Development | | 100 | | | | | 100 |
| Reactive Operational Capital | | | | | | | |
| Operational Capital | 750 | 1,200 | 400 | 400 | 400 | 400 | 2,800 |
| Expenditure | 13,500 | 16,040 | 17,900 | 22,400 | 31,400 | 9,900 | 97,640 |
| Harper Lane Sales | -1,000 | -1,000 | -1,000 | -1,000 | -1,000 | -1,000 | -5,000 |
| The Stewarts | | | -2,200 | | | | -2,200 |
| St Pauls | | | -2,000 | | | | -2,000 |
| A.N. Other | | | | | | -4,000 | -4,000 |
| Alexandra Road Sale | -300 | -300 | -300 | -300 | -300 | -300 | -1,500 |
| Disposals | -1,300 | -1,300 | -5,500 | -1,300 | -1,300 | -5,300 | -14,700 |
| Net | 12,200 | 14,740 | 12,400 | 21,100 | 30,100 | 4,600 | 82,940 |

Trust Public Board

| | | |
|----------------------|---|--|
| Meeting Date: | 7 th November 2019 | Agenda Item: 16 |
| Subject: | Report from the Chair of the Audit Committee – meeting held 10 th September 2019 | For Publication: Yes |
| Author: | Helen Edmondson, Head of Corporate Affairs and Company Secretary | Approved by: Keith Loveman Executive Director - Finance |
| Presented by: | Catherine Dugmore Audit Committee Chair | Keith Loveman Executive Director - Finance |

Purpose of the report:

To provide the Board with an overview of the work undertaken by the Audit Committee at its most recent meeting held on the 10th September 2019.

Action required:

To note the report and seek any additional information, clarification or direct further action as required.

Summary and recommendations to the Board:

An overview of the work undertaken is outlined in the body of the report. No issues were noted to be escalated to the Board.

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

List specific risks on BAF – 1.1, 1.2, 2.1, 5.3

Summary of Implications for:

None

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:

Evidence of robust governance review process for the Well Led standard.

Seen by the following committee(s) on date:

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

Not applicable

1. Introduction

The Audit Committee (IGC) was held on the 10th September 2019 in accordance with its terms of reference and was quorate.

2. Minutes from Other Committees

2.1 Finance and Investment Committee held on 19th March and 21st May 2019.

Following presentation of the minutes the Committee noted that the Capital Programme was prioritised at the request of the Department of Health. It was noted that given the greater level of external review there was a need to prioritise the business case for a new build in East and North Herts. It was also noted that the Trust Performance reports are discussed at Finance and Investment Committee.

2.2 Integrated Governance Committee held on 17th July 2019.

Following the presentation of the report the Committee were advised that IGC discussed the BAF and Trust Risk Register to ensure there were explicit links with IGC agenda.

2.3

Following the reports from the Committees the Audit Committee confirmed that the assessment of the effectiveness of the sub-committees needed to be undertaken and that the tool used needed to be reviewed to ensure it was appropriate and sufficiently challenging.

3. Risk Topic Presentation

3.1 Financial Systems Overview:

The Committee received a presentation on a range of matters with regard to financial systems. It covered the move to a shared service; investigations into fraud incidents; findings from annual audits from internal and external auditors and current review of Trust finance policies.

3.1 Approval of Related Policy Changes:

The Committee received and approved proposed changes to eight trust finance policies. The Committee were informed that the Standing Financial Instructions had been updated. It was noted that service users needed to be involved in co-production of service users property policy.

4. Risk/Governance Matters

4.1 Clinical Audit Programme Update:

The Committee noted improvements are starting to be seen and the majority of the audits indicated moderate-low implications for the Trust. Following discussion the Committee were informed that three audits had been escalated to QRMC. The Committee discussed the risk of illegal detentions and requested that the matter was taken to IGC for review.

4.2 CQC Registration:

The Committee were informed that all the relevant data and evidence has been submitted with regard to the regulatory notice. The Committee noted that the process to de-register Prospect House and The Stewarts and to change the name of services in Lexden and Warren Court was underway. The Committee requested a further update at their December meeting.

4.3 HSE Compliance Update:

The Committee noted that the Trust had submitted the required information to HSE to evidence compliance, in relation to four regulatory

notices. A verbal update was received that the Trust is compliant with the notices. A final written report will be provided to the Committee in December 2019.

4.4 Trust Risk Register: The Committee received an update on the current and emerging risks included in the Trust Risk Register, including trends, this included updates from IGC meeting held on 17th July 2019. Following discussion auditors were asked for feedback on further risk management which could be undertaken. External audit agreed to provide a benchmarking report to the Audit Committee in December.

4.5 Board Assurance Framework: The Board Assurance Framework was reviewed and the Committee welcomed the further update. It was agreed that the Committee would consider the BAF in agenda setting and identifying areas for deep dive reviews..

5. External Reports

5.1 Internal Audit Progress Report: Audit Committee received the Internal Audit Progress report from RSM. The internal audit reports finalised in the period were reviewed and the Assurance Opinion noted.

- Procurement and Contract Management had received Partial Assurance
- Risk Management and Board Assurance Framework had received Reasonable Assurance.
- Electronic Staff Record Access Controls had received Reasonable Assurance
- NHS Digital Action Plan, had received Reasonable Assurance
- Duty of Candour, had received Reasonable Assurance
- Appraisals, had received Partial Assurance

The Committee discussed and were updated with regard to the actions relating to the procurement and contract management audit, receiving confirmation that the issues had been resolved. In respect of the Appraisals audit the Committee were informed that IGC would be undertaking a deep dive into appraisals to pick up the audit's recommendations. The Committee requested internal audit to do some follow up work on the ASR access controls and report to the next meeting. The December Audit Committee will be receiving a report on the outstanding actions from the 2017/18 Duty of Candour audit. It was noted that the Conflict of Interest Audit would be signed off by the new Head of Corporate Affairs and Company Secretary.

