Hertfordshire Partnership University NHS Foundation Trust Board of Directors PUBLIC Meeting

Microsoft Teams

26 November 2020 10:30 - 26 November 2020 13:00

INDEX

BOARD OF DIRECTORS

A PUBLIC Meeting of the Board of Directors

Date: Thursday 26 November 2020
Virtual
Time: 10.30am – 13:00pm

	SUBJECT	BY	ACTION	ENCLOSED	TIMINGS
	A G E N D A				
1.	**Welcome and Apologies for Absence**	Chair			10:30
2.	**Declarations of Interest**	Chair	**Note**	Attached	
3.	**Staff Story**				10:30
4.	**Minutes of Meeting held on 22 October 2020**	Chair	**Approve**	Attached	11:00
5.	**Matters Arising Schedule**	Chair	**Review & Update**	Attached	
6.	**CEO Brief**	Tom Cahill	**Receive**	Attached	11:05
7.	**Chair's Brief**	Chair	**Receive**	Verbal	11:15
	QUALITY & PATIENT SAFETY				
8.	**Report of the Integrated Governance Committee – 11 November 2020**	Sarah Betteley	**Receive**	Attached	11:25
	a) **Integrated Safety Report – Quarter 2**	Dr Jane Padmore	**Note**	Attached	
	b) **Safer Staffing Report – Quarter 2**	Dr Jane Padmore	**Note**	Attached	
	c) **People and OD Report – Quarter 2**	Louise Thomas	**Note**	Attached	
9.	**Response to Covid-19**	Dr Jane Padmore	**Receive**	Attached	11:40
10.	**Flu Update**	Dr Asif Zia	**Receive**	Attached	11:55
11.	**EU Exit Update**	Keith Loveman	**Receive**	Attached	12:05
	OPERATIONAL AND PERFORMANCE				
12.	**Report of the Finance & Investment Committee – 17 November 2020**	David Atkinson	**Receive**	Attached	12:15
	a) **Annual Plan 2020/21 – Quarter 2**	Karen Taylor	**Note**	Attached	
	b) **Performance Report – Quarter 2**	Keith Loveman	**Note**	Attached	
	c) **Finance Report: Month 7**	Paul Ronald	**Note**	Attached	
	d) **Financial Planning 2021/22**	Paul Ronald	**Note**	Attached	
13.	**Forest House HDU – Capital Proposal**	Paul Ronald	**Approve**	Attached	12:30
	GOVERNANCE AND REGULATORY				
14.	**Integrated Governance Committee Terms of Reference**	Sarah Betteley	**Approve**	Attached	12:40
	STRATEGY				

15.	**Any Other Business**	Chair			12:45
	QUESTIONS FROM THE PUBLIC	Chair			12:50
Date and Time of Next Public Meeting: Thursday 28 January 2021					

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

26 November 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 Board Member - NHS Confederation Mental Health Forum.
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	Nil Return

	Experience	
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
Karen Taylor	Director, Strategy & Integration	Nil Return

Minutes of the PUBLIC Board of Directors Meeting
Thursday 22 October 2020
VIRTUAL

Present:

NON-EXECUTIVE DIRECTORS	DESIGNATION
Christopher Lawrence | CL	Chair
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
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
Keith Loveman | KL	Deputy CEO
IN ATTENDANCE	
Kathryn Wickham	PA to Chair & Company Secretary (Minute Taker)
Helen Edmondson | HE	Head of Corporate Affairs & Company Secretary
Barry Canterford | BC	Public Governor & Engagement Champion
Tap Bali | TB	Public Governor
APOLOGIES	
Janet Paraskeva | JPa	Non-Executive Director
Tanya Barron | TBa	Non-Executive Director
Paul Ronald (PR)	Director of Operational Finance

Item	Subject	Action
097/20	**Welcome and Apologies for Absence** CL welcomed all to the meeting. Apologies for absence were received from Janet Paraskeva, Tanya Barron and Paul Ronald.	
098/20	**Declarations of Interest** The Declarations of Interest Register was noted. JPad declared a new declaration of interest advising she had been appointed to the Board of NHS Confederation Mental Health Forum. CL recorded congratulations. No further conflicts of interest were noted for items on the agenda. **NOTED**	
099/20	**Minutes of the Meeting held on:** **24 September 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		
100/20	**Matters Arising Schedule** The Matters Arising Schedule was reviewed and updated.		
101/20	**CEO Brief** TC presented the CEO Brief to the Board which was taken as read. Headline messages of note to the Board were: **Covid** Response and preparations were underway. Nationally operating levels were higher than previously. **Winter** Preparation for this was well underway with the Trust winter plan signed off at the September Board, along with establishing plans for winter weather. **General Health** TC advised it had emerged that some Acute Trusts were having to delay their elective admissions with other acute Trusts likely to follow. **Self Isolation** There was concern for those who could not self isolate due to financial difficulty giving way to a high level of acuity, particularly for MH Trusts. A piece of work was underway to look at this, in particular for children. **System Development** The system development is continuing bringing with it a new financial regime. In terms of Covid as a Trust we were currently at a breakeven position, however it was noted the financial envelope was not sufficient to support the emerging challenges. **ICP & ICS Developments** Both the ICPs and ICS continue to develop and have picked up momentum. **MH Collaborative – New Care Models** The Board would be kept briefed as the Collaborative progresses. **Internal Winter Preparations and Covid** TC advised that as a Trust we were well prepared. It was of note there was active pressure on Out of Area Placements. **Our People** There had been a decrease in sickness however we acknowledged that staff were under incredible pressure. TC highlighted to the Board that governance processes had been reviewed and would continue to be monitored going forward. The Staff Awards for 2020 would be held virtually on the 2 December 2020 with TC commenting on the inspirational staff which had attended yesterday's Inspire Awards. No questions were put forward.		

	RECEIVED **The Board RECEIVED the CEO Update**	
102/20	**Chairs Brief** CL provided the Board with a verbal update on his recent activity. Points of note were: **NED Recruitment** Following interviews held last Friday (16th) a new clinical NED had been appointed to the Clinical NED post subject to the Council of Governors ratification at their virtual meeting to be held on the 17 November 2020. Non-Clinical NED interviews would be held on the 23 October for 2 posts with CL thanking those who had participated on the panels. CL also recorded thanks to Michael Shapiro who had undertaken the role of Interim Lead Governor to oversee the process when Ilana Rinkoff had made the decision to step down. CL noted the good work Ilana had contributed to the Chair recruitment process and subsequent appointment. CL further advised that once the recruitment was complete Michael's interim post would come to a close and elections for a new Lead Governor would commence. The process would be led by HE. **Board Away Day** CL advised that Penny Lock would facilitate the day which would be held at the Colonnades and joined virtually by TBa and DA. The day would cover a number of items and would be supported by an earlier workshop to discuss the Well Led Review self assessment **Flu** CL reported that he had recently had his Flu vaccine and encouraged Board members to do the same. **Walled Garden Opening** CL had formally opened the Walled Garden Café and Shop at Little Plumstead which had seen a £60k investment. CL recoded he was proud in the role HPFT had played in getting the Café and Shop open. **RECEIVED** **The Board RECEIVED the Chairs verbal Briefing**	
	QUALITY & PATIENT SAFETY	
103/20	**Covid Preparedness** JPad presented the paper which was taken as read. An overview of the current position was provided along with key points of note: Nationally numbers of positive cases reported were increasing. This was partly due to testing, however although there was an increase for capacity, public uptake was declining. There was now a three tier system with Herts, Bucks and Norfolk in the lowest tier and Essex in tier 2. It was noted there was significant local variation, even at district level. Approximately 9% were testing positive locally with a sharp increase this week and more cases moving into older age groups. Currently 9 out of 11 Acute Trusts in the East of England were in Opel 3.	

	Learning from the North West outbreaks had been identified and applied to our work highlighting the importance of hands, face, space, IPC and testing. HPFT currently received results within 24hours consistently for both service users and staff. We had taken learning from the first wave data and were adapting this for the second wave, developing a set of principles that would underpin the work we were doing. We had also adapted the framework we had used earlier in the year and continued to review the risks and use the COVID risk register to ensure we were mitigating and responding to challenges as they arose. We now had an IPC on-call Team and had increased IPC training, practice and cleaning. JPad invited questions. LW referenced the IPC External Review and queried whether JPad had received feedback yet. JPad confirmed the report had landed in her inbox yesterday evening but she had not yet reviewed. It was noted that the review would be reported to the Integrated Governance Committee. CD raised Risk Management and the Risk Register questioning whether there should be a further layer and this be reviewed at the Audit committee. JPad advised there was a Covid Trust Risk Register which sat under the Trust Risk Register which went to the Integrated Governance Committee. JPad further advised that internal audit had also reviewed this previously. **RECEIVED** **The Board RECEIVED the report**	**JPad**
104/20	**EU Exit** KL presented the paper which provided the Board with a briefing on the preparation activities for the end of the transition phase for EU Exit on 31 December 2020. The paper was taken as read. KL advised that the Trust approach was set out in the paper noting the plan dovetailed with plans for Covid and Winter. KL noted that we had expected to receive central guidance by mid-October however there had been nothing received to date. KL flagged to the Board that we had earlier in the year stood down the EU Exit as a risk on the Trust Risk Register, however a new risk had been re-written and this would come through the Executive Team, Integrated Governance Committee, Audit and Board for approval. No questions were put forward. **RECEIVED** **The Board RECEIVED the report**	
105/20	**Emergency Preparedness Resilience & Response Submission** SBr presented to the Board advising the paper provided an overview of the Trusts performance in relation to the standards expected by NHSE for EPRR	

	for 2020/21. The paper was taken as read. Key points of note were: This year's assurance would 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. In last year's submission we only received one substantial compliant area. Work was now underway to address the areas which required more focus to ensure the core standard was fully met by April 2021 CL questioned whether there was a large gap in our staffing capabilities with SBr responding that there was not. Staff had undertaken on-the-job learning however we were unable to record this as formal training. KL highlighted that the Trusts Winter Plan had been presented in detail at a previous Board following which it had been approved and that this dovertailed with the EPRR planning. **ASSURANCE** **The Board gained ASSURANCE from the report**	
	OPERATIONAL & PERFORMANCE	
106/20	**Finance - Current Position & End of Year Forecast** KL presented the report which set out the financial position to 30 September 2020. The paper was taken as read. A summary of the key messages were: • Position fluid and moving; income not finalised • Second part of the year funding was held at system level • There was a need negotiate income streams with issues arising • A further £1m had been received on 21 October 20 however it was not clear if this was re-current • Operationally we expected significant pressure – in particular with pay, bank, agency and an increase in demand and activity • KL flagged the in-year services which we had developed around the Mental Health 24 hour helpline, which was now mandated and the emergency diversion hubs • Significant level of risk • Underlying £1m - £2.5m pressure 20/21 • Underlying £2.5m - £5m pressure 21/22 • Bed use was a national issue throughout all care groups **RECEIVED** **The Board RECEIVED the report**	
	GOVERNANCE & REGULATORY	
107/20	**Board Planner 2020/21** HE advised the Planner provided the Board with a forward view of topics to be covered throughout 2021/22 and would be reviewed every few months asking	

	the Board to note and agree dates. All in attendance approved. **APPROVED** **The Board APPROVED the 2020/21 Planner**	
	STRATEGY	
108/20	**ICS and ICPs Update** KT provided Board members with a brief update on the progress and upcoming milestones of the MHLD ICP. The paper was taken as read. Key Points of note were: There was a sense of momentum with the ICP and partners were working closely together. The ICP was co-chaired by Beverley Flowers and Tom Cahill. Key areas of focus for the next 2-3 months included defining the scope of the ICP and the commissioning functions The ICP had approved the mandate and membership for the Co-Production Working Group. The MHLD ICP had progressed with further discussions to take place in the Director's Development Group which would be reported at the next MHLD Partnership Board taking place in December and subsequently shared with the Trust Board. A Board session was being scheduled for members to consider the development of the ICP in more detail. **RECEIVED** **The Board RECEIVED the report**	
109/20	**AOB** No further business was put forward.	
110/20	**Questions from the Public** BC and TB both commented on the moving account from the SU story at the start of the Board meeting. No questions were put forward.	
111/20	**Date of Next Meeting** The next meeting is scheduled for 26 November 2020.	

Close of Meeting

NHS
**Hertfordshire
Partnership University**
NHS Foundation Trust

PUBLIC BOARD OF DIRECTORS' MATTERS ARISING SCHEDULE – 26 November 2020

Date on Log	Agenda Item	Subject	Action	Update	Lead	Due date	R A G
22/10/20	103/20	IPC - BAF	External review of IPC BAF to be considered at November IGC meeting	External review report not available for November IGC will be considered at the January IGC meeting	JPad	January IGC	A
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	December 2020	A
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	Report on accreditations was presented to IGC at its November 2020 meeting	AZ	November 2020	G

Board of Directors PUBLIC

Meeting Date:	26 November 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.

COVID
Nationally and locally we are in the second wave of Covid. This has seen the NHS move into level 4 incident response, meaning a move back to national central co-ordination. The NHS has made a commitment for its services to remain open and work as 'business as usual' to ensure that all the population's health needs continue to be looked after. There is a particular drive to reduce nosocomial transmission as research has shown this to be a significant factor with regard to out breaks.

Nationally there is also significant activity relating to the three strands of Covid, all of which equal to the largest programme of peacetime activity for the NHS. The first strand relates to the continued management of the incident and cases of Covid. The second strand relates to a programme of twice weekly testing of asymptomatic, front facing NHS staff. The last element relates to the work to ensure we are able to provide all our staff with Covid vaccination over the coming weeks. This is supported by the recent announcement of two vaccines being available in the near future and a further vaccine coming on stream in 2021. The NHS is also planning and working across systems to deliver a nationwide mass vaccination programme for the wider population including our service users.

EU Exit
Nationally and locally organisations are planning on the basis that there will not be an EU trade deal in place at the end of December 2020, national guidance is expected regarding this. The Trust have developed plans to mitigate against the possible impact of this. This situation creates a level of uncertainty against an already fluid environment and the backdrop of England being in a second lockdown.

National Confidential Inquiry into Suicide and Safety in Mental Health
There has been concern during 2020 that Covid would have a detrimental impact on the number of suicides, earlier this month the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) developed a high-level report, which shows that since the pandemic there has been no statistically significant increase in suspected suicide rates for the 9 million population of seven EoE STPs. We welcome the findings but we will continue to monitor the situation around suicide and self-harm very carefully.

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.

Herts & West Essex Integrated Care System (ICS)

The Governance systems for the ICS continue to be embedded and at a recent Partnership Board it was agreed that three groups are recognised as executive rather than Board committees, being the Design and Delivery Group, the Digital Board and the proposed Clinical Senate as the membership of both is almost exclusively executive or officer members of ICS organisations. The former has a detailed and operational focus and is overseen through the integrated performance committee and that the latter interfaces with similar Trust and CCG groups, which currently hold any relevant statutory functions. Should the role and function of the ICS gain a statutory footing, this will be reconsidered.

The governance areas requiring further development include: the roles and involvement of lay members; patient and public involvement and ongoing discussions taking place with NHS EI that will affect both the role and function of the Integrated Performance Committee. Commitment has already been made to review the Partnership Board membership at the end of the 2020/21.

The geographical Integrated Care Partnerships (west of Herts, West Essex and East & North Herts) have developed work programmes for the forthcoming 12 months to support their development. Partners are currently working together to focus on the COVID-19 second surge and resulting activities, together with continuing to progress longer term service improvement activities.

MH & LD Integrated Care Partnership

The MH & LD ICP continues to develop and the next Partnership Board will be taking place in December. The Coproduction approach has been agreed and the Coproduction development group is being established. Other areas of focus include working together to look at future demand modelling, together with beginning to scope the underpinning governance of the ICP itself. Public health have identified a lead for mental health and inequalities who is joining the team at the end of November. Service improvement work continues across all the key priority areas including CAMHS, crisis, primary mental health and learning disabilities.

East of England (EOE) Provider Collaborative – New Care Models
Positive progress continues on the development of the Collaborative. The focus at this time is:

- Clinical cases for change for CAMHS Tier 4, Forensic Mental Health and Learning Disabilities and Adult Eating Disorders which are due to 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 being progressed with regard to the impact of the new models against the financial allocations, as well the possible effects of the COVID pandemic.

The full Business Case is 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 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.

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<u>Staff Resilience Hub</u>

We have successfully secured additional funding to expand the level of wellbeing support for staff across Hertfordshire for all health and care organisations. The 'Staff resilience Hub' will provide proactive outreach and engagement to at risk staff groups, provide rapid access into appropriate pathways of care and services, providing clinical assessment and where appropriate signposting to resources and support. This will build on the existing staff support line and extensive activities already in place across Hertfordshire.

Trust-wide update

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

Quality

CQC
The Trust has very recently been written to by the CQC regarding the CQC Transitional Monitoring process. Whilst they are not undertaking inspections, unless there are significant concerns, they are undertaking monitoring activity. The process they are adopting is the new Transitional Regulatory Approach (TRA), specifically using the Transitional Monitoring App (TMA). The TMA uses intelligence and Key lines of Enquiry (KLOE) questions to assist them in gaining an understanding on the risk level of the trust and if any regulatory action is required. It is thought that this interim methodology can be repeated if required dependent on risk.

The Trust has been asked to complete a KLOE document by mid-December; they also require service user/carer, staff and stakeholder feedback to assist with completing the TMA. When they have all the information they will meet with Dr Jane Padmore, Director of Nursing to complete the TMA and inform us verbally the outcome, it is not expected that there will be any specific interviews with staff or Board members. Board members will be updated following the TMA cal.

Quality Assurance
Quality Assurance visits have restarted in the Trust with the feedback being triangulated with other sources of information such as service user feedback. The governance of ligatures has also been revised and a more robust system of weekly ward checks in place. Mortality Governance Reviews continue to be undertaken and provide valuable insight into areas for improvement. One such area that has recently been identified relates to record keeping. The safety team are working with the Nursing and Midwifery Council to develop ways to improve this. We are also working the law school at University of Hertfordshire to develop training that will support staff when they are required to present at inquests.

The two teams from the Trust, who were finalists in the National Health Service Journal Patient Safety Awards (HSJ) in two categories: Changing Culture Award – "Fostering a Culture of Safety" and Improving Safety in Medicines Management Initiative – "Medicines Optimisation Clinic" attended the Patient Safety Virtual Congress and Awards earlier this month. Unfortunately there were not winners but I am immensely proud of their achievement which is testament to our staff but also to their drive to improve quality and safety for our service users.

Healthwatch Hertfordshire – Covid – 19 Patient Experience – learning from Hertfordshire
Healthwatch during the first wave had received positive feedback relating to NHS staff, but also requests for help in navigating the changes to health and social care services.   To learn more about people's experiences, they created three surveys. One focused on the effect Covid-19 had on mental health, another focused on the experiences of those who had been advised to shield, and the last focused on health and social care more generally, the findings of the survey have been pulled together in a recently published report (see link below).

https://www.healthwatchhertfordshire.co.uk/covid-19-patient-and-public-experiences-learning-from-hertfordshire/

Out of all three surveys, they received the most responses to the mental health survey (269). 80% (207 out of 260) of respondents who completed the mental health survey said that their mental health had been negatively affected during the pandemic. However, only 17% (39 out of 235) of respondents had sought support, information and/or advice for their mental health and wellbeing. Respondents who contacted voluntary and charity organisations for support tended to have a more positive experience compared to those who sought help from NHS related services. The report details the feelings expressed by those who said their mental health had been affected; feedback on

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access to services; information they received and their experience to changes to services. The report provides a number of recommendations and the Trust has identified specific actions to mitigate the issues raised.

Covid Update

Like the pattern seen nationally, there are differences in prevalence of outbreaks and incidents between districts and the Trust receives daily detailed intelligence. Locally the system shows a rising trend of community and hospital cases. Robust leadership for infection prevention and control continues at Trust, service line and team 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. At the time of writing there is one suspected case across all inpatient services. However we are also noticing an increased number of the Trust's service users in the community who have been tested positive and are isolating (27 on November 19th).

Incident control is operating 7 days a week and 24 hours a day at operational, tactical and strategic commands ensuring robust oversight and that the actions in relation to the following work streams are implemented:
- COVID-19
- Staff testing
- Mass Vaccination
- EU Exit

The staff testing and mass vaccination programme is a very significant undertaking with unprecedented logistical challenges and potential risk to staffing where self-isolation following positive tests or any potential side effects of the vaccine that may arise. This area of work is being planned in detail to ensure any impact on operational services is minimalised and we are exploring opportunities for a system wide approach to staff vaccinations to further mitigate risk.

We remain in a strong position in terms of preparation having learnt from previous experience and in developing plans for testing and vaccination, but also remain alert to the unpredictable nature of the pandemic.

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 are continuing. We are also providing out of hours and walk rounds in inpatient areas to help offer the vaccine to staff who are not able to accurately predict their work. This has meant that as at 19 November that 55% of frontline staff have been vaccinated and 73% of all staff, an improvement on the similar position last year. The Trust has also completed the NHSEI self-assessment which was approved at IGC and a paper later on the agenda provides further details.

Operational Services

Operational pressures

Services remain very busy across all areas. We have continued to see very high demand on CAMHS specialist beds and Acute and PICU adult beds, in the context of there being very few beds available nationally. Services are focused on supporting service users to continue to access services during the second COVID surge with regular communications being sent to service users and carers to reassure them that all services remain open and that we have COVID secure facilities.

In CAMHS the team are identifying some key actions which to reduce pressure particularly in Eating Disorders ; additional support workers to support young people with eating; developing day facilities to avoid admission; increased support to monitor those young people in out of area beds.

The adult teams are continuing to work to improve flow across the wards including a review of the bed management function. In addition the crisis resolution and home treatment team model is being promoted to provide alternatives to admission and support service users in crisis more effectively.

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Winter Planning

The winter plan is being monitored in the Trust Management Group. Demand modelling has been shared with services to support planning for seasonal increases in demand. Additional Health Care Assistants will be based with the liaison teams to support service users who are being treated in the Emergency Departments. Winter bids have been put forward but as yet not confirmed including; additional AMHP resource out of hours in response to the high demand for Mental Health Act Assessments, support for Discharge to Assess programmes for older people and floating support to provide care packages for services to facilitate discharge. Work is underway to ensure that all practical solutions for adverse weather are in place by the end of November.

Performance

Performance remains strong across services particularly in terms of access and crisis services. Demand has increased into IAPT services although not to the level we would have expected and so whilst we are working hard to achieve the run-rate, we are not going to be able to catch up on the last few months. Teams have been asked to look at alternative ways to carry out CPA reviews given the challenges that are posed by trying to provide these face to face in some of our hubs but recognising the importance of the reviews for service users and carers.

Areas of concern remain in terms of out of area placements and delayed transfers of care. Trajectories are being monitored on a weekly basis.

Service user feedback

We have received some very positive feedback about the work being undertaken using co-production to explore with service users and carers the options for our Specialist Residential services going forwards. Learning from this approach will be shared across SBUs. The task and finish group working on the 6 key areas for action identified following the community survey are initially focusing on letters which go out to service users, information regarding who is coordinating their care and the welcome packs which are being updated. In addition the Carers Council will work with teams to explore how we can improve discharge processes with a view to having some clear recommendations by the end of March 2021. Our approach to communication regarding service provision during the second COVID surge is based on feedback from service users and carers. In particular services are being requested to ensure regular contact takes place with carers. In Seward Lodge, carers have worked with staff to agree the best way to maintain contact with family members safely.

Our People

The vacancy rate has improved significantly since quarter one and we anticipate that this will reduce further in quarter three as result of the recruitment activity. The vacancy rate has also been positively affected by a reduced unplanned turnover. Sickness absence has been reducing, but with the resurgence of the virus, the ability to test asymptomatic staff regularly and impact of winter we anticipate that this will increase again during the coming quarter. Our appraisal rates have started to recover, we are continuing to focus on the benefits of the conversation to drive improved completion. We may also review the projected Mandatory and Statutory training trajectory within the current context. The IGC considered a detailed report on People and OD that is also part of the Board agenda.

We continue to focus on our peoples' well-being – encouraging them to take their annual leave and offering targeted well-being sessions. Alongside this, we are preparing for the roll out of twice weekly asymptomatic testing for all of our front-facing staff and preparing our approach to support the vaccination of our people once the COVID vaccine becomes available, working closely with our ICS stakeholders and the EoE region on these two major pieces of work

At the time of writing, the Trust had two weeks to go before closing the 2020 Staff Survey and at that point, had achieved a return rate of just over 40%. We are predicting a response rate increase in the final two weeks before closing the survey, with increased levels of communication activity planned and direct involvement from MD's and Exec Directors to encourage completion.

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Awards

All the outstanding work that the Trust and its staff do has been recognised by the Trust being announced as a finalist for Mental Health Trust of the Year in this year's National Health Service Journal Awards (HSJ) which recognise outstanding contributions to healthcare. Now in its 40th year, the HSJ Awards is the largest annual benchmarking and recognition programme for healthcare. We were selected by a judging panel made up of a diverse range of highly influential and respected figures within the healthcare community. We have been selected based on our ambition, visionary spirit and the demonstrable positive impact on service user and staff experiences. The next stage is for a team from the Trust to present to judges in late January.

We are also gearing up for our annual staff awards event. It will have a different format to previous years but nonetheless will be a fantastic opportunity for us to celebrate all the extraordinary things our staff, carers and volunteers do. The event on 2 December 2020 will be recorded to enable all those who can't 'tune in' to watch all the citations and presenting of the awards.

Finance update

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. .

The Trust achieved an overall position on plan for the period to September; this was break-even as required under the financial arrangements for Months 1 to 6. Detailed work has been undertaken to better understand the cost pressures in particular in relation to pay and external bed costs. The second half of the year will see several changes made to the financial arrangements, in relation to Covid-19 reimbursement; MHIS funding and reforecasting as required by the ICS. The Trust is forecasting a deficit for the six month period with a small surplus in Month 7. A report later on the agenda will provide details on the month seven position and current assessment of likely end of year position for the Trust, including actions required to ensure a balanced financial position.

Governance

I am delighted to report that the Council of Governors have approved the recommendation from the Appointments and Remuneration Committee to appoint three new NEDs to the Trust. The new NEDs are Tim Bryson, Anne Barnard and Patrick Vernon OBE. They will start at the Trust on the first of January 2021. The process to appoint the Lead Governor has started and due to finish by mid December 2020.

The Independent Well Led Review is coming to a close with the interviews with Board members completed, along with staff focus groups. The Board held a workshop to review and finalise the self-assessment and the further workshop prior to production of the final report is scheduled for January 2021.

Tom Cahill
Chief Executive

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PUBLIC Board of Directors

Meeting Date:	26 November 2020	Agenda Item: 8
Subject:	Integrated Governance Committee Report 11 November 2020	For Publication: Yes
Author:	Helen Edmondson, Head of Corporate Affairs and Company Secretary	Approved by: Sarah Betteley, Non-Executive Director, Committee Chair
Presented by:	Sarah Betteley, Non-Executive Director, Committee Chair	

Purpose of the report:

To provide the Board with an overview of the work undertaken by the Integrated Governance Committee at its most recent meeting held on the 11 November 2020.

Action required:

The Board is asked to receive and note the report.

Summary and recommendations to the Board:

Summary

An overview of the work undertaken at the meeting held on 11 November 2020 is outlined in the body of the report.

The Board as asked to note that the Committee received an update with regard to the Accreditation of services following request from the Board.

Recommendation:

To receive and note the report and to note that there are two items for formal escalation.

Relationship with the Business Plan & Assurance Framework:

Strategic Priorities 1, 2, 3, 4 and 5. and associated Board Assurance Framework principle risks

Summary of Financial, IT, Staffing and Legal Implications:

None.

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

The Committee regularly receives updates regarding Equality, Diversity and Inclusion.

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

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

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

None.

1. **Introduction**

1.1 The latest Integrated Governance Committee (IGC) was held on the 11 November 2020 in accordance with its terms of reference and was quorate.

2. **Reports were received from the IGC Sub Committees**

2.1 The Committee received a report from the QRMC meeting that met on 14 August 2020.

2.2 It was noted that QRMC had received reports from Learning Disability and Forensic SBU and Essex and IAPT SBU. QRMC noted that Beacon and Lexden had both received accreditation. Also that the Essex and IAPT SBU had been asked to undertake a review of restrictive practice due to the number of reports of the use of rapid tranquillisation and the significantly longer period in seclusion for individuals as well as high rates of violence and aggression towards staff.

2.3 QRMC also received reports relating to Infection Prevention and Control, Integrated Safety and Safer Staffing, which would also be considered by the Committee. QRMC also received an update on the Pharmacy Optimisation and the Research strategy.

2.4 One item was escalated to QRMC in relation to physical health checks for those on CPA with severe mental illness. This will be reported in detail, with a recovery plan at the next meeting.

2.5 IGC received and approved updated terms of reference for QRMC.

2.6 No issues were noted to be escalated to the Integrated Governance Committee.

3. **Quality Effectiveness**

3.1 Quarter 2 Practice Audit Implementation Report
The Committee were updated on the activity in Q1 and Q2. It was noted that during Q1 all planned clinical audits were suspended due to COVID19 and the majority of the PACE team were redeployed. The PACE team continued to provide limited support where needed e.g. following a Serious Incident on one of the older peoples wards, the audit team were asked to undertake an audit of the crash bags with the aim to provide assurance to the trust on resus crash bags.

The report detailed the audit activity recommenced in August 2020 and that 13 clinical audits were approved by PAIG in October 2020. The Committee were updated with regard to the audits escalated to QRMC due to poor compliance.

In response to question from Loyola Weeks regarding Section 136 suites, Sandra Brookes outlined that issues relating to drugs and alcohol, use of the suites by local police and availability of AMPs service were continuing to be addressed.

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3.2 CQUIN Update

The Committee were informed that the 8 CQUIN goals planned for 20/21 had been suspended nationally due to Covid; in particular the reporting of performance to the commissioners had been suspended until April 2021.

It was noted that it was likely that the goals will recommence for 2021/22 and in preparation for this the planning and implementation had continued.

3.3 Flu Update

The Committee received an update from Sally Judges on the flu vaccination programme for 2020/21. It was noted that the CQUIN target regarding staff flu vaccinations for 2019-20 was 80% of frontline staff. The trust had achieved 64% in 2019/20. The, now suspended, CQUIN target for 2020-21 increased to 90% of the frontline staff.

The Committee received a report that detailed Trust were in week seven of the programme and were ahead of last year's position. This had been supported by on line booking, higher demand from staff and regular analysis of departmental figures. The Committee reflected on tension between it not being mandatory and the strong clinical reasons for staff being vaccinated.

The Committee reviewed and approved the self-assessment and recommended it for approval by the Board prior to submission.

3.4 Physical Health Annual Report

The Committee received the annual report that provided an overview of the year's activity and outcomes in relation to physical health. It was noted that the Covid-19 pandemic had highlighted the need for physical health awareness and preparedness to intervene throughout the Trust. The Committee were updated with regard to the baseline physical health assessment being the reference point for all other physical health care.

The Committee were updated on the progress with physical health clinics, support to GP practices delivering physical health checks for their patients with SMI; improving the interventions for risks to health by training our staff, support checks and interventions for service users that smoke and have high BMI.

Loyola Weeks raised a query with regard to the work being done to engage with GPs and it was noted that the pilot in Stort Valley would be evaluated in March 2021. The Committee were updated with regard to Long Covid and the system wide approach.

