

Hertfordshire Partnership University NHS Foundation Trust

Board of Directors PUBLIC Meeting

Da Vinci B

30 January 2020 10:30 - 30 January 2020 13:30

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BOARD OF DIRECTORS Meeting Held in Public

Date: Thursday 30th January 2020
Venue: The Colonnades, Beaconsfield Road, Hatfield AL10 8YE
Time: 10:30 – 13:30pm

| A G E N D A | | | | |
|-----------------------------|--|-------------------------|--------------------------|----------------------|
| | SUBJECT | BY | ACTION | ENCLOSED |
| 1. | Welcome and Apologies for Absence: | Chair | | |
| 2. | Declarations of Interest | Chair | Note/Action | Attached |
| 3. | Minutes of Meeting held on: 5 December 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: 15 January 2020 | Sarah Betteley | Receive | Attached |
| 7. | Workforce and Organisational Development Report: Quarter 3 | Susan Young | Receive | Attached |
| 8. | Community Survey | Sandra Brookes | Receive | Attached |
| OPERATIONAL AND PERFORMANCE | | | | |
| 9. | Report of the Finance & Investment Committee: 16 January 2020 | David Atkinson | Receive | Verbal |
| 10. | Finance Report | Paul Ronald | Receive | Attached |
| 11. | EU Exit | Keith Loveman | Note | Attached |
| GOVERNANCE AND REGULATORY | | | | |
| 12. | Report of the Audit Committee: 3 December 2020 | Catherine Dugmore | Receive | Attached |
| 13. | Well Led Review | Helen Edmondson | To Approve | Attached |
| 14. | Terms of Reference: a) Audit Committee b) Finance & Investment Committee | C Dugmore D Atkinson | To Approve To Approve | Attached Attached |
| STRATEGY | | | | |
| 15. | Planning 2020/21 a) Annual Plan 2020/21 | Keith Loveman | Receive | Attached |

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|-----|----------------------------------|-------------|----------------|----------|
| | b) Financial Plan | Paul Ronald | Receive | Attached |
| 16. | STP Update | Tom Cahill | Receive | Attached |
| 17. | Any Other Business | Chair | | |
| | QUESTIONS FROM THE PUBLIC | Chair | | |

Date and Time of Next Public Meeting:

Thursday 27 February 2020, 10.30 – 13.30, Da Vinci B/C,

ACTIONS REQUIRED

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

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

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

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

For Information: Literally, to inform the Board

Chair: Chris Lawrence

Declarations of Interest Register

Trust PUBLIC Board of Directors

30th January 2020

| Members | Title | Declaration of Interest |
|-------------------|---|--|
| Chris Lawrence | Chairman | None |
| Tanya Barron | Non-Executive Director | Chair of Affinity Trust |
| Sarah Betteley | Non-Executive Director/Deputy Chair | Director DEVA Medical Electronics Ltd |
| Diane Herbert | Non-Executive Director | <i>Being completed.</i> |
| Janet Paraskeva | Non-Executive Director | None |
| Loyola Weeks | Non-Executive Director | Director O'Donovan Weeks Ltd |
| Catherine Dugmore | | Trustee of WWF UK Trustee of RGB Kew Board member of Natural England |
| David Atkinson | | Trustee of Papworth Trust Trustee of Varrier-Jones Foundation |
| Tom Cahill | Chief Executive Officer | None |
| Susan Young | Interim Director, People & Organisational Development | <i>Being completed.</i> |
| Asif Zia | Director, Quality & Medical Leadership | Clinical Senate EoE Council Member |
| Keith Loveman | Director of Finance/Deputy CEO | Member Congregational Giving Team, St Albans Cathedral |
| Jane Padmore | Director, Quality & Safety | None |
| Sandra Brookes | Director, Service Delivery & Service User Experience | None |
| Karen Taylor | | None |
| In Attendance | Title | Declaration of Interest |
| Sarita Dent | Associate Non-Executive Director | Treasurer of Bipolar UK |

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| Helen Edmondson | Head of Corporate Affairs & Company Secretary | None |
| | | |

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

Present:

| NON-EXECUTIVE DIRECTORS | | DESIGNATION |
|------------------------------|---|---|
| Chris Lawrence CL | | Chairman |
| Tanya Barron TBa | | Non-Executive Director |
| Sarah Betteley SBe | | Deputy Chair and Non-Executive Director |
| 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 |
| Susan Young SY | | Interim Director Workforce & Organisational Development |
| Dr Jane Padmore JPad | | Director Quality and Safety |
| Dr Asif Zia AZ | | Director Quality & Medical Leadership |
| IN ATTENDANCE | | |
| Kathryn Wickham KW | | PA to Chairman and Company Secretary Minute Taker |
| 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 | | |
| Nese Marshall NM | | Care Quality Commission (CQC) |
| Jon Walmsley JW | | Lead Governor |
| Alicia O'Donnell-Smith AOS | | Interim Deputy Director of Communications & Engagement |
| APOLOGIES | | |
| Sandra Brookes SBr | | Director Service Delivery & Customer Experience |
| Keith Loveman KL | | Director Finance & Deputy CEO |
| Item | Subject | Action |
| 133/19 | Service User Presentation CL welcomed Suzanne who presented to the Board about her diagnosis of Autism following years of mental ill health. Suzanne was keen to raise awareness of autism in mental health services and shared with the Board her experience of the services in the Trust and her work from an involvement perspective. Suzanne was supported by Lara Harwood, Service Experience Lead. | |
| 134/19 | Welcome and Apologies for Absence CL welcomed all to the meeting with an extended welcome to Nese Marshall from the Care Quality Commission. Apologies were noted from Keith Loveman and Sandra Brookes. | |
| 135/19 | Declarations of Interest There were no items declared. | |

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| 136/19 | <p>Minutes of the meeting held 7th November 2019 The minutes of the meeting held on the 7th November 2019 were discussed and two amendments made. Subject to these amendments the the minutes were agreed as an accurate account of the meeting.</p> <p>APPROVED The Minutes of the meeting held 7th November 2019 were APPROVED</p> | |
| 137/19 | <p>Matters Arising The matters arising schedule was discussed and updates noted.</p> | |
| 138/19 | <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>Mental Health Long Term Plan TC reported that the first draft had been submitted – this was a work in progress and had been discussed in greater detail at the Private Board meeting.</p> <p>Learning Disabilities and Autism TC stated that nationally there was a lot of noise around improving the service however the whole sector was under pressure.</p> <p>National Performance The NHS was under real financial strain with national activity showing that the NHS were seeing more people in A&E and targets not being met. Referral to Treatment (RTT) times had become a real issue and would cost a significant amount to get back on track.</p> <p>Competency Frameworks TC advised that NHSI/E had published a competency and remuneration framework for Non-Executive Directors and Chairs. The Appointment & Remuneration Committee would be considering the framework and identifying any relevant next steps.</p> <p>NHS Pensions TC reported that this was a huge ‘hot potato’ in particular around clinical care. A number of alternatives were being considered, however the big firms who were previously advising had now withdrawn.</p> <p>Regional Update</p> <p>STP TC advised that the Long Term Plan was in draft form had been submitted. Recruitment was underway for a single Accountable Officer for the three CCGs. There was continued development of the Integrated Care Pathways and Primary Care Networks.</p> <p>Regulators: NHSE/I Nationally it was expected that there would be continued assurance sought from</p> | |

NHSI. KL and HE had held an initial meeting with Victoria Woodhatch, Director of Performance for East of England which had been helpful.

Trust-wide Update

Winter

There was a lot of concern around capacity and demand, flu and an already stretched service. Additional funds had been released with some of this ring-fenced for extra beds.

Quality

TC reported that the CQC Engagement meetings were going well. A visit was expected in 2020 but the exact date was not known. As an 'Outstanding' organisation it was anticipated that services which had not been visited for some while were likely to be inspected. Alongside this, the Trust was working to commence the Well Led independent review.

Royal College Report

TC noted that following extensive work, the Trust had managed to reduce its 'out of area' placements, however the situation remained volatile.

Performance

TC stated that despite pressures, performance continued to be generally strong with 9 out of 10 young people now seen within 28 days and in Adults 94% were seen within 28 days against a target of 98%. CQI had played a large part in improving the access times.

Community Survey

The survey remained embargoed with the results to be shared at the Board meeting in January 2020.

Finance

The financial picture showed that we were 'holding our own' however this continued to be a struggle.

Our People

Following a recruitment process Ann Corbyn had been appointed to the post of Director of People and Organisational Development and would take up her post on the 1st February 2020. Ann would be attending the January Board.

Flu Campaign

The Trusts Flu Campaign was well underway however we were still struggling to achieve high numbers despite new initiatives and a clear message to our staff to protect yourself and your family. This was a particular focus for the team.

Staff Survey

The Staff Survey response was currently over 55%, the highest the Trust had ever achieved. The final result would be published in February 2020.

TC invited questions

JPad advised the Board that two Social Workers had been nominated for the

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| | <p>Mental Health Social Worker of Year Award and came away with Gold and Silver.</p> <p>CL reported the accreditation of Oak Ward and asked AZ which units were accredited. AZ confirmed the below units had received accreditation:</p> <p>All Learning Disability Inpatient services and Oak Ward were accredited by the Royal College of Psychiatrist Quality Network</p> <p>ECT – ECTAS (Electro-convulsive Therapy Accreditation Service) Oak – QNPICU (Quality Network for Psychiatrist Intensive Care Units) Thumbswood – Members of the Perinatal Quality Network</p> <p>Oxford House – Adult Community ACOMHs accreditation Lambourne Grove – Royal College accreditation EMDASS – Royal College accreditation</p> <p>The Quality Network accreditation was a robust process which involved self-assessment against standards and service user and staff feedback over a two year programme.</p> <p>JPa referred to the CQC inspection making a suggestion for the Non-Executives involvement. TC acknowledged and made note.</p> <p>RECEIVED The Board discussed and RECEIVED the CEO report</p> | |
| 139/19 | <p>Report of the Integrated Governance Committee – 20th November 2019</p> <p>SBe presented the Integrated Governance Committee report to the Board which provided an overview of the work undertaken by the Integrated Governance Committee at its most recent meeting held on the 20 November 2019. There were no items for escalation to the Board. The report was taken as read and the following key messages provided:</p> <p>Reports were received from the following committees</p> <p>Quality & Risk Management Committee (QRMC) The Committee was informed that the Personality Disorder Pathway had been launched and that the quality compliance remained high.</p> <p>Workforce & Organisational Development (WODG) The time to hire was lower than in 2018 but had increased earlier in 2019 however it was reported this was due to the volume of recruitment. Further work was underway to continue improvement.</p> <p>Information Management and Technology and Information Governance (IM&T) The Committee received an update regarding the performance of HBLICT which had shown improvement and included the number of issues and reduction in waiting times.</p> <p>The Board Assurance Framework (BAF) and Trust Risk Register (TRR) were</p> | |

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| | <p>discussed, reviewed and approved with the Committee noting the progress made and providing the committee with further clarity.</p> <p>The Committee had held a Deep Dive on Violence and Aggression providing them with greater detail on a number of issues. The Committee also noted that 95% of assaults resulted in no or low harm.</p> <p>An update on the Restrictive Practice was given with greater detail to be provided in the Quarter 3 Patient Safety Report.</p> <p>The Committee received an update on the Statutory and Mandatory training of staff noting that in Quarter 2 there had been a good level of compliance, however there had been a drop in essential compliance due to the introduction of Safeguarding Adults level 3, but was assured this would be compliant by March 2020.</p> <p>SBe invited questions</p> <p>CL remarked on the 'time to hire' stating that on a recent site visit to Broadlands they had commented on a successful recruitment day, however were concerned they may lose candidates due to delays in the time to hire. SY responded stating that whilst work was underway to try and speed the process up, it was also important to keep in regular contact with candidates.</p> <p>The Board received and noted the report.</p> <p>RECEIVED The Board RECEIVED the report</p> | |
| 140/19 | <p>Quality and Patient Safety Quarterly Report – Quarter 2</p> <p>JPad presented the report to the Board which provided assurance on actions taken in response to safety related incidents. The report had been to the Integrated Governance Committee and was taken as read. The below highlights were noted the Board:</p> <p>The Trust had seen a decrease in the number of unexpected deaths, when compared to last year.</p> <p>There had been a decrease in violence and aggression from service users to staff however the level of service user to service user violence and aggression had not changed.</p> <p>There had been a significant increase in the number of responses to the Having Your Say questionnaire, but this had highlighted that more work was needed to ensure that service users felt safe whilst in our services.</p> <p>Safeguarding, both children and adults continued to be a priority for the Trust and progress had been made against the Safeguarding Improvement Plan, particularly in relation to strengthening governance and the work on sexual safety in our services.</p> | |

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| | <p>JPad referenced the end of the report which outlined the learning gained from Serious Incidents, complaints and surveys alongside the CQI methodology which had provided tangible outcomes.</p> <p>JPad invited questions</p> <p>LW raised risk assessment of ligature points with JPad. JPad reported that a systematic approach was taken to assess and agree mitigating actions.</p> <p>RECEIVED The Board RECEIVED the report</p> | |
| 141/19 | <p>Safe Staffing Report – Quarter 2</p> <p>JPad presented the report which provided the Board with the data for Quarter 2, 2019/20 on nurse staffing for the Trust. The report also provided the Board with information and assurance of the governance processes for rostering and ensuring the appropriate level and skill mix of nursing staff. JPad noted to the Board this was a mandatory report.</p> <p>Quarter 2 showed adequate staffing and shift cover in response to unexpected demand levels of acuity and dependency on the wards. The Trust were sustaining the use of bank staff with agency usage decreasing. TC commented that Bank Staff were our second workforce and the Trust needed to embrace working with them.</p> <p>JPad continued, advising that in terms of safety there were long term plans in place.</p> <p>CL mentioned Astley Court and whether the ERoster could work as well there with a smaller cohort. JPad replied explaining that it was more than just moving staff from site to site but about the skill mix, balance and transparency confirming that shifts were planned 12 weeks in advance.</p> <p>In response to TB question JPad reported that the team had reviewed the children's safeguarding referral data, which had resulted in discussions with the team to ensure appropriate referrals were being made.</p> <p>The Board considered and noted the contents of the report.</p> <p>RECEIVED The Board RECEIVED the report</p> | |
| 142/19 | <p>Report of the Finance & Investment Committee – 19th November 2019</p> <p>DA presented the Finance & Investment Committee report which provided the Board with a summary of the items discussed at the Finance & Investment Committee meeting held 19th November 2019. There were no items to escalate to the Board. The paper was taken as read.</p> <p>Key highlights from the meeting for the Board to note were:</p> <ul style="list-style-type: none"> • The Committee had undertaken a Deep Dive within the context of the | |

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| | <p>Delivering Value programme which had looked at the early work on the Model Mental Health Hospital portal site and the next steps. The Committee had been encouraged by what they had heard and requested an update of progress in six months' time.</p> <ul style="list-style-type: none"> • An update on the financial position had been given which, whilst good, was viewed with some caution as staff were working to full capacity alongside the pressures of the winter ahead. • The Committee had discussed capital expenditure and were provided with an update on the 5 year Strategic Investment Plan. The Committee had noted the request from NHSI to outline proposals to accelerate their capital spend. • KL had updated the Committee on the key investment consideration of the Strategic Investment Programme which outlined plans for the proposed inpatient development in the East and North of the County which would be part funded by related asset disposals. • • The Committee were updated with regard to the extension of The Mount contract. It was noted that the Board would be update on this via FIC. <p>RESOLVED The Board RECEIVED the report</p> | |
| 143/19 | <p>Finance Report PR presented the Finance Report which informed the Board of the current financial position, key highlights and risks, and the forecast of the likely financial position for the full year.</p> <p>Key messages for the Board to note were:</p> <ul style="list-style-type: none"> • October showed the Trust was ahead of plan with a surplus of £250k against a plan of £125k with the expectation we would meet the control total by March 2020. • The flash forecast for November indicated that Trust expected to see a small surplus and to continue to be ahead of plan. • There was an increased headcount in October of circa 40 staff; further work was ongoing to profile the likely recruitment timeline to new posts and to address this recruitment gap. • There has been an increase in reported monthly revenues. Several of the newly commissioned service developments were now being reported as more of these new services became established. This was having a favourable impact on the surplus position. As in most cases the recruitment was still ongoing. • Linked to the above was the additional pay cost this month reflecting an | |

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| | <p>increase in the payroll headcount of 42 which was the highest monthly increase. The full impact of this increase would not be seen in October so would increase further in November.</p> <ul style="list-style-type: none"> • Whilst agency costs were higher in month this was largely driven by the discrete time limited work within CAMHS. The area of risk currently is within medical posts. • Overhead costs continued to be largely held with a focus on the areas of travel, estates and several of the outsourced services. • There was a gap in the recurrent position which was showing a level of progress. • It was important to remind the Board that given the low margin level there were continued risks to the position which were likely to be absorbed and there were ongoing challenges. Alongside this there was the internal demand and pressure on beds and the anticipated impact of winter bed pressures within the acute sector. <p>PR concluded stating that we should feel confident for the full year position.</p> <p>RESOLVED The Board RECEIVED the report</p> <p>CD reported to the Board that she and NEDs on the Audit Committee had recently held a private meeting with external and internal audit. At the meeting both auditors had been very positive about the finance function of the Trust, saying there were prepared, thorough and scanned the horizon. The Board offered their thanks to the team.</p> | |
| 144/19 | <p>Workforce & Organisational Development Report – Quarter 2</p> <p>SY presented the Workforce & Organisational Development Report for Quarter 2 advising the Board that the report had been to the Integrated Governance committee for assurance and full discussion. The below points were highlighted to the Board:</p> <p>Recruitment and Retention</p> <p>The Trust vacancy rate had increased in Quarter 2 but November figures were showing a slight reduction. The turnover rate for November was 14.5% with a decrease seen in the vacancy rate. The Recruitment, Retention and Reward Strategy looked to address the significant challenges with recruitment and retention.</p> <p>Mandatory Training</p> <p>The statutory and essential training rates for the quarter were both just shy of 100%</p> <p>Staff Engagement</p> <p>SY commented on the feedback from the staff survey reporting that the feedback had really been taken on board by the Trust. The Quarter 2 Pulse Survey</p> | |

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| | <p>showed a 2% increase from the responses in Quarter 1.</p> <p>Bullying and Harassment</p> <p>SY advised that the Quarter 2 update was contained within the report noting the theme for the New Year was building on the Respect Training and the Trust Values.</p> <p>SY commented that the team would be putting focus on the PDP's going forward as this area was doing less well than Mandatory Training. A Deep Dive would also be undertaken in the New Year to not only look at compliance but also staff relationships with their line manager.</p> <p>SY concluded the update commenting on the staff survey results. The rate of 55% was the highest the Trust had ever achieved with 1700 staff completing the survey.</p> <p>SY invited questions</p> <p>SBe stated that it would be helpful to have greater detail on the Bullying and Harassment data.</p> <p>DA remarked on the amendment to the Disciplinary Policy and Process to include BAME representation stating that whilst the positive impact was welcomed, it was not clear why this was the case by just including a BAME representative. TC responded explaining that having a much broader panel provided a different perspective – learning which we had taken from Mersey Care's Just and Learning Culture. TC further commented that a Board session would be scheduled for the Just and Learning Culture.</p> <p>Action Point: Board session to be scheduled on the Just and Learning Culture</p> <p>DA further commented that the narrative 'diverse panel' would be preferable to Black and Ethnic minority.</p> <p>RESOLVED The Board RECEIVED the report</p> | |
| 145/19 | <p>Board Assurance Framework</p> <p>HE presented the Board Assurance Framework (BAF) noting this provided the Board with assurance that the Trust's principal risks had been identified and were being appropriately managed. The report provided an update on the latest iteration which had been reviewed and updated by each Lead Director since it was discussed at Board on the 5th September 2019 and the Integrated Governance Committee on the 18th September 2019. Appendix 1 details the changes to the BAF since it was last reviewed. Appendix 2 shows the full BAF. The Report was taken as read.</p> <p>The Board noted the report.</p> <p>RESOLVED</p> | |

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| | The Board NOTED and APPROVED the report | |
| 146/19 | <p>Trust Risk Register</p> <p>JPad presented the Board with the Trust Risk Register advising there were currently 12 risks on the Register. The full register had been presented and discussed at the Integrated Governance Committee on the 20th November 2019. The Board is presented with the top 10 risks on the register. There were no changes to the existing risk ratings.</p> <p>JPad advised that each service area held a local Risk Register which was fed into the Quality & Risk Management Committee and then to the Integrated Governance Committee.</p> <p>The West Strategic Business Unit (SBU) had put forward a risk of a self-harm non ligature incident for escalation, however following a lengthy discussion it was agreed the risk remained on the West SBU Local Risk Register.</p> <p>SBe acknowledged the use of the BAF and TRR which were now referenced in each report front sheet providing a better context to the paper.</p> <p>RESOLVED The Board NOTED the report</p> | |
| 147/19 | <p>Well Led Review</p> <p>HE provided background explaining that at the Private Board meeting of the 5th September 2019 it was agreed to start the process of planning for the undertaking of a developmental review of the leadership and governance using the Well-Led framework.</p> <p>HE advised she had worked with procurement to agree a process for directly awarding the contract under the SBS framework rather than a tender process. A meeting was scheduled to take place on the 18th December 2019 with the preferred supplier.</p> <p>It was noted that the Board would be kept apprised throughout the process and would involve board members, governors and other relevant stakeholders.</p> <p>RESOLVED The Board NOTED the report</p> | |
| 148/19 | <p>Chairs Action</p> <p>LW presented the Chairs Action advising the Board that Errol John had successfully completed the required 3 hearing sessions to become a MHA Manager.</p> <p>The Board was asked to approve the Chairs action for appointing Errol John as an MHA Manager. All in attendance agreed.</p> <p>APPROVED The Board APPROVED Errol John as a Mental Health Act Manager</p> | |

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| 149/19 | <p>Any Other Business</p> <p>HE reported that a self-assessment for the Board members would be sent which would provide the Board with a picture of how the Board was performing.</p> <p>No further business was put forward.</p> | |
| 150/19 | <p>QUESTIONS FROM THE PUBLIC</p> <p>CL invited questions from the public.</p> <p>JW asked if we had a sense of when we would expect to see development of the new site in the East and North of the county. DA responded explaining it would be a very defined process which would require approval every step of the way. The Trust would also be employing an independent consultant to guide us through the process. An anticipated timeline was 2023.</p> <p>No further questions were put forward.</p> | |
| <p>Date and Time of Next Public Meeting:</p> <p>The next Public meeting is scheduled for Thursday 30th January 2020@ 10:30am in Da Vinci B, The Colonnades</p> | | |

Close of Meeting

PUBLIC BOARD OF DIRECTORS' MATTERS ARISING SCHEDULE – 30th January 2020

| Date on Log | Agenda Item | Subject | Action | Update | Lead | Due date | RAG |
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| 05/12/19 | 144/19 | Workforce & Organisational Development Report – Quarter 2 | Board session to be scheduled on the Just and Learning Culture | | HE | | |
| 07/11/19 | 127/19 | Report from the Audit Committee | A meeting of the Board of Trustees to be scheduled to agree the charitable funds | This has been scheduled for the 30 th January 2020 | KL | | A |
| 07/11/19 | 123/19 | Performance Report Quarter 2 | Deep Dive to be scheduled on Delayed Transfer of Care for the Integrated Governance Committee | | HE | | A |
| 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 7 th November It was agreed for Susan Young to take this forward. | SY | b/f | A |

Trust PUBLIC Board

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| Meeting Date: | 30 January 2020 | 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.