5.2 Internal Audit Action Tracker Exception Report: The report described that there had been an improvement in the number of actions signed off and responses had been received for all overdue actions. The December Committee will receive an update on care home invoicing.

5.3 Internal Audit Benchmarking Report: The Committee considered the report that outlined that HPFT remains in the mid-range for the level of assurance obtained through internal audit, and does not show any signs of deterioration. It was agreed to seek ways to learn from organisations receiving significant assurance.

5.4 Counter Fraud Progress Report: Audit Committee received the progress report. It was noted that there had been a successful prosecution for the case relating to

misuse of a Trust vehicle. The December Committee will receive the mid-year Counter Fraud report.

- 5.5 Draft External Audit Plan for 19/20:** The Committee received the draft plan and was informed that KPMG have arranged planning meetings. The Committee will receive a full external audit plan for 2019/20 at the December Committee. It was noted that no technical accounting changes are expected for the 19/20 year end..

6. Other Matters

- 6.1 Use of Waivers Q1:** Audit Committee received the Quarter 1 report. The report detailed that there had been a significantly increase in comparison Q1 in 2018/19. The discussion confirmed that there were no concerns regarding the numbers. The Committee were informed that the SFIs had been updated to include the recommendation to increase the tender limit. It was noted that most Waivers have come from Estates. Chair of Audit requested that Estates bring an update on the use of waivers in six months.
- 6.2 Charitable Funds Accounts and Annual Reports:** The Charitable Funds Annual Report and Annual Accounts were presented to Audit Committee for approval. It was noted that they had been subject to independent examination. The Accounts and Annual report were approved.
- 6.3 Update on Work on Conflicts of Interest Register and Declarations of Gifts/Hospitality:** Committee received an update on the response to the actions identified in the Conflicts of Interest – Part One, advisory internal report. The Committee were informed that the policy had been revised. The Committee will receive an update at the meeting in December.

Board of Directors

| | | |
|----------------------|--|---|
| Meeting Date: | 7 th November 2019 | Agenda Item: 17 |
| Subject: | Our Digital Strategy | For Publication: No |
| Author: | Hakan Akozek, Chief Information Officer Dr Paul Bradley, Chief Clinical Information Officer | Approved by: Keith Loveman, Deputy Chief Executive, Executive Director - Finance |
| Presented by: | Keith Loveman, Deputy Chief Executive, Executive Director - Finance | |

Purpose of the report:

Our Digital Strategy sets out the strategic framework and the key objectives to make our organisation 'systematically' and 'instinctively' digital in delivering great care and great outcomes together, supporting our 'Good to Great' strategy.

Action required:

The Trust Board is recommended to receive and approve Our Digital Strategy.

Summary and recommendations

Introduction

In 2016, we developed our Trust 5-year strategy, Good to Great, which emphasises our ambition to become a learning, innovating and improving organisation and desire to be a leader in the use of information and technology to deliver great care and great outcomes to our service users.

In 2019, we launched our Quality Strategy which sets out how safe and effective services, with the service user as partner in their own care and treatment as well as service development will be achieved.

Building on these, we have developed our Digital Strategy that aims to create an HPFT that is systematically and instinctively digital in delivering great care and great outcomes together.

Summary

Our Digital Strategy has been developed through a review of national, regional and local strategies as well as workshops with services users, carers, staff and partner organisations.

It proposes four key aims:

- **Improve the experience and outcomes for our services users and carers** by providing coproduced information and digital interventions to facilitate self-management, interaction with our services and shared decision making
- **Improve the safety and effectiveness of our services and support integrated pathways by**

ensuring information is captured and available at point of care and exchanged in collaboration with partners

- **Improve productivity and time to care** through easy to use automated processes and tools that are available whenever and wherever needed by our workforce
- **Drive quality improvement across our health and care networks** with intelligence to help assess population needs, demand and capacity, to research new models of care and to rapidly adopt innovation

It details the key initiatives to deliver each of these aims and what this will mean for our services users, carers and staff.

Recommendations

The Trust Board is recommended to receive and approve Our Digital Strategy.

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

Our Digital Strategy is one of the deliverables under Objective 5 of the Trust's Business Plan.

Summary of Financial, IT, Staffing & Legal Implications:

The report sets out the strategic direction for IM&T over a 5 year period.

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

Equality & Diversity assessments are not applicable to the report. However, they will be required during the implementation stage for some of the technologies proposed to ensure service users and staff who are not able to use these are not disadvantaged.

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

Not applicable

Seen by the following committee(s) on date:

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

Executive Team on 14th August 2019

Our Digital Strategy

2019 - 2024



About Us

We provide health and social care for people with mental ill health, physical ill health and learning disabilities.

Our **values** define us and are at the heart of how we go about delivering our mission.

Our **Good to Great Strategy** describes how we are delivering our vision and achieving our mission.

Our **Quality Strategy** sets out how safe and effective services, with the service user as partner in their own care and treatment as well as service development will be achieved.

Building on these three pillars, our **Digital Strategy** sets out how we will lead in our use of information and technology.

OUR VISION: Delivering Great Care, Achieving Great Outcomes – Together
OUR MISSION: We will help people of all ages live their lives to their fullest potential by supporting them to keep mentally and physically well



We are **welcoming** so you feel valued as an individual

We are **kind** so you can feel cared for

We are **positive** so you can feel supported and included

We are **respectful** so you can feel listened to and heard

We are **professional** so you can feel safe and confident

Great People

People who have the right skills and values
Leaders who involve and empower
A workplace where people grow, thrive and succeed

Great Organisation

Always getting the fundamentals rights
Always learning, innovating and improving
Leading in our use of information and technology

Great Networks & Partnerships

Leading networks to deliver great joined-up care
Building great relationships and partnerships to meet the whole person's need

Safe

Delivering safe care in top quality environments
Fostering a learning and just culture
Fostering a culture of safety

Effective

Delivering evidence based care which is benchmarked nationally
Delivering recovery focused care and clinical outcomes
Continuously improving quality

Experience

Responsive and accessible services
Embedding shared decision making
Co-production at the heart of service development

Current Landscape

Although we have made significant progress in our digital journey, our health and social care system is going through significant changes.

