Hertfordshire Partnership University NHS Foundation Trust
PUBLIC Board of Directors

Virtual - Microsoft Teams

22 October 2020 10:30 - 22 October 2020 13:00

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NHS
Hertfordshire
Partnership University
NHS Foundation Trust

BOARD OF DIRECTORS

A PUBLIC Meeting of the Board of Directors

Date: Thursday 22 October 2020
Venue: Virtual
Time: 10.30 – 13:00

A G E N D A					
	Subject	**By**	**Action**	**Enclosed**	**Timings**
1.	**Service User Story**				**10.30-11.00**
2.	**Welcome and Apologies for Absence:**	Chair			**11.00**
3.	**Declarations of Interest**	Chair	**Note/Action**	Attached	
4.	**Minutes of Meeting held on 24 September 2020**	Chair	**Approve**	Attached	
5.	**Matters Arising Schedule**	Chair	**Review & Update**	Attached	
6.	**CEO Brief**	Tom Cahill	**Receive**	Attached	**11.10**
7.	**Chair's Brief**	Chair	**Receive**	Verbal	**11.25**
QUALITY & PATIENT SAFETY					
8.	**Covid Preparedness**	Dr Jane Padmore	**Approve**	Attached	**11.35**
9.	**EU Exit**	Keith Loveman	**Receive**	Attached	**12.00**
10.	**Emergency Preparedness Reslience and Response Submission**	Sandra Brookes	**Assurance**	Attached	**12.10**
OPERATIONAL & PERFORMANCE					
11.	**Finance** **a) Current position** **b) End of year forecast**	Paul Ronald	**Receive**	Attached	**12.15**
GOVERNANCE & REGULATORY					
12.	**Board Planner 2021/22**	Helen Edmondson	**Approve**	Attached	**12.30**
STRATEGY					
13.	**Hertfordshire Mental Health & Learning Disability ICP Update**	Karen Taylor	**Note**	Attached	**12.35**
14.	**Any Other Business**	Chair			**12.45**
15.	**QUESTIONS FROM THE PUBLIC**	Chair			

Date and Time of Next Public Meeting: Thursday 26 November 2020, 10.30 – 13.30,	**Close** **13.00**

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

Board of Directors

22 October 2020

Members	Title	Declaration of Interest
David Atkinson	Non-Executive Director	Goldman Sachs Group Inc equity share owner Trustee of Papworth Trust Independent NED Mizuho Trustee Eternal Forest Trust
Tanya Barron	Non-Executive Director	Chair of Affinity Trust Education Development Trust
Sarah Betteley	Non-Executive Director/Deputy Chair	Director DEVA Medical Electronics Ltd
Keith Loveman	Director of Finance/Deputy CEO	Nil Return
Jane Padmore	Director, Quality & Safety	Director of Nursing Forum, National Mental Health and Learning Disability
Paul Ronald	Director of Operational Finance	Chair – MIND in Mid-Herts
Loyola Weeks	Non-Executive Director	Director O'Donovan Weeks Ltd
Asif Zia	Director, Quality & Medical Leadership	Nil Return
Chris Lawrence	Chairman	Chair, University of East Anglia Staff Superannuation Scheme Chair, Horstead Centre Director, Lambeth Conference Company
Sandra Brookes	Director, Service Delivery & Service User Experience	Nil Return
Tom Cahill	Chief Executive Officer	Nil Return

Ann Corbyn	Director, People & Organisational Development	Nil Return
Catherine Dugmore	Non-Executive Director	WWFUK Trustee RGB Kew Trustee Natural England Board Member Aldwickbury School Trust Limited
Helen Edmondson	Head of Corporate Affairs & Company Secretary	Nil Return
Diane Herbert	Non-Executive Director	NED HMRC Shareholder in own coaching/leadership business
Janet Paraskeva	Non-Executive Director	Chair, CLC. (Council for Licensed Conveyancers) Chair Jersey Appointments Commission Chair Regulation and Standards RICS (Royal Institute for Chartered Surveyors)
Karen Taylor	Director, Strategy & Integration	Nil Return

Minutes of the PUBLIC Board of Directors Meeting
Thursday 24 September 2020
VIRTUAL

Present:

NON-EXECUTIVE DIRECTORS	DESIGNATION
Christopher Lawrence | CL	Chair
Tanya Barron | TBa	Non-Executive Director
Diane Herbert | DH	Non-Executive Director
Sarah Betteley | SBe	Non-Executive Director
Catherine Dugmore | CD	Non-Executive Director
Loyola Weeks | LW	Non-Executive Director
David Atkinson | DA	Non-Executive Director
DIRECTORS	
Tom Cahill | TC	Chief Executive Officer
Dr Jane Padmore | JPad	Director, Quality and Safety
Paul Ronald (PR)	Director of Operational Finance
Sandra Brookes | SBr	Director, Service Delivery & Customer Experience
Ann Corbyn | AC	Director of People & Organisational Development
Karen Taylor | KT	Director, Strategy and Integration
Dr Asif Zia | AZ	Director, Quality & Medical Leadership
IN ATTENDANCE	
Kathryn Wickham	PA to Chair & Company Secretary (Minute Taker)
Helen Edmondson | HE	Head of Corporate Affairs & Company Secretary
Karen Holland | KH	Inspection Manager, CQC (Observer)
Nese Marshall | NM	CQC (Observer)
Laura Taylor | LT	Risk Advisory | Deloitte LLP (Observer)
Jane Taylor | JT	Risk Advisory | Deloitte LLP (Observer)
Barry Canterford | BC	Public Governor & Engagement Champion
Jon Walmsley | JW	Public Governor
Sharn Elton | SE)	Managing Director – East and North Herts CCG
APOLOGIES	
Janet Paraskeva | JPa	Non-Executive Director
Keith Loveman | KL	Deputy CEO

Item	Subject	Action
073/20	**Welcome and Apologies for Absence** CL welcomed all to the meeting. Apologies for absence were received from Janet Paraskeva and Keith Loveman. CL reported that Janet Paraskeva had resigned as NED. CL stated his sincere appreciation for the significant contribution Janet had made and offered his and the Trust's best wishes for the future. CL offered his congratulations to SBe who had been appointed Chair of the Trust.	
074/20	**Declarations of Interest** The Declarations of Interest Register was noted. No conflicts of interest were noted for items on the agenda. **NOTED**	

075/20	**Minutes of the Meeting held on:** **30 July 2020** The minutes were reviewed and approved as an accurate account of the meeting. There was no meeting held in August. **APPROVE** **The Board APPROVED the minutes**	
076/20	**Matters Arising Schedule** The Matters Arising Schedule was reviewed and updated.	
077/20	**CEO Brief** TC presented the CEO Brief to the Board. Headline messages of note were: **National update** There was particular focus on getting the NHS back up and running to pre Covid levels bringing significant pressure to the acute sector. Preparations were underway for the increased pressures expected to be seen through the winter along with developing plans for the expected surge. The government had recently confirmed the EU transition period would cease as planned on the 31 December 2020 with no further extension. As a Trust we had already started reconstituting our processes and reformulating the associated risks **Regional and System update** The East of England (EOE) Provider Collaborative – New Care Models were progressing with a Business Case due for submission at the end of December 2020. The ICS continued to develop and was led by Paul Burstow Independent Chair. The HWE ICS (Inaugural) Partnership Board had its first meeting in September and the minutes of these would be shared with the Board. Phase III Planning was a major element of the ICS. The challenge was to get up and running within the provided cost envelope. The Mental Health & Learning Disability ICP had now recommenced following suspension during Covid-19 and was progressing well. Herts Community Trust had recently announced that Clare Hawkins, Chief Executive would be leaving in the autumn. Elliot Howard-Jones had been appointed as interim Chief Executive. **Trust-wide update** Winter Planning was a key focus for the Trust particularly within the context of Covid with us taking learning to look at how we manage the next 3 – 6 months. TC flagged to the Board that it would not be possible for us to implement the same emergency plans as we had back in March. Operationally we had seen a significant increase in activity with more acuity	

	and new presentations. It was anticipated we would likely see an increase of 30% uptake of services over the coming months. In terms of our People, sickness levels were good. We continued our work with the Just & Learning Culture and safe services. A decision had been taken to go ahead with the Staff Awards however these would not be held in the traditional format. There was a lot on the agenda for Quality with safety an important issue for us. Physical Health was equally important with key metrics in place for the Trust to achieve. We would continue to work closely with Primary Care. Financial the Trust had achieved an overall break-even position for August and year to date. COVID-19 reimbursement had remained high at £1.3m. PR would provide further detail in his update to the board. TC concluded his update advising the Board that Governance processes would be re-looked at with the emerging and developing Covid picture, however we were currently back to business as normal. TC invited questions. CL raised the Government announcement of a Level 4 incident asking what implications this had for us as a Trust. TC responded advising that the Level 4 was an alert with the NHS at level 3 in terms of incident planning. The Trust was stepping up all our activity in planning to a higher level than required. LW raised governance stating that it was unlikely to be business as normal throughout the winter period and noted there was some urgency to plan for this. TC acknowledged stating this would be reviewed over the next two weeks, reporting that we had learnt a lot since March and would plan accordingly. **RECEIVED** **The Board RECEIVED the CEO Update**	
078/20	**Chairs Brief** CL provided the Board with a verbal update on his recent activity. Points of note were: CL noted his support for TC and the Trust around the significant increase in acuity. CL reported that talking to colleagues nationally this would be a long and challenging winter, and paid tribute to Trust staff. The Chair recruitment process had now concluded with CL stating his delight that Sarah Betteley had been appointed to the post. The NED recruitment process was underway to appoint to a Non-Clinical and Clinical post. CL acknowledged the governors who were participating. CL expressed his thanks to SB and LW who had extended their term of office. Finally, CL drew the board's attention to the NHS Covid App which he had downloaded encouraging members to do the same. **RECEIVED** **The Board RECEIVED the Chairs verbal Briefing**	

	QUALITY & PATIENT SAFETY	
079/20	**Report from the Integrated Governance Committee held 19 August 2020** SBe provided Board members with an overview from the work of the Committee at its last meeting held on the 19 August 2020. Key points of note were: There were no significant issues to report to the Board. There had been one item for escalation on the Health & Safety Executive. Reports had been received from the IGC sub-committees. There had been a review of the WODG Terms of Reference and a review of the newly formed PODG Terms of Reference would be received at the next IGC meeting. In response to a question from Tanya Barron, Ann Corbyn had confirmed that the work of the Trust was aligned with the work streams that were spanning the ICS and ICPs. The committee had received feedback from the two QRMC meetings. In response to a question from Loyola Week's, AZ had confirmed that QRMC had significant involvement from service user and carer representatives. Updates had been provided around Governance and Regulation with the IGC considering and approving the TRR for August 2020. The Head of Information Rights and Compliance had provided the committee with a report for quarter one. As noted, there had been an update on the Health and Safety Contravention Notice whereby the Trust had provided evidence to the Health and Safety Executive (HSE) and had recently been informed that this had now formally been closed. Updates had also been provided on the NHS Peoples Plan, the Q1 Safer Staffing Report, Q1 Guardian of Safe Working Report, Covid 19, Quarter 1 Integrated Safety Report, IPC report and the Flu Plan. The Committee had also received an update on Q1 Continuous Quality Improvement work which had advised that during quarter one the CQI Team had been redeployed into key roles however the team had now returned to lead the work of the restoration and recovery initiatives. The Committee had also been updated on the new virtual training programmes. SBe concluded the update advising that the Committee had received an update on a Deep Dive into Delayed Transfers of Care which would be presented at the next TMG. SBe invited questions. TBa raised the Flu Campaign and whether there was a means of capturing those staff who had their vaccine elsewhere. AZ replied advising that yes, nationally there was now a way of capturing this. The link would be circulated	**AZ**

	to the NEDs. CL touched on the new virtual training stating that at a recent visit to Little Plumstead they had commented that through the virtual training and use of Microsoft Teams they now felt more connected than they had ever done. **RECEIVED** **The Board RECEIVED the report**	
080/20	**Report from the Audit Committee held 15 September 2020** *The agenda was changed around slightly to accommodate CD needing to leave the meeting early.* CD presented the report which was taken as read. The below were key items for the Board to note: The Audit Committee was held on the 15 September 2020. There was one matter of escalation for the Board to note on the 'Error in reporting of bed day's information for Out of Area Placements for quarter one'. CD recorded a formal thank you to PR and HE for their presentation on 'Reflections of Covid'. The Trust was working with RSM, internal audit partner and had agreed the revised Audit plan for 20/21. The Committee had welcomed Dean Gibbs, from KPMG as a new Director working with the Trust. CD concluded the update highlighting the matter of escalation as noted in item 7.1 of the report - Out of Area Placements. CD advised that the Committee were informed that the Trust had recently found an error in the number of bed days that had been reported centrally for out of area placements in Q1. The error had meant an over reporting of the days and NHSI/E had been made aware. The Committee noted the concern with agreement that this would be escalated to the Board and the item considered as a matter arising at the next Audit Committee meeting. **RECEIVED** **The Board RECEIVED the report**	
081/20	**Integrated Safety Report Quarter 1 2020/21** JPad presented the Quarter 1 report to the Board which provided assurance on the actions taken in response to safety related incidents, themes, learning in keeping with the Quality Strategy, CQC regulations, and the commitments that are set out in the Annual Plan. JPad advised that this quarter's report had already been seen and discussed at the Integrated Governance Committee (IGC). It was important to note that this report covered the height of the pandemic and saw with it, an increase in deaths overall but a reduction in deaths thought to be through suicide. Good progress had been made in ensuring root cause analysis investigations were completed on time with all now sent to the CCG either on time or early.	