3.5 Accreditation Update

In response to a request from the Board, the Committee received a report on the status of Accreditation of services in the Trust. It was noted that the accreditation process offers the Trust a systematic opportunity to achieve its' quality and service delivery ambition.

The Committee noted the significant benefits to services undertaking the accreditation process, for both services and staff. The Committee welcomed the significant progress with regard to the Accreditation of services and noted SBUs are working on plans to support those services that are not accredited to still meet the standards and evidence this.

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4   Workforce

4.1   Q2 Guardian of Safe Working Report
The Guardian of Safe Working Lead Dr Snehita Joshi presented the quarter two report and was accompanied by trainee doctor Dr Ilona Tappenden. It was reported that during the quarter there had been 8 exception reports raised by our trainees and Trust doctors.

There had been a significant increase in locum spend since the previous report despite reduction in vacancies. This was due to the Covid-19 pandemic- Covid-19 related absences, general sickness absences and restricted duties to on calls as well as a delay in overseas doctors arriving in the UK. It was reported that there is a plan in place to reduce reliance on locums to cover these slots from December 2020.

Asif Zia assured the Committee that the issues that had caused the exception reports had been resolved.

4.2   Q2 People and Organisational Development Report
The Committee received a report that appraised it on the performance in Q2 against the key people and organisational development (OD) metrics and activity as set out in the Annual Plan.

It was reported that during the Quarter, the Trust refreshed its' People Plan Priorities, following the review of the Annual Plan and the publication of the NHS People Plan.   The Committee also noted the improvement in, vacancy rates, unplanned turnover, and sickness rates. The actions to improve the position with regard to appraisals and mandatory training were considered. It was noted that the staff survey was currently live with two weeks to go until it closed. The priorities for Q3 were noted, namely Health and Wellbeing, Engagement and Great Teams, Great People. In addition, we will be undertaking further work with regards to our just and inclusive culture.

4.3   People and Organisational Development Group – Terms of Reference
The Committee received an update that the Workforce and Organisational Development Group (WODG) Terms of reference had been reviewed and amended to ensure that the group develops into a senior forum for the oversight of the Trust's extensive People and Organisational Development agenda. It was noted that the Group had also been renamed to People and Organisational Development (PODG).

The Committee approved the Terms of reference for the People and Organisational Development Group (PODG).

4.4   Bi-annual Freedom to Speak Up Report
The Committee received a report that detailed the Freedom to Speak up activity over the first two Quarters of 2020/21. It was noted there had been a change to the person holding the Freedom to Speak up (FTSU) Guardian (FTSUG) role, and that Yusuf Aumeerally agreed to take on the role for Quarters 3 & 4. The numbers of FTSU concerns were reviewed by the Committee, including the SBUs they related to. It was noted that there had been a slight fall in the number of Speak Up concerns raised in comparison to same period for 2019/20.

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The Committee noted that with the relatively small number of speaking up cases, identifying a theme is not always possible, however one of the obvious themes linked to a couple of the most recent concerns was about the support that staff get when going through a Human Recourses processes. This is the support for both those raising a concern, and those undergoing a HR process having had concerns raised against them.

The Committee were updated that due to issues relating to the training for the FTSUG role the Trust will be submitting retrospectively the quarterly FTSU data to the National Guardian's Office. In response to a question it was reported that there was not expected to be any penalty for the late reporting of this information. The Committee supported the priorities for quarters 3 and 4 detailed in the report.

4.5 Q2 Safer Staffing Report

The report provided an update on the second quarter. It outlined the staffing levels achieved against the safe staffing levels that were set for each in patient unit for nursing staff and it was noted that the emergency alternative staffing levels were not used and business as usual staffing levels were maintained throughout.

The Committee were updated that many services used significantly higher staffing levels than usual to address higher acuity and the resulting safe and supportive observations. This quarter also saw increased scrutiny of how staffing is managed on a shift by shift basis and *SafeCare* is utilised resulting in strengthening the processes. The *SafeCare* contract was renewed and additional functionalities will be explored in the next quarter. Bank and agency use has increased in this quarter and, as a result additional scrutiny and approval systems have been put in place to explore alternative and safe means of ensuring safe staffing levels.

The report shows that there continue to be challenges, which are reflected nationally, in the vacancy rates for nursing staff which the Trust is addressing through a multifaceted approach to recruitment, developing the pipeline (introducing multiple roots to registration) and retention of staff generally and post retirement.

5 Governance and Regulation

5.1 Board Assurance Framework

The Committee received an update on the revised Board Assurance Framework (BAF) that is in line with Annual Plan for 20/21 and includes newly agreed principle risks.

The revised BAF had been updated to include the most relevant dates for Board, Committees and other groups, and details of the controls in place as a result of the systems and processes set up to respond to the Covid19 Pandemic.

In response to Sarah Betteley's feedback it was agreed that the BAF would be updated to reflect the report received by the Committee in relation to Physical health.

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5.2 Trust Risk Register

The IGC considered and approved updates to the Trust's Risk Register, including recommended changes to grading, new risks and updates in relation to the mitigations.

It was noted that new risks relating to SRS and EU exit risk were added as well as the rewording of workforce risks. The Committee discussed the proposal to amend risks relating to Covid-19 from an operational and quality and safety perspective. The risk scores for S136, finance and cyber security had been increased to recognise changes. It was noted that the Trust were considering demand and acuity management as an emerging risk.

In response to Tanya Barron's query Sandra Brookes clarified the background and current issues in relation to the SRS service and the plans in place to mitigate the clinical and financial risks.

5.3 Bi Annual Caldicott Report

The Committee received a report for assurance with regard to the work undertaken by the Caldicott Guardian in Q1 and 2 of 2020/21. It was noted that there continued to be a steady stream of queries to the Caldicott Guardian (Dr Jane Padmore) and that the complexity of the issues raised had increased. It was noted that the Caldicott had access to legal advice when required and that she along with the Senior Information Risk Owner (SIRO) and the Data Protection Officer (DPO), held regular meetings to ensure triangulation and joint view of issues.

5.4 Integrated Governance Committee Business Cycle

The IGC approved its business cycle and meeting dates for 2021/22. Noting the importance of having a clear plan to ensure the Committee provides assurance with regard to all the regulatory and statutory compliance requirements. The Committee agreed that other items apart from those on the planner would be considered by the Committee as appropriate.

5.5 Integrated Governance Committee – Review of Terms of Reference

The updated Committee Terms of Reference were considered. They were approved for recommendation to the Board for approval subject to the clarification of the correct group name for IM&T.

5.6 Q2 Information Governance Report.

The Committee were provided with a quarter two report for assurance. The key areas discussed were the areas that had been stepped down during the peak of the pandemic, which allowed the Information Governance Team to be redeployed. It was noted that responding to Freedom of Information requests had been restored. Subject Access Requests had continued in the pandemic but there had been some delays. The Committee noted that there were no outstanding issues with the Information Commissioners Office, with regard to two breaches which had been reported and the ICO had indicated no further action was required.

The Trust had submitted the Data Security & Protection Toolkit, a regulatory requirement. It is anticipated that the Trust will receive an initial finding of "Standards Not Met, Action Plan Agreed" due to a dip in mandatory training compliance. The targets and process for 2020/21 have not been published. It was noted there were no significant risks to be escalated to IGC.

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In response to Sarah Betteley's question Jane Padmore confirmed that if any individuals have been affected by a data breach, the situation is reviewed and a decision made on the support to be made to them. It was agreed that this detail would be included in the report going forward.

5.7   Bi annual Claims Report
IGC received a report for assurance that provided information about claims received by the Trust between 1st April 2020 and 30th September 2020. It included a summary of claims activity and analysis, information on claims outcomes and any national developments which impact on the Trust. It was noted that whilst there is always some fluctuation in the numbers of claims received against the Trust that these remain relatively low numbers.

The Committee supported the priorities for the second half of the year which related to the streamlining of internal claims process; undertaking of local reviews for incidents that may result in claims, and establishment of a claims panel, who's authority will be in line with Trust's Scheme of Delegation.

5.8   Integrated Governance Self-Assessment
The Committee reviewed and approved the proposal for the Committee's self-assessment process, subject to the reduction in the number of questions.

6   Quality Safety

6.1   Covid-19 Update
The Committee were provided with a report on the Trust's response to Covid-19. It was noted that the NHS and Trust were now at level 4 for the response due to the second phase of the pandemic and that this has meant that the Trust has stepped up incident control to 24 hours a day, 7 days a week. It was noted that currently there were no positive cases in in-patient services and only a small number in the community. The report detailed the number of staff off sick or shielding. It was noted that major work streams were developing with regard to testing of asymptomatic staff and mass vaccination of staff and wider population.

It was noted that the risks associated with the second wave were being managed through the incident command structure using the COVID-19 risk register and are mitigated through the actions that have been put in place.

Jane Padmore clarified the data with regard to deaths in Older People's services. In response to Sarah Betteley's question Jane Padmore reported that specific communications had been sent to Learning Disabilities service users and all their risk assessments had been reviewed.

6.2   Quarter 2: Integrated Safety Report
The Committee received the quarter two report. The report provided assurance and the detail on the actions taken in response to safety related incidents particularly at a time of reported higher acuity on inpatient wards and increases in physical health needs.

Key highlights were: all Serious Incidents in process were completed within the expected timeframe; reduction in reported incidents of ligatures in the inpatient services but an increase in the home environment; increase in reported incidents relating to self-harming behaviour by head banging; slight reduction in the number of reported Absence Without Leave; slight increase

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in reported service user to staff violence and aggression but reduction in incidents where moderate or severe harm was sustained; decrease in reported service user to service user assaults; increase in the use of seclusion; continued scrutiny and review of use of Long Term Segregation and adoption of technology to create opportunities for staff development.

The Committee supported the priorities for quarter 3 of: implementing the Trust's MOSStogether Strategy work plan; increased focus on the management of Absence Without Leave and violence and aggression; review of the use of restrictive practice in Lexden and continuation of the management of the improvements in the quality and timeliness of Serious Incident reports, with a focus on the governance of the action plans.

Loyola Weeks sought clarification regarding what the increase in incidents may be saying about the likely risk to quality and safety. Jane Padmore recognised the increase in incidents but stressed that there had been a reduction in those causing severe or moderate harm. She added that a thorough review is undertaken of all the data early on to ensure it can be mitigated and learning spread quickly.

6.3 Infection Prevention and Control Report
The Committee considered the report that provided detail of progress the Trust has made in relation to minimising the risks of healthcare associated infections within quarter 2 of 2020/21. It set out how the Trust has the relevant practices and procedures in place to ensure the early identification of service users and staff with infections, including a focus on the Covid-19 pandemic.

It was noted that the Infection Prevention and Control Team (IPCT) had agreed a number of actions such as: continued liaison with the PACE team in reviewing and enhancing current IPC audits; develop additional IPC audits including a personal protective equipment audit; joint monthly cleaning audits; updating of IPC policies, in line with all national guidance relating to Covid 19; work with new Occupational Health provider to ensure compliance with the Health and Social Care Act; rolling out in Older People's Services of the "to dip or not to dip" campaign and donning and doffing training and competencies for senior staff is implemented.

It was noted that the commissioned external review of IPC BAF had been completed and that the final report had just been received. It was reported that there were no issues of concern and the full report would be brought back to the next Committee meeting.

7. Quality Experience

7.1 Quarter 2 Service User and Carer Experience
The Committee received the report as assurance with regard to the feedback received on Trust services. The report format had been revised based on Committee feedback and provided an overview of feedback: local surveys, national surveys, compliments and complaints, actions and learning from SBUs and the involvement programme during Quarter 2 2020-21. It was noted that overall 3% of the HPFT caseload, service users and carers in our care in Q2 provided some form of feedback.

Quarter 2 had seen an increase in number of complaints received, back in line with pre Covid levels. NHS England/Improvement continued to pause the

submission of Friends and Family Test data, however, feedback continues to be collected and reported for Trust learning and performance reporting. The main theme of qualitative thematic analysis across the surveys was "emotional and physical support". Negative comments related to "waiting" and "feeling safe" although comments were predominantly positive.

8.   Innovation and Transformation

8.1   Q2 Continuous Quality Improvement Report

The Committee received the quarter two report. During quarter two the CQI Team had restarted CQI work after having been redeployed into key roles to support the Trust response to the COVID-19 Pandemic. It was noted that Continuous Quality Improvement was embedded across all objectives in the Annual plan and the ongoing development of our CQI culture was evident during the pandemic.

At the end of Q2 the CQI Team continued to lead restoration and recovery initiatives starting with the development of new methods to assess whether to adopt, adapt or rollback new innovations that we implemented as part of the emergency response to COVID-19. New virtual training programmes were also developed in Q2 to build further CQI capacity in the organisation including training designed specifically to support Service Users and Carers. 3 cohorts of 20 staff are working towards CQI Coaches and Leaders certificates and early feedback is that greater digital enablement is making training more accessible whilst remaining practical and comprehensive.

9.   Any Other Business

At the end of the meeting all present offered their heartfelt thanks to Loyola Weeks, for the significant contribution she has made to the Committee and to the Trust as a whole during her time as a Governor and most recently as a NED and a key member of the Committee.

10.   Recommendations

The Board is requested to receive the report.

Two items were identified for formal escalation to the Board and it is highlighted that both are substantive items on the Board agenda.
a) Flu Self – Assessment
b) Terms of Reference

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PUBLIC Board of Directors

Meeting Date:	26 November 2020	Agenda Item: 8a	
Subject:	Quarter 2 2020/21 Integrated Safety Report	For Publication: Yes	
Authors:	Nikki Willmott, Head of Safer Care & Standards; Andrew Cashmore, Practice Development and Patient Safety Lead; Ingrid Richardson, Interim Head of Social Work & Safeguarding Jacky Vincent, Deputy Director, Nursing, Quality & Safety/Director Infection Prevention & Control	Approved by: Dr Jane Padmore, Executive Director, Quality & Safety/Chief Nurse	
Presented by:	Dr Jane Padmore, Executive Director, Quality & Safety/Chief Nurse		

Purpose of the report:

This paper is presented to the Board of Directors to provide assurance on 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.

Action required:

Receive: To discuss the report and its implications for the Trust.

Summary and recommendations:

The Board is asked to receive and discuss the report and its implications. The COVID-19 pandemic has had an impact with the Trust responding swiftly to risks that emerged in relation to higher acuity on inpatient wards and increases in physical health needs.

This quarter saw:

- All Serious Incidents in process completed within the expected timeframe
- A reduction in reported incidents of ligatures in the inpatient services but an increase in the home environment
- An increase in reported incidents relating to self-harming behaviour by head banging and re-issuing of guidance to include the use of psychological assessment post incident
- A slight reduction in the number of reported Absence Without Leave incidents
- A slight increase in reported service user to staff violence and aggression but reduction in incidents where moderate or severe harm was sustained
- A decrease in reported service user to service user assaults
- An increase in the use of seclusion, primarily in relation to higher acuity in the inpatient services and reported frustration in response to the nation lockdown
- The continued scrutiny and review of use of Long Term Segregation. Three individuals were secluded during this reporting period
- The adoption of technology such as Microsoft Teams creating opportunities for staff development, including the Safeguarding Team delivering online seminars on Domestic Abuse, Self-Neglect and Gangs.

The priorities for quarter 3 are:

- The implementation of the Trust's MOSStogether Strategy work plan
- An increased focus on the management of Absence Without Leave and violence and aggression
- A review of the use of restrictive practice in Lexden, where there have been high levels of

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violence and aggression towards staff
• A continuation of the management of the improvements in the quality and timeliness of Serious Incident reports, with a focus on the governance of the action plans
• A systematic process and governance on learning from Serious Incidents, triangulating with other intelligence such as complaints, Freedom to Speak Up and national safety notices.

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

Relation to the Trust Risk Register:

The Trust's Risk Register has a number of risks that relate specifically to safety which are reported in the quarterly Trust Risk Register Reports. Those below have a significant impact on safety and service user harm:

• COVID-19: The Trust may not be able to sustain core operational services and maintain service user and staff safety during the COVID19 outbreak (Risk 1253)
• COVID-19: Increased harm or death of service users due to mental health related illness (Risk 1273)
• Workforce: The Trust is unable to recruit sufficient staff to be able to deliver safe services due to national shortages of key staff (Risk 215)
• Workforce: The Trust is unable to retain sufficient staff in key posts to be able to deliver safe services (Risk 657)
• Changing External Landscape: The changing external landscape and wider system pressures/agenda leads to a shift of influence and resources away from mental health & Learning Disability services and from the Trust (Risk 749)
• Section 136: Unlawful detention of service users under S136 breaches beyond 24hrs (Risk 882)
• Adult Community: Failure to respond effectively to demand in Adult Community impacting safety, quality & effectiveness - all sites (Risk 773)

Relation to the BAF:
1. We will provide **safe** services, so that people feel safe and are protected from avoidable harm.
2. We will deliver a great **experience** of our services, so that those who need to receive our support feel positively about their experience
3. We will improve the health of our service users & support recovery through the delivery of **effective** evidence based practice
4. We will **improve, innovate and transform** our services to provide the most effective, productive and high quality care
5. We will deliver **joined up care** to meet the needs of our service users across mental, physical and social care services in conjunction with our partners

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

There are no current financial, staffing, IT or legal implications arising from this report.

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

There are no implications arising from this report.

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

This report sets out actions taken in quarter 1 2020/21 as part of the Care Quality Commission Key Lines of Enquiry.

Seen by the following committee(s) on date:

QRMC- 10th November 2020

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Quarterly Integrated Safety Report Quarter 2 2020/21

Executive Summary

The quarter 1 Integrated Safety Report provides members with an overview of safety including incidents, mortality, harm free care, restrictive practice and safeguarding. The report provides a review of trends, themes and identified learning setting priorities for the work in subsequent quarters.

The Trust's annual plan objective for safety is:
- We will provide safe services, so that people feel safe and are protected from avoidable harm.

Key priorities were:
- We will continue our drive to reduce suicides and prevent avoidable harm.
- We will ensure restrictive practices are in line with best practice.
- We will target activities to reduce violence against service users and staff.

This report is divided into the following sections:
- Part A Governance and assurance
- Part B Analysis of Incidents
- Part C Learning, Changing Practice and Priorities.

The number of incidents reported in quarter 2 increased when compared to the previous quarter with a decrease in the number of incidents resulting in moderate or severe harm. There have been no Never Events or Prevention of Future Death reports issued by HM Coroners to the Trust.

The number of Serious Incidents increased overall, with a slight increase in unexpected deaths (by 2) and self-harm incidents (by 1) reported. The Trust ended the quarter with all cases outside of timeframe submitted to the Clinical Commissioning Groups and no new ones going over the deadline for submission. This quarter saw a thematic review of the learning from SIs. Progress was made on closing outstanding, overdue actions and is due to be completed by the end of quarter 3.

Mortality governance has focused on completing mortality reviews and disseminating the learning. Work on improving timeliness of death notifications has been supported by deaths from the national Spine being included on Spike2. Learning from mortality governance and LeDeR reviews has been identified and is being taken forward.

There has been a reduction in the number of reported incidents relating to ligatures in the inpatient services for the past two quarters but an increase in ligature events in service user homes.

Reported incidents of self-harming behaviour by head banging has continued at an increasing level in the Trust, relating to a low number of individual service users being involved in multiple incidents. Work has been done to ensure this is managed and early warning signs of harm are identified and treated. A working group was commissioned to review the clinical models available for prevention.

The number of Absent Without Leave has reduced slightly with an increase in focus to seek assurance that leave processes are sufficiently robust across all areas of the Trust.

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The number of reported incidents of service user to staff assaults has increased but the number resulting in moderate or severe harm has decreased. Service user to service user assaults have decreased and the number where moderate harm has resulted remains within the 0-4 range seen previously.

The Trust saw an overall decrease in the use of restrictive practice. The work undertaken in Lexden has resulted in a significant decrease in the length of time spent in seclusion. Trust wide, there was an overall increase in the use of seclusion which attributed to the increased acuity and reported frustrations at the restrictions associated with the pandemic. Increased scrutiny and the review of Long Term Segregation was a focus during the quarter and three individuals were in LTS during the quarter.

Work has been undertaken in response to the learning from previous quarters with particular focus on domestic abuse, suicide prevention, violence and aggression, sexual safety and restrictive practice.

Priorities remain in line with the annual plan and the quality strategy. The formal launch of the MOSStogether strategy was postponed due to the pandemic and will be taken forward in quarter 3, although key actions within the Strategy's work plan have continued to be implemented.

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<div align="center">**Part A- Governance and Assurance**</div>

1. **Introduction**
   1.1. The Integrated Governance Committee (IGC) receives and scrutinises all aspects of safety on behalf of the Trust Board throughout the year. It conducts deep dives into areas that are identified as requiring additional focus and reports to the Board any matters that require escalation, as well as recommending items for the Trust's Risk Register.

   1.2. The Quality and Risk Management Committee (QRMC) reports to IGC on the work of QRMC and its subcommittees. The Safety Committee oversees all the work relating to safety and holds the safety risk register and reports into QRMC. Medicines safety, safe staffing, safeguarding, including sexual safety in the Trust's inpatient services, feeling safe, infection prevention and control and health and safety related matters are addressed in other annual reports and so will not be addressed here. The Restrictive Practice Committee oversees all work relating to the use of restrictive practice within the Trust.

   1.3. This report will also provide additional detail relating the objectives and achieving the outcomes within the Annual Plan.

2. **Priorities**
   2.1. A number of priorities were set in relation to safety in the Trust's 2019/20 Annual Plan:
   - *We will continue our drive to reduce suicides and prevent avoidable harm*
   - *We will ensure restrictive practices across the Trust are in line with best practice*
   - *We will target activities to reduce violence against services users and staff.*

   2.2. These are reported in the Trust's Annual Plan report. This report will provide additional detail relating to how the Trust is working to deliver the objectives and achieve the outcomes.

   2.3. The priorities are also supported by the safety domain of the Quality Strategy. The principles of just culture, learning and the service user as partner in their own care and treatment as well as service development through Continuous Quality Improvement are fundamental to this approach.

3. **Trust Risk Register**
   3.1. The Trust's Risk Register is reviewed regularly and has a number of risks that relate specifically to safety, with the following having an impact on safety and service user harm:
   - The Trust is unable to recruit staff to be able to deliver safe services due to national shortages of key staff
   - The Trust is unable to retain sufficient staff in key posts to be able to deliver safe services
   - Implications for the Trust of differing scenarios arising from the EU Exit
   - Unable to provide consistent timely access to CAMHS Community Services
   - Failure to respond effectively to increasing demand in Adult Community resulting in a risk to safety, quality and effectiveness.

   3.2. A report was last presented to the Trust Board on 30th July 2020 providing additional information about the work being undertaken to address and to mitigate against these risks. Safety specific updates related to:

<div align="center">6</div>

- COVID-19: The Trust may not be able to sustain core operational services and maintain service user and staff safety during the COVID19 outbreak (Risk 1253)
- COVID-19: Increased harm or death of service users due to mental health related illness (Risk 1273)
- Workforce: The Trust is unable to recruit sufficient staff to be able to deliver safe services due to national shortages of key staff (Risk 215)
- Workforce: The Trust is unable to retain sufficient staff in key posts to be able to deliver safe services (Risk 657)
- Changing External Landscape: The changing external landscape and wider system pressures/agenda leads to a shift of influence and resources away from mental health & Learning Disability services and from Trust (Risk 749)
- Section 136: Unlawful detention of service users under S136 breaches beyond 24hrs (Risk 882)
- Adult Community: Failure to respond effectively to demand in Adult Community impacting safety, quality & effectiveness - all sites (Risk 773).

4. Health and Safety Executive

4.1. Following the Health and Safety Executive inspection in May 2019, an update report was presented separately to the IGC, regarding the regulatory notices which have been formally closed.

5. Safety Alerts

5.1. There were a total of 37 Central Alerting System (CAS) Alerts received during the quarter, which have been reviewed and the learning and actions taken forward, disseminating to the relevant services and accompanied by changes to policy and practice, where required.

5.2. In response to learning from a Serious Incident a *Managing Personal Safety – Risk Relating to Home Visits and Weapons* internal safety alert was issued and discussed Trust wide.

6. CQC Letter to Mental Health Trusts

6.1. In August 2020, the Care Quality Commission's (CQC) Deputy Chief Inspector, Mental Health and Community Services, wrote to NHS Trusts about safety on mental health wards in relation to risk relating to low level ligatures following a national Safety Alert (EFA/2018/005) and a Prevention of Future Death report issued by a Coroner to a mental health trust. In response the following actions have been taken:
- The Ligature policy has been updated and specifies that the weekly ANT ligature audit undertaken on each ward must be risk assessed and scored by location, line of sight, risk profile and height to ensure a multi-factorial risk assessment.
- A weekly review of the environment is undertaken as part of the ANT audit based on any significant changes since the previous week; Policy guidance states that height must be assessed as a higher risk rather than assume as a low risk and mitigating actions identified where needed.
- Adjustment of the ANT audit template to make this more explicit alongside a workbook that explains the importance of assessment and what needs to happen.
- Oversight of ligature assurance process by the Safety Committee

7. Conclusion

7.1. This section of the report has set out how the IGC is receiving assurance in relation to safety and how all intelligence relating to safety is triangulated effectively.

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Part B- Incidents, including Serious Incidents

1. **Introduction**
   1.1. Part B considers incidents, including Serious Incidents (SI), with an overview of reporting trends and themes, as well as severity of harm. It also includes how the Trust meets its Duty of Candour, mortality governance, suicide rates and Never Events.

2. **Incidents**
   2.1. The total number of incidents reported on Datix in this quarter was 3,329, which is an increase from 3,117 reported in quarter 1 and also in comparison to the same quarter in 2019/20 of 3,163. The number of incidents graded as *moderate* or *severe harm* decreased to 102, when compared to quarter 1 of 120 (Chart 1).

   2.2. Reporting of incidents is encouraged and high numbers of report that are of a lower level of harm can indicate a strong culture of safety.
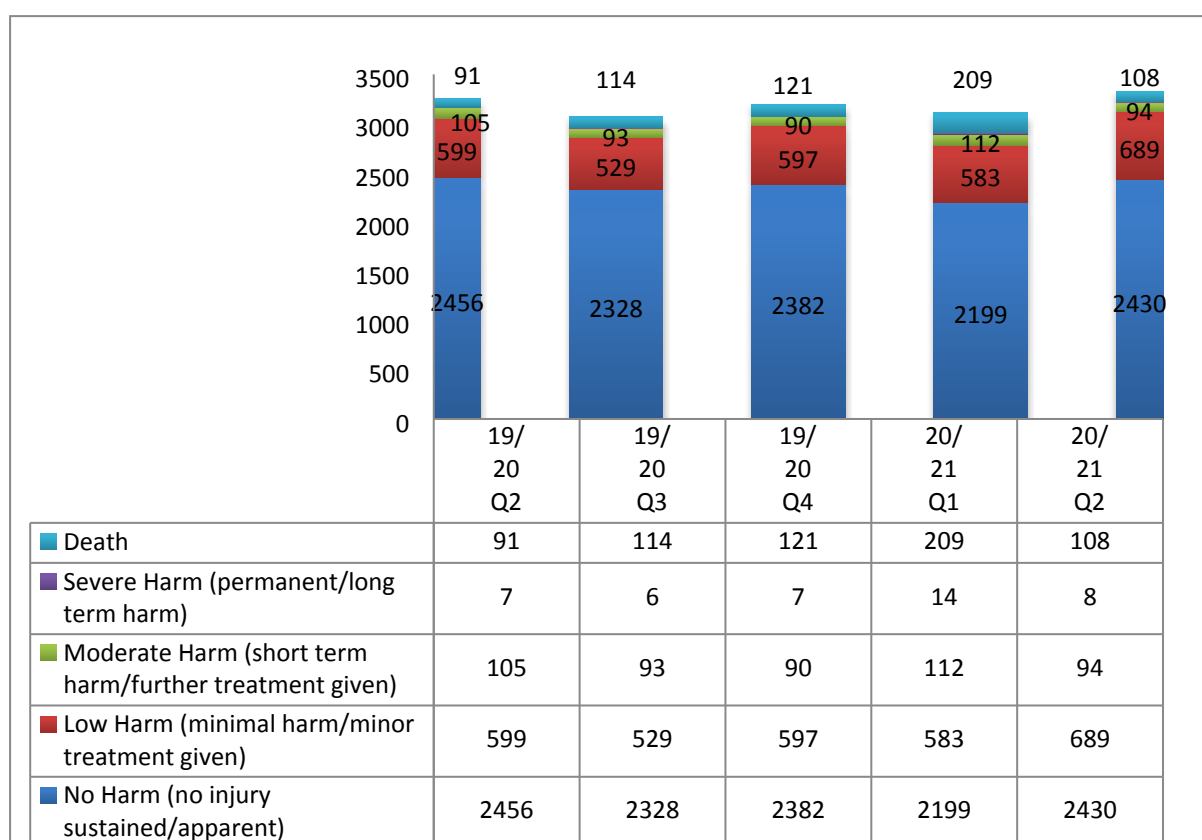
	19/20 Q2	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2
■ Death	91	114	121	209	108
■ Severe Harm (permanent/long term harm)	7	6	7	14	8
■ Moderate Harm (short term harm/further treatment given)	105	93	90	112	94
■ Low Harm (minimal harm/minor treatment given)	599	529	597	583	689
■ No Harm (no injury sustained/apparent)	2456	2328	2382	2199	2430

Chart 1: Number of incidents and level of harm over four quarters.

Never Events
2.3. The Trust reported no incidents that would meet Never Events criteria.

Eliminating Mixed Sex Accommodation
2.4. NHS England and Improvement (NHSE/I) suspended the collection and publication of official statistics including Eliminating Mixed Sex Accommodation (EMSA) owing to COVID-19 and the need to release capacity across the NHS to support the response. This suspension will continue until the end of March 2021.

2.5. Despite this the Trust decided to continue to monitor this internally, including near misses. There have been no breaches of the regulations in Quarter 2.

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Medicines Safety

2.6. In quarter 2 the reporting rate for medication incidents (both internal and external to the Trust) showed a slight increase to 141, when compared to the previous quarter of 138. Of the reported 124 medication incidents internal to the Trust, 122 (98%) resulted in *no harm* and 2 (2%) resulted in *low harm*.

2.7. Administration (omitted doses and blank boxes) remained the top sub-category of medication incidents reported in the quarter (table 1). A learning note on best practice around administration will be widely disseminated Trust wide by the Medicines Safety Officer in October 2020. Team Leaders work with the ward based pharmacists and Heads of Nursing to develop practice around medicines safety. This ensures oversight of medication incidents in each SBU and reporting back on individual actions taken where required.

Q2	E&N SBU	West SBU	LD&F SBU	Corporate	Ex-HPFT	Totals
Administration	13	28	17	0	2	60
Dispensing	4	4	7	0	5	20
Monitoring	0	2	1	0	0	3
Prescribing	4	1	5	0	3	13
Self/Carer Admin	8	5	7	0	5	25
Storage	4	9	4	1	2	20
Totals	33	49	41	1	17	141

Table 1 Medicines safety incidents

Serious Incidents

2.8. The Trust reported 26 serious incidents (SIs) externally during the quarter; an increase compared to 23 in the previous quarter (table 1). There was also an increase by 1 in self-harm harm serious incidents and an increase by 2 for unexpected deaths reported. Furthermore, there was a decrease in the number of reported incidents relating to violence and aggression.