In order to continue providing great care and great outcomes to our service users and carers in the emerging new world, we will need to start looking at “digital” as a way of working.

We need to create a much more flexible and responsive technology environment that enables us to deliver person centered care close to people’s homes in partnership with others involved in their care.

National

- The NHS Long Term Plan (LTP) – a new service model focusing on **integrated pathways and services** closer to people’s home with **digitally enabled care giving people more control** over their own health. New **rigorous technology standards** with **NHS App** as the front door to digital services.
- The Wachter Review – on digitisation of healthcare emphasises the need to **digitise for correct reasons** with a **staged approach** to get it right and ensuring **interoperability** and **user-centered design** remain at the centre
- The Topol Review - **digital medicine** and **artificial intelligence** to improve care. The workforce will need to develop the **skills, attitudes and behaviours** required to become digitally competent and confident. Leadership vital in planning and delivering these changes.
- Nationally, the **digital maturity varies** across care settings, organisations and local health and care systems with designated **Global Digital Exemplars establishing proven models** that can be rolled across the NHS.
- Health System Lead Investment – providing an additional funding stream for NHS providers requiring **coordination of digital initiatives at STP** (Sustainability and Transformation Partnership) level.

Local Health and Care System

- Integrated Health and Care Strategy for A Healthier Future – **population health** management approach with **integrated, person-centred** care, delivered in **local neighbourhoods** where possible.
- Ensuring **effective** and **efficient** delivery in the **right place**, by the **right person**, at the **right time**. Shifting care from **reactive to proactive** with standardised approaches
- Delivery based on one **Integrated Care System**, number of different **Integrated Care Organisations** working collaboratively, **localities** for urgent treatment and planned care in community and **neighbourhoods** with integrated multi-disciplinary teams
- Current complex landscape of **multiple systems** across the providers in the STP, three key initiatives for sharing records under **My Care Record** brand with intention for an **STP-wide mechanism to achieve record sharing**.
- We also provide services in four other STP areas which are likely to have slightly different approaches to the service delivery as well as digital agenda

HPFT

- Good to Great Strategy - our ambition to be **leading in our use of information and technology** to deliver great care and achieve great outcomes, together.
- Quality Strategy – sets out how we will deliver safe and effective services, developing **evidence based care pathways** with clear **outcomes measures**, providing **responsive** and **accessible** services continuously improved in co-production with our service users and carer. **Shared decision making** will be used to ensure care and service options are fully explored.
- Service Strategy –**cooperation** rather than competition amongst providers, potentially both **providing and commissioning** services from others, people taking greater control of their care through self-directed **mental health resources, personal budgets, holding their records** and **accessing care digitally**.
- We have made **good progress to date** with digital initiatives, but the changing landscape requires us to adopt a **different, more flexible approach** to how we implement, access and use digital technologies and information.

Our Needs

We worked closely with our service users, carers, care professionals and support staff to identify our ‘ambitions’ for using digital technologies to address the challenges we face, to establish the critical elements that would enable us to achieve our ambitions, to understand the current issues that are barriers to us working together effectively and to develop a common vision. We summarised these from the different perspectives of our service users and carers, care professionals and our entire workforce.

Service Users and Carers

- Focus on “back-office” processes so that care professionals have **more time to care**
- **Reminders** for appointments and medication, **easy to understand information** about their **care** and **who is involved**
- Ensuring care professionals have the **right, less intrusive equipment** to use and the skills to use them when with service users and carers
- Easily find out **where they are in the system, who they will see next** and what **services and support** is **available**
- **Support and guidance** on picking and using the right **digital tools** for self-management such as CBT, mindfulness and phobia apps
- **Different ways to interact** with care professionals and services using **text, chat, phone, video and face to face** and the **flexibility** to change their minds at short notice
- Making sure that **those who cannot or do not want to use technology** are not excluded
- **Accessing and co-producing to their records and care plans online** and take a more active role both for **service users and carers** with **appropriate safeguards** in place

Care Professionals

- Easily access all **service user information**, including information from others participating in their care
- **Easier data capture** at the point of care
- **Better training and configuration** for existing systems to reflect current working practices
- **Simpler, easier to use care systems** with no duplications
- Ability to **notify and request/receive tasks** from other care professionals within and outside HPFT in a way that is easy to manage and monitor
- **Reduce admin time** spent on repetitive tasks such as writing and sending letters to registered GP, services user/carer after each contact, arranging appointments, providing relevant information etc.
- **Digital tools and interventions** to use together with service users and carers with the skills to understand and use them
- **Different ways to communicate** with service user such as chat, messaging, video conferencing

Workforce

- **Up-to-date** technology and support that **just works**
- **Better** and **reliable connectivity** wherever and whenever needed
- **Greater choice of equipment** to suit different ways of working
- **Alternatives to typing** such as speech recognition
- Better **intranet** making it easier and **quicker to access information** including policies, forms etc.
- **“One logon”** for all systems
- **Communication tools** including video, audio, instant message with a single **staff directory**
- **Collaboration tools** to work with other both within and outside HPFT on joint initiatives, projects etc.
- **Streamlined workflows and processes** across departments and systems, such as new starters, room booking etc.
- **Systems that talk to each other** to avoid duplication
- **Digital skills** to use new technologies, analyse and act on information and work in new ways
- **Automation** of tasks that do not require human intervention

Strategic Principles

In line with our Good to Great strategy and based on the discussion we had with our service users, staff and technology suppliers, we established four key principles for our digital journey.