	There had been a reduction in ligature incidents in the in-patient services but an increase in the home environment. Inpatient units had seen an increase in head banging with work underway to look at managing this. The reduced number of AWOLs had been maintained at a similar level to previous quarters. Service User to staff violence and aggression had remained at a consistent level and service user to service user had reduced following a sharp increase in the previous quarter. Service User to staff violence was a focus for improvements along with improved liaison with the police and learning from those affected by the incidents which had led to improvements in how we support our staff. Restrictive practice had been used slightly less frequently however there had been an increase in the use of seclusion, primarily in relation to higher acuity in the inpatient services and frustration in response to the nation's lockdown. Increased scrutiny and a review of long term segregation had been put in place ensuring a MDT review, good documentation and attention to the individual's human rights. Safeguarding had maintained business as usual and responded to the changing needs during the pandemic. The national picture of an increase in domestic abuse reports was reflected within the Trust. Despite the added pressures of the pandemic safety had remained a key focus for the Trust, with improvements and innovations continuing to take place. Priorities for the coming period continue to be the Annual Plan and the Quality Strategy. A review of restrictive practice in Essex and IAPT services was underway where there had been high levels of violence and aggression towards staff but no use of rapid tranquilisation and long periods of seclusion. We continued to maintain the recent improvements in the quality and timeliness of serious incident reports and to reduce the number of overdue action plans. We looked to systematically join up and build on learning from serious incidents, triangulating with other intelligence such as complaints, Freedom to Speak Up and national safety notices. JPad invited questions. LW thanked JPad the team for their work on safety, quality and guidance throughout the pandemic. LW referred to the mortality governance outline on page 43 of the report item 3.1.1 asking about the isolation variances with AZ confirming there was now clear guidance for isolation and seclusion during Covid. In response to CL's question JPad confirmed that the Trust offered support to staff subject to violence or aggression, ensuring contact was made in line with the staff members' wishes. **RECEIVED** **The Board RECEIVED the report**	
082/20	**Safer Staffing Report Quarter 1 2020/21** JPad presented the report for Quarter 1, noting that it had been to IGC. The	

	report provides an update on safe staffing for in patient nursing that was achieved against the levels set. JPad noted that Board members would be aware that the Covid Assurance Committee had approved the emergency safe staffing levels should it be required however was pleased to report that we had not needed to use these revised levels and safe staffing levels were maintained throughout the pandemic. This had been achieved through staff agreeing to work flexibly and undertaking an introduction to inpatient services and being redeployed. JPad reported that although bank use had increased our agency use did not, advising Bank were our own flexible workforce and enabled us to ensure consistency and greater safety. JPad reported that the Trust had a target to employ 97 Mental Health students with 195 signed up for University places. For LD the target was 40 and we had 60 joining us. Furthermore, at the start of the pandemic we had 57 year three nurses on placement of which 56 had joined the Trust. JPad confirmed that bank staff are seen as part of HPFT and an important part of the flexible workforce **RECEIVED** **The Board RECEIVED the report**	
083/20	**Guardian of Safe working report Quarter 1 2020/21** AZ presented the report which provided the Board with an update for Quarter 1. The report was taken as read with the below highlighted points of note: The GoSW report was a national mandatory report however this had been lifted during Covid. During Q1 there had been no exception reports raised and it was important to note that this was a direct result of forward rota planning and vacant shifts being sent to doctors in a timely manner. As well as improved rest facilities had been made available as on-going support for our junior doctors. **RECEIVED** **The Board RECEIVED the report**	
084/20	**Annual Quality Assurance for Responsible Officer (RO) and Revalidation 2019/20** AZ provided the Board with an overview of the report which was taken as read. AZ advised that during Covid the Regional Office had postponed by six months all medical appraisals due between March 2020 to August 2020, with the process to be resumed in September 2020. As a Trust we had taken the decision to continue reporting. Out of the 185 doctors linked to HPFT, 130 doctors had completed their appraisal. The remaining outstanding of 40 were attributable to sickness, maternity leave, leaving the Trust and 17 due to challenges of COVID-19. Thirty-nine doctors due for revalidation during 2019/2020 within HPFT, 36 doctors with positive recommendation completed on time and the three remaining – two due to insufficient evidence, later revalidated within two months and one deferred for a third time due to long term sickness had retired. LW raised her concern around the risks caused by the suspension of the revalidation. . AZ acknowledged the possible risks but reported that as a Trust	

	there would be no gap in the revalidation period to April 2021 and were still encouraging revalidation for 2020. **RECEIVED** **The Board RECEIVED the report**	
12:23	***Sharn Elton joined the meeting***	
	OPERATIONAL & PERFORMANCE	
085/20	**Report for the Finance & Investment Committee held 18 August 2020** DA reported to the Board advising the paper provided a summary of the items discussed at the Finance & Investment Committee meeting held on the 18 August 2020. Items of note to the Board were: This was the first meeting of the FIC since March 2020, with DA acknowledging the interim governance arrangements had worked well. The Committee had provided a strong focus to its meeting on Recovery and the resurgence phase. The Committee had considered and discussed the financial summary for the period ending July 2020. Niki Richards, Service Line Lead for CAMHSs had provided the committee with a Deep Dive on CAMHS which included the proposal to refurbish Forest House. The Committee had received a commercial update where it had noted that normal commercial activity had been resuming after being suspended since March 2020. The Committee had considered an update report on the New Care Models Collaborative where it had been reported the Collaborative was working towards an April 2021 Business Case submission – funding was a key risk. The Committee were updated on Phase III planning with the 3 main priorities being: accelerating the return to near-normal levels of non-Covid health services; preparation for winter demand alongside continuing vigilance with regard to Covid and taking into account lessons learned during the first Covid peak. A 'Delivering Value Progress Report' was presented to the Committee which had included the impact of Covid 19. The Capital Investment Programme for 2020/21had been presented and had provided the committee with a detailed paper which provided the progress to date and key next steps. In terms of Performance it was a pleasing picture with referrals into SPA circa 10% below pre-Covid levels. Overall performance remained strong. Focus areas were IAPT, CAMHS and EMDASS. The Committee had considered and approved the Herts and West Essex Procurement Business Case	

	RECEIVED **The Board RECEIVED the report**	
086/20	**Finance Report: Period to End August 2020** PR presented the report which set out the financial position to 31 August 2020 under the exceptional financial arrangements. Key Pointed highlighted to the Board were: The Trust had achieved an overall break-even position for the month and year to date as required under the current financial arrangements. The position pre-COVID-19 cost is a shortfall of £1.3m in month and £4.7m year to date. COVID-19 reimbursement at £1.3m had remained higher than expected due to several backdated amounts being claimed. These were due to a recalculation of bank hours being claimed and a claim made on behalf of the ICS. The current financial arrangements which ensure that the Trust achieves financial balance had been extended for the first six months of the year. To date the Trust had performed strongly with there being no requirement for extra income beyond the COVID-19 reimbursement. Key points of focus for the Trust were: • Work with commissioners and the region to ensure the promised new investment is made • Progress work within the restoration work streams to further grow IAPT and community capacity • Progress its Delivering Value programme linking this to the opportunities being identified within the Shaping our Future work • Accelerate its capital programme which sees investment both within the estate and technology • Continuing the work on managing the level of need for external bed capacity which had previously been very successful. TC added that the Trust came from a strong positon but that going forward there was likely to be a significant financial pressure. **RECEIVED** **The Board RECEIVED the report**	
087/20	**NHS People's Plan** AC presented the report which outlined the key themes and actions within the recently published NHS People Plan 2020/21. The report was taken as read and the below key messages drawn out for the Boards attention. The report had been discussed in detail at the Integrated Governance Committee meeting. The plan had been published on the 30 July 2020 and outlined the actions organisations needed to undertake in the coming months. The Plan contained 4 areas of focus (outlined in the report). HPFT was finalising the work to assess the implications for the Trust with the resulting	

	actions being led by the People and OD team and monitored by the Integrated Governance Committee. AC highlighted that: From September 2020 all employees should have a health and wellbeing conversation with their line manager and develop a personalised plan. By October 2020, employers, in partnership with staff representatives, should overhaul recruitment and promotion practices to make sure that their staffing reflects the diversity of their community. By the end of 2020, the expectation is that 51% of organisations would have eliminated the gap in relative likelihood of entry into the disciplinary process. For NHS trusts, this means an increase from 31.1% in 2019. AC highlighted two points to the Board: There was no new funding to support the growth outlined in the Plan In terms of system working, our own plans were in good shape. TC stated he welcomed the report however voiced concern around the disciplinary process. **RECEIVED** **The Board RECEIVED the report**	
088/20	**WRES and WDES** AC presented the report which was taken as read advising that both standards were designed to measure and improve the experience BAME and disabled staff across the NHS. The Table 1 in the report indicate that HPFT have shown improvement in all areas. BME Board Representation (where ethnicity declared) is 12.5% with AC encouraging Board members to complete the WRES data forms. The Staff Survey indicated a less positive view for BAME staff. The Inclusion Strategy had been refreshed and was currently being co-developed with our staff. The Strategy would be presented at a future Board meeting. CL commented on the detail and rich data contained within the report. **PSED and EDS2** JPad advised Board members that this was the Public Sector Equality Duty (PSED) for 2019/20 and was here to provide assurance to the Board that the Trust was compliant with their public sector duty and used the Equality Delivery System 2 (EDS2) Grading update report which is the improvement tool used by NHS providers. The report was an update of last year's report rather than a full review incorporating the work which had been undertaken this year along with the most up to date data sets.	

	JPad provided rationale to this, explaining that rather than a full review which would have included updates to EDS3, this was not possible as the launch date of June/July this year had been postponed due to COVID. The Trust was currently consulting on a new inclusion strategy to further build on the work and assessment set out in the report and would undertake the EDS3 once it was published. JPad reported that as a Trust we had a requirement to publish this report and asked the Board to approve for publication. All in attendance approved. **RECEIVED** **The Board APPROVED the report for publication.** *KT left the meeting*	
089/20	**Winter Planning & Second Outbreak** **Second Outbreak** JPad reported that nationally we were seeing a doubling of the positive cases every 7 days, with the national alert level rising to a 4 but noting the response level remained at a 3 due to the pattern in cases being different from the first wave. JPad continued stating that this time there was an inconsistent picture across the country, in regions and even localities advising that a level 3 indicated that a local rather than a national response was required. The Trust had increased its Sit rep reporting to daily 7 days a week. Internally we are seeing an increase in suspected cases although the majority had returned a negative result and were most likely to be the common cold, however until tested both staff and/or service users needed to remain in isolation. We currently had one positive case in Forest House and one positive member of staff. The number of deaths remained at 94 of which 13 were reportable. Nationally the drive was to consider the business continuity for the coming period as a whole ensuring covid is considered alongside winter planning and the EU exit. **Winter Planning** SBr continued the update advising the winter plan focused on 4 key themes: • Covid • Flu Vaccine • Adverse Weather • EU Exit The plan was broken down into 3 areas with detail contained within the report. ***Support for our staff*** ***Support for service uses and carers*** ***Service provision and system working*** SBr continued stating that the approach would be different to how we had started this back in March with a look to re-deploy corporate staff. In terms of the System a number of proposals had been put forward and a detailed action plan was in place which would be monitored through the Trust Management Group (TMG) and would form part of the Trusts emergency preparedness. Overall the Trust was in a strong position.	

	Phase III Planning SBr updated the Board with a brief outline in KT absence. Key points of note were: The Trust submitted an updated plan on 1 September 2020 that included a baseline on restoration and seasonal trends. In a number of services contact levels remained high and ongoing Infection prevention and control procedures were in place. Services would continue to increase activity levels in line with Long Term Plan and community transformation would be a key area of delivery for the Trust during the remainder of 2020/21. A final return would be made on the 21 September. At the time of this report being written the financial allocation had been received by the Herts and West Essex Integrated Care System, and the allocation for mental health and learning disabilities and for HPFT element was under review. **RECEIVED** **The Board RECEIVED the report**	
090/20	**Business Case – Safety Suites** PR presented the paper which provided the Board with background and an overview of the proposed Business Case. The programme of capital investment created four Safety suites and also incorporated the focus of the Care Quality Commission (CQC) requirements on safety, PR reported that the previous proposal had considered six new safety suites, however this proposal was to proceed with the four priority facilities. The design work for the other two potential suites in Astley Court and Beech Ward had been completed and could be progressed quickly in a future phase. PR advised the Board that they were recommended to approve the business case for the preferred option for the creation of four Safety suites through a combination of extensions and refurbishment at an expected total cost of £8.3m (with a further £0.3m as a risk sum). The cost of this investment would be made from existing cash resource. JPad added that the above proposal had been discussed in detail with DA and the Finance & Investment committee, and would 'future proof' us as a Trust in compliance along with making a much more pleasant and calming environment for service users. DA acknowledged stating that the case had been well aired and discussed and although a large amount of money would be money well spent. All in attendance approved. **The Business Case for Safety Suites was APPROVED**	
	GOVERNANCE & REGULATORY	
091/20	**Board Assurance Framework** HE reported on the Board Assurance Framework (BAF) advising this was to provide assurance that the Trust's principle risks had been identified and were being appropriately managed. HE noted the BAF had been to the Audit	

	Committee had discussed in detail. HE advised that the BAF had been reviewed and amended. The significant amendments relate to the principle risks, which had been rewritten to reflect the Trust's position and the context of the wider environment, including Covid19. RSM had undertaken a review of the proposed new principle risks and had confirmed that they 'fit' with the strategic objectives. At its meeting on 15 September 2020 the Audit Committee reviewed and approved the re-written principle risks subject to one amendment. All in attendance approved the amendments. **APPROVED** **The Board APPROVED the amendments to the BAF**	
092/20	**Well Led Review** HE updated the Board advising that in September 2019 it was agreed to start the process of planning for the Well Led Review. This commenced in January 2020, however due to the Covid-19 pandemic and in line with national guidance the external review process was paused in March 2020. Following the decision to cease interim corporate governance arrangements it had been agreed to re-start the Well Led review process. The Board were asked to note that a final report would be due at the end of November. **ASSURANCE** **The Board gained ASSURANCE**	
	STRATEGY	
093/20	**Mental Health & Learning Disability ICP Update** TC presented the paper which was taken as read. TC referenced page 5 of the report which set out the 3 areas of focus: • ICP Development • Priority Transformation areas • COVID TC advised the paper today was for information and a more detailed report would be presented at a future Board. CL made a request for a Board session on the ICP. **RECEIVED** **The Board RECEIVED the report**	**KT**
094/20	**AOB** No further business was put forward.	
095/20	**Questions from the Public** No questions were put forward.	

096/20	**Date of Next Meeting** The next meeting is scheduled for 22 October 2020	

Close of Meeting

Agenda Item 5

NHS
Hertfordshire
Partnership University
NHS Foundation Trust

PUBLIC BOARD OF DIRECTORS' MATTERS ARISING SCHEDULE – 22 October 2020

Date on Log	Agenda Item	Subject	Action	Update	Lead	Due date	RAG
24/09/20	**079/20**	Flu campaign	The link on how to record flu vaccination would be circulated to the NEDs.	Completed	AZ	End of Sept 2020	G
24/09/20	**088/20**	WRES. WDES and PSED data	Final reports to be published on public website	Completed	AC	End of Sept 2020	G
24/09/20	**093/20**	Mental Health & Learning Disability ICP Update	Board Session on the ICP to be scheduled	Agreed as part of a programme of information sessions	HE	Oct 2020	G
27/02/20	**031/20**	Quarter 3 Performance Report	Crisis pathway review update to a future Board	This has been added to the Board Planner for presentation at a future meeting as part of the wider transformation programme update.	SBr	November 2020	G
27/02/20	**024/20**	CEO Update	Paper for the Board on Accreditation for them to understand why we were accredited and what this meant for the Trust	Update on accreditations to be taken to IGC as part of a discussion regarding assurance regime	AZ	November 2020	G
27/02/20	**024/20**	CEO Update	Results of the Community Service workshops to be shared at a future Board	Feedback from community workshops to be included in report on 2020 community survey. This would be presented to the October private Board meeting.	SBr	November 2020	G

Board of Directors PUBLIC

Meeting Date:	22 October 2020	**Agenda Item:** 6
Subject:	CEO Briefing	
Presented by:	Tom Cahill, CEO	

National update

Clearly there is currently a lot of activity nationally which is summarised below under two main headings.

Preparations for winter and COVID

Nationally we are seeing an increase in confirmed COVID cases, alongside increases in admission to hospitals and in the use of ICU beds. Whilst this has been less so in the East of England, rates are also beginning to rise. It is evident that a second wave of COVID-19 has begun nationally and locally with different degrees of outbreak in different areas. The r rate has risen to 1.2-1.5 and the alert level is currently at its highest (4) although the response level for the NHS remains at 3. Outbreaks have been attributed primarily to large social gatherings in households. Within health and social care settings, particular issues highlighted are in communal areas e. g lifts, in administrative offices and car sharing.

The Government has announced a Three Tier Covid Alert system; the system outlines different levels of restrictions that will be put in place in different parts of England to reduce the infection rate. The Alert system will be implemented in any area in response to changes in infection rates. Responding to the second wave is being managed alongside preparing for winter and the expected increased pressure on services this brings. There is a clear expectation that all services will continue to be provided by Trusts during winter and the second wave, thereby ensuring that the NHS continue to meet the needs of those requiring, elective care, screening and urgent access to diagnostics.