Queens Speech

In December we saw the second Queen's speech of the year, and although many of the Bills that featured in the October Queen's speech reappeared, it is against a very different political context and it being almost certain the bills will get through Parliament. The Prime Minister said that this is a Queen's speech to "deliver on the priorities of the British people". And it is clear that aside from "getting Brexit done", the priority is the NHS, with the government enshrining in law the funding increase for the health service, making the NHS safer, reforming the Mental Health Act, alongside a promise to "seek cross-party consensus on proposals for long term reform of social care". Appendix A provides details on the key announcements relevant to health and social care:

It has also been confirmed that Matt Hancock is Secretary of State for Health, who has been in the post since July 2018.

EU Exit

Parliament voted on the European Union (Withdrawal Agreement Bill) in December, where it was supported and it is due to become law on 31 January 2020. The Withdrawal Bill will come into force from 31 December 2020.

All EU Exit preparations, particularly the focus on a 'no deal' scenario, have been formally stood down including reporting requirements whilst we enter the implementation phase through to December 2020.

Relevant Trust staff will continue to focus on 'business as usual' preparedness with a particular focus on winter arrangements. Learning from the EU Exit planning has been incorporated into existing Emergency Planning & Business Continuity processes. A further communication regarding settled status is being prepared and we will continue to offer support for EU staff.

National performance

The NHS nationally is under significant pressure. The latest monthly figures from NHS England and NHS Improvement show that in December 2019, A&E performance dropped to 79.8% against the four hour standard, down from 81.4% the previous month – the worst figures since records began. The monthly statistics also showed that the elective care waiting list is 4.42 million, and cancer saw all three main standards missed for the fifth time in 2019.

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

The pace of change across the Hertfordshire and West Essex Sustainable Transformation Partnership is accelerating, in line with national and regional timetables and development plans. As a national 'accelerator site' the STP has been revisiting the design of the Integrated Care System (ICS), using the NHSE ICS Maturity Matrix and NHS Long Term Plan to inform the forward plan for the next few months.

Recruitment to the joint Accountable Officer role for the ICS and the three Clinical Commissioning Groups (CCGs) has taken place, although at the time of writing this paper the appointment has not yet been confirmed.

The emerging system architecture includes the development of three Integrated Care Partnerships across the STP footprint – West Essex, West of Hertfordshire and East & North Hertfordshire. In addition, there is agreement to develop a Hertfordshire Mental Health and Learning Disability Integrated Care Partnership.

The STP has developed its draft Long Term Plan (LTP) Implementation Plan; and is currently developing the system Operating Plan for 2020/21 in line with the known national timetable. A paper later on the agenda provides greater detail on the STP.

New Care Model – East of England Provider Collaborative

The Collaborative continues to develop its approach and models of care with the Trust an active participating member. Good progress has been made by the Collaborative on the future design of services across the region, in collaboration with stakeholders, for CAMHS Tier 4, Mental Health and Learning Disability Forensic Services and Eating Disorder Services. HPFT has been well represented in all discussions to ensure the needs of our local populations are taken into consideration. The timetable for business case submission by the Collaborative remains mid-April. Activity and finance data has now been released from NHSE, and the clinical models are being tested against this to ensure they will both deliver the desired outcomes and will be affordable models for the future. The next Collaborative CEO Board takes place on 27 January 2020.

Planning 20/21

The STP is leading the work to develop and co-ordinate a system wide plan, which includes organisations and the system as a whole. The Trust is currently developing its Annual Plan priorities for 2020/21 ready for wider discussion with Governors; a session has been arranged for 3 February 2020. It is worth noting that the NHs Operating Framework and Planning Guidance has not yet been released. This is normally available in late December and so although the Trust is undertaking its planning this may need to change as a result of the planning guidance.

Trust-wide update

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

Operational pressures

Throughout the Christmas and New Year period we have experienced a high level of demand for in-patient services across all care groups. This has been the picture across all parts of the wider system. Our capacity to meet this demand means that we have continued to use out of area beds for a number of our acute adult service users.

Winter pressures funding has supported our winter plan by resourcing 5 additional private sector beds for 3 weeks and enabling us to expand the Discharge2assess programme. Work continues across adult and older people's services in particular, to improve flow across the 24/7 services, with

specific work focusing on reviewing and improving care -plans supporting 40 identified frequent attenders of services.

On behalf of the Board, staff have been thanked for their hard work over the holiday period.

This year's Flu vaccination campaign has focused around protecting family from flu. To date 58% of the trusts frontline staff have had flu vaccination as compared to 53% of staff last year. There are still challenges across the NHS with Mental Health trusts falling behind the acute trusts in relation to vaccination. There is now a national drive to either make the vaccination mandatory for all staff to protect vulnerable patients.

Finance update

At month 9 the Trust reported a strong financial position with a small monthly surplus, and surplus for year to date against plan of £295k. Overall there has been improvement in operational cost control from July onwards. There is a continuing level of vacancies arising from this year's new investment although in quarter three there are indications that the vacancy gap is reducing. There is some additional income likely to be received in the final months principally from the NHS Long Term Planning funding which is provided from central allocations. KPMG, our external auditors have noted that the Trust is holding a sensibly balanced position on its accruals and provisions. There are however some further areas of uncertainty where it is probable these will result in future cost and therefore consideration will be given to whether further provisions are required which will reduce the current surplus. These will be discussed in more detail by the Finance & Investment Committee and presented to the Audit Committee.

Performance

Our overall performance as a Trust has continued to be strong, with Quarter 3 seeing the full recovery of access standards for CAMHS, Adult Community and Older People's services. The Christmas period and January have both been incredibly busy with continued growth in demand reflecting both the regional and national picture. Our teams continue to deliver high quality care against this backdrop, and encouragingly we have seen a reduction in our staff vacancies and turnover over the last quarter. In common with other providers regionally and nationally we continue to face pressures with out of area placements, delayed transfers of care and meeting access targets with Initial Access to Psychological Services, all of which we are working with partners across the system to address

Quality

The situation with regard to Wuhun Coronavirus is developing and we are working with Public Health and NHSE to ensure we are prepared. Currently the Trust was working to increase awareness amongst staff and service users.

The MOSStogether strategy has been approved. The strategy is about making our services safer together with service users and carers and ensuring the least restrictive practice is used.

Our Electroconvulsive Therapy (ECT) service has recently been re-accredited by the Royal College of Psychiatrists; the service achieved all of the 243 standards and commendations in all of the four domains. The 100% achievement of the standards and domains reflects an incredible amount of hard work by the team. As well as this the lead consultant and team manager are active nationally with regard to ECT.

The Trust has been notified that following the outcome of the Annual Assessment for 2019/20 of all specialised services, by the NHS England's Quality Surveillance Team the Trust has been put in the category of Routine Surveillance. This means that the annual assessment has confirmed that the service is either 100% compliant with no risks identified or services that have not reached 100% compliance, but the regional teams have determined that this is not a material issue. The annual assessment outcome will be used by regional commissioning teams to monitor quality of service delivery and compliance with NHS England's service specifications.

2020 is the World Health Organisation year of the Nurse and Midwife and a programme of events throughout the year has been organised, linking it to our approach to recruitment and retention.

People

Staff survey

At the end of last year the trust carried out the NHS Staff Survey. All staff (excluding bank) are surveyed about their experiences at work. I am pleased to say that we had a huge increase in our response rate this year to 57.4% which is well above average for this type of trust. Initial indications are that we have some good results, particularly in relation to whether our staff would recommend the trust as a place to work and receive treatment, which is in line with our regular Friends and Family Test results. We are working on the indicative results internally, prior to the embargo being lifted in February, after which we will bring the results back to the public board. To ensure that we receive feedback from all staff we are undertaking a local survey of bank staff.

Good to Great Roadshows

As an Executive Team we are currently getting out and about across the organisation with our 'Good to Great Roadshows'. These give people the opportunity to talk to us about what is important to them about their experiences at work, and how we as a trust can work together to improve that experience, at a trust level, team level, and as individual members of staff.

Great Teams

We have just launched an exciting new initiative to help build even greater teams across the trust. Building on research from the Kings Fund and others about what makes a great, or high performing, team, we have developed a model which enables teams to self-assess where they are as a team and how they can develop themselves. The Senior Leadership team is sponsoring this work and providing support to the teams taking part.

Senior Leadership Team

The Trust has started the process to recruit a new Trust Chair after the announcement that Chris Lawrence will be leaving the Trust in July 2020, following the end of his second term as Chair. Jon Walmsley, Lead Governor, with support from the Catherine Dugmore, Senior Independent Director, Tom Cahill, Chief Executive, Director of People & OD and Helen Edmondson, Head of Corporate Affairs and Company secretary. The Appointments and Remuneration committee, a sub-committee of the Council of Governors is overseeing the process.

Ann Corbyn will be starting at the Trust on 2 February as the new Director of People and Organisational Development. Susan Young will remain at the Trust to provide a thorough handover to Ann.

Independent Well Led Review

The Trust is committed to undertaking an Independent Well Led Review in line with best practice. The Trust has identified a preferred provider, Deloitte, who will be appointed directly from the SBS framework. Deloitte are a very experienced in undertaking and supporting Independent External Well Led Reviews and have an extensive list of NHS Trusts they have worked with. The self-assessment phase is likely to take place during February and early March and the external review during April. The provisional timetable is aiming for the final report to be available the end of May 2020. A paper further on the agenda seeks approval by the Board of the preferred provider.

Tom Cahill
Chief Executive

Appendix A

a) NHS Funding Bill

“The NHS’s multi-year funding settlement, agreed earlier this year, will be enshrined in law”. This Bill will also incorporate steps to “grow and support the NHS workforce” and introduce a “new visa [to] ensure qualified doctors, nurses and health professionals have fast-track entry to the United Kingdom.” It will also remove hospital car parking charges “for those in greatest need”. Provisions in the Bill include: Enshrining in law the multi-year funding settlement for the NHS, agreed earlier this year, that will see a £33.9 billion increase in cash terms by 2023-24, 3.4% annual real-terms increase in NHS funding. The NHS still needs confirmation of its education and training budget for coming years, increased funding for public health, and a multi-year settlement for capital.

b) NHS long term plan

“We will deliver the NHS Long Term Plan in England to ensure our health service is fit for the future”. The government has committed to implementing NHS England’s proposals for legislative change to support the delivery of the long term plan. Specifically, the government plans to:

- Consider NHS England and NHS Improvement’s recommendations for legislative changes thoroughly and bring forward detailed proposals shortly.
- In due course, publish draft legislation that will accelerate the long term plan for the NHS, transforming patient care and future-proofing our NHS.

It is acknowledged that the current NHS legislative and regulatory framework does not fully support this direction of travel and it is broadly agreed that a complete re-write of the current legislative framework has not been judged either feasible or desirable. Therefore it is likely there will be a set of targeted changes to the law which are aimed at enabling the integration of services and avoiding a substantial restructure of the NHS.

c) Mental health reform

“My Ministers will continue work to reform the Mental Health Act to ensure people have greater control over their treatment and receive the dignity and respect they deserve”.

The government will:

- Respond to the Independent Review of the Mental Health Act’s recommendations through a White Paper in the new year followed by legislation when Parliamentary time allows.
- Ensure that people subject to the Act receive better care and have a much greater say in that care.
- Improve patient choice and autonomy, for example by enabling patients to set out their preferences around care and treatment in advance.
- Reform the process of detention, care and treatment while detained, including by providing patients with the ability to challenge detention.
- Make it easier for people with learning disabilities and autism to be discharged from hospitals and improve how they are treated in law.

d) Health Service Safety Investigations Bill

Legislation will be taken forward to “establish the world’s first independent body – the Health Service Safety Investigations Body (HSSIB) – to investigate patient safety concerns and share recommendations to prevent similar incidents recurring”. Provisions of the Bill will include:

- Establishing a Health Service Safety Investigations Body as a new Executive Non-Departmental Public Body, with powers to conduct investigations into incidents that occur during the provision of NHS services and have, or may have, implications for the safety of patients.
- Prohibiting the disclosure of information held by that investigations body, except in limited circumstances. This will allow participants to be candid in the information they provide and ensure thorough investigations.
- Improving the quality and effectiveness of local investigations by developing standards and providing advice, guidance and training to organisations.

- Amending the Coroners and Justice Act 2009, giving English NHS bodies the power to appoint medical examiners and placing a duty on the Secretary of State to ensure that enough medical examiners are appointed in England.

e) Immigration and Social Security Co-ordination (EU Withdrawal) Bill

“A modern, fair, points-based immigration system will welcome skilled workers from across the world to contribute to the United Kingdom’s economy, communities and public services.”

This Bill will:

- Bring an end to free movement in UK law.
- Introduce a new Australian-style points-based immigration system from 2021.
- Make EU citizens arriving from 2021 subject to the same UK immigration controls as non-EU citizens.
- Protect the long-standing immigration status of Irish citizens when free movement ends.
- Enable the Government to deliver future changes to social security coordination policy.

In addition to the Immigration Bill, the government proposes to:

- Create visa schemes for new migrants who will fill shortages in our public services, including a fast-track NHS scheme.
- Require new arrivals to contribute to the funding of the NHS.
- Increase the health surcharge, for those staying in the UK for more than six months.

f) Medicines and Medical Devices Bill

“A Medicines and Medical Devices Bill will “ensure that our NHS and patients can have faster access to innovative medicines, while supporting the growth of our domestic sector.”

Provisions of the Bill will include:

- Replicating powers over medicines and medical devices regulations contained in EU law.
- Making it simpler for NHS hospitals to manufacture and trial the most innovative medicines and diagnostic devices.
- Enabling the UK to be a world leader in the licensing and regulation of innovative medicines and devices, ensuring patients have access to the best possible treatments and supporting our domestic life sciences industry.
- Increasing the range of professions able to prescribe and developing more innovative ways of dispensing medicines in local pharmacies.
- Ensuring that the government can update legislation relating to medical devices, medicines, veterinary medicines, new innovative practices and clinical trials both in response to patient safety concerns and as it agrees the future global relationship of the UK in these areas.

g) Adult social care

“My Ministers will seek cross-party consensus on proposals for long term reform of social care. They will ensure that the social care system provides everyone with the dignity and security they deserve and that no one who needs care has to sell their home to pay for it.” “We will provide extra funding for social care and will urgently seek cross-party consensus for much needed long-term reform so that nobody needing care should be forced to sell their home to pay for it.”

The government plans to:

- Consult on a 2% precept that will enable councils to access a further £500m for adult social care. This funding will support local authorities to meet rising demand and will continue to stabilise the social care system.
- Seek cross-party consensus in order to bring forward the necessary proposals and legislation for long-term social care reform in England, ensuring nobody needing care will be forced to sell their home to pay for it.

Further Bills or Interest

Pension schemes Bill; Employment Bill; Environment Bill; Building Safety Legislation and Serious Violence Bill.

Board of Directors

| | | |
|----------------------|---|---|
| Meeting Date: | 30 January 2020 | Agenda Item: 6 |
| Subject: | Integrated Governance Committee Report 20 th November 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 15 January 2020.

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.

**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

- 1.1 The Integrated Governance Committee (IGC) was held on the 15 January 2020 in accordance with its terms of reference and was quorate.
- 1.2 The Committee for the first time received a list of all Committee members' declared interests and it was noted that this would be provided for every meeting.

2. Reports were received from the IGC Sub Committees

- 2.1 QRMC meeting held on 10 January 2020: The IGC noted that the meeting had focused on Learning Disabilities and Forensics and Essex IAPT services. They had also reviewed the STOMP (Stop Over Medicating People with Learning Disabilities) strategy. The meeting identified issues with room availability for IAPT services which were escalated to Trust Management Group.
- 2.2 The meeting noted that the quality assurance visits for safeguarding for adults and children by CCGs had been rated as good with no areas of concern identified. In response to a question it was confirmed that the triangulating of the information gathered from quality visits would be brought together under a quality assurance framework that was being developed. This would be particularly helpful to support the CQC inspections regime. It was agreed that the quality assurance frameworks would be brought back to IGC on a regular basis.
- 2.3 IM&T and Information Governance Programme Board meeting held on 9 January 2020: The Committee received the report and noted the improvement in response times for FOIs and SARs and the additional resources that will be used to reduce the SARs backlog.
- 2.4 It was reported that there were changes to the legislation for Data Protection but no action required locally. Response times by HBL ICT services continue to improve and agreement to further communication of the 'Live Chat' facility. The Committee were informed that the outcomes of the recent 'Phishing' campaign would be reported to the February 2020 Audit Committee.
- 2.5 The Outline Business Case for Single Sign on had been approved as well noting further developments of Paris and Spike 2. The meeting agreed the recommendation that productivity and triangulation dashboards are brought together. It was also noted that STP wide interoperability business case had been approved by all partners. In response to a question it was confirmed that the requirements of GDPR were dealt with.

3. Governance and Regulation

3.1 Board Assurance Framework

The Committee received an update on the work underway to update the Board Assurance Framework (BAF) in line with Annual Plan for 20/21 and feedback from recent internal audit. It was noted that the full Board Assurance Framework would be considered at the March Committee meeting.

The Committee discussed the format for the BAF and clarified its role in assuring the Board and Committee with regard to the controls in place.

3.2 Trust Risk Register

3.2.1 IGC considered and approved the Trust Risk Register for January 2020. 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 12 risks on the Trust Risk Register. The Committee considered the proposal with regard to downgrading and increasing risks as detailed in the report. The Committee discussed the proposal to down grade EU Exit and CAMHS risks, noting that the risk register is dynamic with risk scores being amended in line with circumstances. The Committee confirmed they would continue to monitor the risk register.

3.3 Emergency Preparedness Resilience and Response (EPRR) Core Standards Assurance Report

The Committee received the report which provided an update on the significant amount of work that had been undertaken to support submission of evidence to demonstrate compliance to EPRR core standards. Following assessment by NHSE/I the trust has been assessed as substantially compliant. The Committee discussed the one area of partial compliance that related to on call, with the specific area requiring improvement relating to training for on call. It was noted that the next review was likely to take place in July 2020.

3.4 Quarter 3 Policy Report

The Committee considered the report that detailed management oversight and governance of policies. The Committee noted that at quarter three the Trust has 90% of policies within review date, against a target of 90%. The Committee noted the actions that had taken place during quarter two to improve review compliance. In response to a question it was clarified that the Trust has a policy for policies which helps identify when a policy is required and also the Trust is developing a list of policies and submissions as required by NHSE/I.

3.4 Integrated Governance Committee Self-Assessment 2019

The Committee considered the report on the outcome of the committee self-assessment undertaken in December 2019. It was agreed that the feedback was helpful and would be useful for the Committee to consider. It was agreed that any areas requiring clarification would be picked up when the Committee terms of reference are reviewed. Overall the feedback was very positive and the areas for improvement, which related to the Annual Governance Plan and analysis versus detail provided in the reports were discussed and agreed

4. Deep Dive – Appraisal

4.1 The Committee received a deep dive into appraisals. The latest performance data for appraisals was presented as well as feedback on how systems were being improved to ensure accurate data on completion of appraisal was being collected as well as ensuring an increased number were being undertaken.