These have informed the development of our Digital Strategy and will continue to guide us through its implementation, ensuring all our efforts remain aligned to making the lives of our services users and carers better.

1

Our service user and carers experience a seamless journey within our organisation and across our health and care partners

2

Our service users and carers are supported by new and emerging digital solutions in their decision making and self-management

3

Our staff make best use of technology so that they spend their time with our service users and carers or on activities that improve the services we provide to them

4

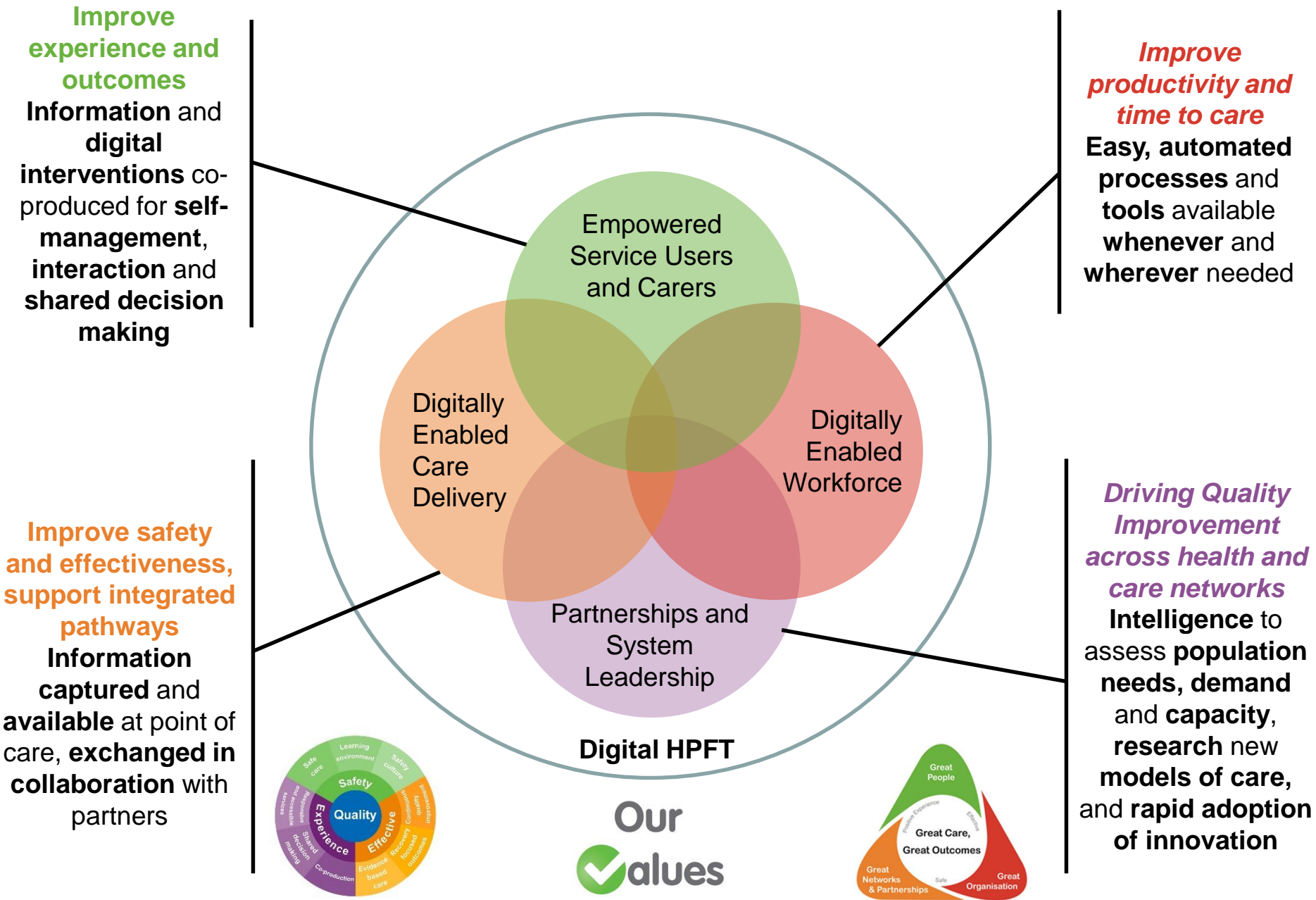
All our decisions are informed by and based on accurate information that improves the care and outcomes for our service users and carers

Key Aims

Our aim is an HPFT that is **systematically** and **instinctively digital** in delivering great care and great outcomes together.

We will achieve our vision by **incrementally** and **continuously** developing, **implementing** and **using** new digital **capabilities** that will:

- Improve the experience of and outcomes for our service users and carers
- Improve safety and effectiveness of our services and support integrated pathways
- Drive quality improvement across our health and care networks
- Improve productivity and time to care



Empowered Service Users and Carers

Like everything we do, our service users and carers are at the heart of our Digital Strategy.

We will continue to work with them in every aspect of the implementation to ensure everything we do helps improve their experience and outcomes and makes their lives better.

We will co-produce a suite of information sources and digital tools to support them managing their conditions, improve their interaction with our services and care professionals and support shared decision making



Online Library – assisted with ChatBots providing easy access to relevant literature, service information, support groups and self-management apps



Digital Consultations – messaging, telephone or video consultations as an alternative option to face to face to pick and choose from, even on the day of their appointment



Electronic Communications – including letters, care plans, booking and cancelling appointments, appointment reminders with information about the venue and the care professional



Interactive Care Plans and Records – that are co-produced and used with service users, carers and care professionals



NHS App – as the front door to access these and interact with HPFT as the NHS App matures over time

Digitally Enabled Care Delivery

Our care professionals should not need to open multiple systems to access the information about an individual, or to hunt through screens.