CQC draft Strategy

The CQC are developing their strategy to be in place from 2021, entitled *'Smarter regulation for a safer future',* and ahead of formal consultation in winter 2020. Part of the development is to carry out engagement with providers, stakeholders and the public. The main themes stakeholders are being asked to consider are how the CQC could better assess quality of care through a pathway and across sector / service boundaries, including on a system basis. Also how they will do things differently in order to effectively regulate new types of service e.g. remote consultations. Also they are proposing a move to a more responsive, proportionate regulatory model which takes account of multiple different ways of gathering insight beyond inspections as well as working when they will be doing fewer physical inspections. We will review and respond to the proposals when they are published.

Regional and System update

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

ICP Developments

Since the last Board a significant amount of work has taken place across the system with notable developments within the Mental Health and Learning Disability ICP, and further alignment across the Hertfordshire ICP's. Relationships are strengthening and there is an increased understanding of the different organisations.

The approach to co-production and the establishment of the Co-production development group has been adopted by the West ICP and it is likely that E&N ICP will also align to this. The ICP's are now working together developing an approach to communicating and engaging with broader stakeholders.

The MHLD ICP has undertaken an initial self-assessment of health and social inequalities experienced by people with mental illness, learning disabilities and/or autism. The self-assessment has however been limited by the availability of recent data. This is a key area for improvement and one that will need to be addressed jointly across all Hertfordshire ICP's with the support of Public Health and the ICS.

This next phase of development has been shaped by the following position taken by the ICS, in relation to commissioning and accountability of the ICP's. This reflects the longer term ambitions of the ICS and there will be no immediate plans for structural changes.

The next phase of development will be to define the scope of the MHLD ICP, identify and align to the relevant work streams across the Hertfordshire ICP's and work with the ICS to understand and shape commissioning intentions.

Herts & West Essex Integrated Care System (ICS)

The ICS had its first Partnership Board meeting on 18 September 2020. At the meeting the priorities and governance cycle were discussed. This included:-

- refining the approach to focusing on key priority programmes
- development of an Integrated Performance Committee
- greater involvement of the NED/lay community in the governance of the ICS
- linking with audit chairs and governance leads to look to streamline governance processes.

The Partnership Board also received an update on the workforce work stream, the ICPs and the emerging new financial regime.

Both regionally and locally the role of the ICS with regard to performance management and the finance regime is evolving but it is clear that there is an expectation that planning and discussions take place at a system level and less so on an individual organisational basis.

East of England (EOE) Provider Collaborative – New Care Models

Positive progress continues on the development of the Collaborative with focus on development of the:-

- clinical cases for change for CAMHS Tier 4, Forensic Mental Health and Learning Disabilities and Adult Eating Disorders. These are now being shared widely across the system with the statutory sector and service user and carer groups for final feedback and comments. These will be presented at the November Trust Board meeting for approval. The clinical cases will then be submitted to NHSE/I in December as part of the journey towards going live in April 2021.
- draft Partnership Agreement which outlines the relationship between the Lead Providers and the Provider Collaborative along with the governance arrangements detailing how this relationship will be delivered and serviced.
- the financial and contracting arrangements that support the clinical cases for change. Work is still being progressed with regard to the impact of the new models against the financial allocations, as well the possible effects of the COVID pandemic. Discussions are ongoing with NHSE/I around the financial allocations, with the full Business Case, both models and

financials, due to be presented to the Board in January 2021 prior to submission to NHSE/I and the "go live" in April 2021.

To support the commissioning and contracting process for the lead providers and the other NHSE Providers within the Provider Collaborative, a small Transformation and Commissioning Team has been funded and posts are due to be advertised in late October and November. The function of this team is to provide and deliver economies of scale around the contracting and commissioning functions for the NHS providers within the collaborative to ensure best use of resources and best value in delivering and commissioning specialised services in the future.

Trust-wide update

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

Winter Preparations and Covid Update

The Hertfordshire system shows a rising trend of community and hospital cases. Like the pattern seen elsewhere there are differences in prevalence of outbreaks and incidents between districts and the Trust receives daily intelligence. The Trust has seen one outbreak in inpatient services and a number of isolated positive cases in community.

The first phase of the pandemic and learning has provided a strong foundation for the next surge. Work has been completed on the principles, framework and plans for managing the second phase and we will continue to be prepared to respond with a focus on keeping people safe, preventing and managing infections, supporting our staff and the specific demand and capacity issues COVID-19 presents whilst maintaining services.We are also providing access to testing and supporting flexible working. We will continue to be a key system partner, providing mutual aid and supporting partners e.g. A&E Diversion hubs. We have reviewed the governance processes and structures making a recommendation for this next phase which is detailed in the paper later on the agenda.

The risks associated with the second wave will be managed through the incident command structure using the COVID-19 risk register. A paper later on the agenda provides more detail on the approach

The Trust's Winter Plan that was considered and agreed at the Board meeting held in September has been enacted to ensure we support the delivery of safe, effective care and services throughout the period of winter. We are building on the lessons learnt from last winter and from the Trust's response to Covid-19.

Flu

Flu is a health priority for the Trust and an essential part of us helping staff and their families to stay well. Flu vaccination clinics started on the 5th October 2020 and during the first week, the Trust delivered 20 clinics across 15 sites. The second week had 21 clinics planned across 17 sites with nearly 300 staff booked to attend. We are also providing out of hours and walk rounds in inpatient areas. This has meant that as at 14 October 20.49% of frontline staff have been vaccinated, a significant improvement on the similar position last year. The Trust is receiving the vaccine in batches throughout October and November.

EU Exit planning

At 11pm on 31 December 2020, the UK will leave the EU Single Market and Customs Union. This will mean new border and customs procedures apply, regardless of whether the UK and EU agree a trade agreement.

In readiness for the end of the transition phase and to manage any risks associated the Trust has resumed its EU Exit preparation activities. The Trust's CIO, Hakan Akozek, will act as the EU Exit SRO and the preparation activities will be managed through the existing incident management structures for COVID-19, in line with the national direction. NHS planning assumptions are due to

be released soon and these will outline any other requirements, it is expected that the Trust will need to complete regular returns to the NHSE/I and the CCG as part of this. A paper later on the agenda describes the issues and provides details of the Trust's response.

Operational Services

Operational services remain very busy with continuing high levels of demand for in-patient beds leading to ongoing use of out of area acute and PICU beds. We are also seeing a number of service users from other areas present at A&E. Work is underway with some of our neighbouring Trusts to reduce cross boundary issues which at times impact on the service user's experience. In addition the level of acuity on the wards is high and is indicated by a number of incidents resulting in harm to staff and incidents in relation to self-harm. Staff are being supported and SWARMs held to provide support and learn lessons. CAMHS eating disorders community services are receiving, very high numbers of referrals (3x the usual monthly numbers) which is reflected nationally. The team are working with primary care to explore new ways of working to support young people and their families and in particular monitor their physical health. The use of CAMHS out of area specialist beds continues to be an area of concern with 20 young people out at present.

All services have been restored and activity levels are in line with those of the same time last year. Referrals into SPA continue to increase and calls into the 24/7 helpline remain high. EMDASS has continued to meet its trajectory with all referrals now being seen within 7 weeks (target of 12 weeks). It is still anticipated that demand for mental health services will rise – a prediction of a 30% increase, as a result of the pandemic. Work continues in services and in particular in IAPT to prepare for this. Now restoration is completed the importance of re-shaping and transforming services is a priority with an extensive programme underway including; community services, crisis, physical health and connected lives.

Performance remains strong across all services. Areas of focus continue to be Delayed Discharges of Care, Out of area placements and IAPT. The West SBU will lead on a piece of work to review the bed management function including skill mix and improved use of technology as this is considered to be a key aspect of improving flow across in-patients. Services are also working to ensure that CPA reviews are carried out which were impacted on during the Pandemic.

The community survey results 2020 have been received. Some significant progress has been made in a number of areas in particular employment, and medicines management. A more detailed report is to be received by the Board. Key actions to improve the service users experience as a result of the survey are being implemented.

Following a number of workshops for service users, carers and staff regarding community services, led by the Director of Service Delivery and Customer Experience, feedback has been provided as part of a virtual event. A number of areas for action have been agreed with service users and carers; discharge communication (welcome packs, website, and letters) and raising the profile of carers. The service improvement plan will be co-produced and the service user and carers council will take a lead in working with staff on these areas.

Our People

Recruitment has continued to be as positive as we capitalise on renewed interest in careers within the NHS – our vacancy rate currently stands at 10.81%, with our staff turnover rate increasing marginally in September to 13.58%.

We continue to encourage our people to look after their well-being by taking their annual leave; we are also keeping our staff risk assessments up to date and are encouraging a health and well-being conversation with every member of our HPFT team. I had the pleasure of opening the Trust's wellness conference for doctors on 13 October 2020. A joint event with the BMA, that recognised the importance of supporting and looking after our staff and this case our medical teams. This compliments the things we have done to improve the rest facilities for junior doctors and is evidenced in the positive feedback few have from trainees via a Guardian of Safe working report. We are also preparing for the Annual Staff Awards event, to be held 2 December 2020, an important opportunity to recognise our great staff and what they do for our services users and carers.

Our sickness rate remains low at 4% for September but we review daily to ensure that any COVID related absences are managed appropriately and testing can be arranged for any symptomatic staff.

Our PDP compliance rate is improving after a low position in July. A number of actions are underway to improve this compliance rate and ensure that our leaders have having positive, developmental conversations with their people.

Our Mandatory and Statutory training compliance levels remain on track to recover following the suspension of face to face training at the start of the pandemic. Training such as Basic Life Support and Intermediate Life Support have been re-modelled to ensure compliance with IPC requirements and have been running again since the end of July in the revised format

We recently held a virtual Big Listen event, connecting with over 350 of our employees during the course of the week. We heard a lot about what had worked well for people during the pandemic and what they would like to see more of in the future, including environmental things such as better changing facilities and break rooms to increased focus on keeping teams together virtually when they may be dispersed physically. A resulting action plan is being developed to address those things that our people raised and will be considered by PODG.

This month has also been Black History Month; we held a launch event virtually on the 2nd October. Throughout the month there will be a number of event such as #NHSBookClub and events at individual sites, such as the sharing world music and food event at Little Plumstead.

Quality

We have recently undertaken a review of review of AWOL and Missing Person incidents reported on Datix between 1st April 2019 and 31st March 2020, including a comparison with the previous reporting year. It also included Quarter 1 of 2020/21 data thereby enabling a review of this type of incident during the COVID-19 period, first wave. 2019/20 showed a slight reduction compared to 2018/19, failure to return from Section 17 leave remains the highest reported sub category. Review of data quarter on quarter it shows that an overall downward trend continuing into quarter 1 2020/21. The team have identified a number of actions to improve our prevention and management of AWOLs. The IGC at its meeting in November will receive detailed feedback on the review and learning points.

To strengthened the IPC BAF external advice has been commissioned. This review and advice will provide vital level three assurance of the BAF as well as identify areas where it could be enhanced further. To further support good Infection and Prevention Control practice a competency framework for the donning and doffing of PPE has been created and will help ensure the correct approach it undertaken to the vital element of IPC.

Local training for Basic Life Support has started, which enables more frequent as well as bespoke training to be offered in a Covid safe way. We have appointed a new Freedom to Speak Up Guardian Yusuf Aumeerally, Senior Serious Incident Investigator following Ethel Changa's departure from the Trust. Yusuf's role will be widely communicated including how staff are able to contact him.

The Clinical and Professional Advisory Committee (CPAC) is continuing to meet and forms an important part of the Trust's response to COVID-19. It continues to provide advice and respond to request for advice from Trust Strategic and Tactical Command Team (TCT), as well as reviewing and adapting national advice. CPAC and its role is being reviewed to ensure any learning is taken on board, it is proposed that CPAC still meets when required and at a frequency that it in line with the requirements of the Trust.

There is significant work underway to reshape our services to enhance quality and experience for services users and carers. This includes a commitment to ensure physical health checks are under prioritised; robust transition arrangements for CAMHS service user to Eating Disorders and Adult Mental Health as well as a review of psychological services.

Finance update

The Trust reported breakeven for the period up until end of September 2020. This position was supported by a retrospective top up. Detailed work has been undertaken to better understand cost pressures within the Trust so that we can ensure our expenditure matches our income. As reported previously to the Board the remainder of the year will see several significant changes being made to the financial arrangements and the full financial implications of which still need to be worked through. A report later on the agenda will provide details on the month six position and current assessment of likely end of year position for the Trust, including actions required to ensure a balanced financial position.

Emergency Preparedness Resilience and Response (EPRR) submission

The Trust is taking part in the EPRR assurance process for 2020/21. The first stage in self-assessment which has identified one core standard as partially compliant and this give the Trust an assurance which is considered against NHSE rating as substantial assurance. A paper later on the agenda will provide further detail on the assurance process.

Governance

The restarted Independent Well Led Review process is well underway, with senior staff interviews, observations and review of documentation near completion. The Board are holding a workshop to review the Board self-assessment prior to the Board interviews.

The Governor sub groups held their meetings in October and will soon be completing a review of their effectiveness. It was agreed at the last Council of Governors that the election process for the Lead Governor role would start at the end of October and aim to be completed by the end of November at the latest.

A programme is being developed to ensure that NED remain linked to services in the absence of being able to visit sites, coupled with regular briefings on key topics. Coming up are workshops for the Self-Assessment element of the Well Led Review, ICPs and New Care Models.

Tom Cahill
Chief Executive

Hertfordshire Partnership University NHS Foundation Trust

Board of Directors PUBLIC

Meeting Date:	22 October 2020	**Agenda Item:** 8
Subject:	COVID-19 Update and Wave Two Plan	**For Publication:** No
Author:	Fiona McMillan-Shields, Interim Managing Director Dr Jane Padmore, Executive Director, Quality & Safety/Chief Nurse	**Approved by:** Dr Jane Padmore – Executive Director, Quality & Safety/Chief Nurse
Presented by:	Fiona McMillan-Shields, Interim Managing Director	

Purpose of the report:

To update the Board of Directors on the current position in relation to COVID-19 nationally, locally and internally.
To present the COVID-19 second wave plan for discussion and approval.

Action required:

Note the current position and implications.
Approve the plan for managing the next wave of the pandemic.

Summary and recommendations:

Nationally and locally the second phase of the pandemic has begun. The Trust has seen on outbreak in the inpatient services and a number of isolated positive cases in community.

Work has been undertaken to agree the principles and the framework for managing the second phase. The framework is:

- Infection prevention and control
- Service users
- Business continuity plans
- Our people
- Infrastructure
- Leadership capacity & capability
- System & partnership working
- Governance

There are risks associated with the second wave that are managed through the incident command structure using the COVID-19 risk register and are mitigated through the actions that have been put in place and are described in the plan. These are relating to quality, performance, workforce and infrastructure.

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

Health and Social Care Act 2008 (Regulated Activities) Regulations

Regulation 12: Safe care and treatment

• Providers must do all that is reasonably practicable to mitigate risks. They should follow good practice guidance and must adopt control measures to make sure the risk is as low as is reasonably possible. They should review methods and measures and amended them to address changing practice.

Regulation 17: Good Governance

• Providers must have systems and processes that enable them to identify and assess risks to the health, safety and/or welfare of people who use the service.
• Where risks are identified, providers must introduce measures to reduce or remove the risks within a timescale that reflects the level of risk and impact on people using the service.
• Providers must have processes to minimise the likelihood of risks and to minimise the impact of risks on people who use services.
• Risks to the health, safety and/or welfare of people who use services must be escalated within the organisation or to a relevant external body as appropriate.
• Identified risks to people who use services and others must be continually monitored and appropriate action taken where a risk has increased.

Care Quality Commission Key Line of Enquiry; Are there robust arrangements for identifying, recording and managing risks, issues and mitigating actions

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

The staffing, financial, IT and legal risks are identified within the risk register part of this paper; Actions taken to medicate risks may have budgetary or financial implications.