4.2 The Committee considered the provisional embargoed staff survey results that relate to appraisals as well as the actions being taken to respond to

issues identified as part of the internal audit into appraisals that took place in 2019.

- 4.3 The Committee supported the focus areas for future developments, noting that the appraisal form would be updated and the policy was due to be reviewed in 2020. All the actions would aim to improve not only the number of appraisals undertaken but also the quality.

5. **Quality Safety**

5.1 **Freedom to Speak Up Report Self Review**

The report set out a proposal with regard to the undertaking of a Board Self-Assessment for Freedom to Speak Up. The Committee supported the proposal of a small working group, to oversee the review, who would consult with lead Non-Executive Director. It was noted that the review would take place between January and September 2020 and the report on the self-assessment would then be considered by IGC in quarter three. In response to a question it was confirmed that IGC would continue to receive quarterly reports on Freedom to Speak Up.

5.2 **Quarter 2: Health and Safety Report**

The Committee noted the report that provided detail of the health, safety and security incidents and the actions taken. Overall for quarter two there had been a decrease in the number of service user violence and aggression incidents. The Display Screening equipment training package for staff has been developed and will be launched before the end of March 2020. A significant work stream is lone worker devices and the work underway to stream and monitor their use.

5.3 **MOSS together strategy**

The Committee considered and approved the MOSStogether Strategy and work plan. The strategy sets out a direction for providing safe services in the Trust, it will ensure the least restrictive practice is used that is effective. The Committee welcomed the work to co-produce the strategy with service users. The Committee noted the strategy would be rolled out in first quarter of 2020

6. **Quality Effectiveness**

6.1 **Quarter 3 CQUIN Report**

The report provided IGC with update on performance against CQUIN goals for quarter three (where information available) and the forecast for last quarter of the year. It was reported the position for flu and IAPT had improved but forecasting the Flu target would not be met in quarter 4.

6.2 **Continuous Quality Improvement Update**

The Committee noted the report and that the quarter three objectives had been met and that good progress had been made in relation to moving from transactional project to cultural movement. The Committee were informed that recruitment had been very positive and trust had already seen strong evidence of the CQI approach having consistently led to excellent performance. Two risks were identified regarding leadership and maintaining momentum.

6.3 Quarter 3 Practice Audit Implementation Report

The report provided an update on progress of clinical audit programme for since November 2019. The Committee were updated with regard to the audits escalated to QRMC due to poor compliance. The Committee received an update on the audits approved by Practice Audit Implementation Group and the identification of clinical leads for each active audit.

7. Quality Experience

7.1 Operational Update

The Committee received the report that summarised the key operational issues from Trust Management Group. In response to a question the plans for the refurbishment of Forest House and sustainability of CAMHs access position were discussed. The Committee were informed that the whole health and social care system was under pressure as a result of winter and that the Trust had been able to secure additional resources to help with capacity.

7.2 Quarter 3 Service User and Carer Experience Update

The Committee noted there has been a reduction in complaints and increase in PALS and compliments in comparison to quarter two. Quarter three had seen a reduction in feedback forms received. It was agreed that future reports would aim to triangulate with other information received from service users.

7.3 HPFT Carer Plan

The Committee received the report that provided an update on the development and implementation of the Trust Carer Plan (2019-2021). The plan had been co-produced and was ambitious. Quarters two and three had concentrated on awareness raising amongst staff and carers, which will be supported by carers awareness training becoming essential e-learning from April 2020. In addition CQI has been used to support the implementation of the Carers plan. The Committee acknowledged that there continued to be a need to work hard to ensure carers are listened to.

8. 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.

Trust PUBLIC Board

| | | |
|----------------------|---|---|
| Meeting Date: | 30 January 2020 | Agenda Item: 7 |
| Subject: | People and OD Q3 update | For Publication: |
| Authors: | Steve Graham, Interim Deputy Director of Workforce and OD | Approved by: Susan Young, Interim Executive Director of People and OD |
| Presented by: | Susan Young, Interim Executive Director of Workforce and OD | |

Purpose of the report:

For Information and to brief the Board on the work and activity of the People and OD directorate during Q3 of 2019/20

Action required:

The Board is asked to receive the report and discuss, noting its implications for the Trust.

Summary and recommendations:

This report provides the Board with an update on the workforce data and activity across the People and OD directorate during Q3.

The report describes the key activities and the impact of the work. The report also shows the key workforce data across the Trust for the quarter.

A continued focus in Q3 has been on enhancing our people's experience across the Trust and introducing changes to the way we do things to provide a better experience. The Great Teams initiative has been launched with the support and leadership of the Senior Leadership Team and OD facilitators who will help teams in their journey to becoming a Great Team.

During Q3 the National NHS staff survey was open; we had a 57.4% response rate, which is 16% higher than in 2018. Our initial results appear very positive, with the final benchmarking reports expected in February.

The revised approach to recruitment has had a positive impact on the new number of new recruits and as a consequence during Q3 the vacancy rate dropped to below the target of 12.2%, but ended the quarter slightly above target, but with 2% lower than Q2.

The retention initiatives have started having an impact on the numbers of people leaving the Trust and after 3 consecutive months and a 1% drop in the turnover rate; the Trust has ended the quarter at below target for turnover.

The Board is asked to note the positive Q3 position (in relation to Mandatory training, Vacancy rate and Turnover rate) and the level of activity that is being undertaken to support delivery of all the People and Organisational Development metrics as well as the actions being identified to improve the position moving forward.

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



Relation to the Trust Risk Register: This work relates to Risks 215 Workforce the Trust is unable to recruit sufficient staff to deliver safe services due to national shortages of key staff and 657 The Trust is unable to retain sufficient staff in key roles to be able to deliver safe services

Relation to the BAF: (Strategic objectives)

1. We will provide **safe** services, so that people feel safe and are protected from avoidable harm.
2. We will deliver a great **experience** of our services, so that those who need to receive our support feel positively about their experience
4. We will attract, retain and develop **people** with the right skills and values to deliver consistently great care, support and treatment

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

Equality & Diversity and Public, Service User and Carer Involvement Implications:

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

Seen by the following committee(s) on date:



Workforce and Organisational Development Report **Quarter Three: October – December 2019**

1.0 Introduction

The purpose of this report is to appraise Trust Board on the Q3 performance of the key workforce metrics and organisational development activity as agreed in the Annual Plan. The report summarises the activities undertaken to improve performance against the agreed targets and outlines the planned activities for the next period. Detailed below is the Q3 summary position.

2.0 Executive Summary

A continued focus in Q3 has been on enhancing our people's experience across the Trust and introducing changes to the way we do things to provide a better experience.

Our approach to enhancing the staff experience is the development of an inclusive Just and Learning Culture which is informed by the experiences highlighted in the results of the NHS national and local Pulse surveys plus the annual WRES and Gender Pay Gap data.

The amendment we made to the Disciplinary Policy and Process in Q1 to include representatives from the BAME network to ensure objectivity in decision making continues to have a significant positive impact on the number of allegations progressing to formal investigation and therefore having a positive impact on the experience of our people.

We have developed a proposal to support and develop all staff with the ability to hold confident and facilitated conversations. This is an important part of the development of the just culture and will provide manager's with tools to address issues at the local level, an area of concern that has been identified by the decision making groups in the disciplinary process.

This proposal will go through the appropriate governance routes to ensure stakeholder buy in before commitment is made to procure the support.

A Recruitment, Retention and Reward plan has been developed which addresses our significant challenges around recruitment and retention and lays out our commitment to our people, their development and working lives in HPFT. The strategy includes a number of retention initiatives which have already been implemented and have been evaluated well.

During Q3 interviews the Great Team Facilitators joined the Trust and made contact with several team to initiate the discussions around the self-assessment. Senior Leadership Team members will sponsor and support the work.

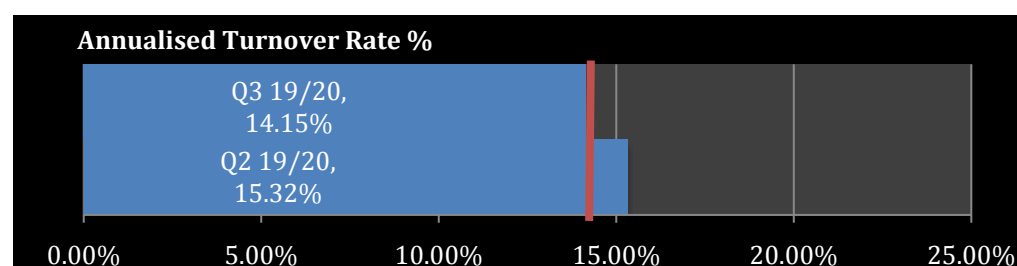
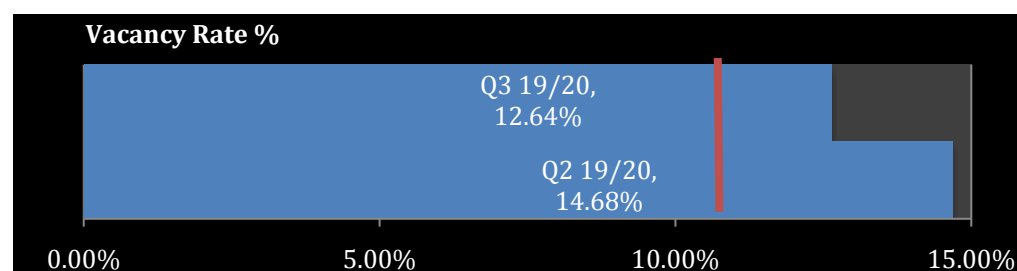
Leadership Development activity this quarter has included running the Management Fundamentals Programme, Coaching as a Management Style workshop, the Mary Seacole Programme and Cohort 10 of the Leadership Academy.

During Q3 the National NHS staff survey was open; we had a 57.4% response rate, which is 16% higher than in 2018. Our initial results appear very positive, with the final benchmarking reports expected in February.

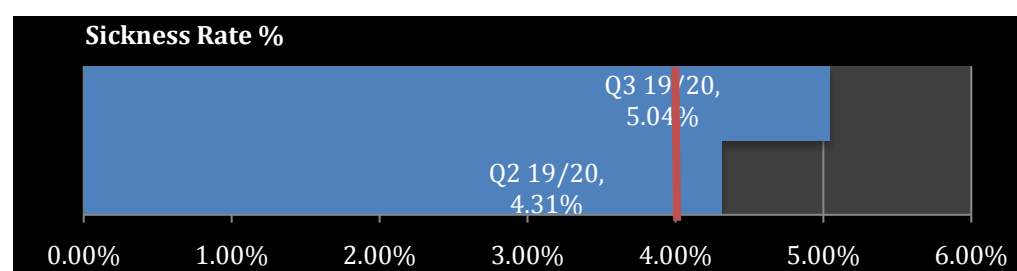
At the end of Q2 the Trust had a funded establishment of 3483 FTE with 2972 FTE in post and 511 vacancies, at the end of Q3 the funded establishment had increased to 3518 FTE with 3073 staff in post and 445 vacancies.

The revised approach to recruitment has had a positive impact on the new number of new recruits and as a consequence during Q3 the vacancy rate dropped to below the target of 12.2%, but ended the quarter slightly above target, but with 2% lower than Q2.

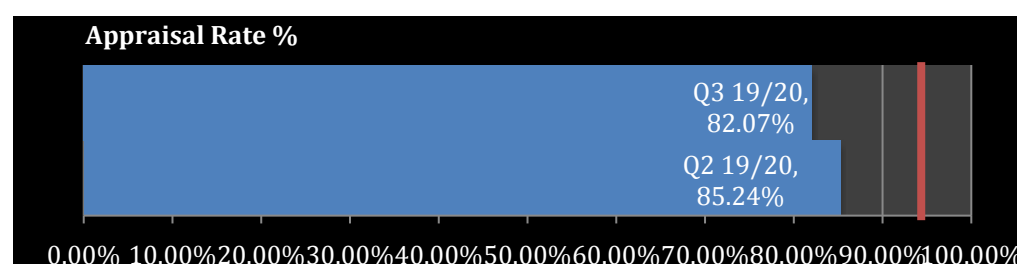
The retention initiatives have started having an impact on the numbers of people leaving the Trust and after 3 consecutive months of a dropping rate, equating to over a 1% drop in the turnover rate, the Trust has ended the quarter at below target for turnover.



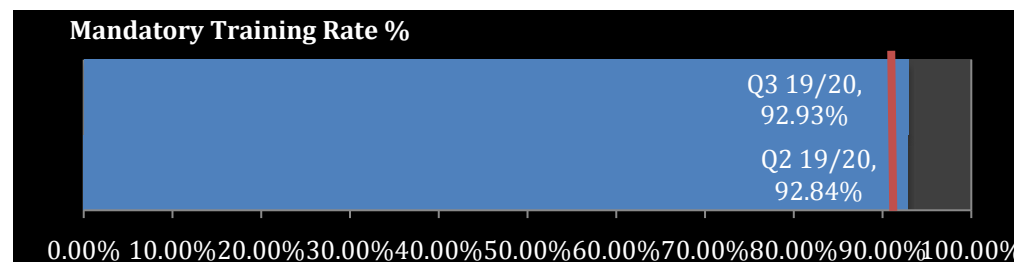
The sickness absence rate has risen significantly this quarter from Q2. This would appear to be a seasonal increase with an analysis of the reasons for absence showing a high rise in the numbers of episodes of colds and flu like illnesses.



The appraisal rate across the Trust continues to sit below target, and this will be an area of focus in Q4.



Mandatory training continues to meet the Trust target.



A Health and Well Being strategy has been drafted and is going through the final stages of ratification, however significant work across the Trust regarding health and well-being continues with activities including mini health checks, mindfulness and resilience training, massages, physical health activities and Schwartz Rounds. These activities are all designed to assist with prevention and getting staff to focus on their own health, wellbeing and resilience.

3.0 Enhancing Staff Experience

A continued focus in Q3 has been on enhancing our people's experience across the Trust and introducing changes to the way we do things to provide a better experience.

Our approach to enhancing the staff experience is the development of an inclusive Just and Learning Culture which is informed by the experiences highlighted in the results of the NHS national and local Pulse surveys plus the annual WRES and Gender Pay Gap data.

The amendment we made to the Disciplinary Policy and Process in Q3 to include representatives from the BAME network to ensure objectivity in decision continues to have a significant positive impact on the number of allegations progressing to formal investigation and therefore having a positive impact on the experience of our people.

We have developed a proposal to support and develop all staff with the ability to hold confident and facilitated conversations. This is an important part of the development of the just culture and combatting incivility and will provide manager's with tools to address issues at the local level, an area of concern that has been identified by the decision making groups in the disciplinary process.

This proposal will go through the appropriate governance routes to ensure stakeholder buy in before commitment is made to procure the support.

4.0 Organisational Development Activity

The Organisational Development Team continued to progress delivery against the agreed Organisational Development and Learning activity plan. Great Teams facilitators were recruited and have started working with 15 teams in Q3.

4.1 Delivering Effective Leadership Capacity and Capability

- Continuation of Cohort 10 with participants working with University of Hertfordshire on their Work Based Project.
- Cohort 11 of Leadership Academy applications open
- Continuation of Cohort 7 of the Mary Seacole Programme
- Senior Leadership Forum
- Continuation of the 2 day coaching as a management style programme

- 360 feedback facilitation and coaching

4.2 Maintaining and Growing Staff Engagement

- National Staff Survey ran from 7th October to 30th November 2020 (4.2.1)
- Inspire awards
- Big Listen (4.2.1)

4.2.1 Staff Feedback

The national staff survey was open to all 3114 eligible staff and 57.4% (1786) of staff completed the survey which was a substantial 16% improvement on 2018 response rate. The initial high level survey results look positive for the Trust.

The Trust held its 18th Big Listen event in October and 80 staff attended. The focus of the day was 'our people, our priority' and staff had the opportunity to discuss concerns, ideas and suggestions with the Executive team, attend workshops and wellbeing sessions.

4.3 Improving Staff Health and Wellbeing

The Organisational Development team has delivered several health and wellbeing initiatives detail including

- Mindfulness programmes
- Schwartz rounds
- Health Hub challenges
- Mini massage events

Delivery of the new Health and Wellbeing strategy is underway and focuses on the 5 pillars of wellbeing, Mental, Physical, Nutritional, Financial and Environmental.

Work is underway across the STP to replace the current Occupational Health provider and EAP service when the contract ends in March 2020.

5.0 Key Workforce Metrics

5.1 Establishment Data

The establishment data as at 30 September 2019 is as follows as Q2, this is shown in comparison to the data for the end of Q1:

| | Q1 | Q2 | Q3 |
|--|----------------|----------------|----------------|
| Funded Establishment = | 3409.47 | 3483.78 | 3517.78 |
| Staff in post = | 2966.35 | 2972.50 | 3072.99 |
| Vacant posts = | 443.12 | 511.28 | 444.79 |
| % Trust Vacancy rate = | 13.00 | 14.68 | 12.64 |
| Active Vacancies being recruited to = | 254.69 | 292.47 | 505.00 |
| % Total Turnover rate = | 15.65 | 15.32 | 14.15 |
| % Planned Turnover Rate = | 4.62 | 3.84 | 3.81 |
| % Unplanned Turnover Rate = | 11.03 | 11.48 | 10.34 |

| | | | |
|---------------------------|--------------|--------------|--------------|
| % Stability rate = | 87.04 | 85.71 | 86.74 |
|---------------------------|--------------|--------------|--------------|

5.2 Key Recruitment Activity

Since Q1 there has been an increase in establishment of over 100 wte this has been matched by a corresponding increase in staff in post, resulting in a slightly lower vacancy rate than Q1 despite a large establishment.

We have also almost doubled the number of active recruitment episodes to ensure the pipeline continues to bring in the level of starters we need, with over 250 candidates at the post offer stage.

At the end of Q2 177 wte vacancies were registered nursing vacancies and 145 wte were additional clinical vacancies, this has dropped to 148 wte nursing vacancies at the end of Q3.

The following focused and targeted recruitment events were held during Q3,

- In October, an Open Day event was held for Nursing vacancies in Norfolk (Resulted in 5 HCA, 4 qualified nurses and 6 Bank worker offers)
- In November an Open day for nursing roles in CAMHS and East Hertfordshire Community Nursing (resulted in 4 HCA offers and 1 Band 6 Community Nurse offer and interest from a Band 7 nurse which resulted in interview and offer at a later date)

The trust also attended a nursing career fair in October, sharing a stand with STP colleagues but this did not result in any appointments.

This model of utilising social media for a focused locality and/or staff group was successful in recruiting to a number of hard to fill posts in Q3 and so this approach will continue through Q4 with two events already planned for LD&F nursing and Older Peoples services to take place in January 2020.

The time to hire increased through Q2 to just over 10 weeks, this is still lower than this time last year, but the increase is a cause for concern. The increase is predominantly due to an increase in time to issue the conditional offer letter and relates to candidates not providing all the correct documentation at interview. A review of the process and communication will take place to ensure the most efficient and effective processes are in place.

During Q3 we had 156 new starters (compared to 159 in Q2) and only 95 leavers compared to the 138 leavers in Q2. This is which is a net gain of 61 staff compared to 21 staff in Q2 and a loss of 13 staff in Q1. The breakdown of new starters by staff group is shown in **appendix 1, section 3, Graph 5 – starters and leavers by staff group**.

Tables and graphs showing recruitment and vacancy information can be found in appendix 1, section 2 – Recruitment.

5.3 Temporary Staffing

During Q3, 26,519 bank and agency shifts for registered nursing, HCA and AHP posts were requested across the Trust. 19,913 shifts were filled by bank workers and 4,255 were filled by agency workers. This is a total fill rate of 91.1%, which consists of a 75% bank fill rate and a 16% agency fill rate.

This is a slight increase in the number requested in Q2 with a slightly higher proportion of agency shifts used. Work continues to recruit to the bank, with specific focus on Norfolk

Further tables and graphs showing bank and agency information can be found in appendix 1, section 5 – Temporary Staffing

5.4 Turnover Rate

The turnover rate has decreased significantly in Q3, which is a direct result of the reduction in people leaving the Trust. The planned turnover rate includes those staff who leave the Trust as a result of retirement, end of fixed term contracts or dismissals.

It is anticipated that the retention initiatives will continue to have an impact during Q4 and the turnover rate will remain at target.

5.5 Stability Index

This data shows the number of staff with more than one year's experience at two points in time, usually a year apart. These results are compared to give a reflection of the increase or decrease in experience in the organisation. A target of 75% - 85% represents a good balance of new ideas and organisational memory. The stability rate at the end of Q3 was stable at 86% which shows that experience and knowledge is being retained in the organisation.

5.6 Sickness Absence

The sickness absence rate is 5.04% in Q3, which is an increase on the absence rate in Q2 (4.31%). The increase in the sickness absence rate is not entirely unexpected given the quarter covers the winter period which is supported by an increase in the reported episodes of cough, colds and flu like illness. The level of this reason for absence is twice the number of the next reason.

There has been a decrease in the sickness absence rate in Q3 in Essex & IAPT only. The remaining SBUs and Corporate have all increased their sickness absence rates, with the exception of East and North Herts, which has remained the same.