Information will be presented clearly whether the source is within the Trust, a local partner or a national record.

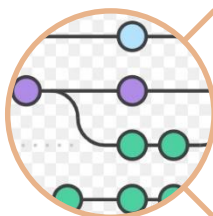
Our systems will provide active support to help coordinate clinical activities, align care with pathways and to enable visibility of progress.



Single, Simple Interface – Care professionals have the experience of learning and using a single system for all the tasks involved in providing care for service users



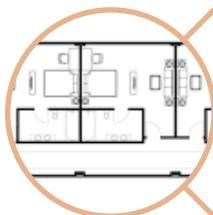
Single Person View – providing overview of information including key clinical and social care outcomes about an individual from records held by us and other partners



Care Workflows – supporting pathways of care, to guide and support professionals and to share with service users to help them understand their progress



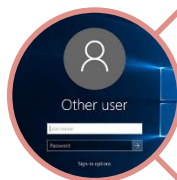
Interoperability – to safely and securely transferring information using national standards, including systems for requesting and acknowledging actions



Resource Management – making it easier to book, track and manage rooms, equipment and other resources we need for care delivery

Digitally Enabled Workforce

Our focus is ensuring that we spend our time to improve the lives of our service users and carers. We will create with staff an environment where we can work wherever and whenever needed, with easy access to the digital tools we require. We will make sure these are reliable and well supported, and we will continuously improve our digital skills so that we use these effectively.



Single Sign-On – removing the risk, frustration and time wasted by having to remember multiple logins



Right Tools for the Job – ensuring our staff have the appropriate devices to work flexibly and efficiently wherever and whenever they need, with reliable systems and connectivity



Collaborate and Communicate – our new intranet as the main source of organisational knowledge and new technologies to support collaborative working within HPFT and across organisations



Simplified & Automated Workflows – so that we don't have to spend valuable time on manual tasks that can be done by computers or duplicate our efforts moving information from one system to another



Reliable technology, connectivity and support – that is there and just works, regardless of location and organisational boundaries.



Digital Skills – ensuring we have the skills to make best use of advances in technology using the national Digital Literacy Capability Framework

Partnerships and System Leadership

Beyond delivering great care and great outcomes for individuals, we will also develop greater capabilities for generating and using intelligence, moving from retrospective analysis to predictive modelling to support changes in practice.

As new innovations arise, we will work with our partner to rapidly assess and adopt them and we will share insights widely on achieving success.



Intelligence – Building on the foundation of SPIKE2, a comprehensive system for continuously improving quality will be developed incorporating internal and benchmarked data



Population health – Working with our partners we will implement solutions that give us better understanding of our population's needs and their health and wellbeing



New Models of Care – Data modelling and projection will allow us to continue developing and trailblazing new models of care with our service users and carers



Support for Innovation – The digital technology framework within the Trust will be flexible and responsive to new ideas for innovation, supporting rapid adoption if proven safe and effective



System leadership – We will be able to offer insight to partner organisations and share learning with other providers nationally and internationally

What will be different?

We will measure the success of our digital journey through the eyes of our service users and carers, staff, and partners.

They will continue to be a key part of the implementation of our strategy, guiding the decisions we make on the technologies we use and how we use them.



Service Users & Carers

"I feel confident, safe and involved in my care, and can contribute effectively using digital tools. I can participate in a way that suits me and I have a range of digital options available to me help in my recovery, and understand my progress online."



Care Professionals

"Digital tools enable me to work effectively with service users, easily organise and coordinate their care along integrated care pathways, and keep accurate clinical records which my colleagues here and in other organisations can access easily."



All Staff

"I have the right equipment to do my job and I can easily use the systems and information I need to be effective in my role, wherever and whenever I am working to deliver safe, effective care to service users. I can't think of a better place to work..."



HPFT

"We are widely recognised as a leading organisation that use information and technology to deliver great care and outcomes together, and we are an exemplar of service user orientated open and integrated digital services"

Trust Public Board

| | | |
|----------------------|--|--|
| Meeting Date: | 7 th November 2019 | Agenda Item: 18 |
| Subject: | New Care Models Collaborative for the East of England | For Publication: Yes |
| Author: | Andy Graham, Interim Managing Director, East of England Provider Collaborative | Approved by: Karen Taylor, Executive Director Strategy & Integration |
| Presented by: | Karen Taylor, Executive Director Strategy & Integration | |

Purpose of the report:

This report provides a summary from the Interim Managing Director of the East of England New Care Models Collaborative on the progress in forming a provider collaborative to deliver New Care Models for specialist mental health services in the East of England and next steps.

Action required:

To note the contents of this report

Summary and recommendations to the Committee:

The attached report from the Interim Managing Director of the East of England Provider Collaborative provides a summary of progress in forming the provider collaborative. The paper is being presented at all the Collaborative Provider Boards and provides an overview of progress to date.

In 2018, the National Clinical Director for Mental Health set out a national requirement to introduce new commissioning arrangements for specialist mental health across the country. This is an expansion of the 'New Care Models' scheme.

Six NHS Foundation Trusts provide specialist mental health care across the East of England. The six Trusts have agreed to explore and form a commissioning collaborative to undertake this role for the East of England population.

At a national level, NHS England has given approval to proceed with the development of a Collaborative for three pathways; Child and Adolescent Mental Health Services, Adult Secure Services (low and medium secure) and Adult Eating Disorder Services.

Key milestones include the submission of a full business case during April 2020 with shadow commissioning commencing in April 2020 and the Collaborative set to assume full commissioning responsibilities from October 2020. This timetable is subject to due diligence being undertaken.