Equality & Diversity and Public & Patient Involvement Implications:

Individual risk assessments of BAME staff.

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

None

1. Introduction

1.1. It is evident that the second wave of COVID-19 has begun both nationally and locally, but with different degrees of outbreak across geographies. Phase one of the pandemic saw the trust concentrate on creating the systems, governance, policies, procedures around the management of COVID-19 as well as business continuity whilst working through the pandemic.

1.2. These systems and processes are now in place and provides a strong foundation for the next surge. The trust will need to be prepared to respond to changing guidance, as it is issued on an ongoing basis, with a focus on preventing and managing infections, including outbreaks, and the specific demand and capacity issues COVID-19 presents whilst maintaining good quality core business.

1.3. This paper presents the current position, in terms of the pandemic, nationally, locally and in the Trust and then goes on to set the principles for how the Trust will management the pandemic. The framework for the first wave has been refreshed and governance and assurance added. The paper then details the high levels plans for managing the second wave in each area of the framework.

1.4. The paper concludes with an overview of the COVID-19 related risks. It summaries how the Trust leadership and incident management structures are being mitigating and monitoring these risks, remaining responsive to changes in need and demand.

2. Current position

2.1. Nationally the incidence of COVID-19 has risen, with an increase in positive cases alongside increases in admission to hospital and use of ICU beds. The r rate has risen to 1.2-1.5 and the alert level is currently at its highest (4) although the response level for the NHS remains at 3. Outbreaks have been attributed primarily to large social gatherings in households and health and social care settings, particularly in administrative offices and car sharing.

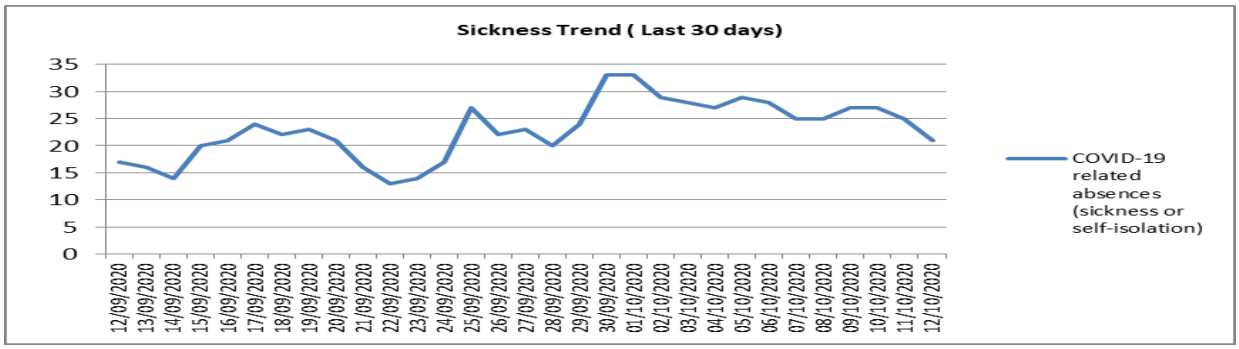
2.2. On the 12th October the Government announced a new Three Tier Covid Alert system. At present, all Trust services are in tier one. This is the lowest Alert level, medium risk, and means that the Nationwide guidelines should be followed.

2.3. Locally the national picture is being reflected with increases in incidents, admissions and use of ICU beds. Like the pattern seen elsewhere there are differences in prevalence of outbreaks and incidents between districts and the Trust receives daily intelligence. The Hertfordshire system shows a rising trend of community and hospital cases.

2.4. Internally there has been one outbreak on Forest House Adolescent Unit involving one young person and two members of staff. This was a healthcare

acquired infection and a root cause analysis has been completed. A small number of service users in the community have been tested positive and are isolating.

2.5. Staff absence data shows there are currently 21 staff off sick or isolating due to Covid (graph 1).



Graph 1: Staff absence

2.6. The trust is reporting minimal impact of covid for system escalation purposes; with access to swabbing being the only concern (Opal 2 for this measure means that results may be taking more than 24 hours, (table 1). The definitions of the alert levels can be seen in Table 3, in, section 7.3).

	HPFT Measures	Format	Opel 1	Opel 2	Opel 3	Opel 4
COVID	Management of Covid positive Patients	**Number**	0			
	Maximum number of Beds Closed in Any Service whether covid of non covid - Hertfordshire Beds Only	**Number**	0			
	[Whole Trust Bed base] includes Essex Norfolk Bucks		0			
	Swabbing Access - Patient Level	**BRAG**		x		

Table 1: Current opal levels

3. Principles

3.1. A set of principles have been developed to underpin the work to manage the second wave of COVID-19. These are:

We will:

- Keep everyone safe.
- Ensure everyone gets the care they need, when they need it.
- Follow best practice.
- Support the health and well-being of our staff.
- Communicate effectively and regularly, internally and externally.
- Make appropriate resources available.
- Work in partnership with others.
- Manage the incident proactively, being responsive to changing demands.
- Ensure everything we do keeps the Trust values at the centre.

4. Framework

4.1. Business continuity, nationally and locally, incorporates COVID19, EU exit and winter planning and COVID19 cannot and is not seen in isolation.

4.2. In order to manage, and ensure all aspects of the incident are considered, the framework for the first wave of the pandemic was reviewed and updated based on learning from the first wave and intelligence that has been gathered (Table 2).

Table 2: Framework for COVID-19

Infection prevention and control	Prevent and manage any outbreaks, maintaining safe services
Service users	Plans to manage physical & mental health risk
Business continuity plans	Maintain all services, delivering differently & redeploying staff when necessary
Our people	Wellbeing, training & development, leave, testing, immunisation, working from home
Infrastructure	Technology, environment, PPE, supplies
Leadership capacity & capability	Incident management, on call
System & partnership working	Mutual aid, care homes, EDs, children's services, older adult services, local outbreaks
Governance	IPC BAF, independent review, risk review and mitigation, reporting structures

4.3. Each of these are taken in turn to detail the plans that are in place to manage the second wave of the pandemic. This is the high level plan which is underpinned by a detailed action plan, with clear time frames and responsible leads named.

4.4. The governance framework is managed through the Incident Command structure, which is in place, and is structured as:

- Operational (SLLs, heads of corporate services)
- Tactical (MDs, Heads of Profession and Deputy Directors)
- Strategic (Executive)

5. Infection prevention and control

5.1. **Leadership.** Systems that are able to provide leadership, assurance, consultation and support have been put in place across all levels of the organisation. This includes:

- Trust wide senior nurse on call at weekend and bank holidays; senior nurse leadership weekdays with the ability to call an Outbreak Control Team swiftly, to offer expert advice, manage outbreaks and to liaise with external stakeholders, such as NHSE/I, including the submission of returns.
- Service line local leadership (matron or equivalent) to offer local support, leadership and advice as well as quality assure practice locally.
- Team level local champions have been trained and are in place. They are supported by nurse consultant and offer day to day practical advice as well as undertaking regular IPC checks.

5.2. **Policy and practice**

- All policies have been reviewed and updated with any changes necessary, relating to COVID-19 made.
- The pandemic policy has been reviewed and learning from phase one has been applied.
- A competency framework for staff has been developed and in use across services. This complements the mandatory IPC training.

5.3. **Prevention**

- A testing regime for service users, in line with national guidance, is in place with testing on admission and 7 days after admission as well as pre discharge to care homes.
- Service users are supported to be in isolation until a negative result has been received.
- The cleaning regime has been increased and deep cleans are taking place in line with IPC protocols.
- PPE guidelines, audits and competency framework are in place supported by 'frequently asked questions' on the HIVE.
- Testing for staff when they, or a family member, is symptomatic or confirmed positive is in place.
- Testing for all staff on a unit where there is an outbreak is undertaken.

5.4. **Infection and Outbreak Control**

- All co-horting plans have been reviewed and are regularly reviewed in response to any changing needs within services.
- Isolation protocols are in place.
- The ability to pull together a COVID rapid response team, formerly called the 'Elizabeth Court team' is in place. This has been strengthened, following learning from the first wave, to widen the pool of people available and identifying their specific skills so that a team that is matched to the needs of the specific services, when it is required, is able to provide expert advice and immediate support.

6. <u>Service users</u>

6.1. Preventative

- Current mental health and physical health risk assessments and plans are in place for service users.
- Community service users have been RAG rated and this rating is regularly reviewed to ensure it is unto date and has been changed in response to need.
- Visitor guidance is in place. All visiting should be facilitated whilst maintaining safety and no blanket restrictions are applied. This means that one person can visit a service user at any one time. They are asked about symptoms and any test results relating to COVID and will wear appropriate PPE. Exceptions, such as due to an outbreak on a ward, are approved through the incident management structures.

6.2. Treatment

- Alternative ways of delivering treatment have been developed and the Trust is continually exploring innovative approached to delivering mental health treatment.

- The ECT suite environment has been redesigned and the building work completed to ensure ECT can be delivered safely. This is under constant review as new evidence emerges.
- All service users are reviewed for their physical health needs.
- Agreed protocols are in place to enable service users to be transferred to and treated in the Acute Trusts, should the need arise.
- The nurse consultant for physical healthcare is well embedded in the Trust and offers expert advice on best practice and areas of development, reviewing all incidents involving physical health care.

6.3. Responsive

- The A&E centres hub remain in place with the offer defined, clearly stating what is different.
- Virtual appointments regularly take place and guidance has been develop about how and when to use this.
- Face to face appointments continue and protocols are in place to ensure this is done safely.

6.4. Communication

- A communication plan with regular communication with service users and carers is in place building on the learning from the Healthwatch survey asking the public about their experiences during the pandemic.

7. <u>Business continuity plans</u>

7.1. Services remain open and responsive.

- Intelligence has suggested that there is likely to be district lockdown, rather than whole region or county. SBUs have therefore planned to ensure they work across SBUs within the localities to ensure business continuity.
- Services have reviewed the business continuity plan, in line with potential COVID-19 surge, to reflect how the use of digital technology will support access to services and treatment interventions and enable staff to work remotely to sustain services.
- Local, multi-agency outbreak plans are in place and these have been tested through a desk top exercise with partners.
- Safer staffing levels, detailing minimum staffing levels have been agreed and will be implemented only if required.
- A register of staff skills and competencies has been developed. This allows safe and effective redeployment, at short notice, if required. Three times daily reviews of staffing levels take place with senior nurses to ensure the skill mix and number of staff in each services is safe and redeployment is responsive to need.

7.2. Business continuity plans (BCP)

- All BCPs have been reviewed and this is done regularly to ensure new intelligence is captured.
- Working with partners in the system, BCP have been tested.
- Dashboard is in place to monitor key “pinch points” to support flexing of resources.
- Exceptionally, if the dashboard and workforce data suggest that services cannot be maintained, service provision will focus on Level 1 services.

7.3. System escalation

- System escalation plan is in place (table 3) and reflects the structure and approach partners are taking, using a common language.

Table 3: COVID system escalation

	HPFT	Format	Opel 1	Opel 2	Opel 3	Opel 4
COVID	Management of COVID + VE patients	Number	0-4	5-10	11-14	15+
	Maximum No. Beds Closed in any given service (Covid and Non-Covid Related) Excluding Essex and Norfolk	Number	0-3	4-6	7-10	11+
	Swabbing Access (Patient Level)	BRAG	on the day	within 24 hrs	within 48 hrs	over 48 hrs

8. Our people

8.1. Training, development and supervision

- Regular PDPs and supervision continue to take place.
- Adapted statutory and mandatory training continues to be delivered and compliance levels are being monitored through operational management.

8.2. Rest and well being

- In order to ensure leave is taken ongoing monitoring and work is in place. This has resulted in more than 50% of annual leave was taken before the end of Q2.
- The workforce is actively encouraged and reminded to take regular breaks, including advice on hydration, and keeping physically well.
- Health and well-being conversations alongside individual risk assessments which are regularly reviewed. This is a minimum of monthly for those identified as high risk individuals. Auto reminders are sent to managers to facilitate this happening in a timely manner.
- There is named psychologist support to each unit.
- A mental health support line is in operation and accessible by staff across the system, with an additional BAME support line, supported by BAME colleagues.

8.3. Engagement and communication

- Monthly live events, with the executive team, have taken place and will continue over the next six months.
- The Big Listen has been run in a virtual manner. This is being developed further, targeted, virtual ‘little listens’ will take place, building on the feedback received.
- A communication plan has been developed which includes service users, carers, staff, partners and the public which will be regularly reviewed to ensure it is meaningful and responsive to any changing need.
- A dedicated section on the HIVE is in place for frequently asked questions, guidance and protocols.

8.4. Remuneration

- Where people are required to work longer hours than the norm, this will be recognised and rewarded appropriately.

9. Infrastructure

9.1. Information Technology

- Maintain robust and appropriate IT support, equipment and ensure systems.
- Automate data collection and reporting, as far as possible, to minimise the time requirement and improve data quality e.g. ESR recording of reasons for absence include COVID-19 codes.

9.2. Environment

- The availability of staff changing room facilities is being increased across the estate.
- Additional rooms and areas for staff break outs and for eating/drinking have been and are continuing to be identified across the Trust.
- Appropriate cleaning program across the estate, including the provision of regular stock items in each building, is being maintained.
- A swift response and high quality service when a deep clean is required is in place.
- Elizabeth Court building ready to be used to cohort and care for COVID positive service users should it be required.

9.3. Supplies

- Good stocks of PPE are being maintained.
- Continue the twice weekly stock checks of PPE, replenishing any areas of potential shortage.
- Regular distribution of PPE, in a timely manner, across all sites, which is responsive to need, is being maintained.

10. Leadership capacity & capability

10.1. Incident management

- The strategic commander can step up incident control at any point, should the need arise.
- Incident management currently operates 5 days a week, 9-5, with daily tactical & strategic meetings.
- Strategic & tactical commander remains consistent for one week at a time.
- Leadership is identified and participating from all professional groups across the incident command structures.

10.2. Reporting

- External sit reps are submitted regularly, as required, and approved by the strategic commander and the Director of Quality and Safety (Chief Nurse), or Medical Director, in her absence.
- The daily internal sit rep has been reviewed to ensure it is streamlined but provides the information that is needed to manage the incident.

10.3. On call

- A Senior Nurse is on call at weekend and bank holidays, 9am-5pm, as detailed above.

- Executive on call can step up incident management, out of hours, at any point, should the need arise.

11. System & partnership working

11.1. Horizon scanning

- National and local trends and intelligence are reviewed regularly and acted on at both strategic and tactical command level enabling the Trust to manage internally and contribute to the local response.

11.2. Support to the system

- Remain flexible and responsive to our partners, engaging in system calls, both locally and regionally, ensuring the Trust services are maintained.
- Actively participating in mutual aid, required.
- Continue to support care homes, with particularly focus on those that care for people with a learning disability or mental health need.
- Continue to offer psychological support to the system workforce.

11.3. Communication

- Regular communication to stakeholders and partners taking place.
- Monthly stakeholder update will go out to keep stakeholders informed.
- Virtual stakeholder update session will be provided as required, in conjunction with commissioners, available for any partner organisation to join and be briefed on key service changes/updates.

12. Governance

12.1. Assurance

- The IPC BAF is regularly reviewed.
- Independent review of IPC to provide 3rd line of assurance.
- Trust Board assurance framework is being reviewed.

12.2. Risk Management

- The COVID-19 risk register is formally reviewed at tactical command once a week to ensure the risks are up to date and the mitigation is strong enough.
- The updated COVID-19 risk register is approved by the strategic commander.
- The register is then taken to the executive team meeting for scrutiny once a month.