StEIS Category	Q1 2020/21	Q2 2020/21
Unexpected/avoidable deaths	7	11
Apparent/actual/suspected self-inflicted harm	8	9
Disruptive/aggressive/ violent behaviour	4	2
Slip/trip/fall	2	1
Personal accident	0	1
Safeguarding Adults	1	0
Safeguarding Children	0	0
Unauthorised absence	1	0
Practice & Clinical Care	0	1
Sexual assault	0	1
TOTAL	**23**	**26**

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Table 1: SeriouTable 2 Incident type

2.9. As part of the recovery work, using Continuous Quality Improvement (CQI) methodology, a total of 43 SI Root Couse Analysis (RCA) reports are in process, which included those outside the 60 working day timeframe, were completed and submitted to the CCG in the quarter. At the end of quarter 2, all SI RCAs in process were within the timeframe and none have gone outside the timeframe.

2.10. At the end of the quarter, there were 80 SI RCA action plans, which identify recommendations for completion that were outside of the timeframe (chart 2) and this is the focus for the recovery work in quarter 3.
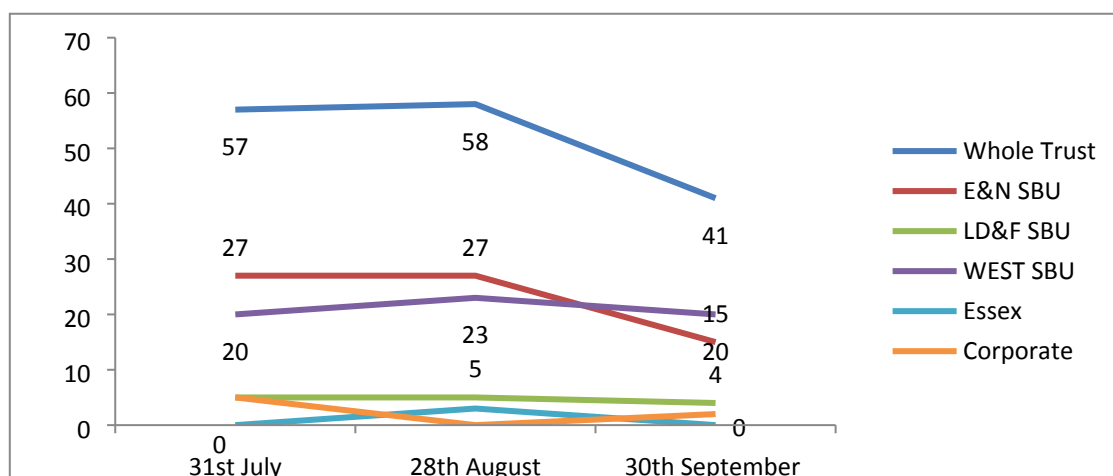
Graph 1 Action plans outside the timeframe stipulated.

2.11. During the quarter, a thematic review of the actions following an SI RCA was undertaken. The themes identified were:
- Communication
- Discharge and leave planning
- Did not attend
- Dual Diagnosis
- Falls
- Family and carer involvement
- Medication
- Physical healthcare
- Adherence to policy
- Record keeping
- Risk formulation and management
- Safeguarding
- Search.

2.12. This work will inform a library of recommendations that are built on to ensure systematic learning that builds on previous experience of what worked and what has not worked previously.

Duty of Candour

2.13. The Trust's Duty of Candour policy sets out the requirement to meet the Statutory Duty and this is assessed through the Quality Schedule, with records on Datix. A copy of the SI reports continues to be shared in full with the service user or the family and also with HM Coroner.

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2.14. The Trust continues to embrace the principles of open and transparent communication in keeping with a just and learning culture. Discussions around whether compliance has been met for individual incidents takes place at the weekly Moderate Harm Review Panel, where decisions are made on whether an SI will be called and if further actions are required.

2.15. A COVID-19 quality impact assessment for the Duty of Candour policy was completed in quarter 2.

3. Mortality

3.1. All deaths that are reported continue to be screened each week. Those that meet red flag criteria undergo a Structured Judgement Review (SJR). Some deaths in the quarter had not been screened at the time of this report, primarily due to delays in reporting.

3.2. From quarter 2, SPIKE2 has included deaths reported on the national spine. It is anticipated this will improve the timeliness of screening of deaths and updating of Trust systems, to show a person as deceased and not open to services.

3.3. 108 deaths were reported during quarter 2 (table 3), a reduction when compared t the previous quarter (208), which is in line with the national picture around COVID-19 deaths. Although fluctuations in numbers can be expected between quarters, quarter 1 was an exceptional period as this was during the first wave of COVID-19 and when deaths due to suspected or confirmed COVID-19 occurred and were recorded.

	East & North SBU	Essex & IAPT SBU	LD&F SBU	West SBU	Total
19/20 Q4	93	9	10	17	129
20/21 Q1	156	15	21	16	208
20/21 Q2	69	12	11	16	108

Table 3 Reported deaths

3.4. The higher numbers of deaths were in the East and North SBU, as would be expected, as it includes the older aged adult services (table 4).

	Jul	Aug	Sep	Total
East and North Hertfordshire Strategic Business Unit	20	24	25	69
Essex & IAPT SBU	4	6	2	12
Learning Disabilities & Forensic Strategic Business Unit	3	7	1	11
West Hertfordshire Strategic Business Unit	6	6	4	16
Total	33	43	32	108

Table 4 Death by SBU

Structured Judgement Reviews

3.5. There were 10 SJRs completed in quarter 2, which included deaths that occurred outside of the period.

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3.6. The most frequently occurring learning themes from the 10 SJRs included:

- Risk assessments to be easy to read and assimilate by the use of sub-headings, avoiding irrelevant information and un-necessarily repeated information
- Evidencing the existence of a Lasting Power of Attorney
- Incident reviews to be discussed and evidenced by the reporting team.

3.7. Details of learning themes are disseminated in governance structures within the SBUs, with relevant learning notes disseminated. Moving forwards, audit will be used as a method of ensuring improvements in practice.

Learning Disability Mortality Review

3.8. There were 17 deaths of service users known to the Trust's learning disability services reported to the national Learning Disability Mortality Review (LeDeR) programme, which is an increase of 70% when compared to the cases reported in the previous quarter of 10.

3.9. Trust staff have undertaken training to become LeDeR reviewers and be part of the quality assurance process for completed reviews going forward.

3.10. A thematic analysis of the Hertfordshire LeDeR programme identified examples of good practice and learning across the health economy as well as Trust services. This included:

- Routine monitoring of meaningful physical health checks
- Recognition of deteriorating physical health
- Delays in treatment
- Stopping over medication of people with a learning disability, autism or both with psychotropic medicines (STOMP)
- Diagnostic overshadowing
- Constipation monitoring
- Inter-agency working
- No available family support to advocate
- Psychiatric review completed but not seen.

3.11. Details of each completed LeDeR review is disseminated via the Learning Disability and Forensic SBU governance process. The Trust's Mortality Governance Lead also liaises with other LeDeR groups in the region to improve the feedback from reviews and disseminate learning.

COVID-19 deaths

3.12. In March 2020, NHSE/I developed the COVID-19 Patient Notification System (CPNS) to enable all confirmed COVID-19 deaths to be reported on one central system. There were no deaths reportable to the national system in quarter 2 therefore the Trust has report a total of 13 deaths via this system.

Suicide

3.13. In quarters 1 and 2, the number of deaths that were thought to be as a result of suicide was 7 and 10 respectively. For the same reporting periods last year they were 10 and 13 respectively. These figures are before the coroner has determined whether or not they were suicides.

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3.14. Suicide and Open Conclusions that were recorded for deaths reported as SIs between 2005 and 2020 and where the inquest has been concluded, show an upward trend since 2013/14 (chart 2). Data for the reporting years from 2017/18 onwards is incomplete as not all inquests have been concluded. No inquests have been held for the deaths reported as SIs in 2020/21.
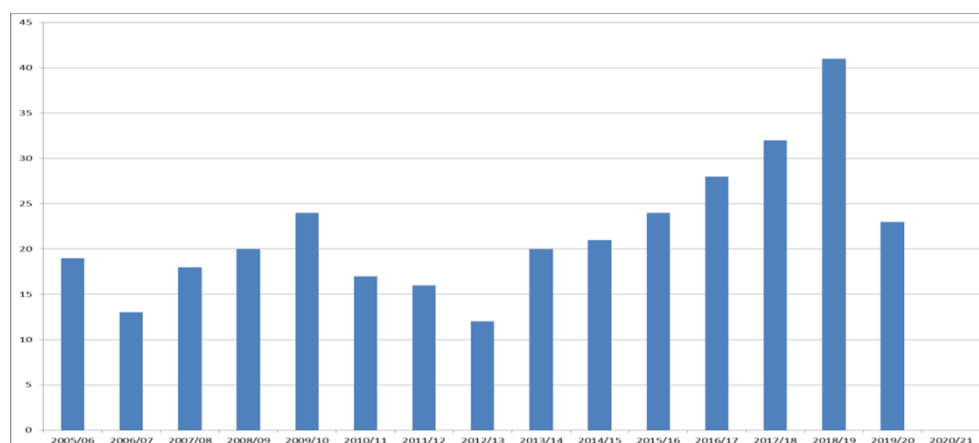

Chart 2 Confirmed suicide verdict at inquest

3.15. Deaths which are reported and believed to be suicide are included in the Trust's data set, all of which are investigated and followed through inquest to the outcome (chart 3). The Trust will classify as suspected suicide until the outcome of the inquest is known. Every quarter since quarter 3 2015/16 has shown that at least 1, and at most 8, per quarter have been returned as not being a suicide.

3.16. The Court of Appeal in 2019 ruled that the standard of proof for requiring a suicide conclusion should be the civil standard (on the balance of probability) rather than the criminal standard (beyond reasonable doubt). The lowering of the threshold is expected to lead to an increase in deaths recorded as suicide and therefore data will not be comparable with previous years. As a result from quarter 2, only data from 2019/20 and 2020/21 will be reported.
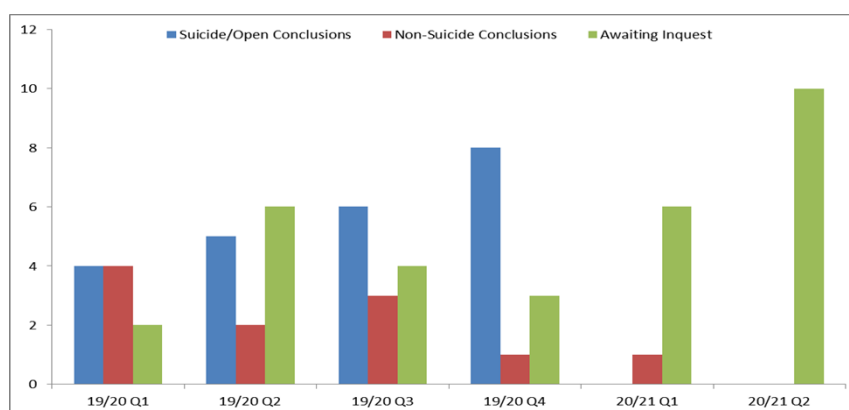

Chart 3 Position on inquest outcome at the time of writing

Prevention of Future Deaths

3.17. In quarter 2, the Trust received no Regulation 28 Prevention of Future Death (PFD) reports from HM Coroners. Whilst it is acknowledged that PFD reports only provide a 'snapshot' of evidence heard at an inquest and therefore have some limitations, the reports provide the Trust with an opportunity to review processes and systems and reflect on whether any actions are required.

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3.18. From the national publications of PFD reports, 5 were relevant for the purposes of learning; key areas included:

- Record keeping
- Information sharing at transfer of care
- Inadequate fall risk assessment
- Discrepancies in drugs charts recording
- Monitoring of blood levels of antipsychotics for older aged service users on long term high doses
- Involvement of family members
- Recording of family contact details
- Obtaining corroborative information from carers
- Underestimating suicidality following inadequate investigation of GP concerns
- Lack of psychiatric follow up or support
- Inadequate SI investigation
- Poor interagency working and information sharingLack of contemporaneous note taking
- Failure to document rationale following capacity assessment.

3.19. Learning from PFD reports continue to be discussed at the Safety Committee and SBU Quality Risk Meetings for onward dissemination and have informed suicide prevention work streams as well as used in safeguarding training.

4. **Harm free Mental Health Care**
Self Harm

Ligature Incidents

4.1. In quarter 2, there were 38 ligature incidents reported across the Trust's inpatient services, which is a reduction 28 incidents (40%) compared to the 70 incidents reported in the previous quarter (graph 2).
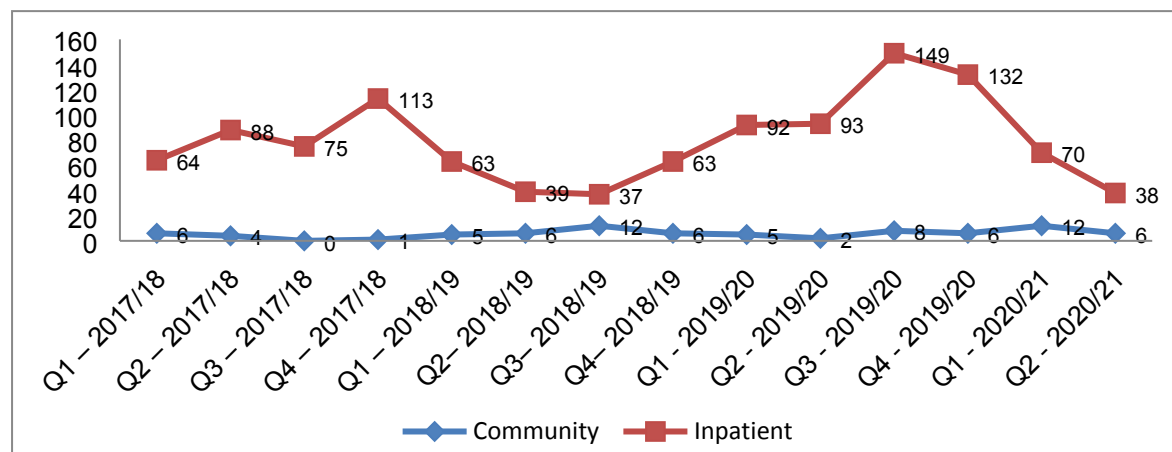
Graph 2 Ligature incident reported in the community and in patient services

4.2. Aston and Robin wards reported the highest number of incidents of 11 (29%) and 10 (26%) respectively and then Hathor Ward, Broadland Clinic with 5 (13%). 1 individual service user accounted for 15 incidents on Aston ward (88%), and 1 for 9 (90%) of the incidents on Robin ward; a total of 63% of the total incidents.

4.3. During the quarter, there was 1 reported anchor point ligature incident, on Hathor ward, over the bedroom door resulting in an attempted suspension, using a t-shirt. Feedback from the service area suggested this behaviour was predicted and

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reflected in the risk assesment based on changes in presentation, resulting in higher levels of observations and removal of potential ligatures as a proportional response.

4.4. Ligature incidents using clothing remains the category with the highest number of incidents of this type on the inpatient wards – 28 of the 38 reported. Additional work is being undertaken to review standards around anti-tear clothing as a proportional response to the challenges of clothing based on a case by case review. Review of the trend relating to ligatures, shows a further decrease in reported incidents, which continues to be closely monitored.

4.5. There were 6 ligature incidents reported across all Trust community services, 2 in Adult Day Treatment Unit, 1 in Wellbeing services and 3 in Child and Adolescent Community Services (CAMHS) Community.

4.6. Action during quarter 2 was taken to improve the use and ensure compliance of the Applied New Technologies (ANT) system for recording weekly ligature audits and ensure audits are consistently completed in the weekly cycle. This includes:
- Heads of Nursing and Matrons routinely sent the ANT audit for their areas of responsibility to advise of the start and finish of a weekly cycle
- An additional reminder added as a prompt 48 hours before the audit needs to be completed
- A summary of compliance rates by area sent to the Heads of Nursing and Matrons weekly with an additional 24 hours given to Team Leaders to complete the audit with robust follow up.

4.7. Following an initial discussion at the Health Safety and Security Committee regarding the Terms of Reference for the Department of Health (DH) load testing audit of curtain rails, quarter three will see the justification and scope for work required presented for approval.

Head banging

4.8. In the quarter, there has been an increase in reported incidents of head banging, with Aston Ward reporting 127 and Forest House Adolescent Unit (FHAU) 158 as the highest reporters (chart 4)**.** 2 individual services users accounted for 159 of the 290 (55%) incidents; 1 individual on Aston ward accounted for 115 (40%) and 1 individual on FHAU accounted for 44 (15%).

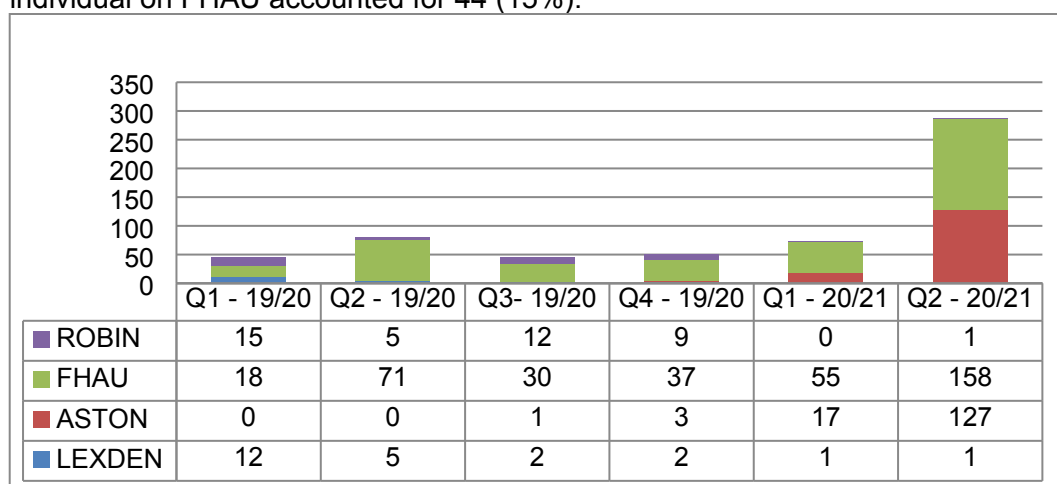|	Q1 - 19/20	Q2 - 19/20	Q3- 19/20	Q4 - 19/20	Q1 - 20/21	Q2 - 20/21
■ ROBIN	15	5	12	9	0	1
■ FHAU	18	71	30	37	55	158
■ ASTON	0	0	1	3	17	127
■ LEXDEN	12	5	2	2	1	1

Chart 4 Head banging incidents

4.9. Previously issued guidance on head banging was re-circulated to assist clinicians to assess the physical wellbeing of the service user during and following an episode of

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head banging based on initial assessment using the Alert, Voice, Pain, Unresponsive (AVPU) scale, including the importance of psychological assessment.

4.10. Additionally the Practice Development and Patient Safety Teams have been working with both Aston Ward and Forest House. This has included a deeper dive on weekly incidents and a review of interventions to reduce restrictive practices using proactive approaches with the use of the Safety Pod and team working, focused around human factors. Alongside this work a Task & Finish group has been planned, with terms of reference agreed and dates set for early November 2020 to develop a MDT clinical pathway for self-harming behaviour and head banging.

Absence Without Leave and Missing Persons

4.11. There was a slight decrease (29) in the reported Absence Without Leave (AWOL) and Missing Person incidents in the quarter, compared to the previous quarter of 30, detailed (graph 3). Although this continues with an overall downward trend since quarter 3 2018/19, there continues to be an increased focus in the governance and management.
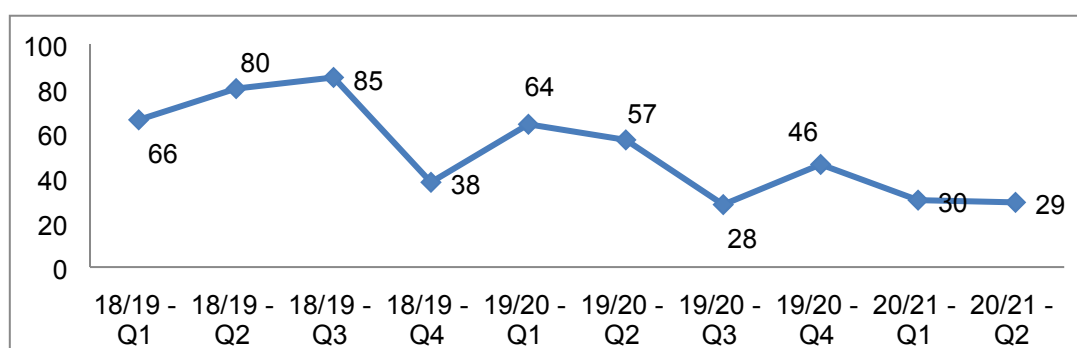
Graph 3 AWOLs by quarter

4.12. Albany Lodge reported 7 (24%), The Beacon 5 (17%) and Robin ward 4 (14%) as the highest reporters. Failure to return from Section 17 leave (where there is a higher degree of therapeutic risk) remains the highest reported sub category of this incident type and is the highest reported category nationally.

4.13. Externally, the Trust has taken part in the Mental Health Toolkit 2018/19 bench marking exercise, and is in the lower quartile of AWOL incidents reported compared to all Mental Health Trust. Furthermore, the Trust is significantly lower when compared to equivalent Trusts in terms of size and activity. The results by way of a comparison of national data will be reported in the quarter 3 report.

4.14. In quarter 2, the AWOL and Managed Entry and Exit Policy (MEEP) was reviewed and updated alongside a quality impact assessment to incorporate learning from COVID-19 and also from SIs and to support routine exit and entry from the ward.

Violence and Aggression

4.15. As part of the assurance process for violence and aggression incidents, each SBU has developed local approaches (in line with the Making Our Service Safer Together Strategy) to reduce Conflict (violence) and Containment (restrictive practices). These, alongside monthly targets for harm reduction, support the Trust targets as part of the Annual Plan.

4.16. Each member of the Practice Development and Patient Safety Team has been allocated an SBU to work with and support in the management of violence and aggression and the use of Restrictive Practice. Discussions held at the SBU's

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Quality Review Meetings are summarised in a monthly Flash Report focusing on areas of concern, innovation and best practice and presented to the Restrictive Practice Committee.

4.17. Prior to the onset of COVID-19, the Trust received BILD accreditation for full courses, modules 4 and this is currently being approved for module 5 involving physically restraint. Training as an outcome of COVID-19 has involved delivering a shortened course with reduced numbers because of COVID-19. A recovery plan is in place with modified courses, supported by NAVIGO guidance and support. Reasonable adjustments have been made so six person classes can be taught as a ratio of 6 staff to 1 instructor with 1 instructor for Module 4 refresher and Module 5 training.

4.18. The use of the Safety Pod is taught in module 5 and has been effective in FHAU in reducing time in restraint, facilitating a less restrictive approach.

Service User to Staff Assaults

4.19. There has been a slight increase in reported service user to staff assaults in inpatient services (chart 4) to 310, of which Lexden accounted for 137 (44%). Of the total, 194 (63%) resulted in *no harm,* 155 (37%) in *low harm* and 5 (1.6%) in *moderate harm,* with none in *severe harm.*

	Q1 – 17/18	Q2 – 17/18	Q3 – 17/18	Q4 – 17/18	Q1 – 18/19	Q2– 18/19	Q3– 18/19	Q4– 18/19	Q1 - 19/20	Q2 - 19/20	Q3 – 19/20	Q4 – 19/20	Q1 - 20/21	Q2 - 20/21
Series 1	219	174	243	166	188	197	201	253	315	202	218	336	305	310
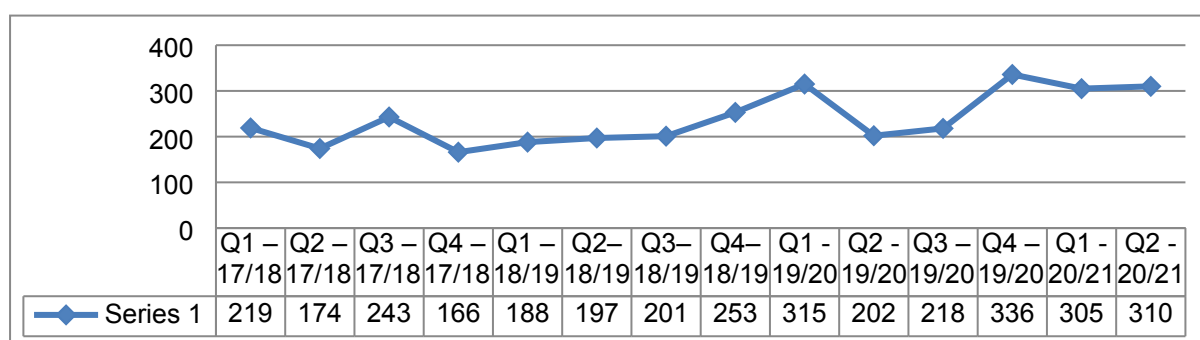
Chart 4 Service user to staff assaults

4.20. It is important that the Trust encourages reporting of all incidents, whether there is harm sustained or not. With this in mind, the annual plan sets the target of reducing the number of incidents resulting in moderate or severe harm.

4.21. Quarter 1 had one incident resulting in severe harm event and this quarter had none. In this quarter, there were 5 incidents resulting in moderate harm (Chart 5) which was one less than the previous quarter but significantly lower than the same reporting period last year, when there were 15.

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Service User to Staff (Act. Ass.) Moderate Harm (Q4 2018/19 - Q2 2020/21

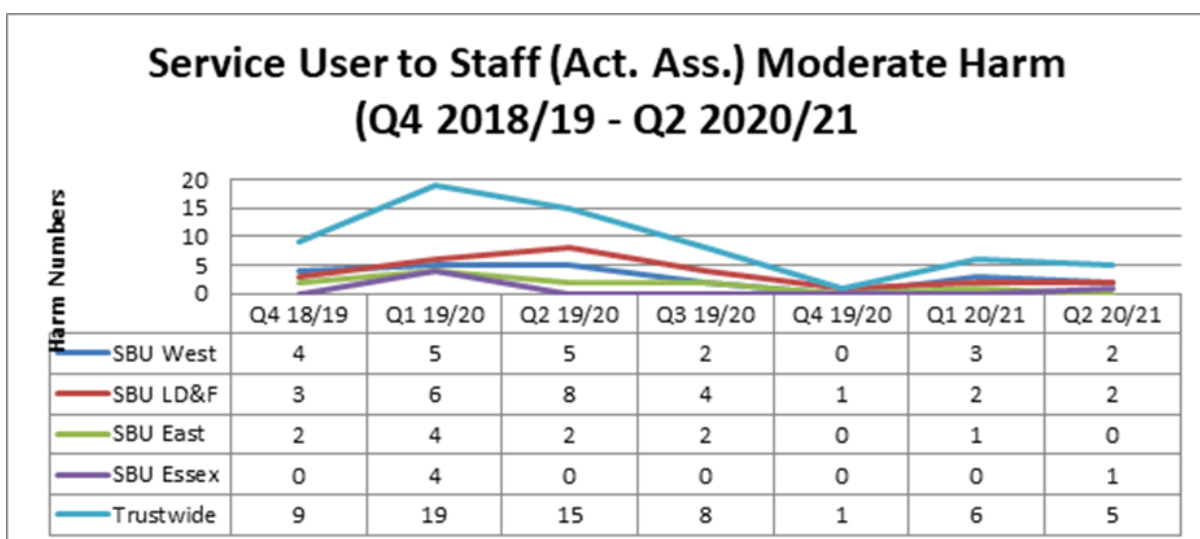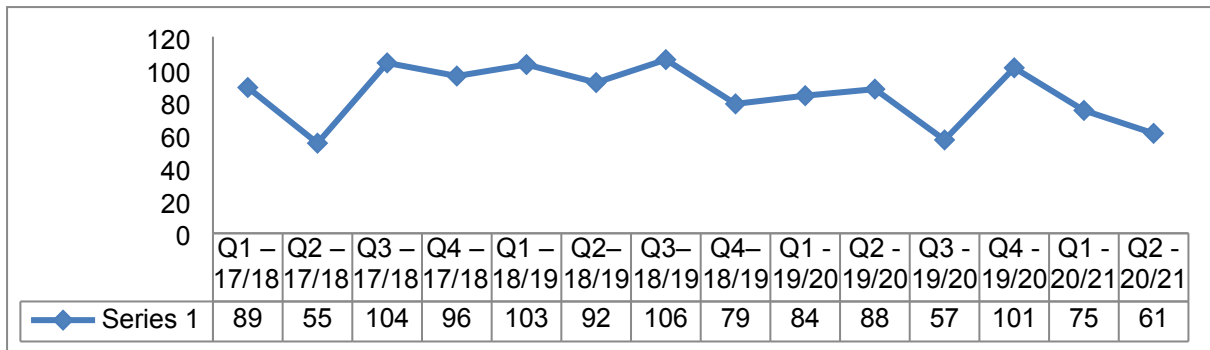| Harm Numbers	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21
SBU West	4	5	5	2	0	3	2
SBU LD&F	3	6	8	4	1	2	2
SBU East	2	4	2	2	0	1	0
SBU Essex	0	4	0	0	0	0	1
Trustwide	9	19	15	8	1	6	5

Chart 5

4.22. Local RESPECT trainers have been introduced to increase capacity locally to train staff on site and the lead instructor has completed training in Positive Behavioural Support, to support strengths based care planning.

4.23. There were 5 incidents reported within the community services, 3 resulted in *no harm* and 2 in *low harm*.

4.24. The Community Violence Task & Finish Group has formed and the focus of the work has been on:

- The pilot and then roll out of the new lone working devices
- Community CCTV
- Risk assessment and management

4.25. The Police liaison group continues to meet and has focused on reviewing the police/Trust memorandum of understanding and ensuring staff are supported to report assaults.

4.26. A proposal for a research project, in partnership with the University of Hertfordshire, about community violence has been developed and Professor Brian Littlechild is working with the Trust to jointly take this forward.

4.27. There were 3 Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) reported within inpatient services in the quarter which is a reduction from 7 in quarter 1. The break down is 1 from the Learning Disability and Forensic SBU, 1 from the West SBU and 1 from the Essex and IAPT SBU. There are currently 2 outstanding in CAMHS awaiting review.

4.28. A *Managing Personal Safety Risk Relating to Home Visits and Weapons* internal safety alert was issued.

Service User to Service User Assaults

4.29. There were 61 incidents reported in the quarter, a decrease by 19% compared to quarter 1 (graph 4); 3 (5%) resulted in *moderate harm*, 37 (61%) in *no harm* and 21 (36%) in *low harm*.

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Series 1	Q1 – 17/18	Q2 – 17/18	Q3 – 17/18	Q4 – 17/18	Q1 – 18/19	Q2– 18/19	Q3– 18/19	Q4– 18/19	Q1 - 19/20	Q2 - 19/20	Q3 - 19/20	Q4 - 19/20	Q1 - 20/21	Q2 - 20/21
	89	55	104	96	103	92	106	79	84	88	57	101	75	61

Graph 4 Service user to service user incidents

4.30. Owl ward reported 10 incidents, Oak ward 8 and Dove ward 7. The Safeguarding Team continue to monitor these incidents and follow up to ensure safeguarding concerns are raised, as appropriate. The 3 moderate harm incidents occurred on Aston ward, Owl ward, and Warren Court and the initial findings have been used to identify those requiring further investigation, to identify learning and safety actions. The Practice Development and Patient Safety Team meet daily to review incidents and liaise with the teams, where needed, to agree on any actions needed.