The collaborative of organisations have outlined the following principles:

- Putting service users at the heart of all our decisions
- A genuine commitment from all parties to make this work
- Open dialogue, honesty and information sharing
- Sharing risks as well as benefits

The Trusts have committed to working together to share knowledge and resources and develop and design clinically led models of care with co-production across the region involving clinicians, partners and service users.

If successful the collaborative will be responsible for:

- Strategic planning and service development
- Clinical oversight and quality assurance
- Contractual, financial and informational oversight

A strong governance structure and agreements will be developed to support joint working and decision making. A full proposal, including governance arrangements will be developed and approved prior to submission.

Recommendation

The Board is asked to note the contents of this report.

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

Aligns with the Trust Annual Plan; deliver of Good to Great and Commercial plans

Summary of Implications for:

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

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

n/a

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

n/a

Seen by the following committee(s) on date:

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

n/a

| |
|--|
| DEVELOPING A NEW CARE MODEL COLLABORATIVE |
|--|

DATE OF MEETINGS:

| | |
|---|---------------------------|
| Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) | 27 th Nov 2019 |
| Central and North West London NHS Foundation Trust (CNWL) | 13 th Nov 2019 |
| East London NHS Foundation Trust (ELFT) | 28 th Nov 2019 |
| Essex Partnership University NHS Foundation Trust (EPUT) | 27 th Nov 2019 |
| Hertfordshire Partnership NHS Foundation Trust (HPFT) | 7 th Nov 2019 |
| Norfolk and Suffolk NHS Foundation Trust (NSFT) | 21 st Nov 2019 |

Report Title: **New Care Models Collaborative for the East of England**

Report Authors: Andy Graham Interim Managing Director
 John Martin Development Director – May to October 2019

Purpose of the report:

This report is for information.

This report provides a summary of the progress in forming a provider collaborative to deliver New Care Models for specialist mental health services in the East of England and the next steps to progress development.

Recommendations:

The Board of Directors is asked to:

- Note the contents of this report

Summary of Key Issues

In 2018, the National Clinical Director for Mental Health set out a national requirement to introduce new commissioning arrangements for specialist mental health across the country. This is an expansion of the 'New Care Models' scheme.

Six NHS Foundation Trusts provide mental health care across the East of England. The six Trusts will form a commissioning collaborative to undertake this role.

NHS England has given approval to proceed with the development of a collaborative. Key milestones include submitting a full business case during April 2020, entering into shadow commissioning in April 2020 and assuming commissioning responsibility from October 2020.

1.0 Background

In some parts of the country, too many mentally ill young people and adults are being sent for in-patient treatment many miles from their home. This practice, known as out of area placements (OAPs), can make visiting very difficult for local clinicians and friends and family. This in turn can affect a person's recovery and lead to increased lengths of stay. To help

East of England New Care Models provided by
 Cambridgeshire and Peterborough NHS Foundation Trust
 Central and North West London NHS Foundation Trust
 East London NHS Foundation Trust
 Essex Partnership University NHS Foundation Trust
 Hertfordshire Partnership University NHS Foundation Trust
 Norfolk and Suffolk NHS Foundation Trust

bring people back closer to home, NHS England (NHSE) has launched the New Care Models (NCM) initiative.

NCMs are partnerships of mental health providers, set up to take on the commissioning role and pathway management for a defined population, in collaboration with NHSE. Following two waves of NCM pilot sites, this approach has been recommended nationally to be taken forward across the country.

NCMs are the vehicle for greater integration of the patient care pathway, and key to supporting the delivery of the Five Year Forward View for Mental Health and future planning of mental health services.

2.0 Progress to date:

Within the East of England 6 NHS Trusts have come together to develop a provider collaborative to lead a New Care Model for the 6.4 million population. These Trusts are:

- Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)
- Central and North West London NHS Foundation Trust (CNWL)
- East London NHS Foundation Trust (ELFT)
- Essex Partnership University NHS Foundation Trust (EPUT)
- Hertfordshire Partnership NHS Foundation Trust (HPFT)
- Norfolk and Suffolk NHS Foundation Trust (NSFT).

In July 2019 a case was submitted to NHS England by the collaborative to be selected to develop the proposal for 3 pathways of care across the region:

- Child and Adolescent Mental Health Services
- Adult Secure Services (low and medium secure)
- Adult Eating Disorder Services

The case outlined that outcomes for patients across the region would be focussed on:

- I can expect care that better meets my needs and is closer to home
- I can expect the same high-quality care and treatment wherever I am
- I can influence my care and treatment and the kind of facilities that will be available to me
- I have confidence I will receive innovative joined up care that is in my best interest

The collaborative highlighted in the selection case the strength of standing together, sharing knowledge and resources with an aim to build a foundation to speak with one voice across each service, to harmonise entry thresholds, to develop new and innovative care pathways, and a united agreement for outcomes that creates benefits for the population across the whole region.

In working together the organisations have outlined the following principles:

- Putting service users at the heart of all our decisions
- A genuine commitment from all parties to make this work
- Open dialogue, honesty and information sharing
- Sharing risks as well as benefits

East of England New Care Models provided by

Cambridgeshire and Peterborough NHS Foundation Trust
Central and North West London NHS Foundation Trust
East London NHS Foundation Trust
Essex Partnership University NHS Foundation Trust
Hertfordshire Partnership University NHS Foundation Trust
Norfolk and Suffolk NHS Foundation Trust

The Trusts have committed to the co-production of the models across the region involving clinicians, partners and service users from the outset in the design.

Following a selection process by NHS England the collaborative of 6 Trusts has been approved to proceed to the next stage to develop a full business case by April 2020.

To enable this, a programme structure has been created and a clinically led design process is underway to construct a model for each pathway.