The sickness absence percentages for each of the SBUs is as follows: Corporate Services 3.03%, Essex and IAPT SBU 4.13%, Learning Disabilities and Forensic Services SBU 6.54%, East and North Herts SBU 4.95% and West SBU 5.56%.

Sickness boards within the SBUs continue to focus on reducing the number of long term sickness absence cases by supporting staff back to work and managing short term sickness absence cases for staff with high Bradford scores. The importance of early intervention with return to work meetings after every period of absence is emphasised. The Management of Sickness Absence Policy reminds employees of the ongoing monitoring of absence, to ensure that standards are consistently maintained. Management of Sickness Absence training is provided to line managers. In addition the work that the Trust continues to undertake with regards to health and wellbeing which includes the health hub, promoting physical activity and healthy eating, resilience and mindfulness support, mini health checks and Schwartz Rounds is well received by staff.

The top reasons given for absence in the Trust are as follows:

1. Cold, Cough, Flu – Influenza (449 episodes);

2. Unknown causes / Not specified (239 episodes);
3. Other known causes – not classified elsewhere (227 episodes);
4. Gastrointestinal problems (220 episodes);
5. Anxiety/stress/depression/other psychiatric illnesses (136 episodes).

The above five reasons for sickness are all the same in Q3 as for Q2, with all reasons having similar numbers of episodes of absence with the exception of Cold, Cough, Flu – Influenza, which had nearly three times as many episodes in Q3 compared to Q2.

The estimated costs to the Trust of sickness absence for Q3 has been calculated as just under £1.25m which is an increase of around £222k from Q2. A breakdown of the sickness absence costs by SBU can be found in **appendix 1, section 4**.

5.7 PDP Rates

The Trust's overall PDP rate has decreased by 3% to 82% in Q3. The PDP rates for each SBU are as follows:

| SBU | Q3 (2018/19) | Q4 (2018/19) | Q1 (2019/20) | Q2 (2019/20) | Q3 (2019/20) |
|----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| LD&F | 86% | 90% | 93% | 89% | 89% |
| Essex & IAPTS | | | 80% | 82% | 82% |
| East and North | 91% | 94% | 89% | 91% | 87% |
| West | 91% | 91% | 90% | 87% | 78% |
| Corporate | 79% | 72% | 69% | 65% | 65% |
| Trust | 88% | 90% | 86% | 85% | 82% |

All areas receive monthly management reports detailing completion rates. All managers should be able to access their teams PDP compliance rates on SPIKE which is updated on a regular basis.

Within the LD&F SBU, PDP compliance continues to be scrutinised at the monthly Core Management Meetings and Team reviews. Within East and North Herts SBU the issue of PDP completion is raised at the monthly E&N SBU Core Management meeting and at Service Line Core Management meetings; also PDP training is being delivered with the aim of improving the quality of the PDP with a training session scheduled for every quarter to be delivered locally, which are in addition to the sessions centrally provided. The West SBU Managing Director has emphasised the importance of PDP completion and PDPs are reviewed at monthly unit reviews. Corporate services have had greater scrutiny regarding completion rates. Compliance has significantly improved in Finance although overall completion rates for corporate services are still low. PDP training with a focus on quality of appraisals will be undertaken locally. Process improvements have taken place which should increase the reported rates of compliance.

5.8 Statutory and Essential Training Rates

The Statutory and Essential training rates in Q3 have ended as follows:

Statutory Training = 93%
Essential Training = 90%

Statutory continues to be above target but there has been a slight fall against the Essential target. Completion rates are being monitored and additional communications will be sent if this remains the case at the end of January 2020.

Respect Training (Relating to People 3b, 4 & 5) remain an area for concern due to insufficient availability of trainers. This is being addressed and an action plan will be developed to resolve this in Q4.

5.9 Discovery Update

A new version of Discovery is in development for launch at the end of Q4. The majority of the change is for system admin / management but we are taking the opportunity to improve the look/feel and simplify some aspects of navigation for end users.

The Supervision module is being simplified to reduce the amount of detail required and reduce the number of clicks.

6.0 Learning, Education and Development

6.1 Provision of Education and Delivery of the Learning and Development Agreements

6.1.1 Apprenticeships

The new Cohort of Nursing Associates has started with the University of Hertfordshire and plans are being put in place for the next cohort to start in 2020/21.

Applications have been made for the Registered Nursing programme for qualified Nursing Associates and Assistant Practitioners.

We have identified providers for a number of other Apprenticeships including Data Analyst, Project Management and Team Leader, which we will align with our internal Leadership & Management programmes / offer before being made available.

The Talent for Care Agenda continues and the Education Manager is heavily involved in Career fairs and events which have taken place in schools and colleges around Hertfordshire. We continue to partner with the STP on an area wide approach to encouraging local college / school leavers into the Health & Care sector.

The focus for Q4 will be on developing a Workforce Strategy / Plan to identifying how we can use Apprenticeships to develop our workforce needs for the future.

6.1.2 CPD

CPD has continued throughout Q3 with available funds from both HEE and HPFT almost fully committed to specific CPD activities, following a review of the previously approved plans. However, actual spend to end of Q3 is lower than expected and action is being taken with the Professional Leads to ensure that the approved CPD is being undertaken in Q4.

6.1.3 Medical Education

The latest Junior Doctors programme has started with a very well-received Induction event.

Academic programmes, Balint Group, MRCPsych course, regular CPD events and Junior

Doctors Forum took place throughout Q3.

7.0 Conclusion

We have continued on focus on our people during Q3 with work designed to enhance staff experience across the Trust.

We have also revised our approach to recruitment, which appears to have had significant impact, to support the recruitment challenges we face.

Underpinning all of this work will be the continued wellbeing, staff engagement and culture developments already started in 2018/19 which will reflect on HPFT being a great place to work.

With our focus on people and the workplace in 2019/20 our organisational development work will continue to provide tools to ensure individuals and teams operate in an effective manner, but there will also be a very strong focus on supporting the creation of a culture of inclusivity and incivility making HPFT an outstanding place to work.

All this work has resulted in a significant decrease in turnover rate during Q3 and a drop in the vacancy rate which is now just above target, having met target during the quarter.

8.0 Recommendation

The Board is asked to note the Q3 position and the level of activity that is being undertaken to support delivery of the People and Organisational Development metrics as well as the positive movement in some of the key metrics and the plans identified to improve the position moving forward.

Steve Graham
Interim Deputy Director of Workforce and OD
January 2020

Trust PUBLIC Board

| | | |
|----------------------|---|--|
| Meeting Date: | 30 th January 2020 | Agenda Item: 8 |
| Subject: | National Community Mental Health Survey 2019 – HPFT results against basic sample. | For Publication: No |
| Author: | Lara Harwood, Service Experience Lead | Approved by: Sandra Brookes, Executive Director of Service Delivery & Service Experience |
| Presented by: | Sandra Brookes, Executive Director of Service Delivery & Service Experience | |

Purpose of the report:

To provide the Board with an overview of the management report following the publication of the National Community Mental Health Survey results 2019, including actions being taken forward.

Action required:

To note the contents and actions being taken following analysis of the results and in response to general feedback regarding community services from service users, carers and staff.

Summary and recommendations:

The 2019 Community Mental Health Survey is part of the NHS Patient Survey Programme in line with the NHS Outcome Framework and is a major source of data for the CQC under the inspection regime, via intelligent monitoring. The survey is co-ordinated by the Patient Survey Co-ordination Centre, based at the Picker Institute Europe, on behalf of the Care Quality Commission (CQC). In 2019 there was a 27% response rate to the survey from HPFT service users which is line with the 2018 response rate.

The sample for the survey was generated at random on the agreed national protocol from all service users aged over 18 years on the Care Programme Approach (CPA) or on non-CPA care seen by the Trust between 1st September and 30th November 2018. The survey was undertaken between February and June 2019.

Overall, the initial results of the 2019 national community survey show no significant change compared to the results received in 2018. Responses to five questions fall into the bottom 20% range, and responses to two questions are in the top 20% category, compared to other trusts.

The overall rating of care has improved, and is in the intermediate range.

The score demonstrating the most significant decline in 2019 relates to the service giving help or advice with finding support for finding or keeping work. Providing help and advice with physical health needs has also fallen since 2018. There was an increase in those saying services supported them in joining a group or taking part in an activity although nationally this question was in the bottom 20% range.

There has been an increase in the number of people who said they were given information about getting support from people with the same mental health needs (peer support), although the Trust was still below the national average. Scoring higher than the national average was the question regarding people saying they were involved as much as they wanted to be in the care they will receive. However, when asked if these decisions were made together, satisfaction fell in 2019. The purpose of medications being discussed was in

the national top 20% range.

All but one question on the local survey (Having Your Say) received a higher satisfaction compared to the national survey. The question that scored lower than the national survey was in relation to people knowing who to contact for support. However, low responses from community teams continue which makes comparability of data difficult.

Recommendations to improve the survey results, but more importantly continue to improve community services and respond appropriately to service users and carer feedback include:

- Hold a number of events to gather views about community mental health services and consider what we can do to improve them for; service users, carers and staff. The aim would be to develop a service improvement plan for adult community services to be carried out during 2020/2021, using co- production and CQI methodology to support the plan and achieve outcomes.
- Focus actions on 5 key areas to impact on future survey results;
 - Implementation of new place-based community mental health framework in line with the NHS Long Term Plan, to replace the Care Programme Approach (CPA).
 - Review communication sent to service users to ensure they receive clearer details of reviews and more regular up to date information of changes in care coordinators and Consultants
 - Continue with the implementation of Shared Clinical Decision making
 - Continue to implement the Individual Placement Support (IPS) scheme
 - Further expansion of peer support workers
- Use of national and local survey data as a standard component of service development planning at a local level and in making a case for change and continuous improvements.
- In line with the Digital Strategy develop additional ways to gather service user feedback
- A range of communication methods will be used to ensure that service users are aware of the key feedback received via the survey and the actions we are taking in response. This will be throughout quarter 4 (19/20).

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

Links to Strategic Objectives 2 We will deliver a great experience of our services, so that those who need to receive our support feel positively about their experience.
5. We will improve, innovate and transform our services to provide the most effective, productive and high quality care.

Links to Risk register: Quality and safety: Failure to respond effectively to increasing demand in Adult Community resulting in a risk to safety, quality and effectiveness

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

N/A

Equality & Diversity /Service User & Carer Involvement implications:

The national survey includes a sample of service users from adult and older people's

community mental health services who used services between 1 Sept – 30 Nov 2018.

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

The Trust is required to participate in the national community mental health survey, the basic sample of which is covered under Section 251 of the NHS Act 2006.

Seen by the following committee(s) on date:

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

TMG – 28th November 2019

National Community Mental Health Survey 2019

1. Background

The 2019 Community Mental Health Survey is part of the NHS Patient Survey Programme and is co-ordinated by the Patient Survey Co-ordination Centre, based at the Picker Institute Europe, on behalf of the Care Quality Commission (CQC).

The survey of people who use community mental health services involves 52 providers in England (mental health trusts and community interest companies with mental health functions).

People aged 18 and over were eligible for the survey if they were receiving specialist care or treatment for a mental health condition, and had been seen by the Trust between 1 September and 30 November 2018.

2. Response Rates

In 2019 there was a 27% response rate to the survey from HPFT service users. This is in line with the 2018 response rate and considered to be a good response rate for this type of survey.

3. Results

3.1 Comparison against national average and 2018 scores

The comparative data is an average of all scores from Trusts using Quality Health as a contractor (95% of providers in England). The data gives the Trust an indication of how scores rank when directly compared with the average scores. The process used is based on national methodology used by the CQC to produce the national benchmarking reports and provides an indication of the Trust's national results.

Appendix 1 provides a full overview of question responses and how these compare to HPFT 2018 results and to the 2019 national average. These results are taken from the longitudinal data which ensures the most accurate comparability against the previous year.

In summary against the national 2019 scores (29 questions):

- 3 questions scored above the national average
- 16 questions scored below the national average
- 10 questions scored equal to the national average (within 1% either side)

In summary against HPFT 2018 scores (< or > one % point):

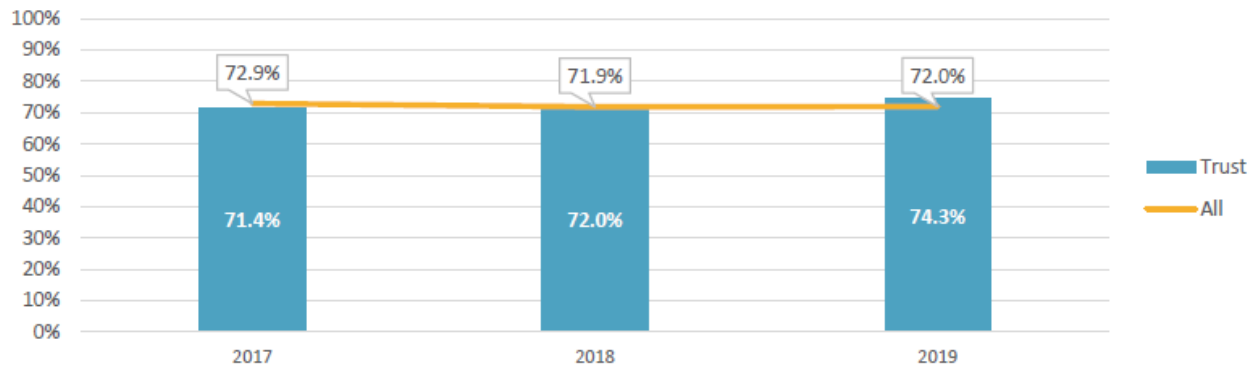
- 3 questions saw an improvement in scores
- 12 questions saw a decline in scores
- The remainder either score equal or had no comparative question in 2018.
- The most significant improvement between the 2018 and 2019 survey (increase of 18%) was in relation to people being given information about getting support from people who have the same experience.
- Area requiring improvement (against both 2018 and national average scores) related to the service giving you help or advice with finding support for finding or keeping work.

3.2 Highlight trends - improvements

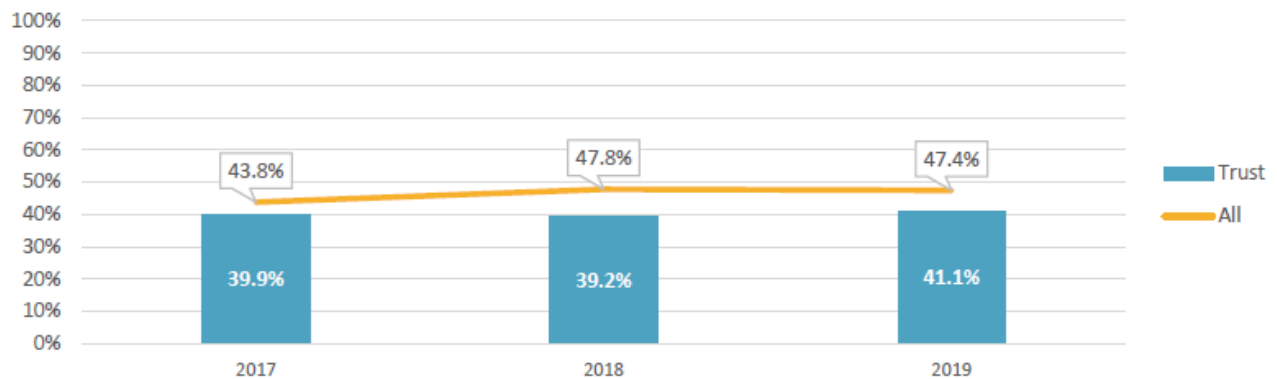
The diagrams below provide a visual overview of the most improved areas when compared to 2018:

("All" denotes the national score)

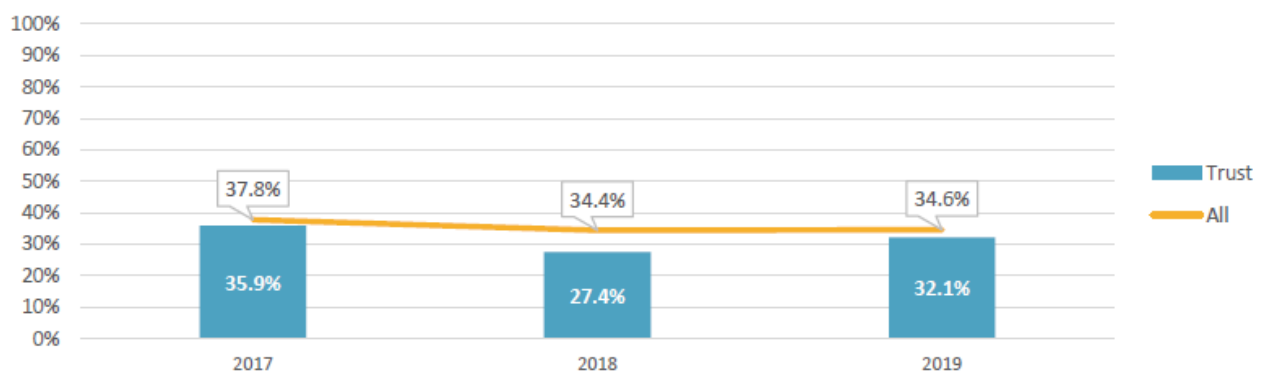
12. Were you involved as much as you wanted to be in agreeing what care you will receive?



32. In the last 12 months, has someone from NHS mental health services supported you in joining a group or taking part in an activity?



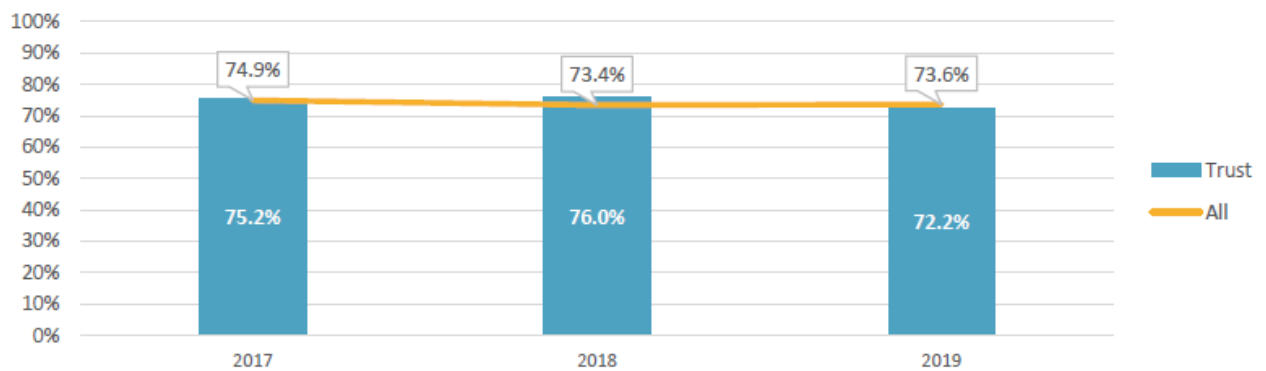
34. Have you been given information by NHS mental health services about getting support from people who have experience of the same mental health needs as you?



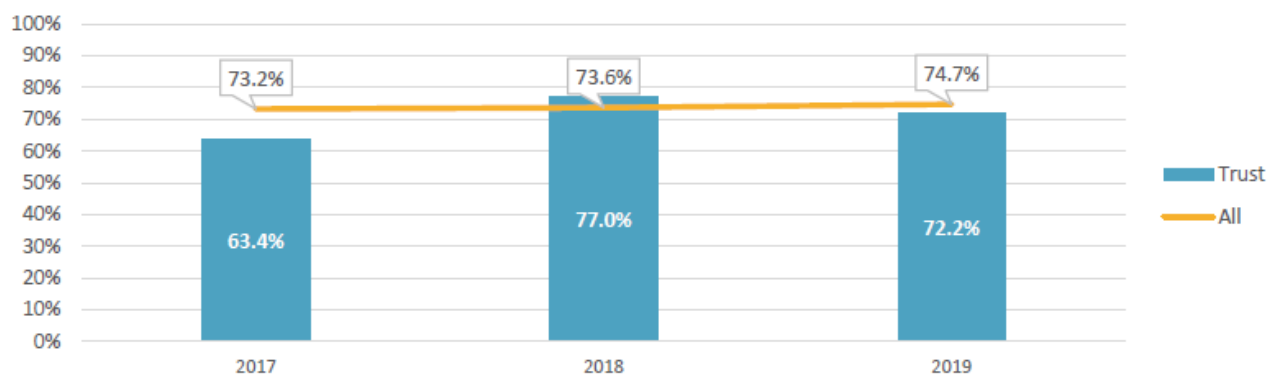
3.3 Highlight trends – Areas requiring improvement

The diagrams below provide a visual overview of the areas most requiring improvement when compared to 2018:

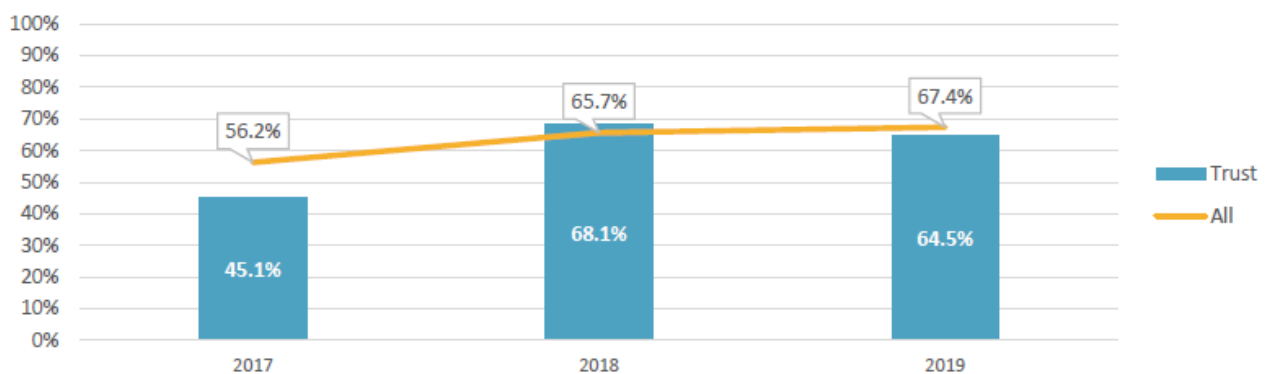
13. Does this agreement on what care you will receive take your personal circumstances into account?