4.31. Again, it is important that the Trust encourages reporting of all incidents, whether there is harm sustained or not. With this in mind, the annual plan sets the target of reducing the number of incidents resulting in moderate or severe harm.
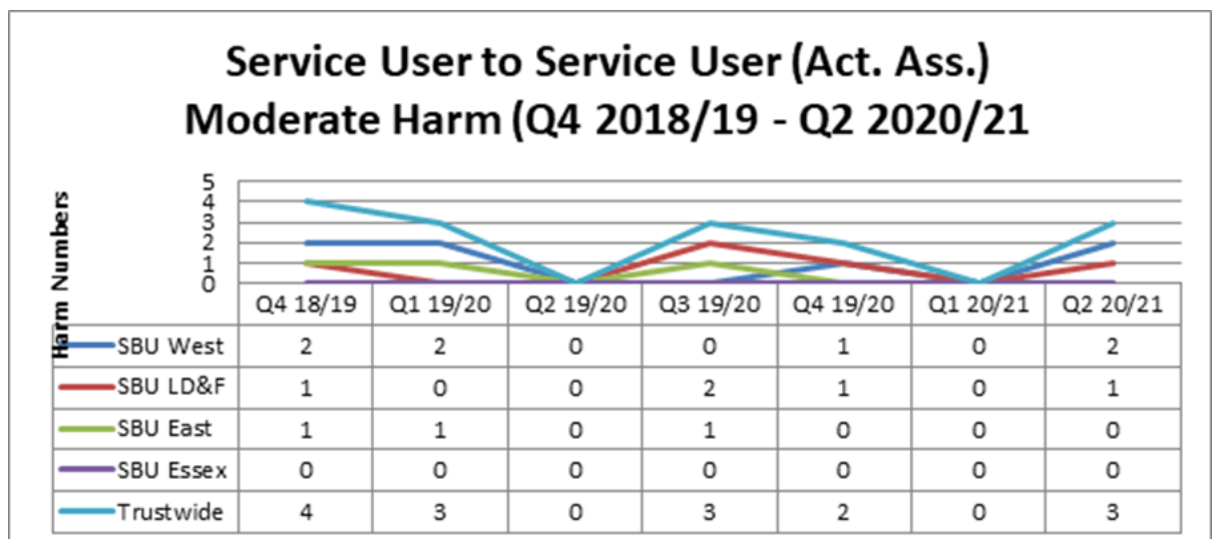

Service User to Service User (Act. Ass.) Moderate Harm (Q4 2018/19 - Q2 2020/21)

Harm Numbers	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21
SBU West	2	2	0	0	1	0	2
SBU LD&F	1	0	0	2	1	0	1
SBU East	1	1	0	1	0	0	0
SBU Essex	0	0	0	0	0	0	0
Trustwide	4	3	0	3	2	0	3

Chart 6

4.32. There have been no incidents of severe harm to service users from other service users over 2019/20 to date. The number of incidents resulting in moderate harm is small but has risen from 0 in quarter 1 to 3 in quarter three. The range per quarter is 0-4 (Chart 6).

5. Least Restrictive Care
5.1. The Practice Development and Patient Safety Team have strengthened their oversight and support to teams in this quarter, scrutinising the data weekly and targeting support and visits to teams in response to need. They review learning from huddles and safety crosses as well as Safewards including positive behaviour support plans.

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Restraint

5.2. Over the past two years, there has been a consistent level of the use of restraint, with a reported increase by 65 (17%) in the use of restraints since the previous quarter 1 to 458 (graph 5). There was no prone restraint incidents reported.

5.3. The highest areas accounted for 279 (61%) of the 458 incidents, 143 (31%) in FHAU, 101 (22%) in Lexden and 35 (8%) in Oak ward, with 1 individual accounting for 47 (10%).
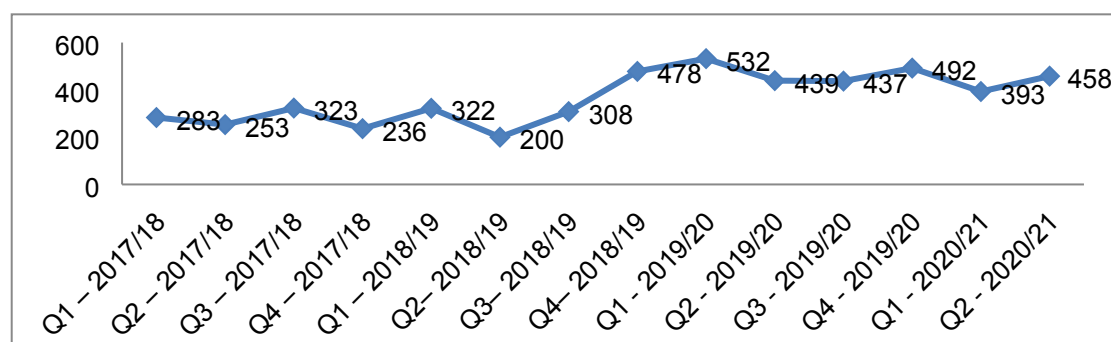
Graph 5: use of restraint

Seclusion

5.4. During the quarter, seclusion was used within all 4 SBUs, with 42 in Learning Disability and Forensic, 25 in West, 21 in Essex and IAPT and 3 in East and North. A total of 91 incidents (graph 6).
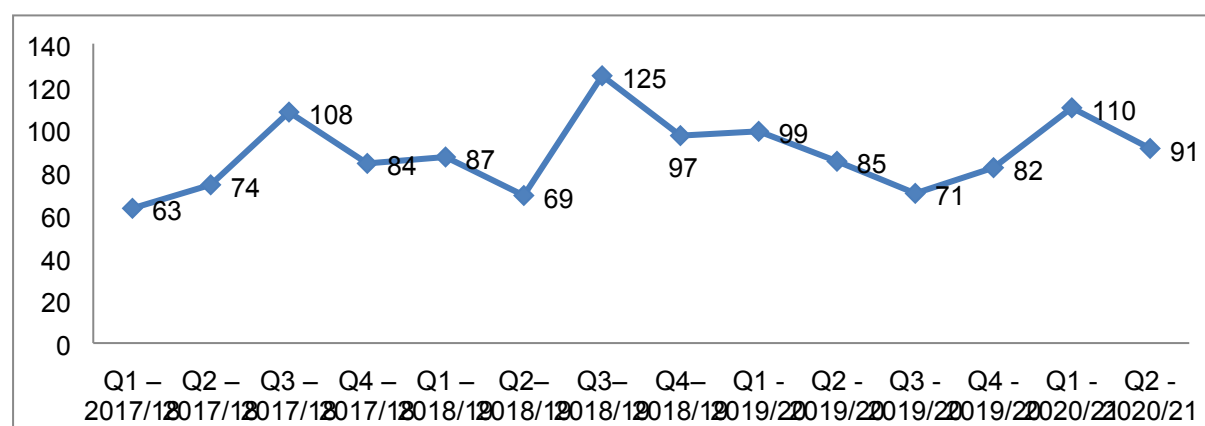
Graph 6 Incidents of seclusion

5.5. The annual plan set the objective of reducing the length of time in section. Quarter one set the base line (table 5).

Time	SBU				
	West	**LD&F**	**East**	**Essex**	**SBU's Total**
Total Time Mins	39591	62409	2685	40534	145219
Mean Time Mins	1650	790	2685	6756	1320

Table 5: base line from Q1 for mean total and mean time in seclusion

5.6. Overall there has been a reduction in the total length of time in seclusion by 54290 minutes and the mean length of time by 321 minutes (24%) (table 6). Although this achieves the aim set in the annual plan, further analysis and work is required to understand the large variation in SBU data and the significant improvements in Essex.

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| Time	SBU				
	West	LD&F	East	Essex	SBUs Total
Total Time Mins	50297	31280	7030	2382	90989
Mean Time Mins	2011	744	2343	113	999

Table 6 Q2 total and length of time in seclusion data

Long Term Segregation

5.7. There were 3 individuals in Long Term Segregation (LTS) during the quarter; 1 on Dove ward and 2 in Forest Lane. There has been increased scrutiny and assurance for LTS, strengthened with guidance developed through policy and newly developed reporting systems on PARIS, including a weekly multi-disciplinary team (MDT) review of care and treatment with specific reference to their Human Rights.

5.8. The rights of service user in Long Term Segregation has been placed on the safety risk register. This risk is specifically about the risk of not attending to the Human Rights of individuals whilst they are in LTS.

5.9. Key individuals received training the trainers from MerseyCare on the use of the HOPE model to support the management of LTS with an agreed outcome for all current LTS to be reviewed using the model.

Rapid Tranquilisation

5.10. The use of rapid tranquilisation rose slightly in quarter 1 to 85 incidents and remained at a similar level in quarter 3 (83) (graph 7).
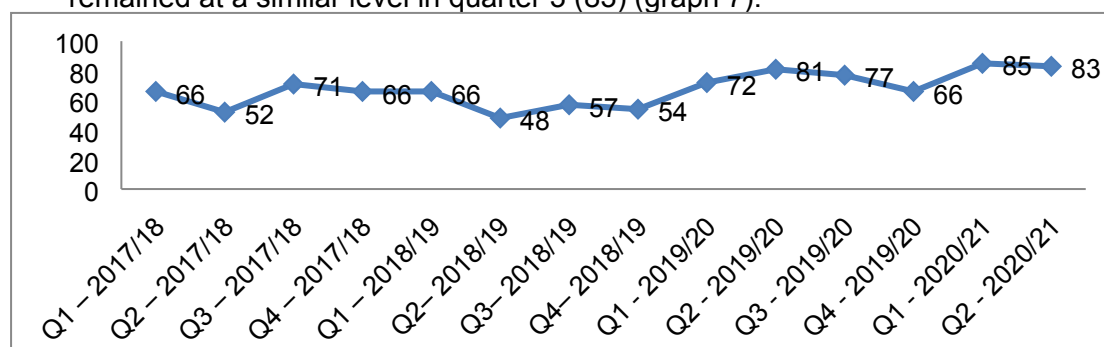
Graph 7 Incidents of rapid tranquilisation total

SBU	July	Aug	Sept	Q2 20/21
West	11	11	12	34
LD&F	4	4	1	9
East and North	21	10	5	36
Essex & IAPT	1	0	3	4
TOTAL	37	25	21	83

Table 6 Incidents of rapid tranquilisation by SBU

5.11. The highest areas accounted for 56 of the 83 incidents (67%) in FHAU with 36 (43%), Oak ward with 13 (16%) and Dove ward with 7 (8%). In FHAU, 7 individual service users required rapid tranquilisation, with 3 accounting for 30 of the 83 incidents (36%) (table 6)

6. Harm free physical health care
6.1. National data collection for the 'classic' Safety Thermometer and the 'next generation' Safety Thermometers ceased after March 2020 with the introduction of nationally produced replacement data planned and temporarily paused due to COVID-19. There is currently no further update on nationally produced replacement

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data. The Trust decided to continue to monitor the areas covered by the safety thermometer.

Pressure Ulcers

6.2. There were 4 reported pressure ulcers incidents in the quarter acquired whilst receiving Trust care and in older aged adult inpatient services. These were all category 2 and on Seward Lodge, Lambourn Grove and Logandene with a category 1 on Victoria Court. There were 2 moisture associated skin damage incidents reported at Lambourn Grove. This is the same number reported as in quarter 1, except all of   those reported last quarter were category 2.

Service user slips, trips and falls

6.3. The Trust is part of the regional Frailty Pathway work to inform best practice and innovation around frailty and falls prevention, overseen internally by the Falls Group. The number of falls being reported is still below pre-pandemic numbers although there has been an increase of 14% in the last quarter. This is noted as an exceptionally low reporting period for falls and should be considered alongside the corresponding increase in services users who were physically unwell and in bed due to COVID-19.

6.4. The highest areas were older aged adult inpatient with 65, adult acute inpatient with 16 and Specialist Residential Services (SRS) with 11 (chart 7).
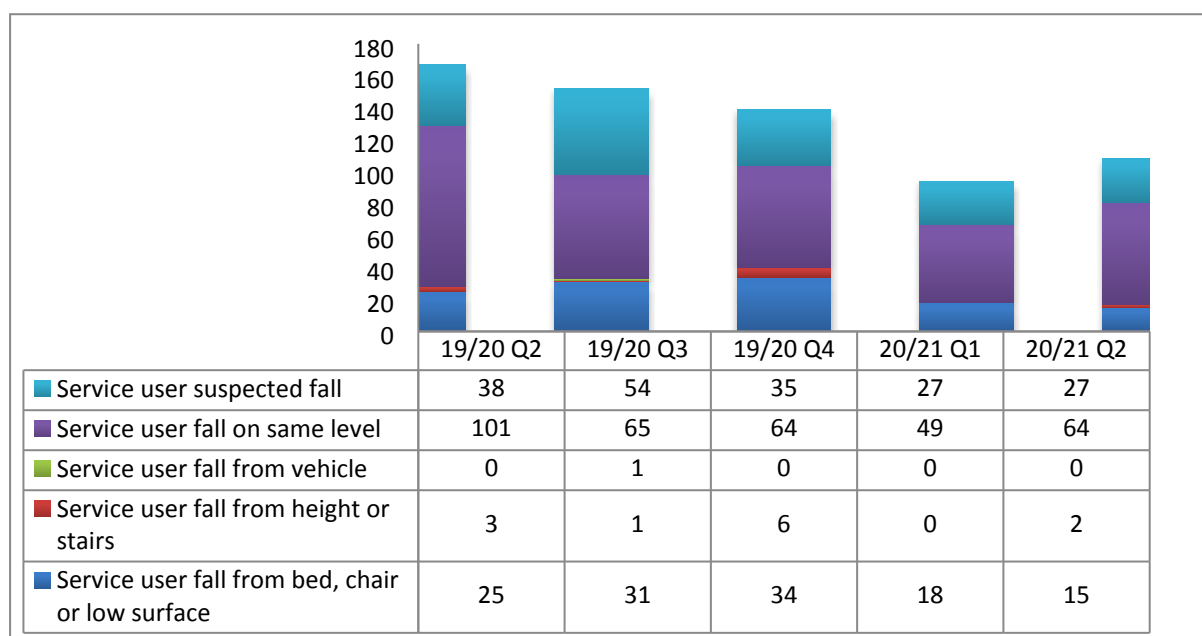
	19/20 Q2	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2
▆ Service user suspected fall	38	54	35	27	27
▆ Service user fall on same level	101	65	64	49	64
▆ Service user fall from vehicle	0	1	0	0	0
▆ Service user fall from height or stairs	3	1	6	0	2
▆ Service user fall from bed, chair or low surface	25	31	34	18	15

Chart 7 Types of fall per quarter

6.5. All 14 falls in adult acute resulted in *no harm* of which 2 individuals accounted for 3 falls each. SRS incidents all resulted in *no* or *low harm* and 7 involved the same individual service user. SRS has dedicated physiotherapy support and staff training on falls prevention and physical frailty has been delivered. Service users are receiving a low dose of vitamin D to support bone strength, with those at higher risk being screened for a higher dosage. 2 the reported incidents in older aged adult resulted in fractures and were reported as SI.

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7. **Feeling Safe**

   7.1. The question "*Overall, have you felt safe on the ward?"* is asked on the *Having Your Say* inpatient surveys and the information is used to understand key areas of feeling safe, enhance physical support, privacy, dignity and respect, quality of treatment and care and equity. The feeling safe score Trust-wide decreased to 71% in the quarter, compared to 79% in quarter 1; responses in this quarter rose to 128 from 77.

   7.2. The feedback showed that service users feel safe with "permanent" and "professional" staff on the wards and with staff support. Furthermore, that when the ward was unsettled or other service users became challenging, staff were caring and kind and were able to manage the situation. Individuals reported that they did not feel safe when other service users became "abusive" or "violent".

8. **Safeguarding**

   8.1. Safeguarding covers both adult and children. This report will initially consider child safeguarding and then move onto adult safeguarding. Specific areas of work are then addressed including radicalisation and knife crime. This section will conclude with an overview of audits that have taken place.

   8.2. The declaration of a global pandemic on March 11th 2020 and subsequent measures taken by the Government continue to pose changes and challenges in service delivery, both within the Trust and the wider system. Following the challenges raised regarding COVID-19 and continuing to ensure service users and families safety, the Corporate Safeguarding Team instigated a business continuity plan for a 'business as usual' approach to ensure consistent oversight of all concerns and processes.

   8.3. Adoption of technology has created opportunity in terms of staff development and the Corporate Safeguarding Team delivered online seminars on topics including Domestic Abuse, Self-Neglect and Gangs with more sessions planned for quarter 3. This is a model which can be adopted to allow a more varied training programme in the future.

   8.4. All safeguarding policies have been updated to reflect practice changes due to COVID-19 and now include a COVID impact assessment.

   Children

   8.5. Safeguarding children remains high priority in the Trust, with clear systems in place for scrutiny and monitoring of safeguarding children incident reporting, which remains a major function of the safeguarding team. The safeguarding team remains committed in supporting frontline staff on all aspect of child safeguarding concerns and queries. The substantive Consultant Nurse Safeguarding Children post has been appointed to and Anita Wilson is in post.

   Referrals

   8.6. There was a high number of safeguarding children referrals (152) made in quarter 2 (chart 8), which is the highest referral rate seen over the past 3.5 financial years.
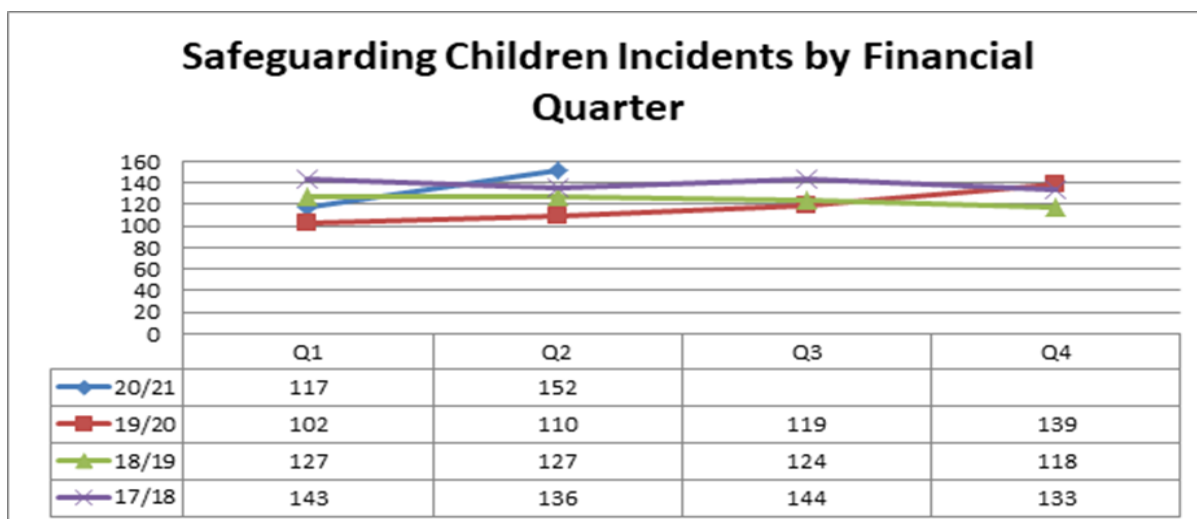
Safeguarding Children Incidents by Financial Quarter

	Q1	Q2	Q3	Q4
20/21	117	152		
19/20	102	110	119	139
18/19	127	127	124	118
17/18	143	136	144	133

Chart 8 Safeguarding referrals made

8.7. Whilst the number of referrals for neglect has remained static, the referrals for emotional, physical and sexual abuse have all increased compared to previous quarters (Chart 7). This is likely due to the release of the national lockdown and services increasing the number of consultations offered to service users across the Trust.
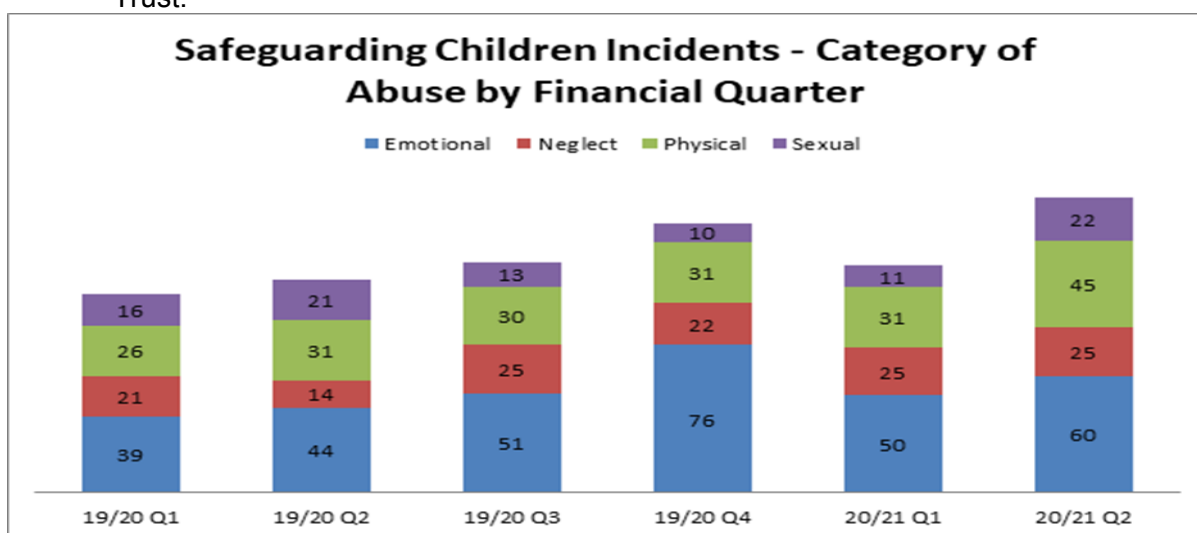

Safeguarding Children Incidents - Category of Abuse by Financial Quarter

Legend: ■ Emotional ■ Neglect ■ Physical ■ Sexual

	19/20 Q1	19/20 Q2	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2
Sexual	16	21	13	10	11	22
Physical	26	31	30	31	31	45
Neglect	21	14	25	22	25	25
Emotional	39	44	51	76	50	60

Chart 9 Category of abuse

8.8. CAMHS Crisis Assessment and Treatment Team (CATT) made 23 more referrals than in quarter 1, demonstrating an increase in children and young people presenting to the Emergency Department or contacting SPA service in crisis Chart 10). After CAMHS, the Wellbeing services across Hertfordshire and Essex made the next highest number of referrals in the quarter.
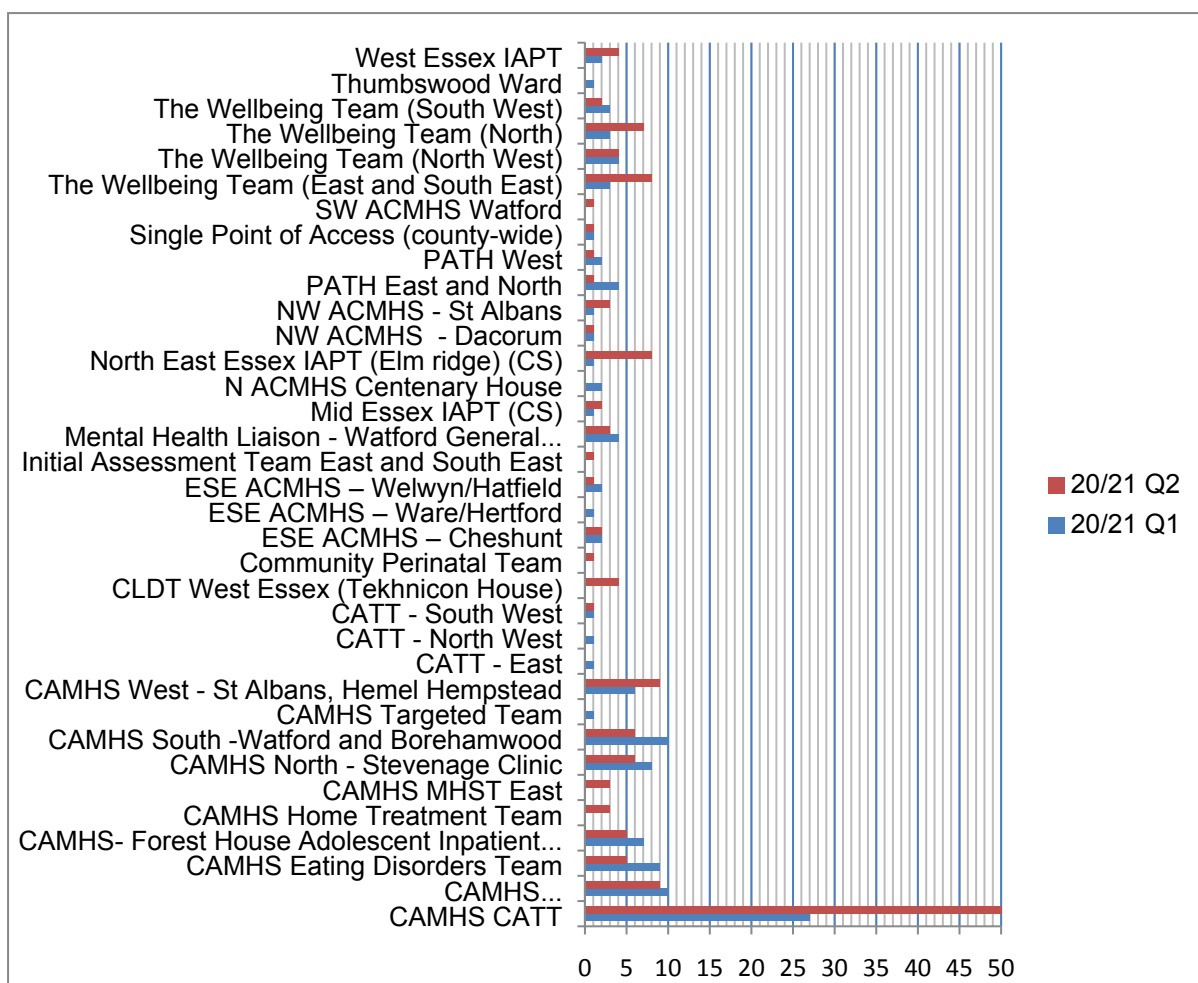
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Chart 10 Child safeguarding referral by team

Policy and Practice

8.9. The Trust is involved in multiagency reviews and policies. Of note is the draft Sexual Assault policy for 16 and 17 year olds was presented at the CCG Whole Systems meeting on 30th June and HSCP Policy, Practice and Procedures sub-group on 7th September. A meeting has been arranged with Police and Children's Services to discuss further on 14th October 2020.

8.10. Also, a historic abuse Task and Finish Group in Essex is planned but has not yet set a date to meet. The plan is to produce a Standard Operating Procedure, to ensure as much consistency regarding reporting across the county.

Adult Safeguarding

Referrals and investigations

8.11. Safeguarding adult concerns have recovered from an initial decrease at the beginning of the COVID-19 pandemic, as was in line with the national picture (chart 11).
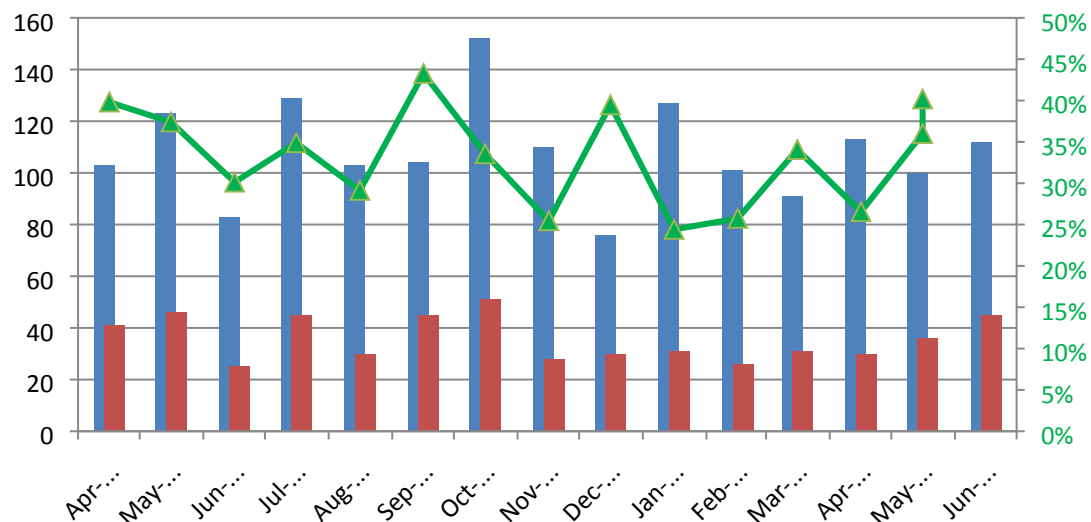
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Chart11 Safeguarding adult concerns (blue = concern, red = enquiry and green = conversation).

8.12. The number of Trust wide Safeguarding Adult incidents has remained consistent over the past financial year, with 380 recorded in quarter 2 (chart 12). The quarter 1 figure did show a small drop but it was not substantial, indicating that the pandemic has not impacted on the Trust's safeguarding response in terms of flagging concerns and making referrals overall.
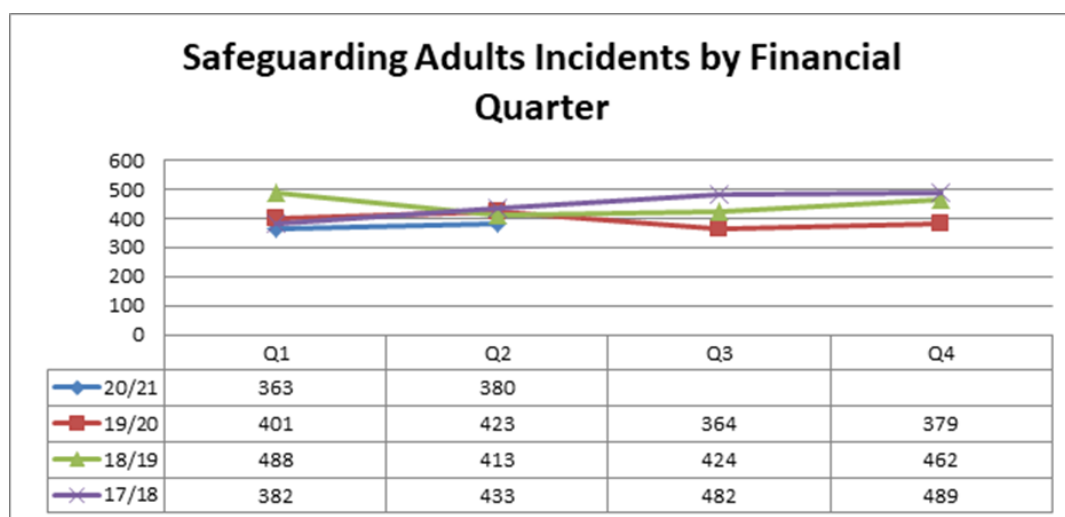

Safeguarding Adults Incidents by Financial Quarter

	Q1	Q2	Q3	Q4
20/21	363	380		
19/20	401	423	364	379
18/19	488	413	424	462
17/18	382	433	482	489

Chart 12: Adult safeguarding incidents

8.13. Following an audit in quarter 1, investigating managers in Hertfordshire were reminded that all Safeguarding Adults concerns raised must be recorded on Datix. It was expected that quarter 2 may see a rise in incidents as a result of this action, and there has been a small increase.
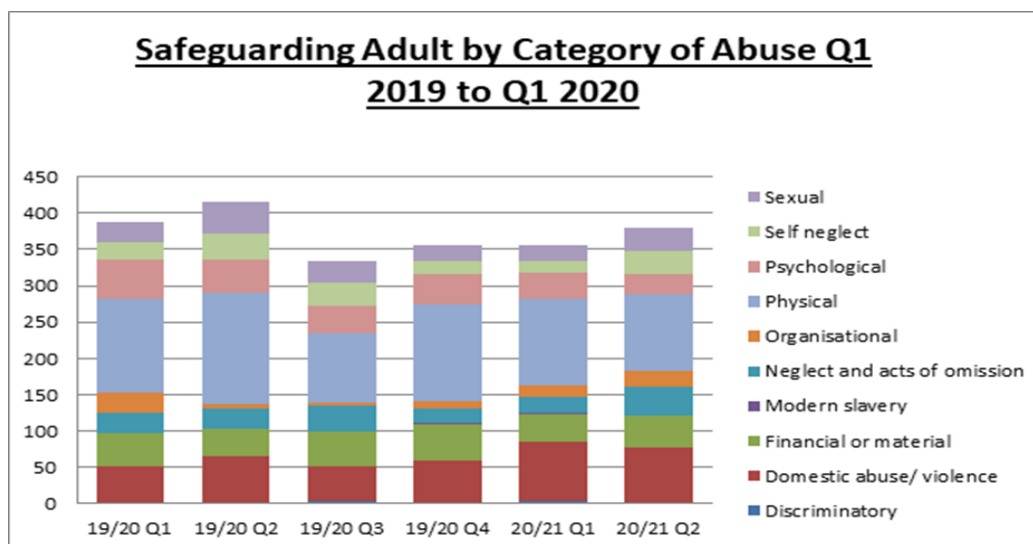
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Chart 13 category of abuse

8.14. Domestic abuse continues to be one of the highest categories of abuse identified by staff in quarter 2 (chart 13); evidence suggests that the numbers are, in fact, higher. In the quarter, a detailed audit of Domestic Abuse Safeguarding cases was undertaken and one area of learning was that staff, sometimes, do not correctly record this type of abuse.