3.0 Provider Collaborative Outline

The organisations within the collaborative if successful will be required to take on the role of commissioner, currently held by NHS England. A collaborative is a partnership of mental health, learning disability and autism providers working to provide specialised mental health, learning disability and autism services for a given population. They work in partnership to improve and standardise services and have the flexibility to make savings and reinvest in community and step-down services to improve the whole pathway and reduce reliance on the most specialised services. To achieve these goals provider collaboratives will have a number of commissioning support responsibilities.

The responsibilities of a provider collaborative are:

- Strategic planning and service development
- Clinical oversight and quality assurance
- Contractual, financial and informational oversight

The collaborative requires a robust governance structure and agreements to support joint working and decision-making.

4.0 Conclusions and future actions:

New Care Models are being developed across the country and within the East of England the collaborative of six providers has been successful in selection by NHS England to develop a full business case by April 2020. This will be a clinically led co-produced process across organisations and stakeholders utilising available information and expertise. The full proposal including governance arrangements will be developed and approved prior to submission.

5.0 Recommendations

The Board of Directors is asked to:

- Note the contents of this report

Trust Public Board

| | | |
|----------------------|--|---|
| Meeting Date: | 7 th November 2019 | Agenda Item: 19 |
| Subject: | Hertfordshire & West Essex Sustainable Transformation Partnership Update | For Publication: Yes |
| Author: | Karen Taylor, Executive Director of Strategy and Integration | Approved by: Karen Taylor, Executive Director of Strategy and Integration |
| Presented by: | Tom Cahill, Chief Executive Officer | |

Purpose of the report:

To update the Trust Board on the development of the Hertfordshire and West Essex (HWE) Sustainable Transformation Partnership

Action required:

To receive the report, noting the key areas of development across the STP, including those that relate directly to HPFT and Mental Health & Learning Disabilities

Summary and Recommendations:

Hertfordshire and West Essex Sustainable Transformation Partnership continues to develop at pace, with the next six months a critical period as the system seeks to move to become a shadow Integrated Care System from April 1st 2020. There are a number of areas highlighted within the report:

- ICS Accelerator site – HWE is one of 10 STP sites nationally being supported by the national team to develop. This has brought a focus on finance, governance, stakeholder involvement and population health management
- Long Term Plan – the STP has submitted its draft implementation plan, with feedback from regional NHSE being predominantly positive. Final plan to be submitted during November.
- Leadership – A joint Accountable Officer across the three CCGs is being recruited to and is a key post for the development of the system moving forward.
- Integrated Care Partnerships (ICPs) – there will be three geographical ICPs – one for each of the CCG footprints (East & North Hertfordshire, West Hertfordshire and West Essex). Each are at varying stages of development with all of them aiming to move to become ‘shadow’ ICPs from 1 April 2020.
- Mental Health and Learning Disabilities population needs are being considered both at STP and ICP level; with the development of a dedicated ICP for mental health and learning disabilities under consideration. HPFT has been leading these discussions across the ICS and ICPs in conjunction with other partners such as EPUT (Essex Partnership University Trust).

HPFT is well represented at all levels across the STP, influencing and supporting the

development of both the Integrated Care System, geographical based integrated Care Partnerships and the future of mental health and learning disabilities across and within the system.

The Trust Board is asked to note the key developments across the STP.

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

Development of partnerships and networks and joined up care (strategic Objectives 6 & 7), Good to Great underpinned by great partnerships.

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:

N/A

Seen by the following committee(s) on date:

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

Regular updates provided to Executive Team & Trust Board

Hertfordshire & West Essex Sustainable Transformation Partnership – An Update

7 November 2019

1. Background

By 2021 the ambition is for all Sustainable Transformation Partnerships (STPs) to have moved to become 'Integrated Care Systems' (ICS) and this, together with the development of Primary Care Networks, provides the basis around which integrated systems will progress nationally.

Across the Hertfordshire and West Essex footprint there will be three geographically based Integrated Care Partnerships (ICPs), with a further Integrated Partnership being explored for Mental Health & Learning Disabilities.

1. ICS Accelerator Scheme

Herts and West Essex (HWE) STP is one of ten STP's nationally receiving support from a dedicated ICS/ICP development team. The ambition is to support the STP to move first to shadow and then full ICS status, recognising the good progress the STP has made to date. The advice and support being provided by the national team includes finance, population health management, governance and increasing stakeholder engagement. On October 14 the STP held an engagement event – HPFT were well represented at that event by Non-Executive Directors, Executive Directors and the Lead Governor from HPFT. The next Accelerator event is taking place on the 6 December.

3. Leadership

Beverley Flowers and Iain MacBeath continue to jointly hold the lead role for the STP, with Paul Burstow as Independent Chair. A process is underway to recruit to a single Accountable Officer to cover the three CCGs in Hertfordshire and West Essex. There are also changes in the leadership of Herts Valleys CCG, with Kathryn Magson, CEO going on secondment to a role in the Isle of Man and Caroline Hall, Director of Finance leaving her post.

4. Long Term Plan Submission

All STPs are required to submit their Long Term Plan implementation plan. HWE STP's draft plan was submitted at the end of October and includes details of the system's transformation aspirations, financial plan and workforce strategy. Feedback from NHSE regional team has been predominantly positive and a final submission will need to be made in November. The next submission will expand on how the STP will address health inequalities and will also provide a clearer narrative regarding the role of Primary Care Networks and delivery of integrated care. The plan already includes a strong narrative for mental health and learning disabilities, reflecting the national mental health implementation plan and local STP priorities.

5. STP Workstreams

There are eleven clinical workstreams which now report into a 'Design and Delivery' group chaired by Iain MacBeath. The development of the ICPs and ICS is being overseen through a 'Transitions' group. Both groups report into the STP CEO's Group. There is a clinical workstream for Mental Health and Learning Disabilities

which has been focusing on key areas of transformation across the STP including primary mental health and care for those with Personality Disorders and has also worked to secure additional funding into the STP released by NHSE (Community, Eating Disorders, Crisis, Core 24).