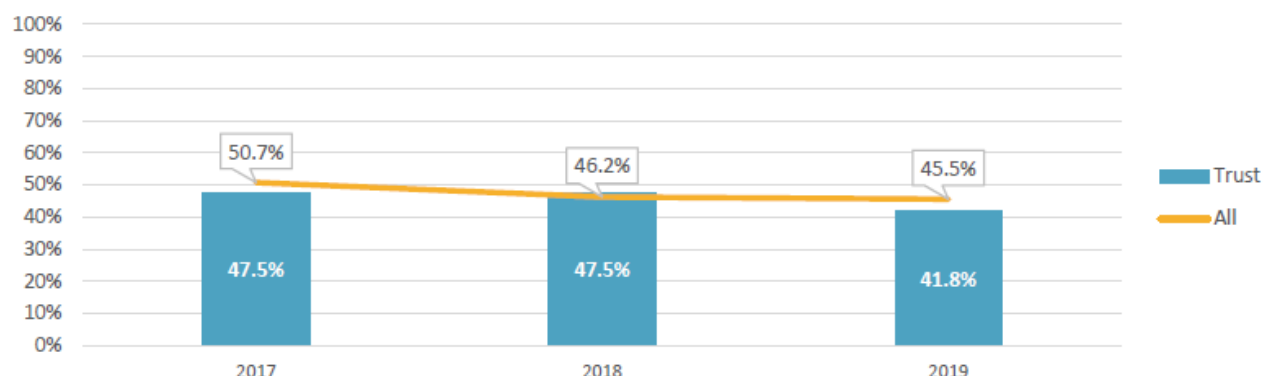
15. Did you feel that decisions were made together by you and the person you saw during this discussion?



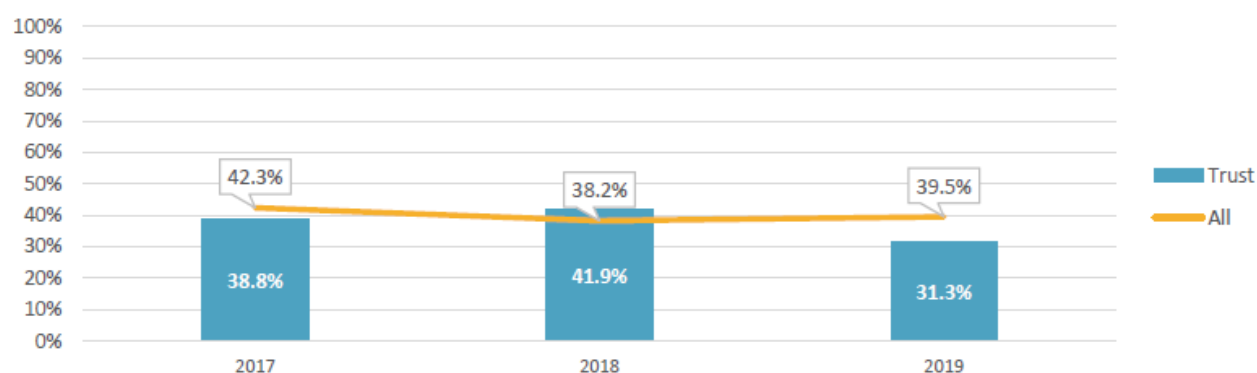
17. In the last 12 months, did you get the help you needed when you tried contacting this person or team?



29. In the last 12 months, did NHS mental health services give you any help or advice with finding support for physical health needs?



31. In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work?



3.4 Comparison against Having Your Say (HYS) results

Those national survey questions with a comparable question on our local Having Your Say Community surveys are shown on Appendix 2.

All but one question on the local survey received a higher satisfaction compared to the national survey. The question that scored lower than the national survey was in relation to people knowing who to contact for support.

Generally, however, the Trust sees continual low response numbers in relation to community services which is important if we are to be able to monitor ongoing improvements in services. During 2020/21 there will be a focus on how to increase these responses and in particular exploring how we can use a range of digital options to support this.

A new question added to the national survey 2019 asks whether people accessing services have been given the opportunity to give feedback on the quality of care. The score was in line with the national average (24%).

3.5 Qualitative Questions

There were 4 qualitative questions on this year's survey:

Is there anything particularly good about your care?
 Is there anything that could be improved?
 Any other comments?

Additional comments

There were 645 comments received.

Analysis of these comments shows consistent use of the words; “professional”, “caring”, “understanding” and “helpful” when describing staff, but there was also reference to staff “under pressure”, working in “difficult circumstances”. In addition themes identified in the feedback include:

- Poor communication
- Waiting times
- Difficulties in accessing the Care Coordinators
- Changes in Care Coordinators and Psychiatrists
- Not being seen frequently enough

Appendix 3 shows a word cloud highlighting the most frequently used words.

4. Recommendations

Following analysis of the data and a presentation from Quality Health it is recommended that the following actions are taken:

- Hold a number of events to gather views about community mental health services and consider what we can do to improve them for; service users, carers and staff. The aim would be to develop a service improvement plan for adult community services to be carried out during 2020/2021, using co- production and CQI methodology. These will take place during February and March 2020 led by the Executive Director of Service Delivery and Customer experience.
- Focus actions on 5 key areas to impact on future survey results;
 - Implementation of the new place-based community mental health framework in line with the NHS Long Term Plan, to replace the Care Programme Approach (CPA). This will be piloted in Stort Valley Primary Care Network (PCN) following on from the successful implementation of an integrated physical health service in the PCN, during quarter 1.
 - Review communication sent to service users to ensure they receive clearer details of reviews and more regular up to date information of changes in Care Coordinators and Consultants.
 - Continue with the implementation of Shared Clinical Decision making. Proof of concept will be tested in the North West and North quadrants.
 - Continue to implement the Individual Placement Support (IPS) scheme
 - Further expansion of peer support workers. This will initially be focused in the 2 pilot areas-Watford and Lower Lea Valley as part of the Community Transformation scheme.
- Use national and local survey data as a standard component of service improvements and in making a case for change and continuous improvements.
- In line with the Digital Strategy develop additional ways to gather service user and carer feedback.

- A range of communication methods will be used to ensure that service users are aware of the key feedback received via the survey and the actions we are taking to improve. This will be throughout quarter 4 (19/20).

5. Conclusion

Overall, the initial results of the 2019 national community survey show no significant change compared to the results received in 2018. Responses to five questions fall into the bottom 20% range, and responses to two questions are in the top 20% category, compared to other Trusts.

The overall rating of care has improved, and is in the intermediate range.

The score demonstrating the most significant decline in 2019 relates to the service giving help or advice with finding support for finding or keeping work.

An action plan has been put into place, which will be monitored via the Trust Management Group.

Appendix 1 – Full question breakdown with comparison against 2018 and national findings

↔ - equal to or within 1% either side

↓ - more than a % point lower

↑ - more than a % point higher

N/A – new question for 2019

| | Compared to HPFT 2018 | Compared to National 2019 |
|--|-----------------------|---------------------------|
| Your Care & Treatment | | |
| 3. In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs? | ↔ | ↔ |
| Your Health & Social Care Worker | | |
| 4. Were you given enough time to discuss your needs and treatment? | ↔ | ↔ |
| 5. Did the person or people you saw understand how your mental health needs affect other areas of your life? | ↔ | ↓ |
| Organising Your Care | | |
| 6. Did the person or people you saw appear to be aware of your treatment history? | N/A | ↓ |
| 7. Have you been told who is in charge of organising your care and services? | ↓ | ↓ |
| 9. Do you know how to contact this person [in charge of care] if you have a concern about your care? | ↓ | ↓ |
| 10. How well does this person organise the care and services you need? | ↓ | ↓ |
| Planning Your Care | | |
| 11. Have you agreed with someone from NHS mental health services what care you will receive? | ↓ | ↔ |
| 12. Were you involved as much as you wanted to be in agreeing what care you will receive? | ↑ | ↑ |
| 13. Does this agreement on what care you will receive take your personal circumstances into account? | ↓ | ↔ |
| Reviewing Your Care | | |
| 14. In the last 12 months, have you had a formal meeting with someone from NHS mental health services to discuss how your care is working? | ↓ | ↓ |
| 15. Did you feel that decisions were made together by you and the person you saw during this discussion? | ↓ | ↓ |
| Crisis Care | | |
| 16. Do you know who to contact out of office hours if you have a crisis? | ↔ | ↑ |
| 17. In the last 12 months, did you get the help you needed when you tried contacting this person or team? | ↓ | ↓ |
| Medicines | | |
| 19. Were you involved as much as you wanted to be in decisions about which medicines you receive? | ↔ | ↓ |
| 20. Has the purpose of your medication ever been discussed with you? | N/A | ↑ |
| 21. Have the possible side effects of your medicines ever been discussed with you? | N/A | ↔ |
| 24. In the last 12 months, has an NHS mental health worker checked with you about how you are getting on with your medicines? | ↓ | ↔ |
| NHS Therapies | | |
| 26. Were these NHS therapies explained to you in a way you could understand? | ↓ | ↓ |
| 27. Were you involved as much as you wanted to be in deciding what NHS therapies to use? | ↓ | ↓ |
| Support & Wellbeing | | |
| 29. In the last 12 months, did NHS mental health services give you any help or advice with finding support for physical health needs? | ↓ | ↓ |
| 30. In the last 12 months, did NHS mental health services give you any help or advice with finding support for financial advice or benefits? | ↔ | ↔ |

| | Compared to HPFT 2018 | Compared to National 2019 |
|---|-----------------------|---------------------------|
| 31. In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work? | ↓ | ↓ |
| 32. In the last 12 months, has someone from NHS mental health services supported you in joining a group or taking part in an activity? | ↑ | ↓ |
| 33. Have NHS mental health services involved a member of your family or someone else close to you as much as you would like? | ↔ | ↔ |
| 34. Have you been given information by NHS mental health services about getting support from people who have experience of the same mental health needs as you? | ↑ | ↓ |
| Overall | | |
| 35. Overall, I had a good....poor experience | ↔ | ↔ |
| 36. Overall, in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services? | ↔ | ↓ |
| 37. Aside from in this questionnaire, in the last 12 months have you been asked by NHS mental health services to give your views on the quality of your care? | N/A | ↔ |

Results are shown from the longitudinal data to ensure accurate comparison against 2018 results.

Appendix 2 – HYS comparison with national survey 2019 (1 Sept – 30 Nov 2018)

| National Survey Question | % | Responses | Having Your Say Question | % | Responses |
|---|----|-----------|--|----|------------------------------|
| Do you know how to contact this person if you have a concern about your care? Yes | 94 | 221 | Do you know who to contact for support? Yes | 81 | 182 |
| Did the person you saw understand how your mental health needs affect other areas of your life? Yes, definitely | 50 | 493 | Do you think the service understands how your mental health affects your life? Yes | 75 | 182 |
| Were you involved as much as you wanted to be in agreeing what care you will receive? Yes, definitely | 41 | 502 | Have you been involved as much as you want to be in discussions about your care? Yes | 86 | 179 |
| Do you know who to contact out of hours if you have a crisis? Yes | 73 | 440 | Do you know how to get support and advice at a time of crisis? Yes | 80 | 182 |
| Has the purpose of your medicines ever been discussed with you? Yes, definitely | 60 | 410 | Were you given information about medications and any side effects in a way you could understand? Yes | 62 | 152 |
| Have the possible side effects of your medicines ever been discussed with you? Yes, definitely | 41 | 406 | | | |
| In the last 12 months, did NHS mental health services give you any help or advice with finding support for physical health needs? Yes, definitely | 24 | 240 | Did we talk about any support you may need that would help with your physical health? Yes | 65 | 179 |
| Have NHS mental health services involved a member of your family or someone else close to you as much as you would like? Yes, definitely | 52 | 307 | Have we given an opportunity to those supporting you to be involved in your care? Yes | 77 | 177 |
| Overall, how was your experience (scale 1-10) (Result shown as scored by Quality Health) | 68 | 489 | Friends and Family Test score. | 84 | 182 |
| Overall, in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services? Yes always | 69 | 500 | Respect value score.(Combination of questions under the Respect value). Yes | 85 | 1091 (multiple responses) |

(Please note these results are taken from the compositional data and show “Yes” only results to maintain comparability to HYS)

Word Cloud

The words given in comments are shown below, the larger the word, the more frequently it has been mentioned.



| | | |
|----------------------|---|---|
| Meeting Date: | 30th January 2020 | Agenda Item: 10 |
| Subject: | Finance Report period to 31st December 2019 | 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:

This monthly report summarises the financial performance for the month and YTD.

Action required:

To review the financial position reported and the related highlights identified. To assess the implications on the End of Year position and raise any further matters the Board considers arise from the report.

Summary:

The position for Month 9 reports a monthly surplus of £10k, and £295k YTD, ahead of the Plan of (£50k) deficit in month and break even YTD. The current financial position has the following headlines;

- There has been good improvement in operational cost control from July onwards which has largely held (key variations are adult beds, medical agency and estates costs).
- There is a continuing level of vacancies arising from this year's new investment. There has been a level of net recruitment in Q3 indicating the vacancy gap is reducing. Further analysis is required however of the expected recruitment profile for the remainder of the year to increase the confidence in the EoY forecast and importantly the entry position to 2020/21.
- There is some additional income likely to be received in the final months principally from the NHS Long Term Planning funding which is provided from central allocations. This is in addition to income held back in the first two quarters to match future recruitment.
- As noted by KPMG, our external auditors, the Trust held a sensibly balanced position at March 31st 2019 on its accruals and provisions and these have largely continued into the current year with the exception of the provision to meet the five beds to replace the capacity within the Aston ward for nine months following the Board decision to remove all remaining dormitory style bedrooms. There are however some further areas of uncertainty where it is probable these will result in future cost and therefore consideration will be given to whether further provisions are required which will reduce the current surplus. These will be discussed in more detail by the Finance & Investment Committee and presented to the Audit Committee.
- There is the ongoing risk particularly with winter systems pressures that bed use could increase in the remaining months as shown in early January. This is the one major area of cost risk currently with the other area of focus being medical staff sickness cover.

When taken together the above factors show that the surplus is expected to be marginally ahead of Plan (and the Control Total) for the year. The latest forecast shows a surplus of £39k for the full year against a planned breakeven.

In addition the Board are asked to note the following as the key financial themes relevant to other

discussions and decision areas:-

- This year has seen a greater degree of variation in additional bed costs which indicates a greater level of risk than previous. At particular times bed numbers have escalated rapidly and taken time to reduce back down.
- Significant demand and activity pressures have been experienced in community services across adult, older peoples and CAMH services resulting in the need for short term investment to support the reversal of adverse performance and to protect service quality.
- The recruitment to the new service teams is still ongoing in several areas indicating a very long timeline in some more difficult areas of recruitment. Understanding these causes in more detail will support future planning
- The CRES program has not met its full recurrent target in year with limited progress in Q1 and Q2. This has led to key changes in approach and is also expected to now accelerate with the operational management team now recruited to.
- The agreement of income levels with commissioners has been more fragmented and prolonged this year.
- Within the capital and estates program some items have had lengthy implementation periods and again a review of the reasons will support future planning

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 8 January 2020 (Flash report)
Finance & Investment Committee 16 January 2020 (Flash report)

Month 9 financial statements

The position for December is in line with earlier forecasts and with the flash forecast presented to the Executive Team and Finance & Investment Committee earlier in January and shows a surplus of £10k in the month and £295k YTD. This compares to the YTD Plan of breakeven and a Full Year Plan similarly of breakeven.

Income

Overall income in December is above Plan by c. £400k, this partly reflects the release of 2019-20 income deferred from the Hertfordshire contract income to match the recruitment to new teams (Herts IAPT, Crisis Teams, and the specialist PD pathway team) so there is some level of inflation within the figure that will not carry forward (c/f) into 2020/21. YTD income is higher from the unplanned income to reimburse the CAMHs agency cost and IAPT trainee support and from recent winter funding support, which has been utilised in supporting additional bed activity. Points of note for are:-

- CQUIN on Herts forecast at 73% being £1.4m of £1.9m available. Shortfall is flu vaccination rate (forecast 61% giving £19k against target of 80% with £387k available) and IAPT anxiety score calculation (68% forecast giving £262k against the £387k available) where the tool is not always being fully utilised to demonstrate improvement across the treatment episode. Action is ongoing to improve data recording.
- Unplanned income has been received for additional 18/19 CQUIN (£175k) and the DOH funding provided to fund pay increases on Local Authority contracts (£400k). These will offset the shortfall in the Delivering Value CRES Program non-recurrently.
- There is circa £3m of income from 19-20 which will be deferred into 20-21. This principally relates to the successful bids for regional transformation funding for community services and to a lesser amount crises services and some CAMHs funding which were agreed late in the year and will be carried forward to complete service transformation project work into 20/21.

Pay

Pay overall continues to show a favourable variance but at much lower level than earlier in the year with total monthly Pay costs 3% higher than April levels and progressive monthly increases most pronounced in October/November with further increases anticipated in January and February reflecting successful recruitment strategies.

The other point of note from the table below is that agency had been increasing in recent months, even excluding the additional costs for the CAMHS 28 day backlog work. This has reduced in December although this reduction needs to be seen to continue into January to confirm whether it is a real downward shift in agency use. It is expected that with the increased recruitment levels this should see the reduction continue.

| | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec |
|------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Pay - Perm | 11,230 | 11,224 | 11,364 | 11,258 | 11,221 | 11,290 | 11,365 | 11,480 | 11,572 |
| Pay - Bank | 1,370 | 1,399 | 1,348 | 1,393 | 1,422 | 1,398 | 1,441 | 1,368 | 1,398 |
| Pay - Agency | 459 | 489 | 479 | 633 | 609 | 502 | 576 | 597 | 534 |
| Total Pay | 13,059 | 13,112 | 13,191 | 13,284 | 13,252 | 13,190 | 13,382 | 13,445 | 13,504 |

Overall Pay variance is a positive £1.5m YTD and continues to be the driver of the favourable financial position. The principal issue to confirm is the extent that this pay variance is due to the time gap in recruitment to newly commissioned services. Whilst there has been a good level of recruitment to most of these teams, much of this has been through internal movements so does not impact immediately upon the overall vacancy level. Finance and HR are working jointly on providing a regular projection of pay costs which will be crucial enhancement to understanding the underlying financial position.

Secondary Commissioning

This is the area of most volatility and variation throughout the year to date. December has shown some increase but not the significant level from winter pressures being experienced in early January. Beds within adult and older people's services held broadly at November levels with the increase seen in PICU. The short term costs of the 5 additional external acute beds at Cygnet, Stevenage were provided for last year and have no impact upon the monthly position.

It is important to note that there has been a significant increase in admissions in early January within adult services and that pressure has been experienced across all other care groups.

Overhead Costs

Overhead Costs were below Plan in December reflecting the reduction in costs, with further reduction anticipated, in settling non-contract charges with Interserve, estates repairs, transport, travel, and third party communication costs. This reduction in costs is offset in month by circa £300k provision made against the anticipated increase in provisions as we plan for year end and discussed in detail at the January Finance & Investment Committee.