8.15. Referrals for organisational abuse and neglect also increased slightly, which may be due to staff returning to visit residential settings, following the pandemic and uncovering some practice concerns. It is notable that occasionally safeguarding referrals are reporting inadequate use of Personal and Protective Equipment (PPE) and poor practice around hygiene in some mental health and learning disability resources (external to the Trust).

8.16. The Trust has responsibilities to make decisions and investigate adult safeguarding concerns for individuals with a functional mental disorder in Hertfordshire. When an area of practice requires strengthening the team put in place an action plan. There has been an action plan in place since quarter 1 relating to the number of concerns being 'converted' into a full enquiry dropping to a low level. Based upon the most recent data, it appears the actions taken have been effective in ensuring improved recording and decision making of adult safeguarding concerns as both June and July saw a 'conversion rate' of around 40%.

Prevent and Channel Panel

8.17. There were no referrals made in quarter 2 to Prevent; however, individuals known to the Trust are frequently discussed at Channel Panel in Hertfordshire and the Trust is a key member of this panel, attending all meetings. Hertfordshire Channel Panel continues to meet on a monthly basis, although virtually, to ensure a multi-agency risk management approach is taken to support individuals at risk of grooming and exploitation by extremist groups.

8.18. In quarter 2, the Trust hosted a learning event for staff led by the Prevent police in Hertfordshire. This took the form of an online seminar which had 33 attendees, from a range of services including CAMHS, adult community mental health services (ACMHS), Wellbeing and Enhanced Primary Care. The focus of the seminar was recognising when someone might be being groomed into developing extreme beliefs, including examples of imagery from the Far Right and other

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extremist groups and also focussed on 'real life' Hertfordshire case examples of service users which have been successfully supported by Prevent Intervention Providers. This session is now available to view on the Hive.

8.19. As a result of learning from the Reading terror attack in June 2020, the Home Office has issued guidance that all cases heard at Channel Panel with a mental health element should be reviewed by the end of the calendar year. This piece of work was undertaken at the Panel on 30th September 2020 and it was found that no individual had an increased risk of radicalisation.

Knife crime

8.20. The Consultant Nurse Safeguarding Children undertook a deep dive looking at incidents of children known to CAMHS being the victim or perpetrator of knife use. 14 incidents were analysed over a 12 month period. The age range of the children and young people (CYP) was between 9-17 years old: 8 males and 6 females. The deep dive found that the majority (9/14) involved threats in the home to a parent or sibling. 6 experienced depression, anxiety or suicidal thoughts, 9 self harmed and 7 experienced both mental and physical ill health. All but one experienced difficulties at school including bullying, reduced timetables, change in schools, expulsions for violence, EHCP, Educational support for medical absence.

8.21. In 4 cases the father was a perpetrator of DA against the mother, in all 4 cases the CYP also displayed aggression towards mother. Only 2 young people disclosed involvement with gangs and criminal activity. 4 were known to children's services and one was on a child in need plan.

8.22. The findings from this deep dive will be informing practice and risk assessment development in quarter 3.

Audit

Child Safeguarding Assessments

8.23. An audit of the child safeguarding assessment (CSA) took place in March 2020 but the analysis was delayed due to the COVID-198 pandemic response. The audit was in two parts:
- Part A audited 18 records where a child safeguarding referral had been made in December 2019 (adult services & CAMHS) to see if a CSA had been opened
- Part B audited cases where a child protection plan, child in need or looked after child alert was on the record- 5 cases of each were reviewed. This was to see if the meetings and supervision sections of the CSA was being used.

8.24. The audit found that 78% of records had an open CSA (56% CAMHS, 44% ACMH). The audit indicated that work is needed to improve record keeping of both safeguarding supervision and multiagency meetings.

Domestic abuse

8.25. A comprehensive audit of the Trust's safeguarding response to domestic abuse incidents was undertaken in this quarter, examining 275 domestic abuse adult safeguarding records from PARIS in 2019. The aim of this audit was to establish a baseline understanding of practice and recording of domestic abuse enquiries, in order to identify any training needs for staff and develop appropriate action plans to address these needs.

8.26. The learning that is being taken forward from this audit was that there is under reporting of domestic abuse related safeguarding concerns due to manual

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errors in categorising abuse on the PARIS safeguarding form. Recording issues do appear in part to be related to the nature of the abuse and/or the identity of the perpetrator.

9. Conclusion

9.1. Part B has provided an overview of incidents reported in quarter 2, demonstrating some improvements and areas requiring more increased focus in other areas during quarter 3, as detailed in Part C. There has been increased scrutiny and governance relating to LTS and other restrictive practice and providing increased support and guidance into the SBUs.

9.2. The number of unexpected deaths thought to be a result of suicide has decreased in the quarter.

9.3. The Trust has made progress with the SI recovery work, with further work required in quarter 3 regarding the outstanding action plans.

9.4. Safeguarding continues to be a priority for the Trust with engagement internally and the system. Audit has revealed that continued focus is needed on domestic abuse and record keeping.

9.5. The pandemic, and its response, continues to offer challenges to Trust teams in terms of ensuring the safety and wellbeing of our service users but ongoing monitoring of key metric ensures that concerns are responded to swiftly.

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Part C Learning from Incidents and Changing Practice

1. **Introduction**
   1.1. This part of the report summarises key actions and initiatives that have been identified for quarter 3, in consideration of the learning and the detail provided in part B. place in quarter 2. This is not a full account of the work that has taken place as our Continuous Quality Improvement (CQI) approach encourages and has resulted in many local initiatives.

   1.2. The Trust marked *World Patient Safety Day* with a health worker safety themed edition of *'Supporting You'*. This highlighted areas connected to staff safety including Making Our Services Safer, lone working, COVID-19 safety, staff wellbeing, staff support and the flu campaign, with blogs posted by the Trust's Executive Director, Quality and Safety and the Deputy Director, Safer Care and Standards.

   1.3. The formal launch of the Trust's MOSS together Strategy was postponed to quarter 3 although the actions within the Strategy have commenced implementation during the quarter. The report concludes with the priorities for Quarter three.

2. **Learning from Incidents**
   2.1. The monthly Adult Community Learning Events continued throughout quarter 2 facilitated by the Clinical Directors in East and North and West SBUs, enabling learning from Swarms, incidents and SIs including positive practice to be shared.

   2.2. Actions taken in response to learning from Serious Incidents in the quarter have included:
   - Introduction of a SPA Failed Protocol
   - Development of a Standard Operating Procedure for removal of excess medications
   - Saffron Ground Wellbeing Clinic to monitor side effects raised in the physical health clinic using CQI methodology for service users on depot and clozapine
   - CQI work on Crisis Team involvement from the point of initial assessment, MDT discussion, care planning and discharge planning.as part of the Crisis remodelling
   - Introduction of an information sharing protocol between EPUT and the Trust.

   2.3. The recovery plan for the serious incidents is on target. Root Cause analysis investigation are now all submitted on time. A thematic review of the action has been completed and the overdue action plans has started to recover.

3. **Suicide Prevention**
   3.1. Hertfordshire Suicide Prevention Programme Board was put on hold during COVID-19, meeting on 15th September to re-commence work on signing off the updated Strategy and taking forward the aims through specific work groups which will report on progress to the Board. The vision remains to make Hertfordshire a county where no one ever gets to a point where they feel suicide is their only option.

   3.2. The Trust's Zero Suicide action plan is based on the principles of the *NCISH 10 Ways to Improve Safety* and progress is overseen by the Trust's Suicide Prevention Group.

   3.3. In July 2020, the Trust received a briefing from Public Health England (PHE) regarding online challenges linked to suicidal behaviour and reporting in the media.

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An internal safety alert was issued and tabled for discussion at the Suicide Prevention Group and the Safety Committee.

3.4. The report found that there was not one factor, one different action or piece of information which would have necessarily changed the outcome for any of the young people who died. The report did highlight the need for ongoing work to promote the emotional wellbeing and resilience of young people, ongoing suicide prevention work and some changes in practice from a range of professionals across the system, which together will help individuals, families and services to support young people who find themselves in great distress and at risk of suicide.

3.5. In July the Suicide Prevention Group was restarted and relaunched after the group had been temporarily suspended during the Covid period. The membership, agenda and the work for the Group has been refreshed and the priorities for the year have been agreed and include Bereavement Support, Review of Risk Training, a Thematic Analysis of Learning from our Serious Incidents to map our priorities, Oversight and updating of Zero Suicide Action Plan and developing a Self-Harm & Competency Framework .

3.6. Dr Geraldine Strathdee, co-founder of the Zero Suicide Alliance (ZSA) attended the meeting in July and updated the group about the work of the ZSA and the training that is available to all staff.

3.7. On 10th September 2020, World Suicide Prevention Day, the trust held its inaugural World Suicide Prevention Conference. The Conference was well attended with over 240 staff and other stakeholders attending the virtual conference. There were presentations from Steve Mallen a co-founder of the ZSA, British Transport Police and from a person with lived experience. There was also a training session for staff on risk assessment and assessment of suicide risk and a Schwartz round. The conference received great feedback and the Suicide Prevention Group is planning to hole other educational sessions throughout the year. The conference was also recorded and is now on the Hive for all staff to access.

3.8. Work has been undertaken to provide more training for staff on risk assessment, risk formulation and risk management. Virtual sessions have been delivered and will continue to be delivered. Alongside this an analysis of the risk training that is currently available for all staff will be carried out and the results of this will be used to improve and enhance the training that is available and delivered to staff. Work is also underway to ensure that the Simulation hub will be able to deliver specific training to staff to help improve their skills in risk assessment. A competency framework will be developed and this will help staff to understand the skills that are needed and what training is needed for all staff to meet the skills in the framework.

3.9. Monthly virtual trust learning events have been set up. In these events learning from RCAs, SWARMS and other incidents are shared and discussed which allows a wider sharing of learning than we have had previously.

3.10. The management of high risk service users is being reviewed and changes are being made to ensure that these service users are identified and given the support needed. Risk formulation meetings occur in teams on a weekly basis. All teams are aware of their high risk service users and they are discussed weekly in the MDT meetings. An alert has been requested to be placed on Paris which will allow the teams to have an easier oversight of their service users who at high risk of harm to themselves.

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3.11. The process of the high risk panels is currently being reviewed and will be replaced by risk formulation meetings that can be attended and supported by senior clinicians to support the teams and agree robust risk management plans.

3.12. SWARMS continue to happened across the trust and the SBUs have been working to ensure that they occur in a timely way, learning and actions and identified and completed in a timely manner.

4. <u>Harm Free Mental Health Care</u>
Violence and Aggression

4.1. The community violence task and finish group has met and identified areas of developed in practice. These are aimed at improving awareness and confidence in managing issues in the community. Work has started to:

- Clarify lone working procedures and processes including roles and responsibilities
- Clarity the management and risk assessment of new referrals within the pathway
- Implement checklists, tools and prompts regarding *staying safe* and using Human Factors
- Provide training regarding 'feeling empowered' and psychological safety'
- Provide guidance on clinical understanding and a shared plan
- Provide training on de-escalation, breakaway and assessing the environment
- Develop expertise and champions to support guided reflection
- Implement a process for external peer review.

5. <u>Least Restrictive Practice</u>

5.1. This quarter the HOPE training was delivered. The focus is on Long Term Segregation and the trainers will participate in a learning set every 6 weeks to embed learning from the model.

5.2. The use of rapid tranquilisation has been under review across the service areas and revealed challenges with the use of this type of medication with comorbid physical health difficulties, in particular when related cardiac problems.

5.3. A working group with additional support from the Practice Development and Patient Safety Team has been established for FHAU, to enable staff to better understand the data and agree actions specifically relating to rapid tranquilisation as well as the self-injurious behaviour of head banging, reporting into the Restrictive Practice Committee.

5.4. An internal review was commissioned to examine and report on the specific challenges within Lexden relating to violence and aggression, via a Task and Finish group and supported by a peer review undertaken by the Team Leader and Matron from Dove ward. An action plan has been developed to take the learning forward.

6. <u>Harm Free Physical Health Care</u>

6.1. The Trust held a Falls Prevention Awareness week during the quarter and activities included a daily mobility exercise, webinars on falls reduction and activities on the inpatient Wards.

6.2. The refresh of the Physical Health Strategy and teaching sessions have been delivered on the deteriorating patient (service user) and motivational interviewing. Training has recommenced on implementation and embedding the use of National Early Warning Score (NEWS2) and SBARD.

7. Safeguarding

Sexual Safety

7.1. The Trust has been participating in the Sexual Safety Collaborative, a national project which was suspended during the pandemic. In quarter 2, it restarted with the resumption of data collection, Action Learning Sets and consultation sessions (online sessions). Swift ward staff will be attending these meetings and also collecting data to provide evidence based solutions to prevent sexual harm on mental health wards.

7.2. In response to learning from incidents, the Consultant Social Worker and Social Care Senior Social Worker have been liaising with the Community Forensics Team during the quarter to plan an online reflective session for staff. This will focus on having difficult conversations with services users about criminal behaviours, including ways of exploring sexualised behaviours or compulsions which may harm others, to ensure that appropriate risk management plans can be developed. It is hoped that the session will complement and promote the roll out of the new Enhance Risk Assessment (ERA) which has been devised by the Community Forensics Team for the use of staff who are in non-forensic settings. The ERA form is yet to be signed off for use by Trust teams.

7.3. In all, 169 people have attended online seminar events, and there are plans for more sessions to be delivered in quarter 3 and will be uploaded onto the Hive in due course.

Domestic Abuse

7.4. In light of increased risks to individuals who are experiencing domestic abuse caused by the pandemic lockdown and learning from serious incidents, the Corporate Safeguarding Team have been focussing on supporting staff in responding to victims to ensure their safety and wellbeing. In addition to written guidance and circulation of links to specialist agencies, the team have led four online seminars on the theme domestic abuse, including a session on mental health and domestic abuse and a specific event on Coercion and Control. Events have a holistic approach to understanding the impact of domestic abuse on adults and children alike, in line with the Trust's goal of promoting the Think Family model.

7.5. Independent Domestic Violence Advisors (IDVA) are currently unable to work from Trust buildings in Hertfordshire due to Refuge business continuity planning for the pandemic. The Consultant Social Worker has been working with Refuge leaders and Recruitment to be ready to reinstate co-location when the situation improves. 1 additional IDVA has been identified for co-location in the Trust in Hertfordshire and recruitment procedures are underway.

Child Safeguarding Assessment

7.6. As a result of the audit of the child safeguarding assessment (CSA), CSA guidance was updated in August 2020 and shared throughout the Trust. Individual staff members were reminded to open a CSA when they make contact with the safeguarding team and when child protection conference information is received from Hertfordshire County Council. A PARIS change request form has been submitted, to make adaptations to the CSA, as a result of feedback received and to make the referrals section into a table enabling it to display the chronology of previously made child safeguarding referrals.

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Knife crime

7.7. Following the review of children and young people and knife crime, work has begun to raise awareness of identification & management of APVA via a webinar and learning note and to update Paris alerts to include child exploitation, possession of weapon and update terminology of existing alerts.

8. Priorities for Quarter 3

Incident management

8.1. A *Learning from Incidents* audit will be undertaken to offer assurance around Duty of Candour.

8.2. The overdue action plans following a serious incident investigation will be completed and no further action plans will go out of date.

Suicide Prevention

8.3. The Hertfordshire Safeguarding Children's Board commissioned a report- *Analysis on the Circumstances and Risk Factors of Young People who Died by Suicide in Hertfordshire between November 2017 and December 2018*. This report is strictly confidential as the small numbers and therefore the individuals are identifiable. The learning from this report will be considered and taken forward.

Self harming behaviour

Headbanging

8.4. In consideration of the increase in incidents relating to head banging, a Task and Finish group has been commissioned to develop a multi-disciplinary clinical model, including factors such as data-informed approaches, care planning, both clinical and psychological understanding of the behaviour and interventions for coping and support.

Ligatures

8.5. The annual ligature review, which includes maps, lines of sight and risks, will be undertaken.

8.6. The weekly environmental assessments (ANT) templates are being updated, with improved guidance for managers undertaking ligature assessments, to ensure compliance with the DH guidance.

8.7. Volvina, the company with expertise in load testing that undertakes the Trust's ligature audits will add additional guidance on assessing these structures, with clear instructions and pictorial guidance for staff.

AWOL and Missing Persons

8.8. A number of recommendations to improve awareness were made following a deep dive into AWOLS in this quarter. These will be implemented and include strengthening policy and practice as well as innovative approaches to chronic challenges as well as working with partner agencies, such as the police.

Restrictive Practice

8.9. Following the work and support provided into FHAU the safety pods will be reviewed for use in older aged adult services.

Feeling Safe

8.10. Each SBU are developing actions based on the narrative information received from service users in relation to feeling safe. This will be included in the monthly

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Flash reports to triangulate with violence and aggression data and will be used to support embedding of the Safewards interventions.

Safeguarding

8.11. Following an incident where a staff member was sexually assaulted on a Trust acute unit and as a result of the learning, guidance will be co-produced, with staff, for supporting staff in these particularly sensitive situations..

9. Conclusion

9.1. This section of the report has set out some of the responses to learning and quality improvement initiatives from analysis and findings, whilst considering the Trust's Annual Plan. It has then set out some of the priorities that build on those already in the annual plan, for the next quarter.

PUBLIC Board of Directors

Meeting Date:	26 November 2020	Agenda Item: 8b	
Subject:	Quarter 2 Safer Staffing Report	For Publication:	
Authors:	Heads of Nursing, and Jacky Vincent, Deputy Director of Nursing, Quality and Safety/DIPC	Approved by: Dr Jane Padmore, Executive Director Quality and Safety/Chief Nurse	
Presented by:	Dr Jane Padmore, Executive Director Quality and Safety/Chief Nurse		

Purpose of the report:

This report provides the Board with the data for quarter 2, 2020/21 on nurse staffing for the Trust. In addition, the report provides information that sets the context for the published data including recruitment, retention and vacancies of nursing staff and cross referenced with patient safety data. The purpose of this report is to provide information and assurance of the governance processes for rostering and ensuring the appropriate level and skill mix of nursing staff.

Action required:

The Board are asked to consider and note the contents of the report and discuss any point of clarification. To also receive assurance of the governance process for rostering and safe staffing.

Summary and recommendations to the Committee:

This report details the staffing levels achieved against the safe staffing levels that were set for each in patient unit for nursing staff. Emergency alternative staffing levels were agreed for use in exceptional circumstances during the pandemic. These emergency staffing levels were not used and business as usual staffing levels were maintained throughout.

Many services used significantly higher staffing levels than usual to address higher acuity and the resulting safe and supportive observations. This quarter also saw increased scrutiny of how staffing is managed on a shift by shift basis and *SafeCare* is utilised resulting in strengthening the processes. The *SafeCare* contract was renewed and additional functionalities will be explored in the next quarter. Bank and agency use has increased in this quarter and, as a result additional scrutiny and approval systems have been put in place to explore alternative and safe means of ensuring safe staffing levels.

The report shows that there continue to be challenges, which are reflected Nationally, in the vacancy rates for nursing staff which the Trust is addressing through a multifaceted approach to recruitment, developing the pipeline (introducing multiple roots to registration) and retention of staff generally and post retirement.

Relationship with the Business Plan & Assurance Framework:

Relation to the Trust Risk Register:
Workforce: The Trust is unable to retain sufficient staff in key posts to be able to deliver safe services (Risk 657)
Workforce: The Trust is unable to recruit sufficient staff to be able to deliver safe services due to national shortages of key staff (Risk 215)
Relation to the BAF:
1. We will provide safe services, so that people feel safe and are protected from avoidable harm.
4. We will attract, retain and develop people with the right skills and values to deliver consistently

great care, support and treatment	2

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

This report is primarily about staffing but also has financial implications.

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

There are no implications arising from this report.

Seen by the following committee(s) on date:

QRMC- 10th November 2020 IGC- 11th November 2020

Quarter 2 Safer Staffing Report 2020/21

1.	Introduction

1.1 This report serves to provide the information and analysis of the quarter 2 nurse staffing data to enable the Board of Directors to give assurance in relation to the nurse staffing in the Trust's inpatient services.

1.2 The reports starts by detailing the Trusts expectations in terms of in patient nurse staffing levels and then moves on to detail generally, and by SBU, the staffing levels and challenges in this quarter.

1.3 Ensuring safe staffing levels can be achieved is only possible if there is the workforce in place therefore the report concludes with details of the vacancy and retirement data, the work to recruit staff and develop a strong pipeline of future registered nurses and retain staff generally and those that have retired.

2	Trust expectations in relation to inpatient nurse staffing levels

2.1 The Trust's expectation is that the planned number of staff to cover the ward demand and acuity level would closely match with the actual number of staff who work, as this should reflect the complexity of the needs of the service users.

2.2 As part of the pandemic, the Trust approved emergency staffing levels that could be used if required. These approved levels were not required but remain in place for the second phase of the pandemic, should they been needed.

2.3 Where the skill mix and the numbers of staff who actually work is lower than planned, this may indicate a safety concern. There is an agreed escalation process for reporting any safety concerns associated with nurse staffing, as detailed in previous IGC reports.

2.4 In the event that a shift remained unfilled, this is reported to the Heads of Nursing and recorded as a safety incident on Datix, again as detailed in previous reports.

2.5 Staffing cover is often mitigated by an increase of staff from a different band, cross cover from co-located services and by the Team Leaders and Matrons.

2.6 Although all efforts are made to ensure the right skill mix, staff sometimes prefer to work with a regular Healthcare Assistant (HCA) to ensure continuity of care rather than seek a Registered Nurse (RN) through the Bank Bureau office or as agency.

2.7 Outliers (wards with fill rates below 80% and in excess of 120%) continue to be discussed at the Safe Staffing meeting and also the Strategic Business Unit's (SBU) governance meetings.

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2.8 *SafeCare* licence was renewed this quarter and has highlighted additional functionality that will be explored and implemented in quarter 3, if they will add value.

2.9 *SafeCare* continues to be well embedded within all in-patient services with daily *SafeCare* calls held to ensure safe staffing and identifying any hotspots. This allows for effective use of our staffing resource across the Trust.

3	**Summary of findings for quarter 2 nurse staffing data collection**

3.1 The analysis from the safe staffing returns has been broken down by month to provide detailed information about the services; detailed analysis is provided on services with fill rate under 80% in red and those over 120% in purple.

3.2 Care Hours Per Patient Day (CHPPD) data submitted by the Trust, reflects the increased staffing utilised in many of the services as a result of increased acuity and also the stand alone units where CHPPD is high. **Appendix 1** provides detailed data for each inpatient unit for quarter 1, which includes data in a separate column relating to the Registered Nurse Associates (RNA). There are a number of shifts which were over 120% and some which were below 80%. The Heads of Nursing are continuing to focus their weekly scrutiny meetings on ensuring close monitoring and management of the skill mix and staffing levels.

3.3 An interim SafeCare Lead was appointed to oversee safe staffing across the Trust during the COVID-19 pandemic, with a remit to:
- Use the SafeCare system and Health E-roster to understand the safe staffing picture across the Trust
- Work with the local matrons and teams to understand their hotspots and needs
- Manage locally where possible
- Report into the daily SitRep for Incident Command any hotspots.

3.4 The interim Lead identified a number of recommendations including immediate work that Matrons and Team Leaders were required to implement to ensure safe staffing in their wards and across their SBU, reported into the Safer Staffing Group meeting. Further recommendations for future considerations and developments, requiring a longer term plan, are being considered with the introduction of an interim post for 12 months.

3.5 **Essex and IAPT SBU**
Staffing levels at Lexden inpatient services continued to be covered at 8:8:7, with 2 Registered Nurses per shift. The service area reported a high usage of both bank and agency owing to the high levels of acuity within the service area, as well as staff sickness and staff shielding as well as vacancies.

3.6 There were 3 individual service users with complex behaviours which challenge and prescribed 2:1 safe and supportive observation levels. There were also 3 individuals who were delayed transfers of care, which has been escalated.

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3.7 In consideration of the high acuity, there were 57 reported incidents of service user to staff assaults; a review has been commissioned to understand this and to put in place actions to support the staff and service users.

East and North SBU

3.8 There has been an increase in the use of agency and bank usage primarily in Forest House Assessment Unit (FHAU), but also in Logendene, Seward Lodge and Victoria Court. Contributing factors in the older aged adult services are due to short notice of continuous observations following new admissions and facilitating cohorting plans and, in FHAU, due to high levels of acuity. There were also levels of staff sickness and staff in quarantine having returned from leave abroad.

3.9 FHAU staffing establishment and skill mix was reviewed and increased in the last financial year. In consideration of further increase of bank and agency usage, this review will be revisited.

West SBU

3.10 Acuity levels have also increased on wards within the West SBU, leading to an increase in safe and supportive observations and staffing levels having an impact on bank and agency usage levels. The SBU have a Continuous Quality Improvement (CQI) planned to look at observation levels, linking in with Safewards.

3.11 The SBU completed a survey to members of their Eroster Scrutiny Group to establish what has been working well and what required further development. As a result, tighter governance introduced, chaired by the Head of Nursing

Learning Disability and Forensic SBU

3.12 The SBU's Hertfordshire services continued to run at safe staffing levels, requiring minimal agency for some shifts on Dove Ward. Fuller establishment reviews for the Medium Secure Services have been taking place over the quarter and will be reported in the next quarter report.
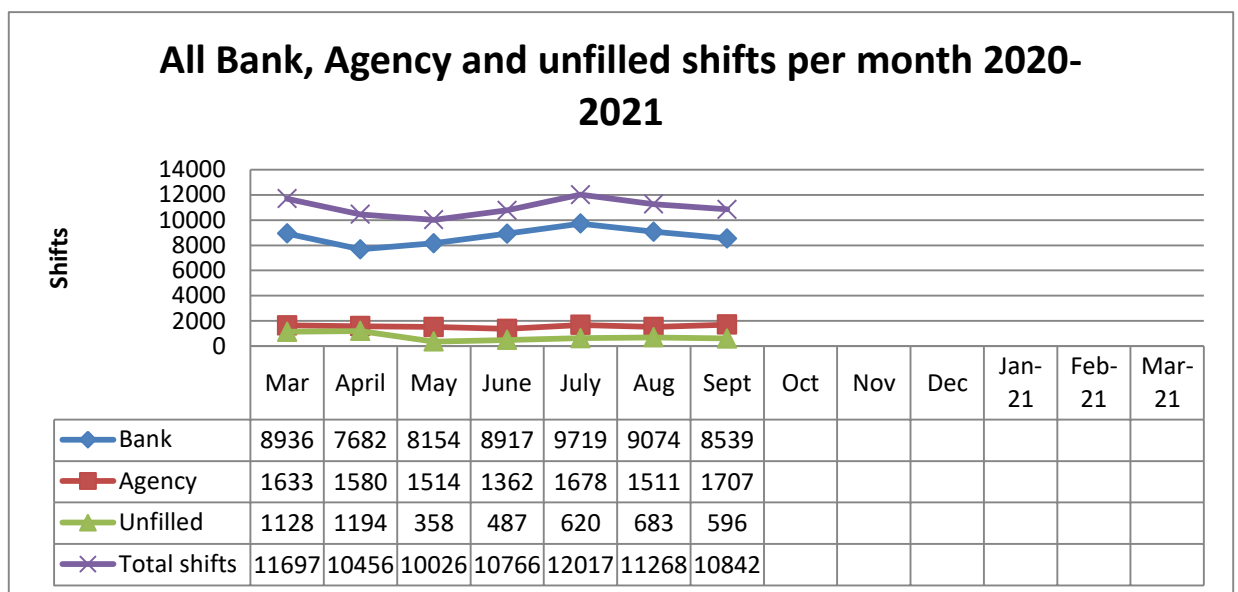
4.	Bank and Agency

4.1 The overall bank and agency usage for quarter 2 is provided as a total number of shifts, over a 5 year period, as shown in **table 1.** Furthermore, **graphs 1** and **2** shows the bank and agency use month on month for this financial year.

		July	August	September
2016	**Bank**	5622	5699	5520
	Agency	1510	1735	2341
2017	**Bank**	5846	5933	5530
	Agency	1834	1954	1733
2018	**Bank**	5435	5864	5321
	Agency	1796	1160	1089
2019	**Bank**	5819	5936	5736
	Agency	1228	1331	1235
2020	**Bank**	7466	7205	6464
	Agency	1463	1342	1485

Table 1

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4.2   The bank shifts reduced month on month during the quarter although remains higher in comparison to the same quarter in the last financial year. Agency usage increased in month 2 of the quarter with a decrease in month 3, although remaining higher than month 1 and also in comparison to the same quarter in the previous financial year.

4.3   The highest 3 reasons remained vacancy, safe and supportive observations and then the Covid-19 pandemic. With the tighter governnace and scrutiny, led by the Heads of Nursing, and revised establishments to absorb a number of safe and supportive observations in the service areas, there is an expectation this will change.

4.4   The actions previously discussed at the Safer Staffing Group meetings therefore continued, and have been reinforced at both the Trust's Recruitment and Retention Group meeting and the Trust Management Group. These include:

- Keeping agency use to an absolute minimum and ensuring that all agency use goes through the correct authorisation process
- Ensuring all agency shifts are confirmed on a weekly basis to ensure clear sight of usage
- Reviewing processes to ensure that the potential to convert agency to permanent staff is maximised.