12.3. Structures

- The Board and subcommittees will be maintained as business as usual with specific reference to COVID on the agenda.
- Council of Governors, relevant Governor Committee and sub groups will continue to meet and will be updated with regard to the Trust's response to COVID-19.
- A fortnightly briefing call will be held with the Non-Executive Directors by the chief executive or his representative.
- The Clinical and professional Advisory Committee (CPAC) will to continue to scrutinise research and practice, developing guidance as the need arises.

13. Risks and challenges

13.1. COVID-19 presents many risks and challenges to service users, staff and the organisation as a whole. These risks are managed through mitigation and contingency planning using the COVID-19 risk register, which is reviewed weekly in the command structure and presented monthly, for scrutiny, to the executive team. The current risks are relating to quality, performance, workforce and infrastructure. The plan set out above sets out how the risks are being monitored and what mitigation has been put in place.

13.2. The pandemic presents risks to the Trust ensuring that core services continue to be delivered safely and effectively whilst performing well. This means preventing avoidable incidents and death both as a result of mental health and physical health problems, including infections.

13.3. Engagement, assessment and treatment services have been adapted to be delivered in a safe way that remains responsive to need. In addition, risk assessment and management plans as well as RAG ratings are reviewed regularly.

13.4. Robust leadership for infection prevention and control has been put in place at Trust, service line and local level which is supported by appropriate infection prevention and control policies, procedures and practice. Work is continually underway to prevent infections and is responsive if and when an infection or outbreak occurs.

13.5. The workforce managed the situation well during the first wave of the pandemic and have been able to take annual leave over the summer to rest. There is a risk that, during the second wave, the workforce will become unwell mentally and physically and there is increased absence from work impacting on their well-being, service delivery and safety. In addition, the recovery in mandatory training rates could be challenged.

13.6. Redeployment of staff was effectively enacted in wave one and learning to improve how we support staff impacted by this is being taken into wave two. A multifaceted approach to health and wellbeing is in place which included individual risk assessments and management plans as well as helplines and engagement events. Supervision and PDPs are being prioritised and will continue throughout.

13.7. The pandemic brings with it additional pressures on finances and resources. There is a risk that the work will not be maintained within the financial envelope. Also, the supply of essential clinical equipment, although currently robust, may be challenged as increased demand is present from the wider system. Partnership working within the system is essential.

13.8. Regular stock takes are undertaken and there is currently 5 weeks supply in stock.

13.9. All this is underpinned by the work with partners within the system and a communications and engagement plan that is aimed at service users, the

workforce, partners and the public. The risks and ensuring a responsive approach are managed through incident management and the governance processes to assure this that have been put in place and are described above.

14. Conclusion

14.1. This paper has shown that nationally and locally it is likely that the second wave of COVID-19 has begun. Although internally there has been a slight increase in incidents involving COVID-19 it is important that the Trust is ready for the second wave and takes forward the learning from the previous experience of the pandemic.

14.2. The framework that was used in the first wave has been developed to meet the needs of the second wave and principles for managing the pandemic have been detailed alongside the risks that have been captured in the COVID-19 risk register alongside the mitigation and contingency planning.

14.3. In conclusion, the Trust is in a strong position in terms of preparation for the unpredictable nature of the pandemic, having learnt from previous experience and listened to the views of service users, carers and staff.

Appendix A Revised Meeting Agenda for Incident Command

A set of principles have been developed to underpin the work to manage the second wave of COVID-19. These are:

- Keep everyone safe.
- Ensure everyone gets the care they need, when they need it.
- Follow best practice.
- Support the health and well-being of our staff.
- Communicate effectively and regularly, internally and externally.
- Make appropriate resources available.
- Work in partnership with others.
- Manage the incident proactively, being responsive to changing demands
- Ensure everything we do keeps the Trust values at the centre.

1. **Manage and Review outstanding / priority actions**
   - ☐ *Review Strategic Actions*
   - ☐ *Review Tactical Actions (due, imminent, outstanding)*

2. **SITREPS: Sign off (by 10:45)**

   - ☐ *Confirm numbers of confirmed or suspected cases per SBU and staff absences*
   - ☐ *Review and approve:*
   - *NHSE External Sit Rep Report 7 days*
   - *MHLDA COVID-19 Demand Capacity SitRep*
   - *STP ICS - Tuesday, Thursday*

3. **IPC**
   - ☐ *Review actions needed to manage any confirmed or suspected Outbreaks*
   - ☐ *Review any concerns or support needed regarding safe service delivery*
   - ☐ ***Formally Review Guidance / Updates:*** *New national updates / New guidance / Feedback from CPAC*

4. **Service Users Care Delivery and Business Continuity**
   - ☐ *Review and escalate any immediate issues relating to delivery of safe or effective care including Covid and physical health risks*
   - ☐ *Explore and escalate any issues arising at service level including safe staffing and the need for redeployment*

5. **People**
   - ☐ *Review and escalate any staffing and people related issues including Wellbeing, Testing, Training, working practices*
   - ☐ *Ensure effective and timely communication*

6. **Infrastructure**
   - ☐ *Review any IMT, Estates, procurement and supplies gaps and needs and address*

7. **Leadership**
   - ☐ *Ensure effective capacity and support is deployed to manage the incident*

8. **System and partnership**
   - ☐ *Review current system escalation state and consider impact on Trust service delivery*
   - ☐ *Consider need for Mutual Aid or system support; work to support needs of our population with other providers*
   - ☐ *Ensure effective communications is in place*

9. **Governance**
   - ☐ *Review risks*
   - ☐ *Agree issues for escalation*

The new framework comprises; Infection prevention and control- Service users- Business continuity plans- Our people- System & partnership working- Infrastructure- Leadership capacity & capability- Governance

NHS
Hertfordshire
Partnership University
NHS Foundation Trust

Board of Directors PUBLIC

Meeting Date:	22 October 2020	**Agenda Item:** 9
Subject:	Preparing for the end of the transition phase - EU Exit	**For Publication: No**
Author:	Hakan Akozek, CIO, EU Exit SRO	**Approved by:** Keith Loveman, Deputy Chief Executive, Executive Director – Strategic Finance
Presented by:	Keith Loveman, Deputy Chief Executive, Executive Director – Strategic Finance	

Purpose of the report:

To brief the Board on preparation activities for the end of the transition phase for EU Exit on 31st December 2020.

Action required:

The Board is asked to note the contents of the paper and discuss any areas of concern or areas for further action.

Summary and recommendations:

Summary

This report gives the background to EU Exit and the completion of the transition phase on 31 December 2020. At 11pm on 31 December 2020, the UK will leave the EU Single Market and Customs Union. This will mean new border and customs procedures apply, regardless of whether the UK and EU agree a trade agreement.

The Trust has previously explored all identified risks associated with a 'no deal' outcome, and any mitigation required.

The key areas of risk identified were:

- Pharmaceuticals
- Clinical Consumables & Medical Devices
- Workforce
- Procurement
- Data flow

In addition, potential risk associated with the preparedness of external care providers where the Trust has placed service users and the potential for food shortages as flagged by NHSEI have been considered in detail.

During the lead up to the possible No Deal EU Exit on 31st October 2019 the Trust was expected to complete returns to NHS England, NHSI and the CCG. It is anticipated that these returns will begin again in the very near future.

In readiness for the end of the transition phase and to manage any risks associated the Trust is resuming its EU Exit preparation activities. The Trust's CIO, Hakan Akozek, will act

as the EU Exit SRO and the preparation activities will be managed through the existing incident management structures for COVID-19, in line with the national direction.

Pending the NHS planning assumptions to be released mid-October, the immediate tasks identified are:

- Monitor, advise and implement guidance from NHSEI as appropriate
- Review and advise on briefings from NHS Providers and NHS Confederation
- Encourage non-British EU staff to apply for settled status
- Revisit the DHSC developed mandatory Self-Assessment Methodology for NHS Trusts to use to review contracts that may be impacted by a 'no deal' EU exit.
- Review our information flow to re-assess potential risk
- Identify and finalise key risks
- Develop action plan for identification and implementation of contingencies arising once there is clarity on the planning assumptions for the NHS

The related risks have been reviewed and drafted for consideration for addition to the Trust Risk Register by the Executive and subsequently Integrated Governance Committee.

Recommendations

The Board is asked to note the contents of the paper and discuss any areas of concern or areas for further action.

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

This report relates to management of risks relating to EU exit (Risk ID 1000)

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

N/A

Equality & Diversity and Public & Patient Involvement Implications:

N/A

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

N/A

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

N/A

1. Purpose

1.1 The purpose of this report is to notify the Board of preparations for EU Exit. As this is a dynamic position and negotiations are ongoing information included within this report is valid at the time of writing the report.

2. Background

2.1 Following the triggering of Article 50 of the Treaty of the European Union to notify the UK's intention to leave the EU, there remains an ongoing risk that following the transition phase the nature of any 'deal' is unclear or has potential impact on the delivery of services and on service users and staff.

2.2 As a result of triggering Article 50 and the ensuing transition phase the UK has now effectively left the EU and is negotiating the terms of the future relationship which commences on 1 January 2021.

3. Current status

3.1 Talks to define the future relationship are ongoing between EU and the UK negotiating teams and there is now a matter of days for an agreement to be reached before 31 October for it to be ratified by the European and British parliaments in time for the end of 2020.

3.2 Compromise will be crucial to pin down the deal by the European Council summit, but this is not certain with ongoing concerns expressed around some core issues, such as fisheries and the 'level playing field', including future state aid rules and issues associated with 'internal' borders.

3.3 Nationally, Professor Keith Willett has resumed his role as EU Exit SRO (along with Strategic Incident Director for COVID-19) and confirmed that this will be managed alongside the ongoing COVID-19 response and restoration of services, through the established national and regional incident coordination centres. These will work with the incident teams organisations have set up for COVID-19 to ensure that we are all working to a single, shared operational readiness and response structure across those areas to avoid confliction and to reduce burden on the system.

3.4 There are no planning assumptions for NHS at this stage against which preparation activities can be planned. These are expected to be released mid-October.

3.5 In the meantime, Hakan Akozek, CIO for the Trust, has resumed his role as the EU Exit SRO for the Trust and we are drafting revised risk register in relation to EU Exit based on current information.

3.6 In line with current national direction, we will manage the activities relating to EU Exit through the existing incident management structures for COVID-19, starting with a weekly agenda item in Tactical Command for EU Exit.

3.7 Given that agreement on the terms of the future relationship does not seem imminent, it is envisaged we will need to undertake preparations for potential no-deal style disruption.

3.8 The immediate actions are to:

- 3.8.1 Monitor, advise and implement guidance from NHSEI as appropriate
- 3.8.2 Review and advise on briefings from NHS Providers and NHS Confederation
- 3.8.3 Encourage non-British EU staff to apply for settled status
- 3.8.4 Revisit the DHSC developed mandatory Self-Assessment Methodology for NHS Trusts to use to review contracts that may be impacted by a 'no deal' EU exit.
- 3.8.5 Review our information flow to re-assess potential risk
- 3.8.6 Identify and finalise key risks
- 3.8.7 Develop action plan for identification and implementation of contingencies arising

once there is clarity on the planning assumptions for the NHS

3.9 In addition, The NHS Confederation has released an initial briefing 'Approaching the end of the Brexit transition: practical implications for the NHS' on what organisations need to consider in terms of specific preparations ahead of the end of the year. This highlights three key areas relevant to the Trust for review as part of its preparedness:

3.9.1 Supply of medical products

The government has already announced it will implement new border controls in 3 stages leading up to full implementation in July 2021. Details are set out in the Border Operating Model, published on 13 July 2020. There are 6 main categories to consider within this:

- Medicines
- Medical Devices and Clinical Consumables
- Clinical Trials
- Vaccines and Countermeasures
- Blood and Transplants
- Non-Clinical Goods and Services

3.9.2 Business continuity plans

Current business continuity and contingency plans are being reviewed in conjunction with broader winter and COVID planning. These will be subject to regular review as the outcome of negotiations becomes clearer and for consistency with other local contingency plans, in particular those being developed by local resilience forums and recognising the need to have plans in place for the months after 31 December 2020 to ensure continuity of care for service users.

3.9.3 Workforce

We will continue to encourage non-British EU staff to apply for settled status. In parallel, we will need keep our capacity and activity plans and business continuity plans under regular review to ensure these cover the supply of staff needed to deliver services before and after 31 December 2020.

4. Recommendations

4.1 The Board is asked to note the contents of the paper and discuss any areas of concern or areas for further action.

Board of Directors PUBLIC

Meeting Date:	22 October 2020	**Agenda Item:** 10
Subject:	Emergency Preparedness, Resilience and Response (EPRR) annual assurance process for 2020-21	**For Publication:**
Author:	Rachel Millen, EPRR Lead	**Approved by:** Sandra Brookes Director of Service Delivery and Customer Experience
Presented by:	Sandra Brookes Director of Service Delivery and Customer Experience	

Purpose of the report:

To give an overview of the Trusts performance in relation to the standards expected by NHSE for EPRR for 2020/21

Action required:

To receive and discuss the report, noting areas of non-compliance and mitigation in place to ensure full compliance.

Summary and recommendations:

This report identifies the EPRR Assurance process for 2020/21.

This year's assurance will focus on:

- Last year's substantial compliance areas
- Identification and application of learning from the first wave of the Covid-19 pandemic.
- Incorporating progress and learning in to winter planning arrangements.

The first stage is the self-assessment which has identified one core standard **REF: 24. Command and Control – Trained on call staff,** as partially compliant.

This level of compliance gives the Trust an assurance rating of 96%, which is considered against the NHSE rating definitions as 'substantial assurance'.

Work is underway to review the on-call system and processes which will include moving forwards on a robust competency framework and subsequent training programme to ensure that this core standard is fully met by April 2021. The EPRR Group will monitor the progress

The EPRR annual report and work programme will be presented to IGC in November 2020

Relationship with the Business Plan & Assurance Framework:

We will provide **safe** services, so that people feel safe and are protected from avoidable harm

Summary of Implications for:

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

as One

Our Values
Welcoming Kind Positive Respectful Professional

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

Evidence of EPRR standards monitored by CQC

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

1. Submission 2020

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

In last year's submission we had to complete a full review which saw us submit 54 standards and 20 deep dive questions in relation to severe weather response and long term adaption planning.

Within these we submitted 3 substantially compliant; however following a panel review, we only received one substantial compliant area which was the on call training.

This year's assurance will focus on the following areas.

- Last year's substantial compliance areas
- Identification and application of learning from the first wave of the Covid-19 pandemic.
- Incorporating progress and learning in to winter planning arrangements.

This will be completed via an Accountable Emergency Officer to Accountable Emergency Officer meeting, which will be held by Herts Valley CCG on Wednesday 14th October 2020.

The submission is based on a self- assessment against the core standards. The Trust was substantially compliant in the assurance process last year with all systems and process remaining effective. The area in which we continue development is the organisations considerations for additional training into the on call arrangements.

After the AEO to AEO meeting, NHSE/I will have the opportunity to raise any issues or further clarity around our submission and will make a definitive decision on our self-assessment as to whether they are in agreement

2. REF: 24. Command and Control – Trained on call staff

The standard that we were assessed as being substantially compliant last year: REF: 24. Command and Control – Trained on call staff**.**

Since the 2019 submission, a plan was put into place to address the level of compliance including;

1. All on call managers to receive the appropriate incident management training (Tactical and Strategic).
2. All Tactical and Strategic Commanders to carry out the JESIP training.
3. All Strategic Commanders to attend media training.
4. Implementation of a training programme for all on-call staff on the National Occupational Standards (NOS) which includes:
    - *CCAF2 – Warn, Inform and advise the community in the event of emergencies.*
    - *CCAG4 – Address the needs of individuals during the initial response to emergencies*
    - *CCAD1 – Develop, maintain and evaluate business continuity plans and arrangements*

- *CCAH1 – Provide on-going support to meet the needs of individuals affected by emergencies*
- *CCAF1 – Raise awareness of the risk, potential impact and arrangements in place for emergencies*
- *CCA1 – Develop, maintain and evaluate emergency plans and arrangements*

5. Review of the internal training provided for on-call managers and induction process.

In relation to actions 1 and 3 training was arranged for all on-managers to complete their incident management training, however this was not completed due to Covid 19 and both incident management and media training had been placed on hold across the system but is now planned for the remainder of the year. However all on-call managers have had significant “on the job” training over the last 8 months.