End of Year Provisions

The last reported position is November's balance sheet (as routinely reported within the monthly finance report appendices) and shows the provisions position at November of £7.7m against a March 31st 2018 level of £7.6m.. Further detail in relation to these is noted further below;

Detailed note on Provisions

| 31 March 2019 £000s | Provisions summary as at month 8 | Under 1 year £000s | Over 1 year £000s | Total current month 8 £000s | Movement YTD £000 |
|------------------------|----------------------------------|-----------------------|----------------------|--------------------------------|----------------------|
| (1,268) | Continuing Care appeals | (1,234) | 0 | (1,234) | 33 |
| (485) | LTPS & Legal Claims | (465) | 0 | (465) | 20 |
| (2,114) | Pensions | (210) | (1,826) | (2,036) | 77 |
| (2,627) | Injury Benefit | (128) | (2,497) | (2,625) | 2 |
| (1,131) | Dilapidations | (210) | (1,120) | (1,330) | (199) |
| (7,624) | Total provisions | (2,248) | (5,443) | (7,691) | (67) |

Comment

| | |
|-------------------------|---|
| Continuing Care appeals | This refers to a provision which was increased significantly in FY13 through an additional CCG contribution. It was to meet the potential claims from claimants who were successful in reclaiming the costs they had paid for continuing healthcare support. Initially this provision was circa £6m and has reduced through the settlement of claims and a reimbursement to CCG's of £2m. There remain a small number of claims which are being pursued by family members. Given the age of this provision and that the claims originated some years ago, consideration had been given to reduce this provision. However a recent claim has arisen which is likely to be paid which requires a reassessment of the probability of liability and therefore the remaining provision is expected to continue |
| LTPS and Legal claims | There are two elements here; Firstly £105k is the trust liability on the excesses on claims being settled by the NHSLA under the national arrangements. This will be updated at March but will not change significantly. The remaining amount is three employee litigation claims with one individual claim being 75% of this. The major claim is still continuing so an assessment will be |

| Comment | |
|----------------|---|
| | made in March as to the likelihood of payment. At this point whilst prudent the provision is expected to continue (at slightly reduced amount), subject to any new claims information received. |
| Pensions | This was a historic arrangement where the Trust was transferred the assets and related liabilities for the pensions for staff impacted by the closure of several hospital sites. In FY13 the trust simplified and settled a number of these arrangements and this is the remaining amount covering the pensions for 90 employees or spouses. The value represents the actuarial value of the remaining liabilities and is updated annually. This provision will remain and will reduce gradually over time |
| Injury Benefit | This is similar to the pensions provision in that it represents the capitalised cost of future liabilities which are assessed annually. In this case the injury benefits for ex employee's and NHS Pension scheme members who have claimed that they are permanently incapable of fulfilling their duties effectively through injury. It covers ten members of staff with the majority relating to one claim from FY13. Similar to the provision above this provision will remain and will reduce gradually over time. As it covers less individuals it is more sensitive to changes in the number of claimants. New claims could be received, but none have been since FY14. |
| Dilapidations | This is a newer provision (two years) and is to meet potential tenant liabilities at the expiry of any existing property leases, for any dilapidations or costs in restoring any building to its original condition. This is the most active provision currently with £300k being provided annually. This does need further review given the experience to date. The provision is mainly arising from 5 main community sites. |

End of Year Forecast

Overall December YTD shows a reported surplus of circa £295k against an annual Control Total of break even. Key impacts in determining the full year position are;

We are now reporting the full extent of this year's income, with this increased revenue being offset by increased pay costs, but as stated above the extent of this needs a fuller and more detailed assessment as we focus on year end delivery. There are also other planned additional costs associated with operational service delivery, project work and planned environment enhancements chargeable to revenue expenditure.

Whilst there is an ongoing risk of an increase in external bed costs the position has largely held into the new calendar year (subject to confirming the position on PICU bed use) with significant operational focus on managing the position without compromising safety. December's position should be held or bettered particularly with the opening of the Sovereign House facility in partnership with New Directions, the impact of the short month in February and the additional bed funding received.

Overhead costs in general are holding up with some reduction expected with Interserve. There is some further senior agency costs currently but not significant variation to Plan. There has been some targeted investment approved by the senior operational leadership team of £250k to support some key quality developments and to further support the Delivering Value work. In addition there is as noted above the requirement to make in year provisions for the costs related to future estates refurbishment and service redesign

A broad estimate of the likely end of Year position before mitigations is therefore shown below with circa £3m of income being carried forward as noted above;

| | £k | Comment |
|-----------------------|-----------|---|
| Position at M9 | 900 | Includes £600k non recurrent in year |
| Current run rate | 150 | £50k per month average (mainly Feb) |
| Further recruitment | (250) | Assumed further 30 net posts (10 per month) plus two project manager posts |
| Non Pay spend | (200) | Areas such as replacing defibriliators, additional in patient screens |
| Additional provisions | (550) | These could include matters such as; Operational costs relating to Oak Ward refurbishment, additional pension liability and costs related to service redesign for SRS provision |
| Expected position | 50 | |

Conclusion

The above position will see the Trust meet its Control Total and to achieve a financial Risk Rating of 1 whilst continuing its policy to maintain a balanced position in relation to its provisions.

Appendix 1 –December Financial Position

| Description | 2019/20 Plan | Month Dec - 19 | | | Year to Date Dec - 19 | | |
|--|------------------|-----------------|-----------------|--------------|-----------------------|------------------|--------------|
| | | Actual | Plan | Variance | Actual | Plan | Variance |
| | | | | | | | |
| Number of Calendar Days | 365 | 31 | 31 | | 640 | 640 | |
| Contract #1 Hertfordshire IHCCT | 182,441 | 15,461 | 15,233 | 229 | 136,862 | 136,743 | 118 |
| Contract #2 East of England | 22,635 | 1,876 | 1,886 | (11) | 17,002 | 16,976 | 26 |
| Contract #3 Essex LD | 16,769 | 1,397 | 1,397 | (0) | 12,544 | 12,577 | (32) |
| Contract #4 Norfolk (Astley Court) | 2,223 | 185 | 185 | (0) | 1,666 | 1,667 | (1) |
| Contract #5 IAPT Essex | 8,281 | 945 | 690 | 255 | 6,707 | 6,211 | 496 |
| Contract #6 Bucks Chiltern CCG | 3,918 | 311 | 327 | (16) | 2,875 | 2,939 | (64) |
| Contracts | 236,268 | 20,176 | 19,718 | 458 | 177,657 | 177,113 | 544 |
| Clinical Partnerships providing mandatory svcs (inc S31 agrmnts) | 1,026 | 82 | 85 | (4) | 714 | 769 | (55) |
| Education and training revenue | 4,338 | 292 | 320 | (28) | 2,692 | 2,889 | (197) |
| Misc. other operating revenue | 3,259 | 239 | 212 | 27 | 2,095 | 2,180 | (85) |
| Other - Cost & Volume Contract revenue | 4,742 | 432 | 395 | 37 | 4,055 | 3,556 | 499 |
| Other clinical income from mandatory services | 2,193 | 180 | 183 | (3) | 1,570 | 1,645 | (75) |
| Research and development revenue | 369 | 15 | 31 | (16) | 234 | 277 | (43) |
| Provider Sustainability Fund | 1,887 | 188 | 189 | (1) | 1,669 | 1,226 | 443 |
| Total Operating Income | 254,081 | 21,604 | 21,134 | 470 | 190,687 | 189,656 | 1,031 |
| Employee expenses, permanent staff | (139,680) | (11,572) | (11,627) | 56 | (102,404) | (104,808) | 2,404 |
| Employee expenses, bank staff | (16,190) | (1,398) | (1,351) | (47) | (12,537) | (12,133) | (404) |
| Employee expenses, agency staff | (5,790) | (534) | (483) | (51) | (4,877) | (4,343) | (535) |
| Clinical supplies | (294) | (33) | (25) | (8) | (264) | (221) | (43) |
| Cost of Secondary Commissioning of mandatory services | (31,528) | (2,903) | (2,633) | (271) | (25,450) | (23,787) | (1,663) |
| Other Contracted Services | (10,020) | (875) | (834) | (41) | (7,502) | (7,518) | 16 |
| Drugs | (3,133) | (261) | (261) | 0 | (2,380) | (2,350) | (30) |
| Total Direct Costs | (206,635) | (17,575) | (17,213) | (362) | (155,415) | (155,159) | (256) |
| Gross Profit | 47,445 | 4,028 | 3,921 | | 35,272 | 34,497 | |
| Gross Profit Margin | 18.67% | 18.65% | 18.55% | | 18.50% | 18.19% | |
| Overheads | | | | | | | |
| Consultancy expense | (828) | (5) | (68) | 62 | (124) | (625) | 501 |
| Education and training expense | (1,226) | (69) | (103) | 34 | (801) | (918) | 117 |
| Information & Communication Technology | (4,700) | (382) | (392) | 9 | (3,558) | (3,525) | (33) |
| Hard & Soft FM Contract | (6,406) | (533) | (534) | 1 | (4,776) | (4,805) | 29 |
| Misc. other Operating expenses | (8,324) | (553) | (678) | 124 | (5,754) | (5,350) | (404) |
| Other Contracts | (1,921) | (179) | (160) | (19) | (1,654) | (1,441) | (213) |
| Non-clinical supplies | (419) | (49) | (35) | (14) | (457) | (315) | (142) |
| Site Costs | (6,672) | (587) | (556) | (31) | (5,269) | (5,004) | (265) |
| Reserves | (1,537) | (340) | (131) | (209) | (765) | (1,144) | 379 |
| Travel, Subsistence & other Transport Services | (4,070) | (372) | (339) | (33) | (3,296) | (3,052) | (243) |
| Total overhead expenses | (36,105) | (3,071) | (2,995) | (76) | (26,454) | (26,180) | (274) |
| EBITDA | 11,341 | 957 | 926 | 31 | 8,818 | 8,317 | 501 |
| EBITDA Margin | 4.46% | 4.43% | 4.38% | | 4.62% | 4.38% | |
| Depreciation and Amortisation | (5,531) | (443) | (461) | 18 | (4,001) | (4,148) | 147 |
| Other Finance Costs inc Leases | (354) | (24) | (29) | 6 | (216) | (265) | 49 |
| Gain/(loss) on asset disposals | (0) | (0) | (0) | (0) | (0) | (0) | (0) |
| Interest Income | 366 | 35 | 31 | 4 | 316 | 275 | 41 |
| PDC dividend expense | (3,935) | (328) | (328) | (0) | (2,952) | (2,951) | (1) |
| Net Surplus / (Deficit) | 1,887 | 198 | 138 | 59 | 1,964 | 1,226 | 738 |
| Net Surplus margin | 0.74% | 0.91% | 0.65% | | 1.03% | 0.65% | |
| Net Surplus / (Deficit) before PSF | 0 | 10 | (50) | 60 | 295 | 0 | 295 |

Trust PUBLIC Board

| | | |
|----------------------|---|---|
| Meeting Date: | 30 January 2020 | Agenda Item: 11 |
| Subject: | EU Exit – Briefing Note | For Publication: Yes |
| Author: | Rachel Millen Emergency Preparedness, Resilience & Response Officer | Approved by: Keith Loveman Director of Finance |
| Presented by: | Keith Loveman Director of Finance | |

Purpose of the report:

To brief the Trust Board on preparation for EU Exit.

Action required:

To:-

- Note the briefing
- Seek any additional information required
- Confirm any additional action as appropriate

Summary and recommendations to the Board:

Summary

Parliament voted on the European Union (Withdrawal Agreement Bill) in December, where it was supported and it is due to become law on 31 January 2020. The Withdrawal Bill will come into force from 31 December 2020.

All EU Exit preparations, particularly the focus on a 'no deal' scenario, have been formally stood down including reporting requirements whilst we enter the implementation phase through to December 2020.

Relevant Trust staff will continue to focus on 'business as usual' preparedness with a particular focus on winter arrangements.

Learning from the EU Exit planning has been incorporated into existing Emergency Planning & Business Continuity processes.

A further communication regarding settled status is being prepared and we will continue to offer support for EU staff.

The Trust Board is recommended:-

To note the briefing and seek any further information as required, directing any additional action as appropriate.

Introduction

This briefing note sets out the current position in relation to preparations for EU Exit. The Queen's Speech includes seven bills to support the delivery of EU Exit:-

- European Union (Withdrawal Agreement) Bill
- Agriculture Bill
- Fisheries Bill
- Trade Bill
- Immigration and Social Security Co-ordination (EU Withdrawal) Bill
- Financial Services Bill
- Private International Law (Implementation Agreements) Bill

Parliament voted on the European Union (Withdrawal Agreement Bill) in December, where it was supported and it is due to become law on 31 January 2020.

This Bill will:

- Implement in domestic law the withdrawal agreement which has been agreed between the UK and the EU.
- Ensure that the UK leaves the EU with a deal on 31 January 2020.
- Deliver the implementation period to give businesses and citizens time to prepare before it ends on 31 December 2020.
- Protect the rights of EU, EEA and Swiss citizens in UK law.
- Implement the new protocol on Ireland/Northern Ireland.

As a consequence the Government has now stood down the national 'Yellow Hammer' preparations, which related to preparedness for a 'no deal' scenario. All organisations are asked to no longer spend any further money on no deal preparations and should ensure all staff return to their original roles. The Trust is to also ensure all staff temporarily seconded to EU Exit work are relieved of these roles and use this time to instead focus on other planning concerns, primarily winter preparedness arrangements.

The 'Commissioners Bulletin' communication process has also been officially stood down and no other formal communication will be circulated from the central planning function.

Implementation phase

All organisations are to stand down immediately all preparations for potential 'no deal' arrangements previously targeted to 31 January 2020 and the Trust has actioned this requirement. From 31st January we will enter the implementation period, throughout which there will be no change to legislation and existing EU law will apply. The implementation process will cease after 31 December 2020 at which point the Withdrawal Bill will come into force.

The Government is expected to develop a comprehensive deal during the implementation period and does not expect any additional time extensions will be required to achieve this outcome. In the event the 'deal' is not concluded in this timeframe, organisations are expected to retain 'memory of preparedness' based on all the previous work completed.

We envisage that there is likely to be a requirement to 'stand up' arrangements during Autumn as the actual December 2020 exit date approaches.

Single Point of Contact (SPOC)

All organisations will need to confirm a single point of contact for the implementation phase, which can be a generic email address. The Trust has this already in operation. The regional EU Exit contact details will however no longer be working.

Key staff will still need to be contactable to respond to any follow up questions during the implementation phase. It is anticipated that these are likely to focus on procurement and workforce.

The Trust may still be asked for guidance and advice for our organisation relatively quickly from

the centre, but as noted above, all routine sitreps for EU Exit have been stood down.

Learning

As part of standing down, the lessons learned will be collated and retained alongside the resolution to any risk issues identified. It is worth noting that lessons learned have been incorporated into our Emergency Planning & Business Continuity processes. These related mainly to updating guidance and supporting paperwork and to refresher training for staff on emergency planning processes..

New Programme

NHS England are working on a new programme for future, post-EU, relationships, focussing on strategy, procurement, workforce and other areas and how we can escalate any issues during the implementation period. At the moment services are expected to use their business as usual arrangements.

EU Staff

The Trust has previously contacted all EU staff (c.230) regarding support in making applications for settled status and has also offered more informal support to staff who may feel unsettled by the EU Exit process. Staff colleagues have also been encouraged to support EU colleagues throughout this period more generally.

A further communication regarding settled status is being prepared and we will continue to offer support for EU staff.

Recommendation

The Trust Board is recommended:-

- To note the briefing and seek any further information as required
- Direct any additional action as appropriate

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

- Business Continuity & Emergency Planning
- Identified as a potential risk on the Trust Risk Register

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**

Trust PUBLIC Board

| | | |
|----------------------|---|---|
| Meeting Date: | 30 th January 2020 | Agenda Item: 12 |
| Subject: | Report from the Chair of the Audit Committee – meeting held 3 December 2019 | For Publication: Yes |
| Author: | Helen Edmondson, Head of Corporate Affairs and Company Secretary | Approved by: Catherine Dugmore Audit Committee Chair |
| Presented by: | Catherine Dugmore Audit Committee Chair | |

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 3 December 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.

The Board are asked to note the Committee approved the extension of the Internal Audit and Counter Fraud Services contract with RSM. There were no other matters for escalation to the Board.

The Board is asked to approve the amended Terms of Reference

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 3 December 2019 in accordance with its terms of reference and was quorate.

2. Minutes from Other Committees

2.1 Finance and Investment Committee held on 17 September 2019. Following presentation of the report the Committee noted that FIC had received a deep dive on Delivering Value and the efforts to reinvigorate the programme. The Committee also discussed the New Care Model Collaborative and ICP for mental health and learning disabilities. FIC considered the proposal for East and North Herts bed provision. The Committee approved the disposal of Alexandra Road.

2.2 Six-Monthly Report from FIC: The six-monthly report from FIC was presented. FIC had received two deep dives; one highlighting Social Care savings and second related to Benchmarking and the strong link to Delivering Value. FIC had looked at the workstreams being developed and received a presentation on the Mental Health Model Hospital. KPMG highlighted that they would like to understand how some of the variable cost pressures would play into the Annual Report.

2.2 Integrated Governance Committee (IGC) held on 20th September 2019: Following presentation of the minutes of the meeting the Committee noted that IGC had covered a variety of subjects that included workforce, safety, effectiveness and governance. The Committee looked in detail at the BAF and the Trust Risk Register. IGC also talked about how the organisation is celebrating the success of the CQC rating of Outstanding and how staff are being supported to celebrate success.

2.3 Six Monthly Report: Integrated Governance Committee: In the past six months IGC had talked about equality and inclusion and reviewed WRES data especially in relation to the appointment of BAME staff. Supervision was also discussed following an audit on the quantity and quality of supervision. A deep dive into violence and aggression towards staff took place at the November meeting.

The Zero Suicide Action plan was discussed. The action plan is robust for Hertfordshire but as the Trust covers Norfolk, Essex and Bucks the Trust is developing a plan covers the STP footprint. It was noted that CQC joined the IGC meeting in September.

3. Risk Topic Presentation

3.1 Risk Topic Presentation – Strategic Objective 4: HR and OD

The Committee received a presentation regarding Strategic Objective 4: HR and OD and its attached risks as identified in the BAF, that relate to attracting, retaining and developing people with the right skills and values to deliver consistently great care, support and treatment. The Committee heard that the plan for 2019/20 focused on recruitment and retention, culture and leadership and was being driven through IGC and Board with rigorous updates against the Annual Plan.

The Committee were informed that the Trust has had success in reducing the time to hire and had had a good response to recruitment events. Changes have been made

to the Disciplinary Policy in relation to cultural issues. An improved response rate to the staff survey had been achieved. Areas that remain a challenge are appraisals and PDP compliance and there is more work to do on diversity and inclusion.

4. Risk/Governance Matters

4.1 Policy on Standards of Business Conduct

The Committee approved the new policy on Standards of Business Conduct which had been revised based on feedback from the Internal Audit report. The Committee noted that the policy had been approved by the Executive Team, reviewed by Counter Fraud and approved by the Policy Group and was due to be ratified at the JCNC in January 2020. Following which it would be implemented including the process of seeking declarations of interest. Regular compliance reports will be brought back to the Committee

4.2 CQC Registration

The Committee received an update and information in relation to how the CQC regulatory notice has been addressed and were advised that all registration and changes have been completed. The regulatory notice regarding supervision of staff in Older People's services has been addressed and evidence submitted together with a letter of confirmation. Concerns remain about the quality of supervision and the internal audit will focus on "how useful is your supervision"

4.3 HSE Compliance Report

A report on the Trust's response to the HSE in relation to the regulatory notices was discussed. The Committee were made aware of the implications of non-compliance and were advised that evidence had been submitted together with a letter setting out the actions taken. The Committee discussed the use of Lone Worker Devices and were advised that there was assurance that more staff were using the devices and alternatives are being considered. It was agreed that the Committee would receive an update in six months.

4.4 Annual Report/Quality Account 2019/20 Update

The Committee received an update in relation to planning for the 2019/20 Annual Report and Accounts including the Quality Account. The approach and timetable were noted. The Trust is not expecting any material changes with regard to reporting requirements for 2019/20 Annual Report, and Quality Accounts. It has been agreed with External Audit that the Council of Governors will consider the Quality Account Indicators to be audited by KPMG in 2019/20 at its meeting on 12th December 2019. The Committee will receive an update at its next meeting.

4.5 Initial assessment of areas of management focus on Annual Accounts including IFRS 16 Leases

The Committee received a report focussing on the initial areas of management focus in relation to its work on the 2019-20 Annual Accounts. It was noted that there was more volatility driven by bed pressures and unexpected cost pressures however there is confidence that HPFT will meet the control total.

The new accounting standard on leases, IFRS16 which comes in 2020/21 was discussed. It effectively removes the distinction between operating and finance leases and requires all leases previously considered operating leases to come on the

Trust's balance sheet. While not in place until 2020/21 OFRS16 requires the Trust to disclose an assessment of leases in their 2019/20 accounts. External Audit reported that they were encouraged by the work being taken forward by the Finance Team in preparation of the changes.

The changes by the Pension Agency were highlighted, they have started to charge employees who have had exceptional pay rises during employment and are trying to push back to NHS Trusts. A more detailed discussion of the impact for the Trust will be presented at the next Audit Committee.

4.5 Update on Finance Policies revisions and remaining steps

The Committee received a final update on the progress on the revisions to a group of Trust finance policies following the deep dive presentation made to the last Audit Committee. It was noted that all of the required policies had been reviewed and updated. The majority of the work had been format changes with limited but very focussed amendments in response to; internal and external audit and LCFS reviews; annual review by financial service provider; discussions with West Hertfordshire Procurement. The Committee noted the policies which had been approved.

5. External Reports

5.1 Internal Audit Progress Report

The Committee received the Internal Audit Progress report and noted that three final audits were included; two rated as partial assurance and one report with substantial assurance. The Committee were informed that the work plan was on track, and the plan for 2020/21 is being developed and will be presented for approval at the Audit Committee planned for February.

Audit Committee discussed the two audits rated partial assurance; Patient Monies where it was reported that there was inconsistent use of documentation, absence of security measures and audit trail. The Committee were informed that a Task and Finish group has been established with the proposal to review the policy with a focus on CQI methodology. A report will come back to Audit Committee in February.