All Bank, Agency and unfilled shifts per month 2020-2021

	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan-21	Feb-21	Mar-21
Bank	8936	7682	8154	8917	9719	9074	8539						
Agency	1633	1580	1514	1362	1678	1511	1707						
Unfilled	1128	1194	358	487	620	683	596						
Total shifts	11697	10456	10026	10766	12017	11268	10842						

Graph 1

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Month on Month Nursing only Bank & Agency 2020-2021

	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan-21	Feb-21	Mar-21
Bank	6906	5648	6290	6743	7466	7205	6464						
Agency	1341	1359	1310	1143	1463	1342	1485						
Unfilled	1051	1126	349	469	610	669	596						
Total shifts	9298	8133	7949	8355	9539	9216	8545						

Graph 2

4.5 The Trust continues to emphasise that safety comes first but should come with the appropriate scrutiny to ensure the financial impact is kept to a minimum. During this quarter, the gap between the level of bank and agency spend and the financial envelope of each ward widened. As a result the scrutiny has been increased and reports to the Safe Staffing Group.

4.6 The Heads of Nursing have reviewed the skill mix and establishment as part of the 6x monthly reviews.

4.7 The Safer Staffing Group agreed key areas for SBUs to focus on, including:
- The effective scrutiny of e-roster shift patterns and the number of staff on shift being appropriate for the needs of the service users
- Ensuring all substantive staff have their hours allocated before any bank or agency use
- Ensuring any owed hours, by substantive staff, are used before any bank or agency use
- Annual leave is planned and covered within substantive staff before any bank and agency use
- Agreed levels of observations are covered within the approved establishment before bank and agency use.

5. Recruitment, Pipeline and Retention

5.1 Over 50 newly registered nurses were appointed at the end of the quarter, positively impacted by the extended clinical placements introduced during the COVID-19 pandemic. Work continues with recruitment to fill vacancies - detailed in **Table 3** - which remains a focused priority with the SBUs and the corporate nursing services.

5.2 The vacancies are being addressed through recruitment, pipeline initiatives, such as multiple roots to registering as a nurse or nursing associate and retention of staff, generally or post retirement.

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SBU	Sum of Position FTE	Sum of Actual FTE	Sum of FTE Variance	% Vacancy
Registered Nursing				
Essex and IAPT	13.00	9.83	3.17	24
Learning Disability & Forensic	173.21	140.97	32.24	19
East and North	122.17	99.26	22.91	19
West	125.83	92.42	33.41	27
Total	**434.21**	**342.48**	**91.73**	**21**
Unregistered Nursing				
Essex and IAPT	15.00	12.43	2.57	17
Learning Disability & Forensic	222.71	209.05	13.65	6
East & North	201.46	184.12	17.34	9
West	139.99	132.20	7.79	6
Total	**579.16**	**537.79**	**41.37**	**7**

Table 3

5.3   The Trust continues to work with the local universities ensuring that student nurses feel part of the Trust family at the start of their training and meeting senior nurse leaders during their training. The Deputy Director of Nursing and Quality/DIPC meets monthly with the University of Hertfordshire's Head of Nursing, Health and Wellbeing to build on the work with the students' placements, ensuring regular contact, as their future employee, and enabling a smooth transition from student to registered nurse, with the Trust being their employment area of choice.

5.4   Six monthly meetings with all learning disability and mental health student nurses continue with the Deputy Director of Nursing and Quality/DIPC and the Heads of Nursing to maintain contact with them, discuss their opportunities and also ensure they feel welcomed and part of the Trust.

5.5   **Appendices 2** and **3** provide a breakdown of vacancies in the inpatient and community services respectively.

5.6   A significant risk remains regarding the profile of RNs who are able to retire, detailed in **Table 4**. Work continues to support them and explore their options to remain in the workforce.

Area	55-59			60-64			65+		
	HCA	RN	Total	HCA	RN	Total	HCA	RN	Total
Essex and IAPT	2	3	5	1	0	1	1	0	1
LD and F SBU	33	24	57	22	9	31	5	1	6
E and N SBU	29	17	46	17	12	29	7	2	9
West SBU	23	9	32	10	3	13	5	6	11
Total	**87**	**53**	**140**	**50**	**24**	**74**	**18**	**9**	**27**

Table 4

5.7 The previous agreement for the Trust to lead on the Health and Care Academy, working with Health Education England (HEE) was placed on hold during the Covid-19 pandemic. This is aimed at supporting and developing young people and encouraging them into health-related careers, supporting the pipeline of individuals joining the NHS.

5.8 The Academy concept allows the Trust to 'grow its own staff', linking with colleges and schools to recruit local people/students who may not have previously considered careers in healthcare. A Lead has been appointed to oversee the development of an interactive programme to support development into careers such as nursing as well as broaden knowledge and understanding of the NHS.

5.9 The launch for the first cohort of 12 has taken place and their programme will continue into quarter 3, working with key stakeholders and the universities. Work continues with the Hertfordshire and west Essex Nursing Associate web pages on the Health and Care Academy website, linking to expression of interest forms which are then forwarded onto partner organisations' websites.

5.10 The Trust continues to lead on the Student Nursing Associate (SNA) working, on behalf of the STP and is supported by the SNA Pipeline Manager. Recruitment campaigns and promotional materials have been created and virtual career events planned.

5.11 There are 41 students confirmed in the September 2020 cohort and up to 50 students are viable for January's intake. Furthermore, the estimated numbers for 2021 are at 100.

5.12 The self-rostering pilot initiative, to implement a team-based rostering system for nursing staff, aims to be reinstated as it was postponed due to the COVID-19 pandemic. This pilot is aimed at increasing nurses' input into their working patterns and improving work-life balance in the Trust and provides the nursing team with autonomy and permission to negotiate the e-roster, in the context of being open and transparent. Inpatient services from each of the SBUs are participating in the pilot.

5.13 Actions for the pilot moving forwards include:
- Review of the roster rules
- Review of flexible working requests
- Full evaluation of the project and the impact of self-rostering on retention of staff and running of the wards.

6. Conclusion

6.1 This report sets out to brief the IGC in relation to the quarter 2 position for safe nurse staffing within inpatient services. The report also includes community nursing staffing and the vacancy rate.

6.2 The report has described how many services used significantly higher staffing levels than usual to address higher acuity and the resulting safe and supportive observations. This quarter also saw increased scrutiny of how staffing is

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managed on a shift by shift basis and *SafeCare* is utilised resulting in strengthening the processes.

6.3 The *SafeCare* contract was renewed and additional functionalities will be explored in the next quarter. Bank and agency use has increased in this quarter and, as a result additional scrutiny and approval systems have been put in place to explore alternative and safe means of ensuring safe staffing levels.

6.4 The report shows that there continue to be challenges, which are reflected Nationally, in the vacancy rates for nursing staff which the Trust is addressing through a multifaceted approach to recruitment, developing the pipeline (introducing multiple roots to registration) and retention of staff generally and post retirement.

6.5 Targeted work in the SBUs continues for quarter 3 includes:
- Ensuring best practice is applied in the review and management of therapeutic engagement and observation levels on the wards (for example, reviewing in each shift to ensure the level of observation is in line with the level of risk presented by the service user
- Use of alternative interventions including SafeWards to be relaunched and refreshed in all inpatient wards – as part of the MOSS*together* Strategy
- eRoster management of bank bookings, management of annual leave and ensuring staff working to contracted hours and ensuring fairness
- Ensuring all RNs are conversant with the dependency levels in utilising SafeCare census to enable consistency in its application
- Team Leaders and Matrons aware of budgets and spending on additional shifts (and attending the training sessions on offer from Finance)
- Ensuring unutilised hours are addressed.

6.6 The Board is asked to note this report and discuss any point of clarification

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Appendix 1 - Nurse Staffing fill rate data

SBU	Service	RN Day fill rate (%)	HCA Day fill rate (%)	RNA fill rate (%)	NNA fill rate (%)	RN Night fill rate (%)	HCA night fill rate (%)	RNA Night fill rate (%)	NNA Night fill rate (%)	CHPPD RN	CHPPD HCA	CHPPD RNA	CHPPD NNA	Overall CHPPD
Month	**July**													
LD&F	Gainsford House	98	98	180	N/A	N/A	100	142	N/A	5.1	3.9	0.0	0.0	8.9
	Hampden House	99	94	118	N/A	N/A	112	109	N/A	4.6	6.7	0.0	0.0	11.2
	Warren Court	93	96	185	100	100	103	99	N/A	4.4	8.1	0.2	0.2	12.9
	4 Bowlers Green	96	98	102	N/A	N/A	97	100	N/A	4.0	5.5	0.0	0.0	9.5
	Beech	110	112	109	N/A	N/A	100	150	N/A	3.6	6.7	0.0	0.0	10.4
	Dove	106	101	108	N/A	N/A	442	164	N/A	4.5	9.0	0.0	0.0	13.4
	SRS	111	108	160	N/A	100	100	108	N/A	3.6	10.8	0.0	0.1	14.4
	Astley Court	80	74	178	N/A	N/A	104	100	N/A	5.3	13.7	0.0	0.0	19.0
	Broadland Clinic	110	81	107	100	100	81	134	N/A	3.2	9.0	0.2	0.1	12.8
	The Beacon	94	100	104	N/A	100	100	111	N/A	3.7	2.6	0.0	0.4	6.6
Essex & IAPT	Lexden	107	144	187	100	N/A	108	160	N/A	12.2	23.1	0.6	0.3	6.0
West	Swift	104	116	183	N/A	100	99	270	N/A	4.5	6.6	0.0	0.1	11.2
	Robin	133	126	225	N/A	N/A	100	389	N/A	2.9	9.7	0.0	0.0	12.7
	Owl	116	105	208	N/A	100	97	273	N/A	2.8	7.7	0.0	0.2	10.7
	Oak	90	93	276	N/A	N/A	100	221	N/A	4.7	17.3	0.0	0.0	22.0
	Thumbswood	119	147	89	N/A	N/A	100	134	N/A	7.0	11.7	0.0	1.8	20.5

Our values

Welcoming Kind Positive Respectful Professional

	Albany Lodge	103	109	128	N/A	N/A	100	174	N/A	2.7	5.1	0.0	0.0	7.8
	Aston	93	102	123	N/A	100	100	141	N/A	2.9	4.8	0.0	0.1	7.8
E&N	Victoria Court	96	99	181	N/A	100	100	138	N/A	2.8	10.7	0.0	0.3	13.8
	Forest House	96	148	180	N/A	100	99	270	N/A	5.0	17.9	0.0	0.0	22.9
	Wren	96	100	96	N/A	N/A	96	110	N/A	3.0	7.0	0.0	0.0	10.0
	Lambourn Grove	117	102	118	N/A	N/A	102	102	N/A	3.3	9.3	0.0	0.0	12.5
	Logandene	110	101	156	N/A	100	105	139	N/A	4.7	11.0	0.0	0.6	16.4
	Seward Lodge	95	102	139	N/A	N/A	100	163	N/A	3.6	10.8	0.0	0.0	14.4

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Month	August												
SBU	**Service**	RN Day fill rate	HCA Day fill rate	RNA fill rate	NNA fill rate	RN Night fill rate	HCA night fill rate	RNA Night fill rate	NNA Night fill rate	CHPPD RN	CHPPD HCA	CHPPD RNA	CHPPD NNA	Overall CHPPD
LD&F	Gainsford House	98	115	N/A	N/A	98	103	N/A	N/A	4.3	2.3	0.0	0.0	6.6
	Hampden House	94	133	N/A	N/A	100	103	N/A	N/A	4.5	2.7	0.0	0.0	7.1
	Warren Court	100	98	100.0%	N/A	99	98	N/A	N/A	4.5	7.4	0.1	0.2	12.2
	4 Bowlers Green	100	100	N/A	N/A	100	100	N/A	N/A	4.1	5.2	0.0	0.0	9.3
	Beech	110	104	N/A	N/A	101	138	N/A	N/A	3.7	6.5	0.0	0.0	9.3
	Dove	100	130	N/A	N/A	97	196	N/A	N/A	4.5	9.5	0.0	0.0	14.0
	SRS	109	104	N/A	N/A	100	104	N/A	N/A	3.3	10.4	0.0	0.0	13.8
	Astley Court	72	211	N/A	N/A	101	102	N/A	N/A	4.9	14.4	0.0	0.0	19.3
	Broadland Clinic	83	105	100.0%	100	72	134	N/A	N/A	3.2	9.0	0.2	0.2	12.6
	The Beacon	104	103	N/A	100	100	120	N/A	N/A	3.5	2.7	0.0	0.1	6.3
Essex & IAPT	Lexden	126	193	100.0%	N/A	106	159	N/A	N/A	11.2	23.6	0.5	0.0	35.3
West	Swift	109	205	N/A	100	109	189	N/A	N/A	5.0	7.1	0.0	0.3	12.4
	Robin	119	189	N/A	N/A	98	312	N/A	N/A	2.7	7.4	0.0	0.0	10.2
	Owl	109	151	N/A	100	100	206	N/A	N/A	2.8	5.9	0.0	0.2	8.9
	Oak	98	309	N/A	N/A	105	245	N/A	N/A	4.2	17.1	0.0	0.0	21.3

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Region	Name													
	Thumbswood	135	76	N/A	N/A	100	106	N/A	N/A	8.3	11.7	0.0	0.0	20.6
	Albany Lodge	108	130	N/A	N/A	98	175	N/A	N/A	2.6	5.2	0.0	0.0	7.9
	Aston	103	115	N/A	100	100	130	N/A	N/A	2.7	4.3	0.0	0.2	7.2
E&N	Victoria Court	89	110	N/A	100	100	128	N/A	N/A	3.0	11.2	0.0	0.1	14.3
	Forest House	149	178	N/A	N/A	142	223	N/A	N/A	5.1	17.8	0.0	0.0	22.9
	Wren	97	95	N/A	N/A	100	116	N/A	N/A	3.2	7.7	0.0	0.0	10.9
	Lambourn Grove	103	84	N/A	N/A	105	102	N/A	N/A	3.1	11.6	0.0	0.0	14.8
	Logandene	102	100	N/A	100	102	100	N/A	N/A	5.5	16.0	0.0	0.4	22.0
	Seward Lodge	100	114	N/A	N/A	102	179	N/A	N/A	3.4	10.3	0.0	0.0	13.7

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Month	September												
SBU	**Service**	RN Day fill rate	HCA Day fill rate	RNA fill rate	NNA fill rate	RN Night fill rate	HCA night fill rate	RNA Night fill rate	NNA Night fill rate	CHPPD RN	CHPPD HCA	CHPPD RNA	CHPPD NNA	Overall CHPPD
LD&F	Gainsford House	102	99	98	N/A	N/A	100	107	N/A	4.7	2.4	0.0	0.0	7.1
	Hampden House	100	100	94	N/A	N/A	100	100	N/A	4.6	2.2	0.0	0.0	6.9
	Warren Court	92	98	106	N/A	100	103	100	N/A	4.3	7.6	0.0	0.2	12.0
	4 Bowlers Green	99	96	102	N/A	N/A	99	123	N/A	4.6	6.9	0.0	0.0	11.5
	Beech	112	115	104	N/A	N/A	101	133	N/A	4.1	7.0	0.0	0.0	11.1
	Dove	100	97	146	N/A	N/A	95	174	N/A	3.6	8.9	0.0	0.0	12.5
	SRS	119	95	100	N/A	N/A	100	100	N/A	3.3	10.8	0.0	0.0	14.1
	Astley Court	69	87	189	N/A	N/A	104	100	N/A	5.6	13.3	0.0	0.0	18.9
	Broadland Clinic	83	89	98	100	N/A	94	113	N/A	4.0	8.6	0.1	0.0	12.7
	The Beacon	103	102	112	N/A	100	100	123	N/A	3.1	2.2	0.0	0.4	5.7
Essex & IAPT	Lexden	129	121	200	100	N/A	105	173	N/A	11.1	24.6	0.8	0.0	36.5
West	Swift	141	115	151	N/A	N/A	97	300	N/A	4.7	6.6	0.0	0.0	11.3
	Robin	142	129	190	N/A	N/A	99	330	N/A	2.7	7.1	0.0	0.0	9.8
	Owl	146	105	136	N/A	100	97	190	N/A	2.7	5.6	0.0	0.1	8.3
	Oak	100	90	270	N/A	N/A	98	234	N/A	4.2	16.4	0.0	0.0	20.6

	Thumbswood	131	155	89	N/A	N/A	100	117	N/A	9.3	13.6	0.0	0.0	23.2
	Albany Lodge	107	103	121	N/A	100	100	170	N/A	2.5	4.8	0.0	0.1	7.4
	Aston	96	100	118	N/A	100	102	115	N/A	2.7	4.0	0.0	0.2	6.9
E&N	Victoria Court	113	90	120	N/A	N/A	97	119	N/A	3.0	11.8	0.0	0.1	14.9
	Forest House	163	144	165	N/A	N/A	146	201	N/A	4.9	16.2	0.0	0.0	21.2
	Wren	100	96	99	N/A	N/A	100	117	N/A	3.2	7.9	0.0	0.0	11.1
	Lambourn Grove	191	111	114	N/A	N/A	108	151	N/A	2.8	9.6	0.0	0.1	12.4
	Logandene	114	99	96	100	N/A	102	115	N/A	5.2	11.6	0.0	0.4	17.5
	Seward Lodge	113	96	105	N/A	N/A	95	129	N/A	3.3	8.9	0.0	0.0	12.2

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Appendix 2 - Vacancies breakdown by in-patient services

SBU/TEAM	Sum of Position FTE	Sum of Actual FTE	Sum of FTE Variance	% Vacancy
REGISTERED NURSING				
Essex and IAPT SBU				
Lexden	13.00	9.83	3.17	24
Total	**13.00**	**9.83**	**3.17**	**24**
Learning Disability and Forensic SBU				
4 Bowlers Green	9.00	5.80	3.20	36
Beech Ward	14.20	11.00	3.20	23
Broadland Clinic	24.70	16.21	8.49	34
Dove Ward	12.00	10.13	1.87	16
Gainsford House	10.80	8.20	2.60	24
Hampden House	10.80	9.28	1.52	14
Astley Court	12.00	8.60	3.40	28
Warren Court	27.80	21.00	6.80	24
SRS Bungalows	18.00	13.00	5.00	28
The Beacon	11.31	10.28	1.03	9
Total	**150.61**	**113.51**	**37.10**	**25**
West SBU				
Albany Lodge	13.50	10.50	3.00	22
Aston Ward	15.00	9.59	5.41	36
Oak Ward	14.00	9.00	5.00	36
Owl Ward	11.00	7.00	4.00	36
Robin Ward	11.60	11.60	0.00	0
Swift Ward	18.00	17.00	1.00	6
Thumbswood	7.67	6.00	1.67	22
Total	**90.77**	**70.69**	**20.08**	**22**
East & North SBU				
Forest House	14.00	11.44	2.56	18
Lambourn Grove	11.04	9.77	1.27	11
Logandene	12.01	11.40	0.61	5
Seward Lodge	12.00	9.80	2.20	18
Victoria Court	12.64	8.50	4.14	33
Wren	11.14	10.61	0.53	5
Total	**90.77**	**70.69**	**20.08**	**22**
Overall Total	**327.21**	**255.55**	**71.66**	**22**
NON-REGISTERED NURSING				
Essex and IAPT SBU				
Lexden	15.00	12.43	2.57	17
Total	**15.00**	**12.43**	**2.57**	**17**
Learning Disability & Forensic SBU				
4 Bowlers Green	11.02	9.71	1.31	12

Beech Ward	16.00	15.40	0.60	4
Broadland Clinic	44.60	40.04	4.56	10
Dove Ward	13.89	15.69	-1.80	-13
Gainsford House	5.40	7.00	-1.60	-30
Hampden House	5.00	5.80	-0.80	-16
Astley Court	11.40	12.00	-0.60	-5
Warren Court	37.00	36.00	1.00	3
SRS Bungalows	60.00	47.02	12.98	22
The Beacon	8.00	7.80	0.20	3
Total	**212.31**	**196.45**	**15.86**	**7**
West SBU				
Albany Lodge	23.00	22.80	0.20	1
Aston Ward	16.08	15.20	0.88	5
Oak Ward	18.00	15.84	2.16	12
Owl Ward	15.53	15.53	0.00	0
Robin Ward	17.40	15.73	1.67	10
Swift Ward	17.40	13.91	3.49	20
Thumbswood	9.60	9.60	0.00	0
Total	**117.01**	**108.62**	**8.39**	**7**
East & North SBU				
Forest House	25.50	15.47	10.03	39
Lambourn Grove	33.15	32.23	0.92	3
Logandene	27.72	26.79	0.93	3
Seward Lodge	22.13	21.05	1.08	5
Victoria Court	34.90	33.5	1.15	3
Wren	20.80	20.65	0.15	3
Total	**164.20**	**149.95**	**14.25**	**9**
Overall Total	**508.52**	**467.44**	**41.08**	**8**

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Appendix 3 - Vacancies breakdown by Community Services

SBU/TEAM	Sum of Position FTE	Sum of Actual FTE	Sum of FTE Variance	% Vacancy
REGISTERED NURSING				
Learning Disability & Forensic SBU				
Challenging Behaviour Team	0.00	0.00	0.00	0
Continuing Care & Placement Team	2.60	2.60	0.00	0
Criminal Justice & Forensic	1.00	0.00	1.00	100
Criminal Justice Mental Health	2.00	8.50	-6.50	-325
LD SLDS A&T E/N Team	8.00	7.36	0.64	8
LD SLDS A&T West Team	9.00	9.00	0.00	0
Total	**22.60**	**27.46**	**-4.86**	**-22**
East & North SBU				
AMHCS Centenary & Jubilee	14.60	9.91	4.69	32
AMHCS Cygnet House	9.40	5.60	3.80	40
AMHCS Holly Lodge	5.00	5.00	0.00	0
AMHCS Saffron Ground	8.34	6.20	2.14	26
AMHCS Oxford House	2.00	1.00	1.00	50
AMHCS Rosanne House	10.00	10.03	-0.03	0
Total	**49.34**	**37.74**	**11.60**	**24**
West SBU				
AMHCS NW Herts Dacorum	8.20	5.80	2.40	29
AMHCS NW Herts St Albans	6.98	5.33	1.65	24
AMHCS SW Herts	1.40	1.40	0.00	0
AMHCS SW Herts Borehamwood	7.10	3.60	3.50	49
AMHCS SW Herts Watford	11.38	5.60	5.78	51
Total	**35.08**	**21.73**	**13.33**	**38**
Overall Total	**107.00**	**86.93**	**20.07**	**19**
NON-REGISTERED NURSING				
Learning Disability & Forensic SBU				
Challenging Behaviour Team	0.00	0.00	0.00	0
Continuing Care & Placement Team	0.00	1.00	-1.00	0
Criminal Justice & Forensic	0.80	0.00	0.80	100
Criminal Justice Mental Health	0.00	3.00	-3.00	0
LD SLDS A&T E/N Team	4.00	2.00	2.00	50
LD SLDS A&T West Team	5.60	6.60	-1.00	-18
Total	**10.40**	**12.60**	**-2.20**	**-21**
East & North SBU				
AMHCS Centenary & Jubilee	9.04	7.36	1.68	19
AMHCS Cygnet House	7.06	6.56	0.50	7
AMHCS Holly Lodge	4.50	4.50	0.00	0
AMHCS Saffron Ground	5.97	5.40	0.57	10
AMHCS Oxford House	3.69	3.35	0.34	9
AMHCS Rosanne House	7.00	7.00	0.00	0
Total	**37.26**	**34.17**	**3.09**	**8**

West SBU				
AMHCS NW Herts Dacorum	5.89	5.89	0.00	0
AMHCS NW Herts St Albans	6.40	6.40	0.00	0
AMHCS SW Herts	3.00	3.00	0.00	0
AMHCS SW Herts Borehamwood	1.49	1.49	0.00	0
AMHCS SW Herts Watford	6.20	6.80	-0.60	-10
Total	**22.98**	**23.58**	**-0.60**	**-3**
Overall Total	**70.24**	**70.35**	**0.29**	**0**

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Board of Directors Public

Meeting Date:	26 November 2020	Agenda Item: 8c	
Subject:	Quarter 2 People and OD Report	For Publication:	
Author:	Louise Thomas, Deputy Director of People & OD	Approved by: Ann Corbyn, Director of People and OD	
Presented by:	Louise Thomas, Deputy Director of People & OD		

Purpose of the report:

The purpose of this report is to provide an update to the Board on the Q2 performance against the key people and organisational development (OD) metrics and activity as set out in the Annual Plan.

The report summarises the activities undertaken to improve performance against the agreed targets and outlines the planned activities for the next period.

Action required:

The Board is asked to note the report, which was previously reviewed by the IGC on the 11th November 2020.

Summary and recommendations to the Board:

During Q2 we have refreshed our People Plan priorities following the review of the Annual Plan and the publication of the NHS People Plan – our Annual Plan states under Strategic Objective Four:

We will attract, retain and develop all of our people with the right skills and values to deliver consistently great care, support and treatment	• Improve the employment experience of all of our people, including support to improve their health and well-being and to help them rest and recover post COVID19 • Ensure all our people feel valued, included and able to fulfil their potential through the development of our just and inclusive culture • Develop our collective leadership culture through the implementation of 'Great Teams' to support our staff to feel empowered and engaged

Our HPFT People and OD Plan sets out the detailed actions to support the achievement of this objective. Our People and OD plan flows from the following strategies:

- ✓ Our Good to Great Strategy – Great Care, Great Outcomes – great people, great organisations, great networks and partnerships; a safe, effective, positive experience
- ✓ Our OD Plan, Great Teams, Just and Learning Culture, diversity and inclusion, health and well-being, our values and is underpinned by engagement
- ✓ Our Recruitment, Retention and Reward Strategy – attract, reward, retain
- ✓ We are the NHS – the NHS People Plan 2020/21 – action for us all

Our priorities for Q3 and the remainder of this financial year are as follows:
- ✓ Health and well-being – including introducing lateral flow testing (for asymptomatic staff)

and offering the COVID19 vaccine
- ✓ Great Teams and great people
- ✓ Equality and Inclusion
- ✓ Engagement
- ✓ Just and Learning Culture and its explicit links with our Values

Relationship with the Business Plan & Assurance Framework:

Key relationship to Strategic Objective 4 - We will attract, retain and develop all of our people with the right skills and values to deliver consistently great care, support and treatment

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

People and Organisational Development Report
Quarter Two: July – September 2020

1.0   Introduction

The purpose of this report is to appraise the Board on the Q2 performance against the key people and organisational development (OD) metrics and activity as set out in the Annual Plan. The report summarises the activities undertaken to improve performance against the agreed targets and outlines the planned activities for the next period.

2.0   Executive Summary

During this Quarter, we have refreshed our People Plan Priorities, following the review of the Annual Plan and the publication of the NHS People Plan. Our Annual Plan states under Strategic Objective 4:

We will attract, retain and develop all of our people with the right skills and values to deliver consistently great care, support and treatment	- Improve the employment experience of all of our people, including support to improve their health & wellbeing and to help them to rest & recover post COVID19 - Ensure all our people feel valued, included and able to fulfil their potential through the development of our just & inclusive culture - Develop our collective leadership culture through the implementation of 'Great Teams' to support our staff to feel empowered & engaged

Our HPFT People and OD Plan sets out the detailed actions to support the achievement of this objective. Our People and OD Plan flows from the following strategies:

✓   Our Good to Great Strategy: Great Care, Great Outcomes - great people, great organisation, great networks and partnerships; a safe, effective, positive experience

✓   Our OD Plan: Great Teams, just & learning culture, diversity & inclusion, health & wellbeing, values (welcoming, kind, positive, respectful, professional), underpinned by engagement

✓   Our Recruitment, Retention & Reward strategy: attract, reward, retain

✓   We Are The NHS: People Plan 2020/21 - action for us all

The NHS People Plan identified the following four key themes:
- **Looking after our people** – with quality health and wellbeing support for everyone
- **Belonging in the NHS** – with a particular focus on the discrimination that some staff face
- **New ways of working** – capturing innovation, much of it led by our NHS people
- **Growing for the future** – how we recruit, train and keep our people, and welcome back colleagues who want to return

And the following People Promises:

OUR NHS PEOPLE PROMISE

Our HPFT people and OD priorities for Q2 and the remainder of this financial year are as follows:

- Health and wellbeing, including the roll out of the Lateral Flow Testing for staff and offering the COVID19 vaccine
- Great teams, great people
- Equality and inclusion
- Engagement
- Our values
- Just and learning culture

This report summarises our performance in relation to the key people performance indicators and the activity that supports each of our key people and OD priorities.

3.0   Summary Position - detailed below is the Q2 summary position:
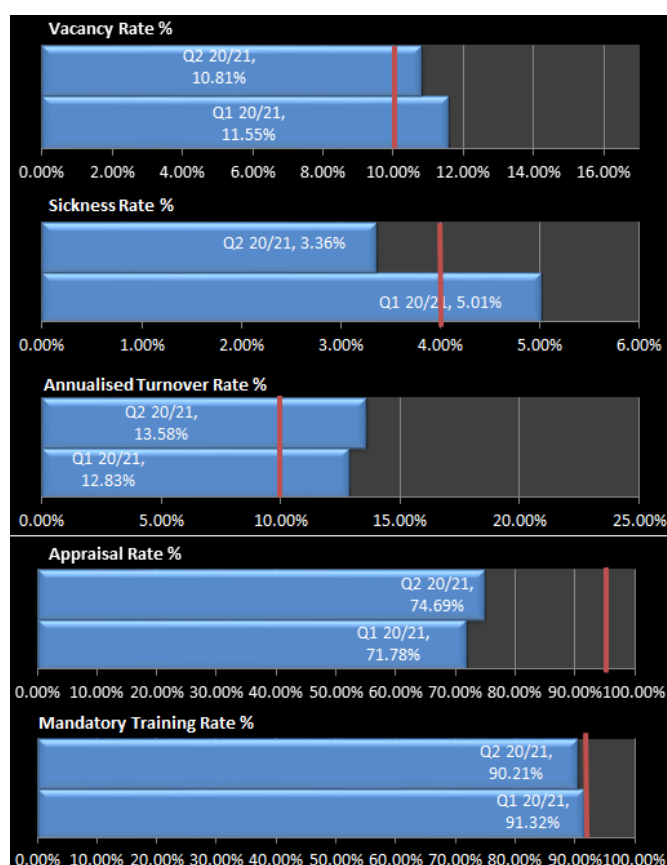
3.1   Vacancy Rate

The vacancy rate has improved significantly since Q1, standing at 10.81%, just above our target rate of 10%. We anticipate that this will reduce further in Q3, as result of the recruitment activity, which took place in Q2, with our new staff joining us in October and November. The vacancy rate has also been positively affected by a reduced unplanned turnover rate in both Q1 and Q2. The overall turnover rate includes both planned and unplanned turnover, for example, fixed term contracts and rotational staff, of whom there are traditionally significant numbers during Q2. The unplanned turnover rate stood at 8.56% at the end of Q2.