In relation action 2 to on-call managers have been completing JESIP training and we are now 90% compliant.

NOS training has been placed on hold due to Covid 19 but external training resources are being sought to support this to now be completed.

An internal training programme for on-call managers was designed and commenced in January 2020 but had to be placed on hold in March. This was aimed at covering frequently asked questions, review of typical scenarios and developing the confidence in managers to deal with local incidents. In addition a buddy scheme for all new staff that join the Executive and second on call rotas, has been adopted but this requires more clarity regarding the induction process, on-call competencies and the role of the buddy to ensure full compliance.

As a result of the 5 actions above only being partially completed our self- assessment suggests that we should submit a *substantial* compliance rating for this standard.

Work is underway to review the on-call system and processes which will include moving forwards on a robust competency framework and subsequent training programme to ensure that this core standard is fully met in 2021. The EPRR Group will monitor the progress.

In addition during the Pandemic we have regularly reviewed our incident management response and carried out a number of exercises which have “tested” the Tactical and Strategic Commanders knowledge and skills. New Commanders have had a “buddy” and have shadowed other commanders.

3. Identification and application of learning from the first wave of the Covid-19 pandemic in relation to incident management.

3.1 *Has the organisation commenced identifying learning from the first wave?*

Since March 2020, the Trust has stood up two organisation exercises to test our ability to identify key themes and issues in relation to Pandemic Influenza outbreaks and more specifically Covid-19 outbreaks.

These being the March 2020 Pandemic Flu Plan Exercise, and Exercise Kale in August 2020. As well as completing the NHS England and Improvement paper based exercise.

We have been operating an incident command centre (ICC) which has been the epicentre of all issues and has been significantly crucial in adopting and managing any new cases and implementing fast pace actions from strategic down to operational level including adapting almost fully automated situational reporting.

We have continuously reviewed and subsequently changed the ICC process, including new functions and staffing to create additional support and robust continuity across 7 days.

Weekly reports have been provided to the Executive Business meeting regarding incident management arrangements.

An Executive Director and Managing Director have been allocated to oversee incident management and support Tactical Command ensuring consistency.

3.2 *Has the organisation commenced embedding learning from the first wave*?

From an EPRR point of view we have completed two exercises which have both led to lessons learned reports that have significantly supported the structure of our current incident coordination centre and improved many areas which lacked true efficiency.

One key area of lessons learned for our organisation was the acknowledgement that we needed more senior managers to support the Tactical command structure given the longevity of the situation and the unknown timescale this will continue for.

Another key lesson learned was around adopting new measures to working in a major incident as most planned training consisted of staff working together in the large Incident Coordination Centre, however this was re adapted to reflect the COVID-19 social distancing requirements which meant adapting to virtual working, and supporting virtual working across the organisation which had never been done at such scale before.

This also meant changing what the usual incident command structure would look like such as introducing electronic logging and notetaking instead of a physical presence which released resources.

Key areas which worked well were:

- Additional experience for all commanders.
- Virtual working rolled out in less than 2 months across the entire organisation.
- COVID19 Incident Command Team, which included Action leads, Inbox management, and Guidance tracking.
- Larger number of loggists across the organisation.

These have led to us being in a stronger position and have built in further resilience ahead of a potential second wave based on new learning methods.

3.3 *Has the organisation worked with partner organisations to ensure system wide learning?*

Our organisation has continuously fed into local and wider organisation system calls and meetings to ensure we are aware of all new urgent changes and requirements as well as ensuring we are providing clear updated positions on both staffing and business continuity.
This is now available across all 4 of our geographical areas.

We have fed into the System Activity Recovery group, ICP recovery groups, System Resilience groups, and Local Delivery Board-Urgent Care, as well as several webinars hosted by Keith Willet and others.

We have also attended all LHRP and subsequent HETCG meetings.

4. Incorporating progress and learning in to winter planning arrangements.

This section specifically focuses on providing assurance on the 4 below:

4.1 Has the organisation commenced planning for Winter 2020/21?

Our organisation has developed a Winter Plan which incorporates; Flu plan, adverse weather plan, winter pressure surge, COVID19 19 surge and EU Exit. The plan supports our approach in terms of support for staff, support for service users and carers and business continuity.
Together with teams standing up their winter planning arrangements within their local business continuity plans we are preparing for this year's winter.

We have started the annual organisations flu campaign, which has been set up using electronic bookings, this year's campaign has already seen increased staff uptake.

The winter plan will be monitored via the Trust Management Group (senior operational group) and Trust Executive meetings. The plan was also taken to the Trust Board in September.

4.2 Has the organisation incorporated learning from COVID-19 response in to its winter plans?

The Trust plan has incorporated learning from our COVID19 response in terms of; support for the system, response to surges in demand and changes in capacity alongside improved use of technology, and maintaining staff wellbeing.

We are also focussing on the lessons learned from Covid-19 so far which has specifically meant liaising with local CCGS to establish our OPEL ratings in relation to the impact of bed closures/ outbreaks, so that we can feed into the Hertfordshire OPEL rating structure, in line with our organisations Major Incident and Business Continuity plan tier structures.

This is something we are also reviewing in our Bucks, Essex and Norfolk services.

4.3 Has the organisation engaged with the system winter planning lead?

The organisation continues to feed into the local system groups, which involve the winter planning lead.
We are also participating in any system wide winter planning meetings.

4.4 Has the organisation commenced planning for EU Exit?

We are committed to ensuring EU Exit planning is fully managed and continues on from where this was stood down at the beginning of the year. We have an identified SRO for the EU Exit and we are reviewing the organisations current EU Exit risk on the Trust risk register.

We are also ensuring we stand up the EU Exit meetings in alignment with our current incident command structure. These meetings are expected to stand up within the next 2 weeks. These have remained as an on-going agenda item on the EPRR Group and EU Exit work programme.

5. Conclusion

Although progress against the core standard- on-call training had been made this has been affected by the Pandemic and further work is required in order to demonstrate that we are fully compliant. This will be progressed over the remainder of 20/21.

The Trust is able to demonstrate full compliance in term of its learning from the Covid pandemic and the actions being put into place as a result of continuously reviewing our response.

The Trust has a comprehensive Winter Plan in line with system planning.

Due to the further work required with regards to the core standard; **REF: 24. Command and Control – Trained on call staff,** the self- assessment will propose a rating of substantive. The Trust is reporting 'Substantial Assurance' against the NHSE's rating definitions with 96% compliance.

Board of Directors PUBLIC

Meeting Date:	22 October 2020	**Agenda Item:** 11
Subject:	Financial Position to 30th September 2020	**For Publication:** Yes
Author:	Sam Garrett, Deputy Director of Finance	**Approved by:** Paul Ronald, Director of Operational Finance
Presented by:	Paul Ronald, Director of Operational Finance	

Purpose of the report:

The report sets out the financial position to 30th September 2020 under the exceptional financial arrangements applied initially during the first four month period and then extended to end of September. The report seeks to both inform the Board of the current position and further to project the financial position for the full year in the light of the changes to be made for the period from October onwards.

Action required:

To review the detail provided on the current and projected financial position and assess the Trust's ongoing response to the evolving financial arrangements.

Summary and recommendations:

The report covers the period to September 30th which sees the end of the initial financial arrangements set to support the pandemic response. During the period all Trusts reported a break even position throughout as required. In September this required a claim of £358k in month. This is the first month that a retrospective top up has been required and reflects the significant need for additional beds particularly within CAMHS Out of Area specialist services but also across Acute and PICU Out of Area. We also saw in the first five months a steady increase in monthly pay costs of circa £0.5m.

More detail is provided within the main report on the areas of cost pressure within operational services. The core income for the month was £22m with costs of £24m. The full cost recovered through the available top up mechanisms including COVID reimbursement claim is £1.3m and reflects in part a number of one off costs in the final period of the current full reimbursement arrangements.

As highlighted in previous reports for the remainder of the year there are several significant changes being made to the financial arrangements the full financial implications of which still need to be worked through. These changes are:

- A fixed sum being provided to meet the additional costs of COVID which is provided to the ICS rather than individual organisations. This amount is based upon the Quarter 1 returns for each organisation. The amount for the Trust is £0.9m a month, which is circa 8% of the total amount.
- In addition to the COVID funding the top up amounts which have been provided to support organisations achieving break-even will similarly be provided through the ICS. The amount is

£0.2m a month which is circa 2% of the total sum to the ICS.

- The additional MH investment funding through both the MHIS and the SDF has been made available to the commissioners. There has been significant uncertainty over the amounts and timing of this over the period but the amounts specific to HPFT will be finalised imminently. This is likely to provide income of £6m over the six months.

Our current assessment based upon the above and assuming that we secure through the ICS the full COVID reimbursement amount (assumed at £900k per month) is that our income will be £144m in the second half of the year (compared to £139.5m in the first half) This additional revenue can support the Trust for the remainder of the year in addressing the current cost pressures but clearly there is the ongoing risk of further cost escalation during this period and given the cap on COVID cost reimbursement this remains a significant risk.

To support the achievement of financial balance this year will require that the actions outlined in the final section of the report are implemented. These include:

- Continuing to ensure the key controls on pay including efficient rostering are applied consistently
- Managing out of area beds back towards budgeted levels
- Managing down Covid-19 related costs where no longer necessary
- Renewed focus on the Delivering Value Programme including for Support Services, in particular working up schemes for 2021/22
- Review of discretionary expenditure

Significantly in addition it is important to highlight that whilst the current forecast for this year has shown improvement from the previous report then the recurrent position going into next year is far less certain. The risk is from both the in year benefit from having the full year's income being received from month 7 and secondly next year will have the full year costs of new staff joining late in this year. The assessment of the current forecast will be clearer when the MHIS income is finalised and is a significant priority to instigate the work required to ensure that financial balance is maintained going into the next period.

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

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

Summary of Financial, IT, Staffing & Legal Implications:

Finance – achievement of the 2020/21 financial targets.

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

None

1. Summary

1.1 The Trust will report an overall break-even position for the month and year to date as required under the current financial arrangements. However in order to achieve this in Month 6, in addition to the various usual top-ups, an additional amount of £358k has been required to break-even. This was due to the level of Acute, PICU, and CAMHS Out of Area bed costs being particularly high in month, including a high level of PICU observation costs, as well as the progressive impact on pay costs remaining high.

1.2 Overall the position before the top-up process is income of £22.0m for the month with costs of £24.0m, an initial shortfall of £2.0m; and income of £131.5m for the year to date with costs of £139.5m, an initial shortfall of £8.0m, as shown in row A below. Break-even is then shown in row F after allowing for expected COVID-19 reimbursement; income for new services; top-up to fund the Medical pay award (backdated to April); and the £358k to achieve break-even. This is the first month the Trust has needed recourse to a top-up to break-even and reflects the progressive increase in Pay and the spike in bed costs when matched to a relatively fixed income.

Summary (£m)	September	Year to date
Income	**22.0**	**131.5**
Expenditure	**24.0**	**139.5**
Total (A) Surplus / (Shortfall)	**(2.0)**	**(8.0)**
COVID-19 reimbursement (B)	**1.3**	**7.2**
Top-up for new service/s (C)	0.1	0.2
Top-up for pay award (D)	0.2	0.2
Top-up to Break-even (E)	0.4	0.4
Revised Surplus / (Shortfall) (F)	**0.0**	**0.0**

2. Background

2.1 This year has seen fundamental changes to the normal contracting and financial reporting processes and is set within the context of the overarching objective of Finance to support and facilitate the clinical response to COVID-19. All NHS Organisations have been directed to report a break-even position in each of the first six months with income being made available to fully match expenditure. The specific arrangements are:

2.1.1 Provider Trusts are fully reimbursed for the costs incurred. This amount is largely paid in 3 payments: an initial block amount, a “Top-up” to provide a balancing figure to break-even, and a “True-up” if needed for cash purposes; the top-up comprises several elements:

2.1.2 A Fixed amount in HPFT’s case £288k per month.

2.1.3 Any additional amount for new or expanded contracts where an amount has been agreed and a service is being delivered but HPFT cannot

invoice due to current arrangements; this applies to the change in commissioner for the Prison in-Reach service for HPFT in 2020/21 (£20k per month from April to September) This service transferred to another provider from October.

2.1.4 Any other amount due from the centre such as the Medical pay award claimed in September, and any additional amount needed to break-even; HPFT has needed recourse to this for the first time this month and claimed £385k

2.1.5 The contracting process for 2020/21 was suspended as was the Annual Planning process. NHSE/I have used a proxy budget based on 2019/20 for reporting purposes. Also no new revenue business investments should be entered into unless related to COVID-19 and approved by NHSE/I.

2.2 This arrangement has provided a monthly block payment to HPFT of £18.3m, and a number of additional payments including Social Care of c. £3.0m. There is then an additional Top-up payment, calculated based on 2019/20, as well as further Top-up payments in respect of COVID-19 costs (see below), and any others as needed. It is unlikely the Trust would need to utilise the True-up process.

2.3 Guidance to detail new arrangements from Month 7 has now been published and new block amounts disclosed, these are discussed in the Forward Look section of this report:

2.4 As part of the new guidance, a number of key returns have been submitted; a further iteration of HPFT's Plan was submitted via the ICS on 5th October, and a Provider specific return is due on 22nd October.

3. Key Variances

Summary

3.1 Overall the increase in costs in Month 6 causing the deficit prior to top-up relates to an increase in Secondary Commissioning costs of c. £240k, and an increase in Overhead costs of c. £200k, offset by additional income in month of c. £100k.

Income

3.2 Overall income reports at £22.0m for the month, slightly higher than last month due largely to c. £100k additional income for SRS (where two main commissioners have agreed to pay for service users who have passed away for the remainder of the financial year, to ensure the sustainability of the service during the year).

3.3 Within the overall amount final confirmation is awaited from Hertfordshire County Council of the re-phasing of the savings plan (which will see c. £400k phased into future years), invoices for this revised amount have now been paid so it is expected to be a formality. There are invoices awaiting payment by East London Foundation Trust for the new Liaison and Diversion service (c. £300k to date), for which HPFT is a sub-contractor, but payment has been confirmed as approved by their Deputy Director of Finance and is expected imminently.

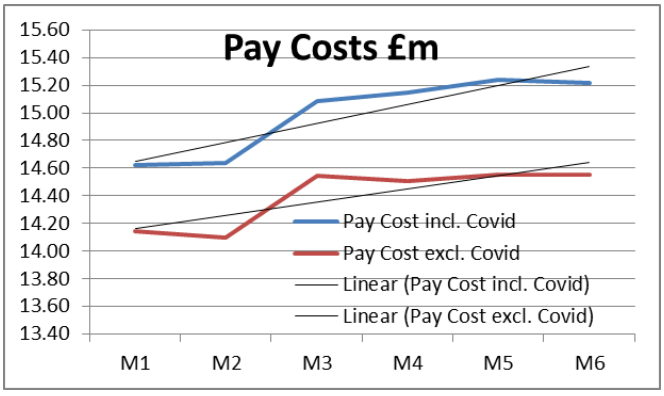
3.4 Current reported income does not include growth funding within the CCGs for the MHIS, additional SDF (Transformation) income in 2020/21, nor additional new care model funding from NHSE/I. Discussions on accessing these funding streams are ongoing and there is further detail on the current position in the "Forward Look" section later in this report.