Health and Safety the audit covered a wide subject base and noted there had been control weaknesses highlighted during the course of the audit. The Committee received an update from lead in the Estates team who assured the Committee that that a robust process supported by a database had been implemented and that all the relevant documentation was filed with a monitoring process in place.

5.2 Internal Audit Action Tracker Exception Report

The Committee received the Audit Action Tracker Exception Report which detailed 13 overdue actions and 18 actions not yet due. It was noted that the action dates from 2017/18 relating to care home invoicing had been updated. It was agreed that the management team would look at system to ensure robust chasing of outstanding actions.

5.3 Counter Fraud Progress Report

A report outlining Counter Fraud work undertaken since the last Audit Committee held on 10th September 2019 was received. Two referrals of fraud from members of staff had been received; one referral outcome established that there was nothing to

pursue. The second referral determined that it was a matter to be handled internally in line with the Trust Disciplinary process.

Work on the National Fraud Initiative has identified 3 employees who have undertaken shifts with a secondary employer during a period of sickness absence; details have been shared with HR for consideration for an internal investigation. It was noted that a mid-year review of the Trust's current compliance it anticipated to be Green for the year end.

5.4 External Audit: 2019/20 Audit Opinion Plan

The External Audit 2019/20 Audit Opinion Plan was presented. It was reported that there are no major changes in process and guidelines except for IFRS16 which had been discussed earlier in the meeting. It was reported that VFM had not identified risks in year.

KPMG was reported that were confident that there were no major changes in how Quality Accounts will be presented, however guidance has not yet been released from NHSI. KPMG set out the Audit fees and confirmed that the team would work closely with HPFT to track any exceptional costs relating to IFRS16 implementation which would be presented to Audit Committee for approval.

5.5 External Audit: Progress Report

The Committee received the External Audit progress report and noted the actions taken since the meeting held on 10th September 2019.

5.6 KPMG Risk Register Benchmarking Report

The Committee received the KPMG Risk Register Benchmarking report and noted the 15 highest frequency risks from a series of providers that we benchmarked against.

6. Other Matters

6.1 Review of Terms of Reference

The Terms of Reference were presented to Audit Committee for discussion. The Terms of Reference were agreed subject to two amendments: amend how accurately they describe required NED attendance and amend wording regarding financial reporting. The Terms of Reference will be taken to Board for approval.

6.2 Committee Forward Planner 2020

The Committee reviewed and approved the Forward Planner for 2020. It was agreed that any deep dives should relate to the Board Assurance Framework and Trust Risk Register.

6.3 Annual Review of Committee Effectiveness

The Committee considered the proposal with regard to the self-assessment process for 2019. The proposal will see the questionnaire using questions that are based on outcomes of Terms of Reference. The proposal was agreed and report on result of the self-assessment would be considered at the Committee's February meeting.

6.4 Evaluation of Internal Audit and Counter Fraud Service

A report detailing the outcome of the evaluation of the effectiveness of Internal Audit and Local Counter Fraud was presented to Audit Committee (RSM were not present

for this item). The paper set out the outcome of the survey highlighting scores of 82% effectiveness for Internal Audit and 78% effectiveness for Local Counter Fraud.

Following discussion, Audit Committee agreed that the contract with RSM should be extended for two years. A feedback session with the Team would be planned with RSM to review comments.

7. Matters of Escalation

The Board are asked to note that the revised Audit Committee Terms of Reference are presented to the Board for ratification.

Trust PUBLIC Board

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| Meeting Date: | 30 January 2020 | Agenda Item: 13 |
| Subject: | Development Review of Leadership & Governance Using the Well-Led Framework | For Publication: No |
| Author: | Helen Edmondson, Head of Corporate Affairs and Company Secretary | Approved by: Helen Edmondson, Head of Corporate Affairs and Company Secretary |
| Presented by: | Helen Edmondson, Head of Corporate Affairs and Company Secretary | |

Purpose of the report:

To update the Board with regard to the selection of a preferred provider to work in partnership with the Trust to deliver the external developmental review of leadership and governance using the Well-Led framework. This is in accordance with the requirements of the NHS Foundation Trust Code of Governance.

Action required:

To note and approve the preferred provider.

To note the planning underway and likely timescales for undertaking the Well-Led Review.

Summary and recommendations to the Board:

1. Background

- I. The Board agreed to start the process of planning for the undertaking of an external developmental review for the leadership and governance using the Well-Led framework. This is in accordance with the requirements of the NHS Foundation Trust Code of Governance. The Board agreed to undertake an approach whereby the organisation commissioned to undertake the independent part of the process providing input into the design of the self-assessment part.
- II. A specification for the services to be commissioned was approved with agreement for the Trust to seek to directly award the contract under the Shared Business Services (SBS) framework.

2. Update

- I. The Chair, Chief Executive, Deputy Chief Executive and Head of Corporate Affairs & Company Secretary met with Deloitte, the preferred provider on the 14 January 2020. The meeting explored the approach that would be taken and how the review would be helpful in providing a 'roadmap' for the Trust going forward.
- II. Following the meeting, it was agreed to award Deloitte the contract in line with the SBS Framework.

- III. An initial engagement meeting has been held with Deloitte and work is underway to plan in detail the self-assessment and external review process.
- IV. It is expected that the self-assessment will be undertaken by the Board in February 2020, culminating in a Board workshop to review and discuss the assessment. This will be followed by the external Well-Led Review during which Deloitte will be using Peer Reviewers as well as their internal team and will seek feedback from internal and external stakeholders. It is expected that the final report will be available at the end of May 2020 however this date is still to be finalised.

3. Next Steps

- I. To finalise the self-assessment and external review process
- II. To commence the self-assessment and preparation for the external review

Board Action

The Board is asked to **approve** the appointment of Deloitte as the provider of the external support for the Well-Led review, noting that it is a direct award which is in line with relevant guidance and legislation.

The Board is asked to note the planning underway and likely timescales.

Relationship with the Business Plan & Assurance Framework:

Reviews provide a tool to facilitate continuous improvement to develop and improve capacity and capability in the organisation. This in turn enables Boards to demonstrate that their organisations are providing high quality, sustainable care.

Summary of Financial, IT, Staffing and Legal Implications:

There will be a financial implication in relation to the cost of the independent review.

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

Governors have a key role in the Well Led Key Line of Enquiry No. 7: "Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?" The independent reviews usually include interviews and focus groups with Governors and other key stakeholders.

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

The independent review provides assurance for the CQC Well-Led standard.

Seen by the following committee(s) on date:

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

Executive Team 29 January 2020

Trust PUBLIC Board

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| Meeting Date: | 30 th January 2020 | Agenda Item: 14a |
| Subject: | Annual Review of Audit Committee Terms of Reference | For Publication: |
| Author: | Helen Edmondson, Head of Corporate Affairs & Company Secretary | Approved by: Helen Edmondson, Head of Corporate Affairs & Company Secretary |
| Presented by: | Catherine Dugmore, Non-Executive Director | |

Purpose of the report:

To update the Board on amendments to Audit Committee Terms of Reference following review at December Committee meeting.

Action required:

To approve the Terms of Reference of the Audit Committee

Summary and recommendations to the Board:

Annually the Audit Committee (a sub committee of the Board) review their Terms of Reference and refer any changes to the Trust Board for approval. The Board may also review and modify a Sub-Committee Terms of Reference any time.

The Audit committee reviewed its Terms of Reference at its meeting of the 3rd December 2019 with the significant amendments being:

- Clarification of which Non-Executive Directors are required to attend.
- Updating of requirements under financial reporting
- Clarification of Committee's role with regard to assurance for policy review.

Recommendation:

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

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

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

Summary of Financial, IT, Staffing & Legal Implications:

none

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

none

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

Evidence for CQC and External Review of Well Led Domains

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

Audit Committee – 3rd December 2019

TERMS OF REFERENCE

Audit Committee

Status: The Audit Committee is a non-executive sub-committee of the Trust Board.

Chair: **Non – Executive Director**

Membership: The Committee shall be appointed by the Board from amongst the Non-Executive Directors of the Trust and shall consist of:

Open to all Non-Executive Directors but three Non-Executives to attend:

- Chair of Audit Committee
- Chair of Finance and Investment Committee
- Member of Integrated Governance Committee

In attendance:

Director of Finance

Representatives of Internal Audit

Representatives of External Audit

Head of Corporate Affairs and Company Secretary

The Chief Executive will be invited to attend at least once per annum.

Frequency of Meetings: 5 meetings per annum

Frequency of Attendance: Members will be expected to attend all meetings. If members miss two consecutive meetings, membership will be reconsidered by the Committee Chair (subject to exceptional circumstances).

Quorum: A quorum shall be two members, including one member from Finance and Investment Committee and Integrated Governance Committee.

1. Remit

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

1.2 The remit of the Group is:

“To review the establishment and maintenance of an effective system of governance, risk management and internal control, across the whole of

the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisations objectives."

2. Accountability

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

3. Responsibilities & Duties

The duties of the Committee can be categorised as follows:

3.1 Governance, Risk Management and Internal Control

The Committee will review the adequacy of:

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

In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit, Local Counter Fraud and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems

of integrated governance, risk management and internal control, together with indicators of their effectiveness.

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

The Committee will ensure that there effective processes in place for reviewing and monitoring compliance with required policy reviews.

3.2 Internal Audit

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

This will be achieved by:

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

3.3 External Audit

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

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

3.4 Other Assurance Functions

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

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

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

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

3.5 Counter Fraud

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

3.6 Management

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

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

3.7 Financial Reporting

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

- the clarity of wording in the Annual Governance Statement and other disclosures relevant to the Terms of Reference of the Committee is compliant with current disclosure requirements and is clear and understandable,
- changes in, and compliance with, the accounting Standards applicable to the NHS and with Trust policies and best practices
- unadjusted mis-statements in the financial statements
- major judgmental areas in the preparation of the accounts and the basis of the decisions made
- any significant adjustments resulting from the audit.

- that taken collectively the statements show a true and fair view
- the statements are in accordance with the monthly financial reports provided to the board and any variations are clearly explained

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

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

3.8 Quality Reporting

The Audit Committee shall ensure the process undertaken to develop the Quality Report and Quality Accounts is appropriate prior to its submission to the Board for approval.

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

3.9 Board Committees

In addition to the work of the Finance and Investment Committee and the Integrated Governance Committee, the Audit Committee shall review the work of any other committee set up by the Board as appropriate, the period and regularity of the reporting to be determined by the Audit Committee to reflect the nature and purpose of the committee.

4. Other Matters

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

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

5. Monitoring of Effectiveness

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

Terms of Reference ratified by: Audit Committee

Date of Ratification: December 2019

Date of Review: December 2020

Trust PUBLIC Board

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| Meeting Date: | 30 th January 2020 | Agenda Item: 14b |
| Subject: | Annual Review of Finance and Investment Committee Terms of Reference | For Publication: |
| Author: | Helen Edmondson, Head of Corporate Affairs & Company Secretary | Approved by: Helen Edmondson, Head of Corporate Affairs & Company Secretary |
| Presented by: | David Atkinson, Non-Executive Director | |

Purpose of the report:

To update the Board on amendments to Finance and Investment Committee Terms of Reference following review at January Committee meeting.

Action required:

To approve the Finance and Investment Committee Terms of Reference

Summary and recommendations to the Board:

Annually the Finance and Investment Committee (a sub committee of the Board) review their Terms of Reference and refer any changes to the Trust Board for approval. The Board may also review and modify a Sub-Committee Terms of Reference any time.

The Finance and Investment Committee reviewed its Terms of Reference at its meeting on 16 January 2020 with the significant amendments being:

- Clarification of which Non-Executive Directors are required to attend.
- Clarification of Committee's role with regard reviewing of all aspects of performance including quality and workforce

Recommendation:

Board of Directors asked to approve the Terms of Reference of the Finance and Investment Committee as appended to the report.

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

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

Summary of Financial, IT, Staffing & Legal Implications:

none

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

none

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

Evidence for CQC and External Review of Well Led Domains

Seen by the following committee(s) on date:

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

Finance and Investment Committee – 16 January 2020

TERMS OF REFERENCE

Finance and Investment Committee

| | |
|---------------------------------|--|
| Status: | The Finance & Investment Committee is a sub-committee of the Trust Board |
| Chair: | Non – Executive Director |
| Membership: | <p>The Committee shall be appointed by the Board and shall consist of:</p> <p>Open to all Non-Executive Directors but three Non-Executives, identified by the Chair to attend, one of which will be the Committee Chair.</p> <p>Executive Director Finance Executive Director Quality and Safety/Executive Director Quality & Medical Leadership Executive Director Service Delivery and Customer Experience Executive Director Strategy & Integration</p> <p>In attendance: Head of Corporate Affairs and Company Secretary</p> |
| Frequency of Meetings: | 6 meetings per annum |
| Frequency of Attendance: | Members will be expected to attend at least three meetings each year. If members miss two consecutive meetings, membership will be reconsidered by the Committee Chair (subject to exceptional circumstances). |
| Quorum: | A quorum shall be three members including at least one Executive Director and two Non-Executive Directors |



1. Remit

1.1 The Finance & investment Committee is a Standing Committee of the Board.

1.2 The remit of the Group is to:

“To conduct an independent and objective review of financial and investment policy and performance issues including the assessment and monitoring of risk in respect of financial and performance issues”.

2. Accountability

2.1 A report will be made by the Chair to the Trust Board following each committee meeting. The report will contain:

- A note of all the items discussed by the Committee
- Matters for noting by the Board
- Recommendations to the Board regarding decisions to be taken by the Board
- Any other issues as agreed by the Chair & Company Secretary.

2.2 The minutes of the Finance & Investment Committee meetings shall be formally recorded and submitted to the Board and Audit Committee.

2.3 A six monthly report from the Finance & Investment Committee shall be submitted to the Audit Committee.

3. Responsibilities & Duties

3.1 Financial Policy, Management and Reporting

3.1.1 To consider the Trust's financial strategy, in relation to both revenue and capital.

3.1.2 To consider the Trust's annual financial targets and performance against them.

3.1.3 To review the annual budget, before submission to the Trust Board of Directors.

3.1.4 To consider the Trust's financial performance, in terms of the relationship between underlying activity, income and expenditure, and the respective budgets.

3.1.5 To review proposals for major business cases and their respective funding sources.

- 3.1.6 To commission and receive the results of in-depth reviews of key financial issues affecting the Trust.
- 3.1.7 To maintain an oversight of, and receive assurances on, the robustness of the Trust's key income sources and contractual safeguards.
- 3.1.8 To oversee and receive assurance on the financial plans of significant programmes.
- 3.1.9 To consider the Trust's tax strategy.
- 3.1.10 To annually review the financial and accounting policies of the Trust and make appropriate recommendations to the Board of Directors.

3.2 Investment Policy, Management and Reporting

- 3.2.1 To approve and keep under review, on behalf of the Board of Directors, the Trust's investment strategy and policy.
- 3.2.2 To maintain an oversight of the Trust's investments, ensuring compliance with the Trust's policy and Monitor's requirements.

3.3 Performance Monitoring and Reporting

- 3.3.1 To consider the Trust's the full range of annual performance targets and performance against them.
- 3.3.2 To consider the Trust's performance including performance against national, local and internal targets and contractual requirements.
- 3.3.3 To commission and receive the results of in-depth reviews of key performance issues affecting the Trust.

3.4 Other

- 3.4.1 To make arrangements as necessary to ensure that all Board of Directors members maintain an appropriate level of knowledge and understanding of key financial and performance issues affecting the Trust.
- 3.3.2 To examine any other matter referred to the Committee by the Board of Directors.
- 3.3.3 To review performance indicators relevant to the remit of the Committee.

- 3.3.4 To monitor the risk register and other risk processes in relation to the above.

4. Other Matters

The Committee shall be supported administratively by the Deputy Director of Finance, whose duties in this respect will include:

- agreement of agenda with Chair and collation of papers
- ensuring minutes and accurate record of matters arising and issues to be carried forward
- advising the Committee on pertinent areas

5. Monitoring of Effectiveness

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

Terms of Reference agreed by: FIC

Date of Agreed: January 2019

Date of Review: January 2020

Trust PUBLIC Board

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|----------------------|--|--|
| Meeting Date: | 30 January 2020 | Agenda Item: 15a |
| Subject: | Annual Planning 2020/21 | For Publication: |
| Author: | Karen Taylor, Executive Director, Strategy & Integration | Approved by: Karen Taylor, Executive Director, Strategy & Integration |
| Presented by: | Keith Loveman, Deputy CEO and Director of Finance | |

Purpose of the report:

This paper provides the Trust Board with an overview and update regarding planning for 2020/21, including the development of the Herts & West Essex system Operating Plan, and development of the Trust's Annual Plan.

Action required:

The Trust Board is asked to:

- Note the ongoing progress in developing the Trust's Annual Plan for 2020-21
- Discuss the draft priorities and comment on any key areas of focus

Summary and recommendations to the Board:

The paper outlines the following:

National Planning Guidance & Timetable – The Trust is yet to receive from NHSE/I their requirements and a confirmed set of milestone dates which we will need to meet. The paper sets out our best judgment on the likely timetable.

STP System Planning is being led by the Hertfordshire and West Essex STP and the Trust continues to support this across the two main elements of the submission.

The Trust's financial and workforce teams continue to support the development of the medium term financial plan for the local system through modelling the medium term financial picture for the Trust.

Draft priorities set against the Trust's Strategic Objectives are outlined in the paper, with the final draft annual plan to be presented to the Trust Board in February for further discussion and development, and this will include clearly defined outcomes and benefits for service users, carers and staff.

Relationship with the Business Plan & Assurance Framework:

Annual Plan for 2020/21 sets out how the Trust will progress delivery against the Trust's strategic Objectives

Summary of Implications for:

Workforce, finance and resources, and service implications are being considered alongside the development of the plan

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

Equality and Diversity is considered within the plan; and any assessments for individual plans will be undertaken as appropriate. Service users and staff and key stakeholders are involved in the development of the plans

**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**

Draft Priorities reviewed by the Executive Team 15 Jan 2020 and Senior Leadership team 22 Jan 2020

Annual Planning 2020/21

1. Purpose

This paper provides an overview and update regarding planning for 2020/21, including the development of the Herts & West Essex system Operating Plan, and development of the Trust's Annual Plan.

2. National Planning Guidance & Timetable

While we have not yet had in any details we do expect, as in previous years, to be required to provide our organisational plan to NHS England/Improvement (NHSE/I). The focus of such submissions is usually to provide assurance that the financial plans can be delivered while maintaining safe, quality services.

We have yet to receive from NHSE/I their requirements and a confirmed set of milestone dates that we will need to meet. The table below is our best judgment on the likely timetable;

Table 1: Indicative NHSE/I timetable

| Milestone | Date |
|--|----------------|
| Draft NHS contract published for consultation ¹ | Mid-January |
| Further operational and technical guidance issued | Early February |
| First submission of draft Organisational Plan | Early March |
| Deadline for 2020-21 contract signature ² | 27 March 2020 |
| Final submission Organisational Plan | Late April |

3. STP System Planning

Planning is being led by the Hertfordshire and West Essex STP and the Trust continues to support this across the two main elements of the submission:

Narrative

The Trust's Executive leadership of the Mental Health Workstream within local system planning has enabled the Trust, working closely with the Hertfordshire Health and Care Commissioning Team, to ensure the local STP Plan has captured the mental health and learning disability commitments in the NHS Long Term Plan.

The Mental Health Implementation Plan provides a detailed description (timing, funding and in a few cases activity) of what is required. This is significantly ahead of guidance for other areas and has provided a solid framework for the system Narrative.

This work is supporting the development of the local STP plan and also ensures that the Trust is well positioned to submit its organisational plans in the New Year.

¹ Draft NHS standard contract currently out for consultation which closes 31 Jan 2020

² Date taken from draft guidance published alongside the draft contract as part of consultation

Financial & Workforce

The Trust's financial and workforce teams continue to support the development of the medium term financial plan for the local system through modelling the medium term financial picture for the Trust, taking account of:

- Additional funding flowing from the Mental Health Investment Standard (MHIS)
- Additional commitments, beyond the baseline funding (MHIS) to meet Long Term Plan commitments for mental health
- The impact on our total workforce numbers

This work will also support our contract discussions with Hertfordshire commissioners as we seek to update our services contract for 2020-21.

In line with the initial published timetable the STP made its first draft submission on 27 September, this was updated (narrative, financial and workforce) based on feedback and was resubmitted on 15 November 2019. Following a hiatus due to the general election the plan is now back with the STP for further refinement ahead of its final submission.

4. HPFT Planning timetable

Planning began in August 2019 culminating in the first draft of the Trust wide priorities for 2020-21 being reviewed by the Trust Senior Leadership Team on 22 January. This is ahead of further review and input by the Trust service user and carers councils as well as the Council of Governors. The resulting revised version will come to the Trust Board in February for comment ahead of final approval by the Trust Board in March.

In parallel with this, associated Delivery Plans and success measures are being developed.

The next stages of the planning process together with key dates is summarised in the table below.