3.2   Sickness Absence

The sickness absence rate is the lowest it has been for many years, at 3.36%. This has also reduced significantly since Q1, during the height of the first wave of the coronavirus pandemic. There are three key reasons for this:
- The prevalence of coronavirus in the community decreased since the end of Q1 to the end of Q2;
- We are seeing far fewer absences linked to minor infections such as colds, potentially as a result of our stringent infection, prevention and control (IPC) measures within the workplace and the national Hands, Face, Space drive which also has an impact on non-working environments and therefore infection levels in the community; and
- We have undertaken significant work across the Trust regarding health and wellbeing. In both our Q1 and Q2 Pulse Survey, our people have reflected back to us that the overwhelming majority (90%) believe that the Trust takes positive action in relation to staff health and wellbeing as result of the comprehensive package of support we have put in place.

3.3   Appraisals

The appraisal rate has been gradually decreasing over the past 15 months. The coronavirus pandemic undoubtedly contributed to a more significant decline in compliance. During May 2020, we experienced our lowest compliance rate of 73%. This has slowly increased to 74.69% as at the end of Q2. Research tells us that strengths based appraisals are more effective and that effective appraisals leads to better outcomes for service users. We are therefore undertaking two urgent strands of work:

- We are working in partnership with SBU leadership teams to drive up appraisal compliance levels, asking everyone to set out detailed plans including dates by when all appraisals will be completed. From these plans, we have produced trajectories for each SBU and we are scrutinising performance against these targets weekly at the Executive Team meeting. Currently, we are ahead of the trajectory, with 79% compliance, predicting full compliance by the end of Q3.

- We are working with a wide group of stakeholders to refresh our approach to appraisals, to simplify the form so that it does not act as a barrier to compliance, refocussing the conversation to be strengths-based, where the quality of the conversation is the key focus. The aim is to ensure a positive, constructive conversation that recognises the contribution of

each of our people, thanks them and leaves them feeling valued, with a clear set of objectives, clear support and development in place to help achieve their work objectives and their career aspirations and ensure clarity on how each individual can continue to contribute to the Trust and our equality and inclusion agenda.

3.4   Mandatory Training

The mandatory training rate for the quarter has decreased slightly from 91.32% in Q1 to 90.21% in Q2. Whilst many training course moved online, mandatory training which must be carried out face to face was paused for a short time during the first wave of the pandemic. These courses were as follows and all restarted at the beginning of Q2:

- Basic Life Support (BLS)

- Intermediate Life Support (ILS)

- Moving and Handling (Hoist and Non-Hoist)

- RESPECT Training

Stringent IPC measures have been put in place for our face to face training, which means that fewer people can be trained in each session due to social distancing requirements. In order to address this, during Q2 we sourced a number of trained volunteers from amongst our staff to deliver ILS, BLS and RESPECT training. This will allow us to increase the number of face to face training sessions, albeit constraints remain in terms of the number of available, appropriately sized rooms and heavy, expensive equipment which cannot be easily transported to alternative venues. In addition, for moving and handling (hoist), the course duration has been extended from a half to a whole day in order to meet the latest HSE requirements. It is projected that we will achieve full compliance in Q4 and will continue to explore all possible ways to increase the training resource and provision in order to reach compliance sooner.

3.5   Establishment Data

The establishment data as at the end of Quarter 2 is as follows:

Funded Establishment =	3684.17
Staff in post =	3286.08
Vacant posts =	398.09
% Trust Vacancy rate =	10.81
% Total Turnover rate =	13.58
% Planned Turnover Rate =	5.02
% Unplanned Turnover Rate =	8.56
% Stability rate =	89.28

3.6   Key Recruitment Activity

At the end of Q1 the vacancy rate was 11.55%, which has decreased to 10.81% as a result of work undertaken in Q2 to address the vacancy hot spots. The largest of these was in relation to Band 5 nurses, where the vacancy rate stood at 31%. A task and finish sub-group of the Recruitment and Retention Group was set up, chaired by the Deputy Director of People and OD, with Heads of Nursing, Service Line Leads, the Resourcing Team, Finance and Practice Education working together to urgently tackle this. As a result, we recruited a record number of newly qualified nurses who began to receive their PINs from the NMC at the end of Q2 / beginning of Q3. This has significantly decreased the nursing vacancies, particularly in Hertfordshire and in some areas we have been able to over-recruit to vacancies, reaching full establishment for the first time, for example in Older Adult Services in East & North SBU.

The sub-group is continuing to work closely together to build on this success, with a recruitment campaign for Essex and Norfolk services and participating in the ICS recruitment campaign for non-professionally registered staff, which is the next highest vacancy area, albeit that we achieve excellent shift fill rates as a result of the internal Bank fill rates.

At the end of Q2, we had 398.09 vacant posts and 277 new starters in the recruitment pipeline.

Tables and graphs showing recruitment and vacancy information can be found in appendix 1, Q2 Workforce Data Report section 2 – Recruitment.

3.7 Junior Doctor Rotations

The August rotations were successfully managed in Q2 and preparatory work for the December rotation is being undertaken during Q2 and Q3.

We are working towards streamlining the junior doctor starter process starting with the December 2020 cohort to ensure they have all relevant access on their first day. In addition, we are working in partnership with Health Education England to improve the quality of trainee data and ESR positions. This is in preparation for the ESR Person Updates capability to go live in October 2020 to support the national implementation of the Streamlined Doctors in Training Interface.

3.8 Consultant Recruitment

In Q2, three Advisory Appointment Committees (AACs) took place in June, September and October and successful job offers were made. Further AAC panels are planned for Q3.

The Agency Locum usage as at the end of Q2 was 6. This is predicted to reduce to 3 in Q3, due to a new appointment taking up post in November, internal cover, and scheduled interviews in Q3.

3.9 Temporary Staffing

During Q2, 27,300 bank and agency shifts for registered nursing and HCA posts were requested across the Trust. 21,135 shifts were filled by bank workers and 4,290 were filled by agency workers. This is a total fill rate of 93.13%, which consists of a 77.42% bank fill rate and a 15.71% agency fill rate.

Further tables and graphs showing bank and agency information can be found in appendix 1, Q2 Workforce Data Report, section 5 – Temporary Staffing

3.10 Analysing the leavers data & understanding the reasons staff stay

During Q2, the Recruitment and Retention Group undertook some deep dives into the three highest areas of vacancies: Registered Nurses, HCAs, and AHPs. In particular, the Group considered the top reasons each staff group tends to leave, how long they tend to stay with us and as a result agreed some actions to improve retention in these groups. In nursing, it was identified that staff tend to leave in their first year and therefore, the task and finish sub group has been working with the Practice Education team to ensure we support and induct our newly qualified nursing staff, with appropriate pastoral care during their preceptorship, as well as their key clinical development. In addition, promotion and work life balance figure highly in this staff group's reasons for leaving. We have therefore before exploring a talent management approach to developing up our Band 5 staff. We are reviewing the success of the self-rostering pilot in east & North SBU, with a view to rolling this out further in Q4 and adopting the position of offering flexible working to all staff by default.

For non-professionally registered staff, further education is an additional area of focus and we are focusing on developing our non-professionally registered clinical support staff, including supporting 10 staff to have their overseas nursing registration recognised.

We have also influenced the ICS to begin work to explore how we can support staff with housing as we see a number of staff wishing to relocate due to the cost of home buying in the area as their families expand. This is the single highest reason our AHPs decide to leave us.

The HR Business Partners continue to work closely with their SBU management teams to take local action to address staff feedback and reasons for leaving, with robust business plans in place in each SBU.

Further tables and graphs showing the turnover information can be found in Appendix 1, Q2 Workforce Report, section 3 – Turnover.

4.0   Health and Wellbeing

During Q2, we have worked with the BAME staff network to respond to one of their top 5 priorities, which relates to the health and wellbeing of BAME staff. We have helped support a specific programme for the network to promote better BAME staff health and wellbeing. We also worked with the network and staff representatives to develop a Covid individual risk assessment that took account of the then emerging research with regards to the impact of Covid-19 on BAME staff and staff with underlying health conditions. During Q2, we successfully achieved 100% compliance across all our staff with the individual risk assessment approach and all staff now have a regular review of their risk level and agreed actions to support them and mitigate their individual risk factors. We are bringing quarterly reviews to the Executive Team regarding the themes arising from the risk assessments to ensure that as a Trust we continue to respond to people's needs and ensure the risk assessment process is fit for purpose. We will be engaging with the BAME staff network once again in Q3 to seek feedback on how this was experienced and how we can continually improve our approach.

We have continued to provide staff with treats, perks and freebies. We have sent out a 'Thank You' to all our staff along with an NHS Heroes pin badge and we have taken the opportunity to renew our birthday leave offer as part of this thank you and to encourage staff to take time to rest and recuperate.

We have continued to support Trust and wider ICS staff with a 24/7 emotional wellbeing helpline, including a specific helpline for BAME staff support. We continue to lead on much of the ICS wellbeing work, which our people also benefit from. During this Quarter, we have also supported staff who were shielding with coffee mornings, treats, tips and support via video messages and guidance to support both them and their managers. We also launched our new Employee Assistance Programme to ensure every person can receive assistance and support across a wide range of personal and work related issues.

The NHS People Plan sets out that every member of NHS staff should have a health and wellbeing induction and conversation. Line managers should discuss equality, diversity and inclusion as part of the health and wellbeing conversations, to empower people to reflect on their lived experience, support them to become better informed on the issues, and determine what they and their teams can do to make further progress. We have widely consulted and engaged with staff and their representatives to develop a Health and Wellbeing Strategy, a wellbeing induction for all new staff and a refresh of our wellbeing conversations to ensure alignment with the NHS People Plan.

We have launched a series of Schwartz Rounds, including discussions on race, in order to pay witness to people's experience and encourage organisational learning.

In summary, we have put in place a package of financial, emotional, physical, environmental and nutritional wellbeing support, which we continually publicise, evaluate and refresh following engagement with our people.

5.0   Great Teams, Great People

Our Great Teams work was initially paused during Q1 and restarted in Q2. As a result of our Great Teams facilitators moving on, we have taken the opportunity to further engage with people, take on board feedback and refresh our approach. The Great Teams approach continues to be based on the factors identified through research as those which lead to better service user outcomes, however, the approach has been simplified so that it follows an easier to follow four-step model, as set out overleaf. In addition, following feedback, the assessment tool has been simplified. The delivery of Great Teams is now being undertaken through our OD team, as the main vehicle through which we will deliver all team based OD interventions.

We are currently actively supporting 11 teams in the restart and in the early discussion phase with 6 more. We are refreshing our communications to ensure that we can rapidly increase the scale of this work across the Trust.

We continue to support leadership development, having moved some leadership training online. We have also developed and delivered our Managing Differently virtual leadership training, which maps closely to our values. In addition, we have produced guidance that links to bite-sized video based training resources which managers can access on demand, again linked to our values. We have co-led at ICS level on the development and launch of a compassionate Leadership

Development offer to improve positive leadership behaviours at all levels in HPFT and within the ICS. This will fully launch in Q3.

6.0   Engagement

Two Inspire Award presentations took place during this quarter and we commenced the nomination process for our annual staff awards, which will be held in December.

Our Q2 Pulse Survey received 602 responses, a response rate of 14%, which is slightly lower than in Q1 (16%).

Despite the Trust and the whole NHS being under immense pressure and working during unprecedented times, the Q2 Pulse Survey feedback remained positive. Whilst there were no significant differences between the Q2 and Q1 results, key trends were identified.

   a) Staff continued to report high levels of overall satisfaction with their experience of working at HPFT, with 78% recommending HPFT as a place to work (the same level as in Q1) and 84% recommending HPFT as a place to receive care (similar to the Q1 figure of 85%)

b) Staff continue to highly rate how the Trust supports health and wellbeing with 90% reporting this, compared to 92% in Q1.

c) 53% of staff responded that the quality and experience of their environment was either excellent or very good which is a further improvement of 5% on last quarter.

d) Staff continued to report that they are likely to work additional unpaid hours, with a 3% increase since Q1 to 58%, which coincides with an increase in staff reporting that their workload is rarely or never manageable (Q2: 14%, Q1: 11.5%).

e) 1% more staff since Q1 stated they would give feedback to colleagues not demonstrating our values (44%) and staff were more likely to receive useful and regular feedback from their manager (79%). However, staff were 5% less likely to use feedback from service users, carers or customers (79%). This appears to be largely as a result of the Corporate Services data.

f) There was a slight increase in the number of staff reporting that they rarely or never felt safe at work (Q2: 2%, Q1: 1%), however, response numbers for this item remained low (Q2: N=13, Q1: N=6). 8% of staff reported experiencing Bullying and Harassment in the last 3 months, which is a 2% positive decrease on last quarter. 6% of staff experienced violence in the last 3 months, a negative increase of 1% on last quarter. There were no significant differences with staff reporting errors or near misses since Q1 (96%), however staff were less clear on what they should report (Q2: 30%, Q1: 12%).

g) 68% of staff responded that the current strategic priorities for the Trust had been communicated to them, down 8% from last quarter. In addition, 75% of staff responded that the Trust provides them with access to the right information to do their role effectively and efficiently, down 5% on last quarter.

h) Staff reported they are more likely to make improvements at work since last quarter (Q2: 64%, Q1: 61%) and felt this could be further improved through management support (28%).

i) Staff are more likely to understand how they are performing against objectives by approximately 3%. However, 67% of staff report having the opportunity to develop new skills which is down 4% from Q1.

While the overall results were positive, there is scope to continuously improve the experience of our people at a Trust level and there are some clear SBU areas on which to focus. The SBUs are working partnership with their HR Business Partners to ensure a robust response to address these areas. At Trust level, we will:

- Continue to promote the importance of rest, taking annual leave and not working excessive hours;

- Continue to embed our just and learning culture to reduce incidents of bullying and harassment;

- Continue the programme of work in LD&F and Trust-wide to reduce violence and aggression;

- Further promote the Coaching As A Management Style virtual sessions and our compassionate leadership programme of work to develop and support our managers;

- Continue our package of Health and Wellbeing support, which has a positive impact on staff; and

- Continue to promote the Great Teams programme which gives teams a voice and an opportunity to identify where they can grow and how they can develop together.

Our 19th Big Listen Event took place at the start of Q3 and we will triangulate the Pulse Survey results with feedback from the Big Listen and other intelligence, such as our key people and OD metrics.

7.0 Conclusion

Overall, our people metrics are showing a number of positive trends, for example, in relation to vacancy rates, recruitment and turnover. However, a particular focus for us is appraisal and mandatory training compliance. We are keeping compliance under close scrutiny and have plans in place to achieve compliance in Q3 and Q4 respectively,

We are on track to deliver against the HPFT People Priorities, the Annual Plan and the NHS People Plan. Our main focus in Q3 will, unsurprisingly, remain on Health and Wellbeing, Engagement and Great Teams, Great People. In addition, we will be undertaking further work with regards to our just and inclusive culture.

8.0 Recommendation

The Board is asked to note the Q2 position and the work that is being undertaken to support delivery against the annual plan, as well as the actions being taken to improve the position moving forward.

Board of Directors PUBLIC

Meeting Date:	26 November 2020	Agenda Item: 9
Subject:	Covid-19 Update	For Publication: No
Author:	Fiona McMillan Shields, Interim Managing Director, East & North SBU	Approved by: Dr Jane Padmore – Executive Director, Quality & Safety/Chief Nurse
Presented by:	Dr Jane Padmore – Executive Director, Quality & Safety/Chief Nurse	

Purpose of the report:

To update the Board on the current position in relation to the COVID-19 pandemic and its management.

Action required:

The Committee is asked to note and discuss the report.

Summary and recommendations:

Nationally and locally the second phase of the pandemic has begun and the NHS has moved into the highest level of emergency preparedness (level 4). In addition those that are Clinically Extremely Vulnerable have been asked to shield for the next four weeks. In response to this and the increase in local incidents of COVID-19, the Trust has stepped up incident control to 24 hours a day, 7 days a week.

The Trust has seen one outbreak in the inpatient services and a number of isolated positive cases in community although there the number we are seeing is increasing and includes two significant outbreaks in local learning disability care homes.

Since, the last paper to Board, details of the mass COVID-19 vaccination programme and staff testing have emerged and two work streams have been put in place to plan for this. The implementation will be through the command structure.

There are risks associated with the second wave, coupled with the staff testing and the mass vaccination programme, that are managed through the incident command structure using the COVID-19 risk register. 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. The NHS has returned to the highest level of emergency preparedness, level 4.

1.2. The previous phase 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.

1.3. These systems and processes are now in place, established and provide a strong foundation for this next stage. The trust is now responding 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.

1.4. This paper presents the current position, in terms of the pandemic, nationally, locally and in the Trust and then goes on to update the Board on the work being done as well as giving an overview of what is known and planned in relation to the mass vaccination programme and staff testing.

1.5. Business continuity, nationally and locally, incorporates COVID19 (IPC, mass vaccination, staff testing), EU exit and winter planning as COVID19 cannot and is not seen in isolation.

1.6. 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. The paper is building upon previous papers that have been to Board and the Integrated Governance Committee and will focus on updating the committee.

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 significantly and the alert level is currently at its highest (4) and the NHS emergency preparedness has returned to the highest level (4).

2.2. Locally the national picture is being reflected with increases in incidents. Although increasing, the admissions and use of ICU beds is at a slower pace is putting pressure on acute hospitals. Like the pattern seen elsewhere, there are differences in prevalence of outbreaks and incidents between districts and the Trust receives daily intelligence. In summary, the Hertfordshire system shows a rising trend of community and hospital cases.

2.3. There have been neither further outbreaks nor nosocomial transmission since the one previously reported at on Forest House Adolescent Unit involving one young person and two members of staff.

2.4. There have been a small number of service users in the inpatient settings who have continued to test positive for COVID-19 long after they are expected to be infectious (long-covid) or have acquired Covid and tested positive before being admitted to our units. However we are also noticing an increased number of the Trust's service users in the community who have been tested positive and are isolating (25 on November 13th). The position on the day of writing this report (19th November 2020) was (Table 1):

		Suspected	Confirmed
Service users	In patient	1	0
	Not in patient	6	27
Staff	In patient	3	2
	Not in patient	1	5

Table 1: COVID-19 infection position

2.5. The Trust has begun to again see an increase in deaths of service users in the community. The current number are (Table 2):

Overall number	101
Reported (whilst in an HPFT bed)	13
In patient	76
Community	25
Learning Disability and Forensic SBU	13
East and North SBU	75
West SBU	6
Essex and IAPT SBU	7

Table 2: Service user deaths

2.6. No members of staff have died as a result of COVID-19. Sickness and absence remains around the same level but is being monitored closely. The position at the time of writing was (Table 3):

Isolation and working from home	40
Isolation/Unwell with COVID and not working	13
Shielding (Clinically Extremely Vulnerable)	101
Other sickness	109
Annual leave	192

Table 3: Staff absence

3. **COVID Incident**

3.1. The incident continues to be managed using the framework presented at the last Board and the work detailed in that paper continues:

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

3.2. Incident control is operating 7 days a week and 24 hours a day at operational, tactical and strategic command and ensures oversight and the actions in relation to the following work streams are implemented:

- COVID-19
- Staff testing
- Mass Vaccination
- EU Exit

3.3. A planning meeting has been established for the mass vaccination and staff testing with key individuals who are able to influence and organise these programmes. The leads are being supported by a member of the Continuous Quality Improvement Team and have been allocated project management time as well as a lead from operational services.

3.4. Robust and sensitive communication and engagement plans are being developed, in line with the messages that are being provided by NHSE.

4. Staff testing

4.1. This work stream is being led by the Deputy Director of Workforce and Organisational Development and the SRO is the Executive Director of Workforce and Organisational Development.

4.2. There are two types of staff testing Lateral Flow Antigen Testing and LAMP testing. The Trust will initially be rolling out Lateral Flow Antigen Testing. LAMP is being piloted elsewhere.

4.3. Lateral flow testing will be available for all service user facing NHS staff and is a voluntary test. It is a self-administered nasal swab which is done twice a week, before work. Results are available in after 20-30 minutes.

4.4. There is a centrally developed training package, frequently asked questions, video and standard operating procedure available and each person will be observed doing their first test.

4.5. The lateral flow test is better at testing those that are infectious whereas the PCR which also picks up positive when no longer infectious. A positive result would mean being isolated for 14 days. Each one would need to be followed up with the more robust PCR test that is currently widely used to test the population and, if that comes back negative, then the isolation period can cease.

4.6. A helpline will be in place for individuals to call for support in using the test and an electronic method of reporting the results is in development.

5. COVID-19 Vaccination programme

5.1. This work stream is being led by the Chief Pharmacist and the SRO is the Executive Director of Quality and Medical Leadership. The mass vaccination programme has two strands- the Trust contribution to the mass vaccination of the population pods and the vaccination of our staff.

5.2. Evidence and guidelines are emerging as this paper is being written. This is a new vaccine, with limited information available, and therefore all healthcare professionals will be unfamiliar with its efficacy, contraindications, adverse effects and the requirements for storage, preparation and administration; therefore they will also need to undergo training before they are able to safely administer or clinically supervise the administration of the vaccine. This training will last up to four days.

5.3. There are currently two vaccinations that will be made available that need to be administered in two doses at least 7 days after the flu vaccination and 21 or 28 days apart.

5.4. Both vaccines come in 975 palettes (which cannot be split) are stored in multi-dose vials and need to be stored at -72 degrees and then, when defrosted, are stored in fridges for up to 5 days. They have to be reconstituted and then need to be used within 2 hours.

5.5. Although the vaccine offers protection it can lead to flu like symptoms, in some people, after it is administered. This means that some, particularly those driving, will need to be observed for 15 minutes after receiving the vaccine and may not be able to immediately return to work.

Mass vaccination pods
5.6. The Trust is expected to release staff to support the population mass vaccination programme and the indicative figure (88 healthcare professionals) for the trust (for a four month period) have been identified by East of England region (Table 4).

	Band 5 Healthcare Professional	Band 6 Healthcare Professional
Hertfordshire and West Essex	30	48
Mid and South Essex	1	1
Norfolk and Waveney	2	1
Suffolk and North Essex	3	2
Total	36	52

Table 4: Staff to support the mass vaccination pods

5.7. Work is underway to enable these staff to be sourced from the retire and return and bank pool, rather than directly from operational services.

5.8. At present HPFT service users will access these pods from their vaccination but alternatives are being considered.

Staff vaccination
5.9. There is an expectation that the NHS will vaccinate their own staff, rather than use the mass vaccination pods. This provides logistical challenges and therefore, work is underway, with our acute trust colleagues, in all four counties, to work jointly to achieve this.

5.10. The vaccination is voluntary and the target has been set at 75% for NHS staff, completing the second dose by the end of January 2020.

6. <u>Risks and challenges</u>

6.1. 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.

6.2. 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.

6.3. 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.

6.4. 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.

6.5. 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.

6.6. The addition of the staff testing and mass vaccination programme have increased the risk to not being able to ensure safe staffing numbers. These are being addressed through the use of bank and the retire and return pool but will also have financial implications.

6.7. 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 well-being 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.

6.8. 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.

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

6.10.　　　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.

7. <u>Conclusion</u>

7.1. This paper has shown that nationally and locally that the second wave of COVID-19 has begun with the NHS moving into the highest level of emergency preparedness and shielding of Clinically Extremely Vulnerable people recommencing for 4 weeks.

7.2. 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.

7.3. The staff testing and mass vaccination is an emerging area of work that requires robust management and oversight due to the logistical challenges and potential risk to staffing operational services.

7.4. 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. The work to ensure the staff testing and the vaccination programme are managed well whilst minimising the impact on operational services is underway.

PUBLIC Board of Directors

Meeting Date:	26 November 2020	Agenda Item: 10	
Subject:	Flu vaccination campaign 2020-21	For Publication: Yes	
Authors:	Sally Judges and Asif Zia	Approved by: Asif Zia, Executive Director for Quality and Medical Leadership	
Presented by:	Asif Zia, Executive Director for Quality and Medical Leadership		

Purpose of the report:

To provide the Board with an update on progress with the Flu campaign

Action required:

Note progress made in implementing the 2020-21 flu campaign

Summary and recommendations:

The Board is requested to assure itself that the:

- The flu campaign for 2020-21 is progressing as agreed at the meeting on 24th June

Summary

- We are implementing our agreed plan for the 2020-21 flu vaccination campaign.
- We have used an evidenced model for making behavioural change to inform our approach to the 2020-21 campaign.
- We believe we are green against all 18 standards of the NHSE Healthcare worker flu vaccination best practice management checklist.

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

Relation to the BAF:

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

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

3. We will improve the health of our service users & support recovery through the delivery of **effective** evidence based practice

4. We will attract, retain and develop **people** with the right skills and values to deliver consistently great care, support and treatment

5. We will **improve, innovate and transform** our services to provide the most effective, productive and high quality care

6. We will deliver **joined up care** to meet the needs of our service users across mental, physical

and social care services in conjunction with our partners

7. We will **shape and influence** the future development and delivery of health and social care to achieve better outcomes for our population(s)

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

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

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

CQUIN target for 2019-20

Seen by the following committee(s) on date:

IGC – 11 November 2020

1. Background

For the last 3 years, department of health has been incentivising all provider trusts to protect patients and staff against the flu viruses over the autumn and winter period. The flu viruses have a significant impact on admissions to hospitals with a significant associated mortality. With the COVID 19 pandemic, it is imperative that all staff and service users are protected again Flu.

The CQUIN target regarding staff flu vaccinations for 2019-20 was 80% of frontline staff. The trust achieved 64%, an increase from 53% from the year before. The, now suspended, CQUIN target for 2010-21 increased to 90% of the frontline staff. The most recent communication from the Department of Health and Social Care and Public Health England, 4th August 2020, indicates that we are expected to vaccinate all frontline staff.

2. Progress on the 2020-21 campaign

2.1 Performance management
Further work was undertaken during the 2019-20 campaign to clarify which staff needed to be vaccinated. These rules are now set up in SPIKE and implemented for the 2020-21 campaign so identifying the correct staff will not be an issue this year.

Based on our learning from the 2019-20 campaign we have implemented an online booking system for staff. The booking system
- Enables staff to book their own vaccination slot
- sends automated emails to confirm and remind them of their appointment
- sends automated email if for any reason the clinic is cancelled
- links to SPIKE so performance data is updated daily

We have a new Occupational Health Provider for this year's campaign. They have delivered 11 days of clinics as specified in the contract. We have therefore required significant input from peer vaccinators

We continue to work with operational teams to develop and deliver the campaign. Senior leadership from the SBUs are involved in the weekly meetings.

2.2 EAST framework
Following discussion with a Director from the Behavioural Insights Team we have used their model for applying behavioural change to the 2020-21 campaign. The model uses four principles to encourage a behaviour, make it Easy, Attractive, Social and Timely (EAST).

Make it Easy
The aim is to make it as easy as possible to have you flu jab, to try and remove details that make a task more challenging or effortful. Our delivery plan includes
- Online booking system described in 2.1
- Dedicated peer vaccinators for inpatient areas and harder to reach areas such as teams based away from other HPFT bases, for example, CAMHS east community.
- Out of hours peer vaccination opportunities in all inpatient areas
- Peer vaccinators use the booking system to record that staff have had their vaccine at the time of delivery

Make it Attractive
Making an action attractive is about two main things: drawing attention to it, and making the action more appealing. People are more likely to respond to stimuli that are novel, simple and

accessible. We developed our Comms plan using the detail available in the EAST model and building on evidence used to inform last years campaign. The Comms plan includes
- New graphics
- Making use of our social media platforms e.g. the new staff Facebook page
- A multimedia approach including a chat box function on The Hive

Make it Social
Humans are social animals. We are heavily influenced by what those around us do and say. As the campaign progresses we will incorporate the following social factors into our plan: show that most people perform the desired behaviour, use the power of networks and encourage people to make a commitment to others

This will include the following
- Personalising messages by, for example, team and profession, this links with the Comms plan.
- Peer vaccinators actively supported to make use of opportunities to vaccinate their peers
- Make better use of staff networks. For example the BAME staff network has raised health concerns during the meetings focussing on COVID and we have an opportunity to link this with targeted messaging.

Make it Timely
Although we had concerns regarding the potential impact of Covid on flu vaccination uptake, the evidence in the model demonstrates that we are more likely to change our habits and behaviours during periods of transition, which disrupt and reshape our existing patterns. Some aspects of this principle are harder to apply to flu vaccination but dedicated peer vaccinators in teams, vaccinating peers at the point of discussion is increasing uptake.

2.3 Staff incentives
We reviewed options for staff incentives, taking learning from the 2019-20 campaign into account and considering the approach used by other NHS trusts. It was agreed by the exec team that we would implement individual rewards. We explored options with the Trust's Head of Financial Services to ensure there were no tax implications for staff or national insurance payments from the trust. It was agreed that there would be, 10 x £50 prizes for each month, October – January and that Staff will be added to the draw if they attend a flu clinic or tell us that they have had their flu vaccination elsewhere.

3. Challenges and risks
We have seen unprecedented demand from staff for flu vaccination. In the first two weeks of the 2020-21 campaign we delivered 41 clinics across over 20 sites with the majority having no vacant slots for drop in appointments. We vaccinated, in the first week of the campaign, 17.5% of frontline staff, in the 2019-20 campaign it took 4 weeks to achieve the same percentage.

Although this is very positive it has led to challenges regarding vaccine supply. The vaccine is released in phases rather than at the beginning of the campaign. At the time of writing we only have a small number of vaccines in stock and will not get another delivery until the 9th November. This means that we have had to postpone some clinics. We have also ordered additional stock which arrived mid November. We do not anticipate having a shortage of vaccines in the longer term but we are responding to staffs concerns that we will run out.

4.
We have reviewed our campaign against the NHSE Healthcare worker flu vaccination best practice management checklist. We believe we are currently green against all 18 standards. Appendix 1

5. Summary

We are implementing our agreed plan for the 2020-21 flu vaccination campaign. We have used an evidenced model for making behavioural change to inform our approach to the 2020-21 campaign. We have self-assessed as green against all 18 standards of the NHSE Healthcare worker flu vaccination best practice management checklist.

PUBLIC Board of Directors

**Appendix 1 – Healthcare worker flu vaccination best practice management checklist
For public assurance via trust boards by December 2020**

A	Committed leadership number in brackets relates to references listed below the table	Trust Self-assessment
A1	Board record commitment to achieving the ambition of vaccinating all frontline healthcare workers	G
A2	Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers	G
A3	Board receive an evaluation of the flu programme 2019/20 including data, successes, challenges and lessons learnt	G
A4	Agree on a board champion for flu campaign	G
A5	All board members receive flu vaccination and publicise this	G
A6	Flu team formed with representatives from all directorates, staff groups and trade union representatives	G
A7	Flu team to meet regularly from September 2020	G
B	**Communications plan**	
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trades unions	G
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper	G
B3	Board and senior managers having their vaccinations to be publicised	G
B4	Flu vaccination programme and access to vaccination on induction programmes	G
B5	Programme to be publicised on screensavers, posters and social media	G
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups	G
C	**Flexible accessibility**	
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered	G
C2	Schedule for easy access drop in clinics agreed	G
C3	Schedule for 24 hour mobile vaccinations to be agreed	G
D	**Incentives**	
D1	Board to agree on incentives and how to publicise this	G
D2	Success to be celebrated weekly	G

Board of Directors PUBLIC

Meeting Date:	26 November 2020	Agenda Item: 11
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.

A task and finish group with subject matter experts have been established with weekly meetings to monitor risk in the following areas and take or recommend mitigating actions through incident command as necessary.

We are yet to receive the detailed planning assumptions for the NHS, however the team has attended a national webinar and have been briefed on local action required as outlined in the report.

A new risk has also been added to the Trust risk register (Risk ID: 1319) to reflect the risk arising from the end of the EU Exit transition period which will be regularly updated by the EU Exit Task and Finish Group.