6. Integrated Care Partnerships

Across the Hertfordshire and West Essex footprint there will be three geographically based Integrated Care Partnerships (ICPs). Each ICP is developing differently, however all three ICPs include health and social care partners and all have the same ambition to move to shadow status from April 2020. In principle, agreement has been reached that the geographical ICPs will be led by the acute hospital within each system, in collaboration with all other system partners.

- West Essex partners have been working together to develop their approach to an ICP for a number of years; and is fairly advanced in terms of its joint vision and governance infrastructure
- Both East & North Hertfordshire and West Hertfordshire have strong platforms on which to build; with long standing Integrated Delivery Groups and Local Delivery Partnership Boards (CEO level) in place.
 - West Hertfordshire has built upon the Herts Valleys system wide vision and strategy 'Your Care, Your Future'; and has identified three initial main areas of focus – older people, mental health and children.
 - East & North Hertfordshire also has a background of partners working together to deliver improvements for its population and is now in the process of formalising its vision and focus areas. It has initially identified 5 main areas of focus – urgent and emergency care, planned care, cancer, children and frailty.

HPFT is represented at CEO and director level and is actively supporting the development of the two Hertfordshire ICPs, ensuring the needs of those people with a mental illness and/or learning disabilities are considered and included in the development of the ICP.

7. Meeting the future Mental Health & Learning Disabilities needs of the population

Over the summer the STP considered how best it should support those people experiencing mental health problems and those with learning disabilities across our Integrated Care System; recognising that during the course of our lives one in four of us will experience a mental health problem. Whilst the vast majority of those people experiencing mental health problems will access services from their General Practitioner (GP) and their primary care team, a number of people with highly complex mental health and/or learning disabilities needs will require a very different approach primarily due to their vulnerability, the complexity and specialist intervention required and because of the enduring nature of their illness.

The STP has committed to ensuring any future system is able to support and provide for the full range of mental health and learning disabilities needs across the population. A number of guiding principles have been developed to inform the future shape and development of services;

Guiding Principles – Mental Health and Learning Disabilities Services

There will be....

1. Safe, high quality mental health & learning disabilities services across Herts & West Essex
2. A robust risk based approach to care to ensure the safety of service users and others
3. Locally delivered care – delivered as close to home as possible, with and around Primary Care Networks and where people live, learn, work and play
4. Easy transition across and between services to support individual recovery journeys and the 'step up' into more specialist levels of care
5. Integration of mental and physical health services, across statutory NHS and Social Care organisations, independent and voluntary organisations providing a better experience for them and their families
6. 'No health without Mental Health' - ensuring those living with a long term condition or other comorbidities are supported with their mental health
7. 'Parity of Esteem' - ensuring those vulnerable individuals with severe mental illness and/or learning disabilities receive the care & support they require for both their physical and mental health needs
8. Specialist intervention and support available through professionals highly skilled and trained in their field
9. A 'lifetime' approach to delivery to support those with congenital or long term mental illness and the consequent transition through services
10. Co-production of service changes and service delivery with service users and carers
11. The ability to sustain and further develop specialist services including services currently commissioned by Specialised Commissioning (NHS England)
12. A strong mental health and learning disabilities clinical voice across and for the system
13. Robust mental health and learning disabilities leadership across and for the system
14. A population health management approach that focuses on the wider determinants of health such as housing, community infrastructure, leisure, unemployment, together with building community resilience, self-management approaches and social prescribing.
15. Alignment of commissioning and provision to achieve the best possible outcomes
16. Prioritisation and commitment to the Long Term Plan and future development of mental health and learning disabilities services

The STP CEO's group concluded at its meeting in August that the development of a dedicated Integrated Care Partnership for Mental Health and Learning Disabilities in addition to the three geographical ICPs could greatly enhance and support opportunities for further integration, ensuring those with varying levels of need receive the right care at the right time by the right people. Specifically the provision of a dedicated ICP for MH & LD will;

- Ensure the provision of specialist care for those that need it will be available

- Support the ability to recruit to and sustain a highly skilled and specialist dedicated mental health and learning disabilities workforce to deliver the best care and support for service users
- Meet the specific clinical, leadership and service challenges facing specialist mental health and learning disabilities, together with addressing better mental health and learning disabilities services for the whole population
- Ensure there is a significant clinical leadership and focus on this vulnerable group
- Bring together a range of partners across the statutory, voluntary and independent sector, across health and social care.

In any future model, care and services will be delivered predominantly around primary care networks, integrating mental health and learning disability services at team level. There are also some services, due to scale, severity or specialism that will need to be provided at geographical ICP level (e.g. across west Essex, west Herts or E&N Herts), some that will need to be provided at HWE STP level, and some that may be provided across multiple STPs.

The STP CEOs group agreed a number of next steps which are being taken forward over the next few months including;

- Further developing the model and pathways of care for those with mental health and learning disabilities. This includes looking at the activity, financial and patient flows across the geographical based ICPs and dedicated mental health and learning disabilities ICP
- Establishing a MH & LD Partnership approach/group to support the development of this work, aligning the work of the STP mental health and learning disabilities work stream to both continue service transformation and support development of the new model on behalf of the STP

8. Conclusion

Herts and West Essex STP continues to develop at pace, with the next six months a critical period as the system seeks to move to become a shadow ICS from April 1st 2020. HPFT is well represented at all levels across the STP - influencing and supporting the development of both the Integrated Care System and geographical based integrated Care Partnerships. Mental Health and Learning Disabilities population needs are being considered both at STP and ICP level; with the development of a dedicated ICP for mental health and learning disabilities under consideration.