Table 2: Annual Plan development milestones

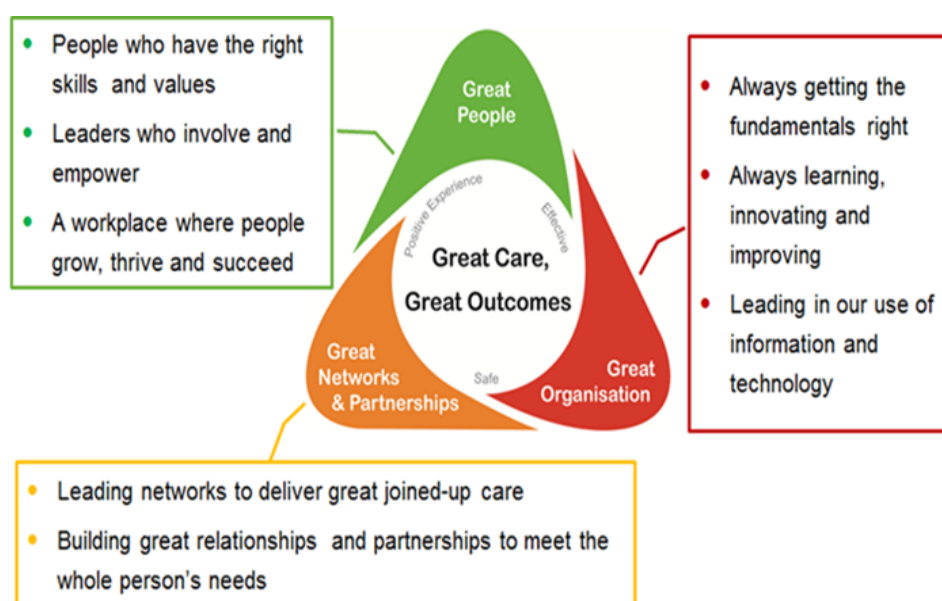
| | Jan | Feb | March |
|---|---|--------|----------|
| Further Consultation | Further refinement of key priorities for 2020- | | |
| SLT | 22 Jan | | |
| Service User Council | 28 Jan | | |
| Carers Council | | 12 Feb | |
| Board of Governors | | 3 Feb | |
| Trust Board | | 27 Feb | |
| Delivery plans for each priority | Key Milestones - Outcomes - Measures of success | | |
| Approvals | | | |
| Trust Board | | | 26 March |

5. Annual Plan 2020-21

Progress towards the Trust's vision of "Providing Great Care, Delivering Great Outcomes, Together" is through a focus on delivering against our strategic objectives:

| | |
|---|---|
| 1 | We will provide safe services, so that people feel safe and are protected from 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) |

Our strategic intent is set out in the Trust's "Good to Great" Strategy (see illustration below) that maps out how we will make progress against these objectives.



Each year we take stock of our progress against our strategic objectives, the issues and opportunities facing the Trust, and set our priorities for the coming year.

Our current draft priorities for 2020-21 are summarised below. These will be further refined taking account of feedback from the further consultation summarised in Table 2. The key outcomes and benefits for our service users, carers and staff will also be defined and developed.

Table 2: Draft Annual Plan Priorities 2020-21

| Domain | Strategic Objective | DRAFT Key Priorities 2020-21 |
|-------------------------------|---|--|
| Great Care Great Outcomes | We will provide safe services, so that people feel safe and are protected from harm | <ul style="list-style-type: none"> Continue our focus on reducing suspected suicides and avoidable harm Enhance and embed our approach to restrictive practice Improve the way we learn from incidents to further enhance safety for our service users and staff |
| | We will deliver a great experience of our services, so that those who need to receive our support feel positively about their experience | <ul style="list-style-type: none"> Improve access & the responsiveness of our services , focusing on initial access and ongoing treatment Embed Shared Decision Making as core practice across our services Improve the way we involve and engage with our Service Users and Carers Improve the quality of our physical environments where our service users are cared for and our staff work |
| | We will improve the health of our service users through the delivery of effective evidence based practice | <ul style="list-style-type: none"> Develop and embed evidence based pathways across the Trust Develop our approach to psychological therapies to improve recovery and outcomes for our service users. Improve the physical health care provided to those with serious mental illness or a learning disability Exploit our research work to improve the effectiveness of the day-to-day work of the Trust |
| Great People | We will attract, retain and develop people with the right skills and values to deliver consistently great care, support and treatment | <ul style="list-style-type: none"> Develop teams across the Trust through our approach to 'Great Teams' Drive forward the development of our Learning Culture in line with our Trust values Further improve staff engagement and inclusion so that all of our staff are supported, included and able to have their voice heard We will improve the way we support our peoples' health and well being Deliver high impact Recruitment activities and enhance our staff retention through further improving the employment experience of our people |
| Great Organisation | We will improve, innovate and transform our services to provide the most effective, productive and high quality care | <ul style="list-style-type: none"> Deliver key activities to support the Trust to become a more digitally enabled organisation Provide better and more easily accessible information to support our staff to make timely, evidence based decisions Expand our Continuous Quality Improvement approach to improve the way we deliver care Ensure we are making the best use of the resources we have by focusing on releasing time to care and productivity |
| Great Networks & Partnerships | We will deliver joined up care to meet the needs of our service users across mental, physical and social care services in conjunction with our partners | <ul style="list-style-type: none"> Develop Adult Community Mental Health Services to ensure the holistic needs of our service users are met Work with our partners across the health and social care system to deliver an improved crisis service Continue our transformation of our Essex Learning Disability services |

| Domain | Strategic Objective | DRAFT Key Priorities 2020-21 |
|--------|--|--|
| | We will Shape and influence the future development and delivery of health and social care to achieve better outcomes for our population(s) | <ul style="list-style-type: none"> • Work across the Integrated Care System to ensure MH & LD services are developed & funding secured • Lead the development of a Hertfordshire Integrated Care Partnership focused on improving outcomes for those with a mental illness and/or learning disability. • Support the establishment of the East of England specialist mental health and learning Disability Provider Collaborative |

6. Conclusion & Recommendations

The full draft annual plan will be presented to the Trust Board in February for further discussion and development, and this will include clearly defined outcomes and benefits for service users, carers and staff. The Trust Board is asked to:

- Note the ongoing progress in developing the Trust's Annual Plan for 2020-21
- Discuss the draft priorities and comment on any key areas of focus

Trust PUBLIC Board

| | | |
|----------------------|---|---|
| Meeting Date: | 30 th January 2020 | Agenda Item: 15b |
| 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 update the Board on the considerations in relation to the 2020/21 Annual Financial Plan and the timetable and process for its completion. An earlier version of this paper was presented to the November Board and a further version presented and discussed at FIC on November 19th.

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:

This paper provides an update on earlier papers in relation to the expected Financial Plan for 20/21. It is written in the absence of the detailed Planning Guidance from NHSI/E which although originally expected in December is still not published. This has prevented the intended progress on the contract negotiations with commissioners and therefore as shown below the key focus has been in the development of the Delivering Value CRES Program.

As set out previously it is anticipated that 2020/21 should show continuing revenue growth with the additional Ten Year Plan investment. Whilst this is welcome and the Trust is well placed to make effective use of the opportunities it provides, the continuing growth in service demand and the recruitment and pay pressures mean that this will remain a very challenging period financially and will require a strong grip on the areas of financial variation and risk. The Trust also recognises that in this time of significant change both within organisational form and in the wider adoption of digital solutions, supporting the workforce through this change will be essential.

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**

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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 Planning Guidance which is normally issued in late December is still awaited so the exact detail is not known. 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 related quality assessments.
2. As previously advised this year saw a far more detailed STP submission which was submitted November 14th and this may provide some indication of the detail requested for individual Trust Plans. This was a five year Plan covering the current year 2019/20 and four further years to March 31st 2024.

Background

3. 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;
 - 3.1. 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.
 - 3.2. 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. **For the purpose of the five year STP Plan submission this was assumed to be received by this Trust. This is not definite.**
4. 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;
 - 4.1. the NHS (including providers) will return to financial balance;
 - 4.2. the NHS will achieve cash-releasing productivity growth of at least 1.1% a year, with all savings reinvested in frontline care;
 - 4.3. the NHS will reduce the growth in demand for care through better integration and prevention;
 - 4.4. the NHS will reduce variation across the health system, improving providers' financial and operational performance;
 - 4.5. The NHS will make better use of capital investment and its existing assets to drive transformation.
5. 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.

6. In summary we would expect to see a continuing 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

7. This has been discussed in detail with the Board with the increase reflecting the 0.5% contingency set by the region. This increase in the target surplus and its impact on the efficiency requirement coupled with the lack of detail on how this contingency would be used is of significant concern and therefore there are ongoing discussions with the STP on this matter.

Revenue

8. 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. % in 20/21. At this stage the areas identified as uncertain in the previous paper are still to be finalised;
 - 8.1. There is £1.6m of transformation monies under discussion with HCC to support changes within the current service model. The timing of this income stream is still to be finalised.
 - 8.2. 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 and is timetabled currently for October 2020.
 - 8.3. The decision on the tender in Essex for IAPT services is still pending
 - 8.4. Currently there is circa £3m of income that will be deferred from 2019/20 into the next year. This amount will be finalised over the next weeks and there is some expectation of further funding in the last weeks from commissioners that could increase this.
9. 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 1 summary annual LTP funding available to STP estimate

Operating costs

10. In relation to Operating costs then in addition to applying the inflation amounts within the tariff;

10.1. 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.

10.2. There will 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.

10.3. There will be some areas of additional spend in relation to Organisational Development and local quality initiatives.

11. The planning assumptions included in the STP submission for 20/21 are set out below with the comparative figures from the recently issued tariff consultation proposal. This shows figures slightly favourable to the initial assumptions ;

| Element | 2020/21 | Figure included in the tariff consultation |
|--|---------------|--|
| Tariff | | |
| AFC pay deal | 2.90% | same |
| Pay and mix effects - AFC | n/a | |
| Pay and mix - other HCHS | 2.10% | |
| Tariff drugs | 0.60% | same |
| Revenue consequences of capital | 1.80% | same |
| Other operating costs | 1.80% | same |
| Weighted inflation | 2.40% | 2.5% |
| Efficiency factor | (1.1%) | same |
| Tariff uplift | 1.30% | 1.4% |
| CNST contributions | 10.50% | 3.2% |

Table 2 summary planning assumptions and comparative tariff proposals

12. Key points from the above are that;

12.1. The level of pay inflation remains relatively high.

12.2. 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.

12.3. Non Pay inflation of 1.8% 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.

12.4. 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% in general with our own estimate being 2.5%.

Capital

13. The capital plan is currently being developed with a new five year capital program. This will see an increase on the £9.9m submitted within the STP plan reflecting both slippage within the current year program and additional digital investment. In relation to the capital investment in the planned East and North inpatient facility then only some seed funding to support the planning and design consultation would be expected in the next year.

Delivering Value CRES

14. The current Program target value has been set in accordance with the NHSI consultation proposal for the tariff deflator and with a Control Total of a £1.4m surplus, including an additional 0.5% in relation to the East of England contingency. These factors as set out below are likely to see a target requirement of £6.22m minimum which is at the high end of what is achievable.
15. The Program is being developed through the Delivering Value Management Group and work is well underway in establishing the full program, recognising at this stage several areas will require further development over the next weeks. There is a clear understanding that the full program is fully developed before the beginning of the year. Where required additional Program/Project Management support will be secured to ensure the Program maintains the necessary pace.
16. The current program builds in part on the Transformation Program and can be split into components/ workstreams which are shown in the table below together with indicative values.

| 20/21 Program | £000s | Estimate £000s |
|---|--------------|---------------------------|
| Social Care: Connected Lives | | 910 |
| Core schemes/ Transformation Program | | |
| - West SBU Community & IP agency | 400 | |
| - West SBU Acute/PICU placements | 420 | |
| - CAMHS | 256 | |
| - Essex (TBC) | 185 | 1,261 |
| Core schemes/ Other | | |
| - Rehab HDU | 250 | |
| - MHSOP CHC placements | 800 | |
| - Cross SBU agile working | 200 | |
| - Health Placements | 400 | 1,650 |
| Estates capital charges saving | | 106 |
| Procurement | | 520 |
| Other | | 112 |
| Corporate incl. FYE of 19/20 | | 750 |
| Estates (other) | | 250 |
| Clinical | | 250 |
| Current Outline Program Total | | 5,809 |

Table 3 Current 20/21 DV CRES Program

17. In relation to the current program shortfall then there are a number of steps being taken to address this;
 - 17.1. There are a number of scheme opportunities identified totalling £1.1m that will be progressed over the next weeks
 - 17.2. Further assessment of opportunities that may arise from analysis of national benchmarking returns and the Model Hospital
 - 17.3. Assessment of ideas identified as part of the Trust's CQI work
 - 17.4. Assessment of further opportunities that may arise from the developing Digital Strategy
18. In addition to strengthening the current program through the above there are also the following potential non-recurrent mitigations that can support the position non-recurrently;
 - 18.1. Gain on Asset sale (The Stewarts)
 - 18.2. Lead time on recruitment to new teams

Risks and Mitigating Actions

19. The full detail of the guidance and planning requirements is still awaited but the STP Planning gives several strong signals of the likely landscape which is in keeping with the Ten Year Plan documentation.
20. 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.
21. The other key factor in this year has been in the lead time in establishing the new service teams. As shown above next year 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. Building upon the recent recruitment and retention success will be important.
22. 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.
23. The efficiency requirement of 2.5% will be extremely challenging. 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.

24. 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.

Conclusion

25. The Trust continues to focus on the delivery of this year's Annual Plan objectives and in turn provide the strongest platform for the year ahead. In financial terms the shortfall in this year's Delivering value program and the level of change anticipated in service delivery will mean that it is a very challenging period. Maintaining a strong focus on the key elements of the plan and a strong grip on the areas of cost variation will continue to be essential.

Trust PUBLIC Board

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|----------------------|--|--|
| Meeting Date: | 30 January 2020 | Agenda Item: 16 |
| Subject: | Herts & West Essex Sustainable Transformation Partnership (STP) Update | For Publication: |
| Author: | Karen Taylor, Executive Director, Strategy & Integration | Approved by: Karen Taylor, Executive Director, Strategy & Integration |
| Presented by: | Tom Cahill, Chief Executive Officer | |

Purpose of the report:

To update the Trust Board on the current activities, issues and planned work across the Hertfordshire & West Essex (HWE) Sustainable Transformation Partnership.

Action required:

The Trust Board is asked to;

- Note the contents of the paper and discuss the development of the STP and ICS
- Note the development of the four Integrated Care Partnerships, including the early development of the Hertfordshire Mental Health & Learning Disabilities Integrated Care partnership

Summary and recommendations to the Board:

The pace of change across the Sustainable Transformation Partnership is accelerating, in line with national and regional timetables and development plans. The Herts and West Essex STP is a national 'accelerator site' to become an Integrated Care System from April 2021, moving into shadow from April 2020. As part of this, the STP has been revisiting the design of the Integrated Care System (ICS) using the NHSE ICS Maturity Matrix and NHS Long Term Plan to inform the forward plan for the next few months. A shared system 'narrative' and vision is also being developed, building on the outputs from a system wide event held in December.

Recruitment to the joint Accountable Officer role for the ICS and the three Clinical Commissioning Groups (CCGs) has taken place, although at the time of writing this paper the appointment has not yet been confirmed.

The emerging system architecture includes the development of three Integrated Care Partnerships across the STP footprint – West Essex, West of Hertfordshire and East & North Hertfordshire. In addition, there is agreement to develop a Hertfordshire Mental Health and Learning Disability Integrated Care Partnership, something HPFT has been strongly advocating for and driving the development of, and will continue to do so with system partners.

An STP task and finish group has been established to consider the future governance arrangements for the ICS; and initial thinking and proposals will be presented back to the STP CEO's group in early February.

The role of Non-Executive Directors and Lay Members is being considered with a facilitated session being planned to engage with Clinical Commissioning Groups (CCG) and NHS Trust NEDs and Lay Members.

The STP has developed its draft Long Term Plan (LTP) Implementation Plan and is currently developing the system Operating Plan for 2020/21 in line with the known national timetable. HPFT has contributed to the development of the Long Term Plan submission, and is now contributing to the development of the system Operating Plan. We are working to ensure the commitments made to develop mental health and learning disabilities within the national LTP are reflected within the operating plan.

Relationship with the Business Plan & Assurance Framework:

Strategic Objective 7 – Partnerships & Networks and Strategic Objective 6 – Joined up care.

Summary of Implications for:

The development of the new system architecture has a number of potential implications for HPFT, including considerations in the following areas;

- Finance & Contracts
- Service Models and Delivery
- Strategic Partnerships and Relationships
- Governance
- Performance accountability
- Estates, digital and workforce

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

STP discussed and updates provided on a weekly basis to Executive Committee

**Hertfordshire & West Essex
Sustainable Transformation Partnership (STP) Update
22 January 2020**

1. Purpose

To update the Trust Board on the current activities, issues and planned work across the Hertfordshire & West Essex (HWE) Sustainable Transformation Partnership.

2. Development of the Integrated Care System

Nationally the process to progress to an Integrated Care System is being developed by NHS England/Improvement (NHSI/E) at this time. The HWE STP has been supported by the national team as an 'accelerator site' and as part of this the STP has been revisiting the design of the Integrated Care System (ICS) using the NHSE ICS Maturity Matrix and the NHS Long Term Plan to inform the forward plan for the next few months. A shared system 'narrative' and vision is also being developed, building on the outputs from a system wide event held in December.

3. Leadership

Recruitment to the joint Accountable Officer role for the ICS and the three Clinical Commissioning Groups (CCGs) has taken place, although at the time of writing this paper the appointment has not yet been confirmed. It is anticipated the interim STP joint leads will step down from the beginning of April, as the new Accountable Officer commences in post. A joint management structure for the ICS and CCGs is under development; and this will be confirmed in due course.

4. Integrated Care Partnerships

The emerging system architecture includes the development of three Integrated Care Partnerships across the STP footprint – West Essex, West of Hertfordshire and East & North Hertfordshire. In addition, there is agreement to develop a Hertfordshire Mental Health and Learning Disability Integrated Care Partnership. All four Integrated Care Partnerships have Partnership Boards/Groups and are exploring together ways of working, agreeing priorities and developing their plans for the next 12 months to support each ICP to move into a more formal arrangement. The ICPs are all shaping their core 'narrative' to outline what the partnerships are seeking to achieve together, to be able to share with staff and with the public.

5. Hertfordshire Mental Health & Learning Disabilities ICP

HPFT has been advocating strongly for and driving the development of the Mental Health and Learning Disability ICP, and will continue to do this with partners across the system. A Partnership Group has been established, with the second meeting taking place during January. It is very early days, however a draft narrative has been developed to describe what the partnership is about, and the partners are beginning to work together to scope key priorities and to consider how the partnership could build on what works currently, whilst also working differently together in the future to transform care and outcomes for people with a mental illness and/or learning disability.

6. Governance

An STP task and finish group has been established to consider the future governance arrangements for the ICS; and initial thinking and proposals will be presented back to the STP CEO's group early February. This includes considering the principle of 'subsidiarity' and what needs to be done across the STP and what is best placed to be held at ICP level. During February the STP will consider how a 'shadow' performance, risk and quality assurance function should be created/put in place. Other key areas of focus for the next 3 months include;

- Digital maturity and system approach
- Relationship with voluntary sector & social prescribing

- Arrangements for co-production at ICS level
- Strategic Commissioning plans with local government including the Better Care Fund and Section 75 arrangements from 2020/21

6.1 Role of Non-Executive Directors and Lay Members

Paul Burstow, STP Chair, has led a conversation with a number of NEDs and lay members in the system about how best to engage with them and what development is required for this group. A facilitated session is being planned for NEDs and lay members from CCGs and Trusts, noting their statutory responsibilities. It is proposed the meeting will begin exploring the context around roles of lays and NEDs in the forward plan, the STP LTP response, the design brief and the ICP's case for change. A number of topics are proposed to be covered including governance, patient engagement, payment structures, transition and culture shift. The output of the session should be a proposal for the system that will include the NEDs/Lay Members ask of the ICS.

7. STP workstreams

Focus continues on the key clinical/delivery workstreams across the STP including frailty, urgent and emergency care, planned care, cancer, children's and maternity and mental health & learning disabilities. Oversight of delivery is through the system 'Design and Delivery Group' chaired by the interim STP joint leads, with each workstream scheduled for a 'deep dive' on a rotational basis. Mental Health & Learning Disabilities is scheduled to report on 31 January. The key enabler workstreams for workforce, finance, estates and digital also continue to be in place.

8. System Operating Plan

The STP has developed its draft Long Term Plan (LTP) Implementation Plan; and is currently developing the system Operating Plan for 2020/21 in line with the known national timetable. HPFT has contributed to the development of the Long Term Plan submission, and is now contributing to the development of the system Operating Plan. Commitments made to develop mental health and learning disabilities within the LTP will need to be reflected within the plan.

9. Summary & Recommendations

The pace of change across the Sustainable Transformation Partnership has begun to accelerate, in line with national and regional timetables and development plans. HPFT is active across the STP, including supporting the development of the ICS itself and the individual ICPs. As an organisation, we have also been advocating strongly for and driving the development of the Mental Health and Learning Disability ICP, and will continue to do this with partners across the system.

The Trust Board is asked to;

- Note the contents of the paper and discuss the development of the STP and ICS
- Note the development of the four Integrated Care Partnerships