Pay

3.5 Pay costs report at £15.2m in month, in line with last month. However within this, Substantive pay costs have increased by c. £380k (Medical pay award backdated to April £240k, fte increases £160k, August Bank Holiday enhancements £80k, partly offset by 2nd year placement students finishing - £100k); Bank pay costs have reduced by c. £400k, in part due to Covid-19 costs reducing; and Agency costs have increased by c. £20k.

3.6 Of the "Aspirant Nurses" on the payroll in Month 5, 2nd year students have completed their placements and left, reducing payroll costs, 3rd year students have largely retained contracts as Band 4s and are awaiting their pins so that they can start as newly qualified nurses. This applies to c. 50 fte who it is expected will join the workforce from October onwards, resulting in reduced agency and bank costs.

3.7 Excluding both Covid-19 costs, and the backdated medical pay award (which has been fully claimed for), pay spend also remained the same overall in month at £14.5m, with a similar pattern of variances. Pay spend with and without Covid-19 costs is shown below:



Secondary Commissioning

3.8 This is the area of most volatility and variation, and in Month 6 increased by c. £240k overall. This was made up of Acute Out of Area (c. £65k); PICU Out of Area (c. £50k); PICU Observation Costs (c. £75k); Social care overall (mainly Personal Budgets, total c. £50k); and Main Health Placements with a smaller increase (c. £20k). CAMHS out of Area did not increase materially but remains at a very high level.

3.9 These increases are primarily due to very high activity in September as shown below against targeted activity. It is expected that PICU will recover in part but CAMHS has increased further since September and despite regular review of these service users the increase is providing challenging to address. The team are looking at other services which could be provided such as High Dependency which could improve the position somewhat in time. Adult Acute out of Area has also remained high for some weeks now.

End of Month	Target	April	May	June	July	August	Sept	Oct (expected)
CAMHS OOA	8	10	10	15	18	15	**19**	**20**
Acute OOA	2	10	12	3	2	0-2	**7**	**8**
OA Acute	0	0	0	0	0	0	**0**	**0**
PICU OOA	2-4 average	4	4	3	4	2-4	**6**	**4**
Health Long Term	30-32 average	36	35	35	35	34	**35**	**34**

Other

3.10 Other Direct costs report at £1.3m for the month, an increase on last month, in part due to accounting for several Covid-19 related costs such as fit testing. Overheads also increased in month again largely due to accounting for Covid-19 related items such as mobile phones and working from home equipment, for which a sum has been put aside in month 6. Costs have been accrued for Chair and NED recruitment.

4. Covid-19

4.1 Expenditure relating to Covid-19 remains high at c. £1.3m in month, this relates to a number of one-off items such as fit-testing, mobile phones, working from home equipment, as well as remaining pay costs. The latter

have reduced in month in part due to the 2nd year Student nurses finishing their placements. It was important to claim for outstanding items in month 6 but is now crucial to reduce these costs down.

4.2 Expected costs for October onwards are circa £900k which is in line with the allocation provided to the ICS. The process for claiming from the ICS has not yet been agreed and there is a risk that the organisation allocations will be varied determined by the overall position across all organisations.

5. Delivering Value Programme

5.1 The Delivering Value programme has been set at £6m for a full year equivalent to a monthly savings run rate of £500k per month. Currently schemes in place are c. 65% of this with further plans identified and being worked through to provide a further 11%; work continues to both fully implement the schemes and to identify the remaining gap, with all requested to revisit the Trust's Delivering Value Framework and the Model Hospital, to ensure all opportunities are being exploited. Additionally some savings are expected from current ways of working in particular travel costs which are significantly reduced.

5.2 A workshop is due to be held in November to push forward the plans for next year.

6. Balance Sheet and Cash Flow

6.1 Main movements in the month and since the year end are as follows:

6.1.1 Receivables decreased by £4.6m due to payments received from Hertfordshire County Council (HCC) relating to the Social Care Block Contract.

6.1.2 Payables and accruals decreased by £800k in month predominately related to payments to Hertfordshire Community NHS Trust (HCT) following the resolution of issues around estates charges. Additionally the PDC collection of £2.0m which would have been taken in September has been deferred by the DHSC due to the current extraordinary circumstances relating to the Covid-19 outbreak. This collection will still be made at a date to be confirmed in the autumn.

6.1.3 Deferred income increased by £200k related to an increase in Health Education England income relating to a later period.

6.2 Cash balances have increased by £3.4m in month 6 relating to the Social Care income received from HCC and the payment of estates charges by HCT.

7. Capital

7.1 Cumulative net capital spend year to date for 2020/21 is £3.3m, £1.2m in month.

7.2 There is a further £205k of revenue spend year to date, £27k in the month. This primarily relates to the running costs for empty buildings and the dilapidation costs for leased buildings.

7.3 The main areas of capital spend planned for 2020/21 are: Safety Suites (£6.4m), new 54 bed Inpatient Unit (£3.5m), the Digital Strategy (£2.4m), and Forest House refurbishment (£900k).

7.4 The current year plan includes the disposal of The Stewarts and Harper Lane properties. St. Pauls is now likely to be delayed until 2021/22 whilst the Trust pursues the option of selling with planning permission.

7.5 The Trust has now received confirmation that its national capital bid in relation to windows for several wards on the Kingsley Green site (which need replacing due to COVID-19) has been successful. Also, 3 bids totalling c. £700k to increase en-suite facilities at Little Plumstead and for the rehab wards, as part of work to end Dormitory provision nationally, have been agreed.

7.6 Capital spend is forecast to continue to increase as the year progresses in particular at the point construction begins on the Safety Suites in Quarter 3 and potential land is acquired in Quarter 4 for the Inpatient Unit.

8. Forward Look

8.1 Details of the financial framework for months 7 to 12 have now been published, and whilst there are some matters to be finalised, the main implications have been worked through in conjunction with local commissioners. The headlines for income are:

8.1.1 As expected funding is provided to the ICS system, with a cap on COVID-19 reimbursement via this route.

8.1.2 The level of standard top-up funding allocated to HPFT has reduced by just over £100k per month (total £600k)

8.1.3 Some income (small contracts) has been removed from the revised process, for HPFT this includes several London CCGs and the loss of c. £100k per month (total £600k)

8.1.4 MHIS has been added at c. £4.0m, with the exact number to be confirmed as some amounts will go to other commissioners

8.1.5 SDF (Transformation Funding) has been confirmed for 2020/21, and the deferred element from 2019/20 will now be released gradually to cover this year's spend

8.2 The final detail of the MHIS is still be agreed with the IHCCT team however the overall amount has been confirmed by the ICS Director of Finance and therefore the majority of the income position is as assured as it could be given the circumstances.

8.3 Clearly there will be additional costs to set against this income but whilst both MHIS and SDF are provided to fund particular services or expansions, and therefore pay spend in particular is likely to increase; some elements are already being spent by HPFT at risk. This includes for example E&N Primary Care, an element of IAPT, C-CATT expansion, and demography.

8.4 Set against this though is the underlying deficit position for Month 6 mentioned earlier in this report, and in particular the challenging position with external bed costs and significantly increasing pay spend. It should also be noted that the pay cost moving into 2021/22 of investments made in 2020/21 will be very significant; although new investment should be available to fund the full year effect, the funding position does remain uncertain at this stage due to the current regime.

8.5 In terms of the remainder of 2020/21, then there are a number of actions that are required in order to meet its Control Total of break-even at the end of the financial year. These include:

- Reviewing pay controls ensuring that only established posts or new ones with income attached are recruited to
- Review of bank and agency ensuring that cover is only obtained when necessary to maintain safe and effective services
- Continuing to work on efficient rostering
- Managing out of area beds back to within budgeted numbers where at all possible
- Managing down Covid-19 related costs where no longer necessary
- Focus on social care elements via the Connected Lives Programme
- Renewed focus on the Delivering Value Programme including for Support Services, in particular working up schemes for 2021/22
- Review of discretionary expenditure

Current Trading - Income Statement for Period Ended 30-September-20

Description	2020/21 Plan	Month Sep - 20 Actual	Plan	Variance	Year to Date Sep - 20 Actual	Plan	Variance
Number of Calendar Days	365	30	30		183	183	
Contract #1 Hertfordshire IHCCT	193,520	15,739	15,848	(109)	94,437	96,503	(2,066)
Contract #2 East of England	22,944	1,912	1,912	(0)	11,470	11,472	(2)
Contract #3 Essex LD	16,911	1,471	1,409	61	8,823	8,456	368
Contract #4 Norfolk (Astley Court)	2,256	202	188	14	1,212	1,128	84
Contract #5 IAPT Essex	8,417	733	701	32	4,399	4,209	190
Contract #6 Bucks Chiltern CCG	3,783	317	315	1	1,899	1,892	8
Contracts	247,831	20,374	20,374	(0)	122,240	123,659	(1,419)
Clinical Partnerships providing mandatory svcs (inc S31 agrmnts)	808	84	68	16	442	407	35
Education and training revenue	3,399	330	283	47	1,853	1,699	153
Misc. other operating revenue	7,449	309	1,913	(1,604)	1,786	2,579	(792)
Other - Cost & Volume Contract revenue	5,106	528	426	103	2,706	2,553	153
Other clinical income from mandatory services	2,234	91	186	(95)	554	1,117	(563)
Research and development revenue	308	14	26	(11)	170	154	16
COVID Top Up Income	(0)	2,283	(0)	2,283	9,748	(0)	9,748
Total Operating Income	**267,135**	**24,014**	**23,275**	**738**	**139,498**	**132,167**	**7,331**
Employee expenses, permanent staff	(150,497)	(13,027)	(12,953)	(74)	(75,917)	(74,617)	(1,300)
Employee expenses, bank staff	(17,000)	(1,620)	(1,732)	112	(10,657)	(8,491)	(2,166)
Employee expenses, agency staff	(5,800)	(570)	(533)	(37)	(3,382)	(2,900)	(482)
Clinical supplies	(271)	(37)	(53)	15	(337)	(135)	(202)
Cost of Secondary Commissioning of mandatory services	(33,090)	(3,141)	(3,065)	(76)	(17,991)	(16,586)	(1,405)
Other Contracted Services	(10,682)	(939)	(890)	(49)	(5,476)	(5,341)	(135)
Drugs	(3,085)	(291)	(257)	(34)	(1,782)	(1,542)	(240)
Total Direct Costs	**(220,424)**	**(19,624)**	**(19,483)**	**(142)**	**(115,543)**	**(109,613)**	**(5,930)**
Gross Profit	46,711	4,390	3,793		23,955	22,554	
Gross Profit Margin	17.49%	18.28%	16.30%		17.17%	17.06%	
Overheads							
Consultancy expense	(112)	(4)	(9)	6	(50)	(56)	6
Education and training expense	(1,294)	(148)	(108)	(40)	(570)	(647)	77
Information & Communication Technology	(4,922)	(640)	(410)	(230)	(2,799)	(2,461)	(338)
Hard & Soft FM Contract	(6,387)	(647)	(532)	(115)	(3,893)	(3,194)	(699)
Misc. other Operating expenses	(8,940)	(759)	(596)	(163)	(4,055)	(3,262)	(793)
Other Contracts	(2,005)	(234)	(167)	(67)	(1,315)	(1,003)	(312)
Non-clinical supplies	(446)	(196)	(37)	(159)	(777)	(223)	(554)
Site Costs	(7,028)	(637)	(586)	(52)	(3,708)	(3,514)	(194)
Reserves	(1,192)	14	(99)	113	(0)	(596)	596
Travel, Subsistence & other Transport Services	(4,061)	(231)	(338)	108	(1,328)	(2,030)	702
Total overhead expenses	**(36,388)**	**(3,481)**	**(2,883)**	**(598)**	**(18,495)**	**(16,985)**	**(1,509)**
EBITDA	**10,323**	**909**	**910**	**(1)**	**5,461**	**5,569**	**(108)**
EBITDA Margin	3.86%	3.78%	3.90%		3.91%	4.21%	
Depreciation and Amortisation	(6,000)	(545)	(550)	5	(3,269)	(3,299)	30
Other Finance Costs inc Leases	(589)	(23)	(49)	26	(142)	(295)	153
Gain/(loss) on asset disposals	(0)	(0)	(0)	(0)	(0)	(0)	(0)
Interest Income	366	(0)	31	(31)	(0)	183	(183)
PDC dividend expense	(4,100)	(342)	(342)	(0)	(2,050)	(2,050)	(0)
Net Surplus / (Deficit)	**0**	**(0)**	**0**	**(1)**	**(0)**	**108**	**(108)**
Net Surplus margin	**0.00%**	**0.00%**	**0.00%**		**0.00%**	**0.08%**	

Trust Public Board

Meeting Date:	22 October 2020	**Agenda Item:**
Subject:	Board Planner 2021/22	**For Publication:**
Author:	Helen Edmondson, Head of Corporate Affairs & Company Secretary	**Approved by:** N/A
Presented by:	Helen Edmondson, Head of Corporate Affairs & Company Secretary	

Purpose of the report:

The Board Planner provides the Board with a forward view of topics to be covered throughout 2021/22 and will be reviewed every few months.

Action required:

For the Board to approve.

Summary and recommendations to the Board:

Relationship with the Business Plan & Assurance Framework:

Summary of Implications for:

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

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

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

Trust Board Annual Cycle of Business 2020/21			2021														2022	
Meeting Planning	**Frequency**	**Lead**	**Jan**	**Feb**	**March**	**Apr**	**May**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**
Date of meeting			28	25	25	29	tbc	20	24	29		30	21	25	16	27	24
Note each public meeting is preceded by private Board meeting			Public	Workshop	Public	Public	Public For Annual Report and Accounts	Public	Workshop	Public	No Mtg	Public	Public	Public	Workshop	Public	Workshop
Service User Story	M	Director of Service Delivery &Customer Experience	X		X	X		X		X		X	X	X		X	
Opening Business																	
Welcome and Apologies for Absence	M	Chair	X		X	X	X	X		X		X	X	X		X	
Declarations of Interest	M	Chair	X		X	X	X	X		X		X	X	X		X	
Approval of Minutes from the Last Meeting	M	Chair	X		X	X	X	X		X		X	X	X		X	
Matter Arising Schedule	M	Chair	X		X	X	X	X		X		X	X	X		X	
Chair's Report	M	Chair	X		X	X		X		X		X	X	X		X	
Chief Executive's Brief	M	Chief Executive	X		X	X		X		X		X	X	X		X	
Quality																	
Report of the Integrated Governance Committee	Bi-monthly	Chair of IGC	X		X			X		X		X		X		X	
Integrated Safety Quaterly Report/Annual Integrated Safety Report	Q&A	Director of Quality & Safety			Q3			Q4&A		Q1				Q2			
Safe Staffing Report	Q&A	Director of Quality & Safety			Q3			Q4&A		Q1				Q2			
Infection Prevention and Control Annual Report	A	Director of Quality &Safety						A									
Safeguarding Annual Report	A	Director of Quality & Safety						A									
Health Safety& Security Annual Report	A	Director of Quality & Safety										A					
Medical Appraisal & Revalidation of Doctors Annual Report	A	Director of Quality & Medical Leadership								A							
Emergency Preparedness Resilience & Response-Core Standards	A	Director of Service Delivery &Customer Experience										A					
Service User Experience Annual Report	A	Director of Service Delivery &Customer Experience						A									
Service User Outcomes from Stories to Board	A	Director of Service Delivery &Customer Experience												A			
Equality and Diversity Annual Report	A	Director of Quality & Safety						A									
Public Sector Equality Duty Compliance Report& Outcome of Equality Delivery System Grading	A	Director of Quality & Safety						A									
Staff Annual Survey Report	A	Director of Workforce & Organisational Development			A												
Operational and Performance																	
Annual Planning	A	Director of Strategy & Integration			A												
Annual Plan Approval	A	Director of Strategy & Integration			A												
Annual Plan Quaterly Updates	Q	Director of Strategy & Integration			Q3			Q4		Q1				Q2			
Performance Report	Q	Director of Strategy & Integration			Q3			Q4				Q1		Q2			
Financial Planning	A	Finance Director			A												
Financial Report	M	Deputy Finance Director	X		X	X	X	X		X		X	X	X		X	
Report from the Finance and Investment Committee	Bi-monthly	Chair of the Finance & Investment Committee	X			X		X				X		X		X	
Workforce & OD Quaterly Report	Q	Director of Workforce & Organisational Development			Q3			Q4				Q1		Q2		Q3	
Community Survey	6 monthly	Director of Service Delivery &Customer Experience			X							X		X			
Annual Clinical Excellence Awards	A	Director of Quality and Medical Leadership				A											
Governance and Regulatory																	
Audit Committee Report	Q	Chair of the Audit Committee	X		X		X	X				X				X	
Freedom to Speak Up	6 Monthly	Director of Quality & Safety						A						X			
Trust Risk Register	Q	Director of Quality & Safety			Q3			Q4				Q1		Q2			
Board Assurance Framework quaterly review	Q	Company Secretary				Q3		Q4				Q1		Q2			
Review of Board Committee Terms of Reference	A	Company Secretary			A							Q					
Review of Board Effectiveness	A	Chair/Company Secretary			A												
Board Business Cycle	A	Company Secretary											A				
Board Planner	A	Company Secretary											A				
Fit and Proper Person Compliance	A	Chair/Company Secretary				A											
Register of Board of Directors' Interests	A	Company Secretary				A											
Annual Accounts	A	Deputy Finance Director					A										
Internal Audit Annual Report (including Head of Internal Audit Opinion)	A	Head of Internal Audit					A										
External Audit - Annual Governance Report	A	External Auditors					A										
Annual Report including Annual Governance Statement and Quality Accounts	A	Finance Director					A										
Audit Committee Annual Report	A	Audit committee Chair					A										
Use of the Trust Seal	A	Company Secretary					A										
Use of Waivers	A	Finance Director					A										
Lossess and Compensation Payments	A	Deputy Finance Director					A										
Compliance with NHSI Licence	A	Company Secretary				A											
Well Led Framework Self- Assessment	A	Company Secretary				A											
Integrated Governance Committee Annual Report	A	IGC Chair/Company Secretary				A											
Gender Pay	A	Director of People and OD			A												
Finance & Investment Committee Annual Report	A	FIC Chair / Company Secretary	A			A										A	
Trust Regulatory Documents Annual Review																	
Standing Orders	A	Company Secretary				A											
Standing Financial Instructions	A	Finance Director				A											
Matters Reserved to the Board & Scheme of Delegation	A	Finance Director				A											
Charitable Funds Annual Accounts Sign off	A	Finance Director					A					A					
Trust Constitution	A	Company Secretary								A							
Metal Health Act Manager's Annual Report	A	Committee Chair								A							
Strategy																	
ICS and ICPs	M	Director of Strategy & Integration	X		X	X	X	X		X		X	X	X		X	
Strategy Development	6 Monthly	Director of Strategy & Integration				X							X				

NHS
Hertfordshire
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Board of Directors PUBLIC

Meeting Date:	22 October 2020	**Agenda Item:** 13
Subject:	Hertfordshire Mental Health & Learning Disability Integrated Care Partnership (MHLD ICP)	**For Publication:**
Authors:	Kate Linhart, Head of Mental Health and Learning Disability ICP Development	**Approved by:** Karen Taylor, Executive Director, Strategy & Integration
Presented by:	Karen Taylor, Executive Director, Strategy & Integration	

Purpose of the report:

To brief the Trust Board on the progress and upcoming milestones of the MHLD ICP

Action required:

To note the report

Summary and recommendations:

Since the August a significant amount of work has been undertaken across the system and there have been notable developments in the priority transformation areas, which are further highlighted in the report.

COVID restoration continues with current focus on planning for a second surge and preparing for winter pressures. The MHLD Partnership Board recognised the pressures on staff across the system to continue delivering care and treatment in this changing and challenging context. The bid to NHSE to further strength the wellbeing support available across Herts was noted; at the time of writing this report feedback is awaited.

There has been a significant focus on addressing inequalities within the priorities set out in the Long Term Plan. This will be a key focus of our ICP going forward, commencing with the Inequalities Self-Assessment that will be presented at the next ICP Board in December.

The ICP has significantly progressed Co-production and has now approved the mandate and membership for the Co-Production Working Group This was agreed and we are now in the process of recruiting to the group.

Work on further defining the scope of the MHLD ICP has progressed and the ICP is reflecting on the position that the ICS and West Herts ICP have scoped together in relation to commissioning and accountability of the ICP's. Further discussions will take place in the Director's Development Group and the outcome of these will be brought back to the next MHLD Partnership Board taking place in December. An ICP workshop is also being arranged to explore population segmentation.

Conclusion

The MHLD ICP is developing both its approach to transformation and the underpinning ICP governance. Key areas of focus for the next 2-3 months include defining the scope of the ICP and the commissioning functions. A session is being scheduled for HPFT board members to consider the development of the ICP in more detail.

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

Partnership working and development of the MHLD ICP are key objective within the Annual Plan

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

N/A at this stage

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

Coproduction at the heart of the development of the ICP. Inequalities assessment underway.

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

N/A

Seen by the following committee(s) on date:

Executive Committee 14.10.20

Mental Health & Learning Disability Integrated Care Partnership
Update Report
October 2020

1. Covid-19 Pandemic and Phase Three Plans

The system position on demand, capacity, current challenges and areas of focus were highlighted. An update on Phase Three Planning and demand modelling was presented to the Board, to ensure that all Partners, specifically those from Third Sector organisations and Experts by Experience were conversant with the current position and future plans.

2. Update on Transformation Areas

2.1. Significant work has been taking place across the system in the priority transformation areas as detailed below:

- CAMHS Transformation programme is working on a clear, streamlined access and route for children and young people into all emotional wellbeing services.
- The Crisis Care Concordat will reconvene in late October and reset the purpose, scope and priorities for the group under the 'umbrella' of the ICP.
- The second phase of the Autism review has now been co-produced and completed. The proposal will provide a combination of 1:1 support, training and development opportunities and workshops on understanding autism and prevalent co-morbidities.
- The second phase of the Dementia Strategy is now complete and it is due to be presented to Cabinet panel in November. Additionally other key areas of work that have commenced is the urgent work to support for carers as we enter a further phase of renewed restrictions, and also implementation planning for Early Memory diagnosis in primary care.
- The Alcohol Telecoms service will go live on the 26th October to provide Brief Interventions of up to six sessions for non-dependent drinks. Additionally recruitment is underway for the Community Alcohol Detox Service, who will provide the opportunity for community detoxification followed by relapse prevention interventions for dependant drinkers.

2.2. *Children's and Young People's Mental Health and Wellbeing*

CAMHS transformation - The key focus currently is developing the 'blueprint' for the new system. There are two focussed Task and Finish Groups made up of clinical and operational staff from across the system working on the 'Interventions, Pathways and Advice' and 'access and referrals' blueprints. These groups are reporting at the end of October and the outputs from the group will inform the other workstreams and bring greater clarity on the future model.

The programme will deliver a clear single route into all emotional and mental wellbeing services, integrated pathways irrespective of providers and greater early support to prevent the needs of children and young people escalating. Progress of programme will be accelerated by the recent appointment of a CAMHS Transformation programme manager.

2.3. *Enhanced Primary Care Mental Health (EPMH Care)*

A Deep Dive into the work taking place within Enhanced Primary Mental Health Care was presented to the Board, in order to test out thinking and get feedback from Board on the role of the ICP in the future development and delivery of the model.

The Board were informed of the key aims, underpinning principles and key areas of focus for this work, as well as its contribution to the Adult Community Transformation programme focus on achieving the ambitions of the NHS Long Term Plan. Updates were provided on the progress and early learning from the pilots that are currently being undertaken in East and North Herts, Stort Valley and Herts Valleys.

The Board were in agreement with the principles and keen for this work to be a key area of focus and priority this year for the ICP. Feedback was given on the importance of ensuring that social care is integral to the model. Assurance was given that this is currently being undertaken as part of the Connected Lives programme which interfaces with the Community Transformation Programme. It was recognised that opportunities for engagement with wider stakeholders and evaluating the experience of service users and carers has been delayed due to COVID, however this is now underway.

2.4. Learning Disability

The LeDeR annual report has been published. The key messages from the annual report are that people with learning disabilities in Hertfordshire continue to die approximately 20 years younger than the general population. This is in line with national findings and evidences that there are still considerable barriers for people with learning disabilities to access good healthcare support. The majority of notifications of deaths are people of White British ethnicity. Further work is needed to understand the health needs and experiences of people with a learning disability from BAME backgrounds and to understand the low reporting of deaths.

The main causes of death have changed this year; Pneumonia (13%); Cancer (12%); Sepsis (10%) which differs from the national picture where aspiration pneumonia (15%) and congenital and chromosomal abnormalities (14%) are the second and third highest causes of death. Improving cancer screening and treatment for people with learning disabilities being a key local priority

There was a significant increase in the notifications of deaths in March to May 2020. This coincided with the onset of the national pandemic Covid19. Between March-August 46% of deaths were Covid19 positive or suspected, despite a range of local action during the pandemic and more longer term data is needed to gain an accurate understanding of the impact of Covid19 on people with a learning disability. The first in depth reviews of Covid19 deaths point to some good practice, but also raise questions regarding who should be included on a GP shielding list and practice in relation to DNACPR decisions.

2.5. Crisis for People with Severe Mental Illness

The Crisis Care Concordat ceased regular meetings several months ago, partly due to the system needing to focus on responding to the Covid pandemic and also because

of the need to reset the group as the Integrated Care Systems and Integrated Care Partnerships mature. There is clear view that the system would benefit from the Crisis Care concordat group being reinstated under the umbrella of the ICP. This group has previously been instrumental in developing sound working arrangements across both statutory and non-statutory organisations to improve the co-ordination and delivery of services to those in crisis and crisis prevention alongside drawing financial resource into the system. It is proposed that a new and reinvigorated group is established in the autumn, where the purpose, scope and priorities for the group will be reset.

2.6. Autism

The second phase of the Adult Autism review has been completed and is in the process of being considered by partners. The service proposed will provide a combination of 1:1 support for people with autism alongside a range of training and development opportunities and workshops on understanding autism and prevalent co-morbidities.

2.7. Dementia

The Dementia Strategy 2020-21 has now been approved by HCC and the CCGs. It has been through ENH Governing Body also, and to Executive Member briefing in HCC and is due to go to cabinet panel in HCC in November. There is increasing attention nationally and locally on this area and HCC and CCGs have requested quarterly updates on status. HCC's Director of Adult Care has set up a project group to drive forward the work around support for carers, which is growing in urgency as we enter renewed restrictions on face to face service provision and visiting. Also, GP leads have met with HPFT colleagues in two workshops to plan the roll out of diagnosis in primary care, and to agree criteria for referrals from primary care into EMDASS.

2.8. *Substance Misuse*

The Alcohol Telecoms Service will go live on 26th October. This service is for *non-dependent drinkers, drinking at risky levels* who may not be able or willing to come into a regular treatment service. The service will provide an Extended Brief Intervention (EBI) of up to six sessions, which will explore the client's relationship to alcohol, the impacts on their health and help them develop coping strategies, resilience, and recovery capital. All sessions will be done remotely via phone or video call so people do not have to travel/come to a treatment service and the service will be available evenings and Saturdays.

Additionally recruitment is underway for the Alcohol Community Detox service which will provide a seamless pathway to medical alcohol detoxification for patients who have presenting at Watford General Hospital, thereby reducing the need for acute inpatient admission for the duration of a medical detox. The team will comprise a Non-Medical Prescriber and two Community Nurses to support home detoxification where contraindications allow and there is an option for inpatient treatment through private detox unit if community detox is contraindicated. Following this, patients will then engage in relapse prevention interventions.

3. Governance

3.1. Terms of Reference

The Terms of Reference approved at August Board were updated with the following amendments and have been circulated to Partnership Board Members.

- The addition of GP and Primary Care Networks to the Board membership, which was omitted in error.
- The role of the Board in driving parity of esteem.
- The role of the Board in recognising the interrelation of mental and physical health and proactively driving prevention and early intervention.
- The role of the Board in empowering people to promote and manage their own health and wellbeing through advice, information and education.
- The recognition within the Terms of Reference to the three MHLD ICP Programme Areas – COVID Restoration, Transformation Priorities and ICP Set Up and Governance.

4. ICP Scope

The Hertfordshire and West Essex Integrated Care System (ICS) and West Herts Integrated Care Partnership have together agreed the following with regards to the scope of Integrated Care Partnerships which can be equally applied to East and North ICP, Mental Health and Learning Disability ICP and West Essex ICP. This was discussed at the last MHLD Partnership Board and will be subject to further development as part of the refinement of the MHLD scope.

- The ICS (Clinical Commissioning Groups/Herts County Council) will act as a strategic commissioner, moving from annual activity based contracts to 10+ years outcomes based contracts
- The ICS will commission from the ICPs, not from individual organisations, and will hold the ICP to account collectively for delivering the outcomes that have been set
- ICPs will be accountable for the health and care of specified population cohorts
- Contract funding will move over time from current values to capitated budgets, reflecting the population cohorts
- ICPs will be predominately provider partnerships, but will take on some delegated commissioning responsibilities
- We are not planning for any structural changes such as provider mergers in the short to medium term
- The ICS will adopt one of two preferred future contracting models – contractual joint venture or lead provider.

4.1. It was recognised that these assumptions form the basis for the longer term strategic direction and would not come into effect immediately given the current national framework and development of both the ICS itself and the ICP's.

4.2. Discussions on the scope of the Mental Health and Learning Disability ICP are taking place in the Directors Development Group and will brought back to the next Board.

5. Co-production

Following feedback from the last ICP Board, significant changes have been made to the approach to co-production. This on the agenda for discussion during the meeting however the key changes are as follows:-

- A statement of commitment to co-production within the Terms of Reference
- The establishment of the Co-production working group to promote co-production across the ICP.
- The proposal that the existing co-production groups act as reference groups for the priority transformation areas.

6. Inequalities Self-Assessment

The Inequalities Self-Assessment has been completed and shows areas of good practice as well opportunities for improvement. This self-assessment has however been limited by the availability of recent data and up to date Joint Strategic Needs Assessments. This is a key area for improvement and one that will need to be addressed jointly across all Hertfordshire ICP's with the support of Public Health.

The ICS will confirm if funding is available to support further work in bringing together population data at ICS level to support this area of work. The Inequalities Self-Assessment will be brought to the next MHLD ICP Board.

7. Conclusion

This report has summarised the significant activity that has taken place across the system since the last MHLD ICP Board in late August.

Relationships across the ICP are strengthening and the development of the ICP is progressing at pace and recently we have focused on developing the foundations of Co-production, understanding our strengths and areas for improvement when tackling inequalities and defining the scope of the ICP and the population we will be responsible for.

Next steps are:-

- Further defining the scope of the ICP
- Consideration of the commissioning approach and opportunities for the ICP
- Developing an approach to Stakeholder Engagement across the ICP's
- Establishing the Co-production Development Group
- Agree priority areas of focus based on the finding of the self-assessment