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 Hakan Akozek, CIO for the Trust, is leading on this as the EU Exit SRO for the Trust and we have established a task and finish group with the subject matter experts with the following membership that meets weekly to keep abreast with this dynamic agenda:
- Hakan Akozek, EU Exit SRO
- Georgia Michael, Medicines SME
- Louise Thomas, Workforce SME
- Tim Gale, Research SME
- Sam Garrett, Finance SME
- Lorraine Bullock, Supply Chain SME (exc medicines)
- Dean Raffles, Estates and Facilities SME
- Ingrid Richardson, Social Services and Service User Support SME
- Jennifer Chambers, Data SME

3.5 We are yet to receive the planning assumptions for NHS at this stage. However, the team has been briefed on the local actions required in a national webinar lead by Professor Keith Willett. The table below outlines the key local actions from this seminar and the current status

Local Action	Current Status
Put in place and test business continuity and EPRR plans	These were already reviewed as part of the original preparations and this will be repeated by the EPRR Group in early December.
Ensure EU Exit SRO and associated SME	Completed

team in place	
Make Board aware of issues	Regular status updates are provided to the Trust Board
Revisit operational guidance and current information from each workstream to ensure plans are up-to-date	These are will be actioned by the EU Exit Task and Finish group as the information is received and updated
Test and communicate escalation routes	A submission has been received and returned through the escalation routes. Further tests will be planned and undertaken in coordination with the wider system response
Engage across system and 'walk the floor' to identify any further concerns, interdependencies and vulnerabilities around supply chain	Not started yet. Plan to create instructions for this following the review of the nationally assured supply chains and Trust's suppliers
With partners ensure integrated system-based approach to plans	EU Exit leads are now meeting weekly as part of the Health Economy Tactical Coordination Group
Ensure local risk assessments are up to date	These will be reviewed by the Task and Finish Group as new information is available

3.6 A list of nationally assured suppliers has been received which is being reviewed against the Trust's and estates and facilities supply chain. Where we have critical suppliers that are not assured nationally, we will either locally assure the supply chain or prepare plans for using nationally assured suppliers.

3.7 In line with current national direction, we will continue to manage the activities relating to EU Exit through the existing incident management structures for COVID-19. The EU Exit Task and Finish Group will escalate any instructions and issues via the Trust's Tactical Command.

3.8 A new risk has been added to the Trust register (Risk ID: 1319) as follows, which will be reviewed and updated by the Task and Finish Group regularly as new information and guidance is received and controls are implemented.

Risk ID	Title	Current Rating	Target Rating
219	Implications for the Trust of unforeseen consequences arising from the end of the EU exit transition period on the 31 December 2020 at which point the UK and EU's relationship will be governed by what is agreed in the future relationship agreement.	12 (3x4)	4(1x4)

3.9 The key assurance areas for the Trust remain:

3.9.1 **Medicines:** The Trust is instructed not to over order or stockpile medicines which will be investigated. Business as usual shortage management will apply during preparation period.

3.9.2 **Medical Devices & Clinical Consumables:** We are reviewing the existing arrangements for the potential longer lead times and reviewing whether these can be sourced via NHS Supply Chain.

3.9.3 **Non-Clinical Goods and Services:** We are reviewing the suppliers against the nationally assured supplier list. A national Commercial and Procurement Cell will also be stood up on 14th December 2020 to resolve potential supply issues.

3.9.4 **Vaccines:** There are no actions required from the Trust

3.9.5 **Workforce:** We are continuing to communicated with staff who are EU nationals. Mutual recognition of professional qualifications is likely to apply for at least two years after the end of the transition period.

3.9.6 **Data:** We have reviewed current data flow with EU countries and there were no critical service dependencies identified for locally assured data processors.

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:	26 November 2020	Agenda Item: 12
Subject:	Report from Finance & Investment Committee – 18 August 2020	For Publication: Yes
Author:	Helen Edmondson, Head of Corporate Affairs and Company Secretary	Approved by: David Atkinson, Non-Executive Director, Chair – Finance & Investment Committee
Presented by:	David Atkinson, Non-Executive Director Chair – Finance & Investment Committee	

Purpose of the report:

This paper provides a summary report of the items discussed at the Finance & Investment Committee meeting on 17 November 2020.

Action required:

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

Summary and recommendations:

An overview of the work undertaken is outlined in the body of the report.

Recommendation:
To receive and note the report and to note that there is one item in relation to Forest House HDU Capital proposal that requires formal escalation to the Board and is separate item on the Board agenda for approval.

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

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

Summary of Financial, IT, Staffing & Legal Implications:

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

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

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

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

1.   **Introduction**

1.1   The latest Finance and Investment Committee (FIC) was held on the 17 November 2020 in accordance with its terms of reference and was quorate.

1.2   The Committee considered the matter arising that related to benchmarking; productivity dashboard and EU Exit.

2.   **Operational 2021/21**

2.1   Annual Plan 20-21 – Quarter 2

The Committee considered the quarter 2 report on the Annual Plan. It was noted that it had been a challenging but positive quarter. The report included forecasts based on trajectories from quarter 2 and which would be influenced by the ongoing Covid pandemic.

It was reported that at the end of Quarter 2, four out of the seven objectives were on track to deliver the end of year outcomes, with three objectives facing considerable challenges. There had been significant improvement with regard to: suicide prevention; Infection Prevention and Control; recruitment; retention; the well-being strategy, all of which are testament to Trust staff. There are some areas of challenging, including experience, joined up care and System Influence.

Committee members welcomed the significant progress that had been made and noted the plans in place to support delivery of outcomes during Quarter 3 and Quarter 4. Whilst noting that although the ambition remains to deliver the commitments in full, the ongoing Covid19 pandemic may impact our ability to deliver our plans during the remainder of 2020/21.

In response to a question Sandra Brookes described the particular pressures on CAMHs, Eating Disorders adult mental health beds and the plans to manage the demand which may involve commissioning additional beds. Sandra Brookes also confirmed the Trust's continued commitment to the transformation programme.

2.2   Performance Report – Quarter 2

The Committee received a report that detailed the performance of the organisation during Quarter 2 against 67 national, regional and local indicators across five key groupings:

The report summarised that overall underlying performance had remained strong, during a period of challenges. It was noted that referral continued to increase with them and activity levels during October indicating services are fully recovered and in some areas, demand is above pre-COVID comparisons. It was stressed that the impact the second lockdown will have on referrals coupled with the usual seasonable impact was not yet known.

The Committee noted the areas of strong performance with regard to access and waiting times; provision of alternatives to admission considered by our Crisis Assessment and Treatment Teams, acute inpatients reporting that they felt safe and Carers reported feeling valued by staff. Areas of focus for next quarters relate to Out of Area Placements, IAPT, CPA reviews and PDP rates.

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The Committee welcomed the benchmarking data for inpatient services the key findings of which were occupancy in Adult Acute beds for the Trust was in upper quartile; Trust in lower quartile for inpatient admissions and discharges and our typical length of stay is longer and increase in the use of acute bed placements across the system in 2020/21.

In response to David Atkinson's question Keith Loveman reported that the main issue with regard to physical health checks was in relation to community services in West Hertfordshire. The Trust's clear intention to support GPs in completing these but also to complete as many for service users was welcomed. It was also identified that the Trust would be ensuring a proportionate and pragmatic approach was taken with regard to CPAs, to ensure as many were completed as possible.

2.3 Financial Summary

The Committee considered the financial summary for the period ending October 2020 and a forecast for the year end. It was reported that for months 1-6 the Trust has achieved an overall break-even position for the month as required under the current financial arrangements. However things had become more challenging and the Trust had to claim c. 350k for Month 6 to break even, largely due to bed pressures.

The Committee received the report that detailed that for month 7 the Trust reported a small surplus which was an improved position from Month 6 which was largely due to the additional income, it also provided analysis of spend on pay and placements. It was noted that a revised Plan for 7-12 was submitted in October.

The Committee were informed that it remains difficult to accurately forecast the year end position due to a number of uncertainties but the Committee were updated on the expected end of year position noting that the Trust are working to secure additional income and address pay costs.

In response to Catherine Dugmore's question Sam Garrett reported that she believed it was unlikely that HEE would claw back funding for IAPT. It was confirmed that Trust expected to receive additional finance to support staff testing and vaccination but that this had not been absolutely confirmed.

2.4 Review of Facilities Contract Award

The Committee considered a detailed report regarding the tender process for the renewal of its Total Facilities Management (TFM) contract, which covered Hard FM, Soft FM and Catering services. It was noted that there had been a combined procurement exercise with HCT which had been supported by external experts. It was reported that the level of service was set in conjunction with service leads and addressed a number of improvements in relation to IPC and PLACE as well as incorporating national standard improvements such as the new National Cleaning Standards 2020 and increased choice of dietary requirements set following an independent NHS hospital food review published in March 2020.

It was noted that the increase in the requirements of the contract and the enhanced specification would lead to an increase in cost against the current contract value. FIC gave their approval for the next stage which was to move to preferred bid stage where the successful bidders will be followed by a 10 day period for any queries. Following this the contract negotiations will be completed with the new contracts

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scheduled for completion early December to enable preparation for the contract to go live 1 April 2021.

The Committee received assurance that the tender review had ensured that the impact of any changes were clearly understood and were supported. In response to Catherine Dugmore's question Paul Ronald confirmed that the new contract included detailed KPIs to support closer monitoring.

2.5   Committee self-Assessment

The Committee reviewed and approved the proposal for the Committee's self-assessment process.

3.   **Strategic**

3.1   New Care Models – Collaborative Proposal.

The Committee considered an update report on the New Care Models Collaborative. It was reported that the Collaborative was working towards an April 2021 "go live" date, with a number of key decisions points before then: November 2020 Board – Draft Collaborative application on clinical models, case for change and draft partnership agreement (no finances) – for noting and comment and January 2021 Board – Full application, including clinical models, financials, risk and gain share and Partnership Agreement – for agreement

The Committee received an update on the new revised financial offer made by NHSEI and work is under way to assess this and its' long term sustainability. Committee members were also asked to consider the collaborative Partnership Agreement in its current formatting noting that further detail would be produced prior to January 2021.

The further work to support a full understanding of the risks associated with the Collaborative was discussed and the need for this to be completed prior to January 2021. The Committee were provided with reassurance regarding the Trust currently having sufficient resources to support the work.

3.2   **Business Development**

3.2.1 Commercial Update
The Committee received a commercial update on this anticipated commercial activity. It was noted that progress had been made in across all areas of commercial activity reported to FIC in August 2020. The Committee were provided with an update to the paper with Ian Love reporting that progress had been made in recent days with regard to the Hertfordshire contract.

The updates to the report provided to the Committee were that the Trust are working with colleagues across the local system to make a submission on behalf of Herts & West Essex ICS to NHSE/I for funding to sustain Community Transformation pilots in Lower Lea Valley and Watford into 2021-22. The team was also horizon scanning and reviewing a bid opportunity for Child and Adolescent Mental Health Services covering Essex. They had also participated in a bid for additional funding to establish a staff Mental Health and Wellbeing Hub for Herts and West Essex ICS. It was also reported that the Executive team had taken the decision not to proceed with submitting for the West Essex IAPT tender.

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3.2.2 East of England CAMHS

The Committee considered a report on the initial assessment of the financial position for the adolescent mental health pathway, for which HPFT is the "lead provider" within the East of England Provider Collaborative (EOEPC). The initial assessment sought to assess the likely financial viability of these arrangements based on the Trust's ability to drive increased productivity across the East of England in each of the ICS areas. The Committee considered the three scenarios that had been developed, noting that there would be continued consultation with services and discussions with other members of the collaborative with regard to their ability to deliver the scenarios described. It was agreed to consider holding a separate session for Board members to discuss the detail of the proposals prior to final sign off.

3.2.3 Norfolk MCP Update

The Committee received a report that provided an update on the Norfolk commissioners' intention to award a ten year contract, through a collaborative agreement for the provision of LD services under a MCP procurement route. It was noted that HPFT, Norfolk and Suffolk NHS Foundation Trust (NSFT) and Norfolk Community Health and Care Trust (NCH&C) have agreed to collaborate together and have signed an MOU outlining the partnership approach that will be adopted to jointly respond to the Norfolk LD MCP Procurement process over the coming 12 months.

The Committee received an update on the partner submission which had been made in October which had received positive feedback. The next phase commences in January 2021 and is to develop the service model with expected initial submission in August 2021, based on the new contract starting April 2022. It was noted that the FIC would receive regular updates on the MCP as it progressed.

3.3 Capital Investment Programme

3.3.1 Update on the Programme

The Committee received a report that the 2020/21 capital programme is progressing well and there is likely to be some re-phasing into 21/22 and that overall the programme remains in financial balance. In addition to the capital programme the Trust has secured additional central funding for further estates and technology investment of circa £2m. These additional schemes are also being progressed in year. The key issues raised for Committee's attention relate to the purchase of land for East and North Herts; deferment of the programme to refurbishment of Oak Ward and re-phasing of disposals.

The Committee welcomed, that despite pressures in 2020 good progress was being made with the programme, with the safety suites programme underway; Forest House Assessment Unit Business Case complete; work at Colonnades, Waverley Road, King Fisher Car Park underway as well as the creation of rest and changing rooms for staff and investment in to support the digital strategy.

3.3.2 East and North Herts Bed Provision Update

The Committee received a detailed presentation on the project to develop bed provision in East and North Herts Bed Provision. The Committee supported the design principles outlined and noted the work underway to engage with Service Users, Carers and stakeholders, including Scrutiny.

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In response to David Atkinson's question it was reported that the Trust were waiting for clarity on the routes for financing the new build. Details of the possible sites were covered and the Committee were informed that the Trust would continue to look for suitable sites whilst working up some detail on the sites already identified.

3.3.3 Forest House HDU Unit

The Committee considered the Forest House Adolescent Unit HDU Capital Proposal. The proposal is for the remodelling and refurbishment of Forest House CAMHS service to provide a 2 bedroom High Dependency Unit (HDU), whilst retaining its capacity of 16 beds. It was noted that a HDU facility is a requirement of HPFT's contract with NHSE/I for the provision of specialist CAMHS services, in order that service users can be supported more intensively for short periods of time when particularly unwell. In addition to compliance, the work will enable young people to be cared for close to home, and provide a higher quality environment.

It was noted that the proposal was for a total capital cost of £1,395,000 over 2020/21 and 2021/22 and will deliver revenue savings of a net £69k per year. In response to Catherine Dugmore's question Sam Garrett confirmed that we were confident could deliver the scheme in the current environment.

All Committee members supported the proposal and it was approved for recommendation to the Board for approval.

3.4 Financial Planning Update 2021/22

The Committee were informed that the financial planning process for 2020/21 had started despite there being a limited amount of specific detail in terms of the financial framework and related financing. The key matters that can be determined or assumed were identified as: system first approach likely to continue; and continuation of the phasing out of PbR. The Committee supported the approach outlined and that the assumptions described should be taken forward and form the basis of the future plan submissions as amended as more detail becomes available and negotiations progressed. Paul Ronald agreed to consider the request for one of the NED information sessions to cover financial planning for 2020/21.

3.5 Committee Business Programme 2021

The FIC approved its business cycle and meeting dates for 2021/22. Noting the importance of having a clear plan to ensure the Committee provides assurance with regard to all the regulatory and statutory compliance requirements. The Committee agreed that other items apart from those on the planner would be considered by the Committee as appropriate and that deep dives would also be scheduled.

4. Recommendation

To receive and note the report and to note that there is one item in relation to capital proposal that needs to be escalated to the Board for approval. This item is subject to separate Board Report.

Board of Directors PUBLIC

Meeting Date:	26 November 2020	Agenda Item: 12a	
Subject:	Annual Plan 2020/21 - Quarter 2 Report	For Publication: Yes	
Author:	Michael Thorpe, Deputy Director of Improvement & Innovation Karen Taylor Executive Director, Strategy & Integration	Approved by: Karen Taylor Executive Director Strategy & Integration	
Presented by:	Karen Taylor, Executive Director Strategy & Integration		

Purpose of the report:

To present the Quarter 2 Annual Plan report.

Action required:

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

Summary and recommendations:

About the Annual Plan

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

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

Forecasts for the end of year annual plan outcomes are heavily influenced by the ongoing COVID-19 pandemic. The forecasts in this report are based on the information/projections we have at this time which may change significantly in Q3. We are likely to need to review our commitments for the remainder of the year given the second covid19 surge, national lockdown, together with the national testing and vaccination programme taking place during Q3 and Q4.

The Table below shows overall performance by Strategic Objective – demonstrating both the progress in quarter 2 against the milestones set together with progress towards the end of year outcomes. At the end of Quarter 2, four out of the seven objectives are fully on track to deliver the end of year outcomes, with three objectives facing considerable challenges to

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achieve the year end outcomes fully. This includes experience (IAPT performance), joined up care (demand and acuity impacting hugely on our ability to deliver the outcome measures) and system Influence (where funding and Covid19 Surge may impact on the Trust's ability to fully deliver the Long Term Plan commitments, and the East of England Collaborative business case remains under development). That said, extensive work is ongoing across all areas of the Trust to continue support delivery of the end of year outcomes.

Q2 Annual Plan Performance

Q2 Milestone RAG rating		Objective	End of Year RAG projection
🟧	1	We will provide safe services, so that people feel safe and are protected from avoidable harm	🟩
🟧	2	We will deliver a great experience of our services, so that those who need to receive our support feel positively about their experience	🟧
🟩	3	We will improve the health of our service users through the delivery of effective evidence based practice	🟩
🟩	4	We will attract, retain and develop people with the right skills and values to deliver consistently great care, support and treatment	🟩
🟧	5	We will improve, innovate and transform our services to provide the most effective, productive and high quality care	🟩
🟩	6	We will deliver joined up care to meet the needs of our service users across mental, physical and social care services in conjunction with our partners	🟧
🟩	7	We will shape and influence the future development and delivery of health and social care to achieve better outcomes for our population(s)	🟧

Conclusion

Significant progress has been made across all seven Strategic Objectives with the Trust on track to deliver against the majority of year end outcomes identified. At the end of Quarter 2 60% of year end outcomes are on track to be fully delivered (26/43 outcomes).   40% (17 outcomes) are either not on track/or at risk of not being fully achieved. Plans are in place to support delivery of all outcomes during Quarter 3 and Quarter 4.   However it is important to note that although our resolve and ambition remains to deliver the commitments in full, the ongoing Covid19 pandemic may impact our ability to deliver our plans during the remainder of 2020/21.

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The Trust Board is asked to

- Receive the draft Q2 Annual Plan Report, reviewing the RAG ratings and performance, discussing implications on performance and actions required.

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

Summarises Progress against Annual Plan (all objectives)

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

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

Equality & Diversity and Public & Patient Involvement Implications:

None noted

Seen by:

Executive Committee 11 November 2020, Finance & Investment Committee 17 Nov

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TRUST ANNUAL PLAN 2019/20

QUARTER 2 PROGRESS REPORT

1.   Summary

Without doubt July – September 2020 (Quarter 2) has been both a challenging and positive period for the Trust, with our teams continuing to deliver outstanding care despite facing increasing demand whilst also restoring services as we emerged from the first wave of the Covid19 pandemic.

In terms of the Annual Plan, we have continued to work with our system partners across Hertfordshire, Essex, Buckinghamshire and Norfolk and have made considerable progress against what we set out to achieve for our service users, carers and our people.   We have achieved the majority of our milestones for the quarter and have made significant progress against the outcomes we are seeking to achieve across our seven strategic objectives for the remainder of the year.

Significant pressures remain across operational services, and although the Annual Plan was updated at the end of Quarter 1 to reflect the impact of Covid-19, our plans remain under review as we enter the second surge, a period of national lockdown together with mobilising the next phase of national testing and vaccination activities.

2.   About the Annual Plan

The Annual plan comprises of seven strategic objectives across the four themes of the Trust's 'Good to Great' strategy.   It describes the actions the Trust will take and the milestones to be reached, by quarter, to deliver the Trust's agreed outcomes for the year. At the end of each quarter each objective receives two RAG ratings providing:

- An assessment of whether the Trust is on track to achieve the stated outcome(s) by the end of the year

- An assessment of whether the milestones/actions planned for that quarter were achieved.

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3. **Quarter 2 - Progress against End of Year Outcomes**

Significant work has taken place during Quarter 2 to support the Trust to achieve the year end outcomes and the detail in Appendix 2 demonstrates this. At the end of Quarter 2, four (out of seven) objectives are projected to meet end of year outcomes (RAG rated Green), and three are RAG rated Amber.

At the end of Quarter 2 60% of year end outcomes are on track to be fully delivered (26/43 outcomes). 40% (17 outcomes) are either not on track/or at risk of not being fully achieved. Plans are in place to support delivery of all outcomes during Quarter 3 and Quarter 4. However it is important to note that although our resolve and ambition remains to deliver the commitments in full, the ongoing Covid19 pandemic may impact our ability to deliver our plans during the remainder of 2020/21.

Table 1 End of Year RAG projection – as at Q2

	Objective	End of Year RAG rating
1	We will provide safe services, so that people feel safe and are protected from avoidable harm	6/8*
2	We will deliver a great experience of our services, so that those who need to receive our support feel positively about their experience	4/6*
3	We will improve the health of our service users through the delivery of effective evidence based practice	4/6*
4	We will attract, retain and develop people with the right skills and values to deliver consistently great care, support and treatment	3/4*
5	We will improve, innovate and transform our services to provide the most effective, productive and high quality care	4/5*
6	We will deliver joined up care to meet the needs of our service users across mental, physical and social care services in conjunction with our partners	1/6*
7	We will shape and influence the future development and delivery of health and social care to achieve better outcomes for our population(s)	4/8*

* The numbers indicate the number of Green rated outcomes/total outcomes for that Strategic Objective to be achieved during 2020/21

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The Amber rated objectives are as follows:

Objective 2 – Experience
The amber rating reflects our performance in Improving Access to Psychological Therapies, which will not recover to pre-COVID commissioned access levels.

Objective 6 – Joined up care
Although significant transformation and service improvement activities are taking place the key year end outcomes are not currently improving. These outcomes relate primarily to service user experience and care including reducing out of area placements, reducing acute admissions, reducing length of stay and reducing the number of crisis presentations. Our performance reflects increased acuity and demand facing services, and will be an ongoing focus during quarters 3 & 4.

Objective 7 – System Influence
The amber rating reflects the possible impact of Covid-19 second surge and impact on ability of the system to sustain the development of the MHLD ICP, and ambiguity that remains regarding funding at the time of writing this report.

4.   **Performance against Quarter Two Milestones**
At the end of Quarter 2, four out of seven objectives were RAG rated Green, and three were RAG rated Amber against delivery of key milestones.
Table 2 – Q2 milestones RAG rating

	Objective	Q2 RAG rating
1	We will provide safe services, so that people feel safe and are protected from avoidable harm	🟧
2	We will deliver a great experience of our services, so that those who need to receive our support feel positively about their experience	🟧
3	We will improve the health of our service users through the delivery of effective evidence based practice	🟩
4	We will attract, retain and develop people with the right skills and values to deliver consistently great care, support and treatment	🟩
5	We will improve, innovate and transform our services to provide the most effective, productive and high quality care	🟧
6	We will deliver joined up care to meet the needs of our service users across mental, physical and social care services in conjunction with our partners	🟩
7	We will shape and influence the future development and delivery of health and social care to achieve better outcomes for our population(s)	🟩

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Objective 1 – Safety

Significant progress was made during the quarter, however this objective was rated amber in Quarter 2 due to the work outstanding to finalise the 'Just Culture' guide, the ongoing roll-out of the Crisis Plan documentation, and the new materials to be rolled out to support the Staff Safety Huddles, albeit these are ready for Q3 rollout.

Objective 2 – Experience

Good progress was made during quarter 2, however this objective was rated Amber due to the slower than anticipated progress made to deliver the work related to engagement with service user and carers and missing milestones on part of the estates portfolio (Oak Ward refurbishment)

Objective 5 – Innovation

Transformation initiatives have accelerated during the COVID-19 pandemic (especially digital and agile working), however this objective was Amber rated for Quarter 2 because the planned milestones of single sign-on implementation and CQI training targets were not met.

5. **Conclusion**

Significant progress has been made across all seven Strategic Objectives with the Trust on track to deliver against the majority of year end outcomes identified. However the second wave of Covid-19 and associated demands has seen our services and teams remain under considerable pressure. At the end of Quarter 2 60% of year end outcomes are on track to be fully delivered (26/43 outcomes). 40% (17 outcomes) are either not on track/or at risk of not being fully achieved. Although plans are in place and our resolve and ambition remains to deliver the commitments in full, the ongoing Covid19 pandemic may impact our ability to deliver our plans during the remainder of 2020/21.

Appendix 1 – Annual Plan End of Year (EOY) Projected Position

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	Objective	Predicted EOY				Year End Outcomes Commentary
		Q1	Q2	Q3	Q4	
1	We will provide safe services, so that people feel safe and are protected from avoidable harm	*	🟢			Currently on track to deliver all outcomes, noting Feeling Safe measures are being reported on during Q3.
2	We will deliver a great experience of our services, so that those who need to receive our support feel positively about their experience		🟡			IAPT targets not on track to be met, impact of Covid19 on demand levels, and recording of new activity (e.g. webinars) not currently counted in activity numbers
3	We will improve the health of our service users through the delivery of effective evidence based practice		🟢			On track to deliver outcomes by year end, physical health checks key area of focus for Q3 and Q4
4	We will attract, retain and develop people with the right skills and values to deliver consistently great care, support and treatment		🟢			On track to deliver outcomes by year end, Great Teams roll out is being refreshed during Q3
5	We will improve, innovate and transform our services to provide the most effective, productive and high quality care		🟢			On track outcomes, noting CQI training numbers may be below target due to impact Covid19 second surge.
6	We will deliver joined up care to meet the needs of our service users across mental, physical and social care services in conjunction with our partners		🟡			Although significant transformation and service improvement activities are taking place the key year end outcomes are not currently on track to be delivered. Ongoing targeted support and action is being taken to reduce out of area placements, reduce admissions, reduce length of stay and reduce crisis presentations. Current performance reflects increased acuity & demand facing services – reflecting the regional & national position
7	We will shape and influence the future development and delivery of health and social care to achieve better outcomes for our population(s)		🟡			The amber rating reflects the possible impact of Covid-19 second surge and impact on service transformation together with the funding allocation at the time of writing this report - both of which have potential impact on LTP deliverables. The amber rating also reflects the ongoing discussions taking place regarding the business case for the EOE Collaborative.

Annual Plan reviewed at end of Q1 following COVID pandemic impact

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Appendix 2 – Annual Plan 2020/21 - Quarter 2

Commentary against Milestones and Outcomes

Strategic Objective 1 (Owner JP)	Q2 Key Actions / Milestones	Q2 Milestones Rating
We will provide safe services, so that people feel safe and are protected from avoidable harm **Key Priorities** Strengthen our drive to prevent suicides Keep service users and staff safe, reducing the avoidable harm they experience Ensure the least restrictive practice is appropriately used to support service user recovery	• Incident data (violence and aggression) on SPIKE2 and reviewed at SBU QRMs • Huddle, SWARM, Schwartz rounds & reflective practice in place. TRIM used in relevant services. • Additional training resource from Zero Suicide Alliance is available and being used • High risk protocol reflecting multisystem risk assessment and management in CAMHS developed • Multisystem clinical oversight of complex /high risk presentations in community – pilot commenced • Hope training has commenced • The role and approach of peer experience listeners has been reviewed strengthened. • Just Culture approach developed. 'Just Culture Guide" requires finalising before it is rolled out • Crisis plan document developed & being used for PD pathway; to be rolled out consistently during Q3. • Staff Safety huddles. Materials developed to support this process and will be rolled out in Q3	🟠
	Commentary:	
	• **Suicide prevention** - Considerable work has been undertaken with system partners - a high risk protocol reflecting multisystem risk assessment & management in CAMHS has been developed. Pilot of Integrated Team Meetings involving PCN, CGL, voluntary sector providing system clinical oversight of complex /high risk presentations commenced. • **Safe and reduce avoidable harm** – opportunities for meaningful activities and support have been increased with OTs involved in safety huddles, and OT assessment and interventions in place (CAMHS), and AHPs involved in LTS reintegration plans on Dove and SRS. Plans in place to further embed the OTs assessment and interventions in practice. All RCAs are now completed within the required timescale and there is no backlog • **Least restrictive practice** - Staff Safety huddles have been reviewed and new materials to support developed, will be rolled out in Q3. The role and approach of peer experience listeners has been reviewed and the approach strengthened. . Further work is needed in Q3 to strengthen the roles of Huddles, SWARMs, Schwartz rounds to ensure consistency. • **Best practice infection prevention & control practice** All policies have been reviewed using a COVID impact assessment, programme of audit under development	

Summary:	Key Outcomes at Year End	Year End Outcomes Projection
Suspected suicides reduced in Q1 and Q2 compared to last year. Moderate to severe violence & aggression is also reduced from last year. Good progress made in integrated team working and identifying multisystem risk and complexity. Just Culture is areas of focus for Q3	• Reduction suspected suicides (12 per quarter) • <Suicides relative to total contacts with HPFT. (Baseline 5.07-4) • 7 safety suites opened • MOSS2gether implementation • Reduction in the length of time spent in seclusion per episode • < Moderate - severe harm as % of violence & aggression (baseline 13%) • 85% service users report feeling safe - adult & CAMHS inpatients (Q3) • > % staff reporting feeling safe (82% baseline Q1 – due in Q3)	🟢

Strategic Objective 2 (Owner SB)	Q2 Key Actions / Milestones	Q2 milestones Rating
We will deliver a great experience of our services, so that those who need to receive our support feel positively about their experience **Key Priorities** Improve the experience of accessing our services and receiving treatment Improve the way we engage and involve our service users and carers in the design, delivery and review of services and their care Improve the quality of our physical environments where our service users are cared for and our staff work	• Finalise new Connected Lives model of assessment at Trust Management Group and the Connected Lives Board • Commence reporting against Social Care Performance Dashboard • Commence IAPT CQI project, to reduce waiting times to treatment. • Each SBU to have an identified lead for experience (clinician or manager for each service in West SBU identified, with SLL reporting through to Core Management. • Updated training package on shared decision making, incorporate a new section relating to SDM and Remote Clinical Work to be delivered online. • Improve and extend training facilities for staff including additional space at Colonnades • Quarterly reports on engagement activities and actions taken using "you said we did" approach, in response to HYS and complaints in place • Implement alternative methods for gaining feedback from service users • Baseline current waits for treatment - CAMHS, Adults and Older Adults • Business case and options appraisal in development for refurbishment plans for Oak Ward.	🟠
	Commentary:	
	• New digital methods of gathering feedback from service users and carers identified but protocols for use still being defined • Oak Ward plans progressing 1:200 plans for new acute mental health service, however business case behind Q2 target. • Community survey received, and 6 key areas identified that are now being progressed • Community adult workshops taken place and three areas being worked on – communication, discharge and raising the profile of carers, in conjunction with carers council • CQI commenced for complaints process to incorporate experience into approach/process • Lexden safety review complete, recommendations made and planning underway to improve the facility.	

Summary:	Key Outcomes at Year End	Year End Outcomes Projection
Work has progressed, with key areas of improvement identified which are now being worked through in a coproduced way with service users and carers. Our building refurbishments are in progression. IAPT services are underperforming against contract standards as a consequence of both reduced referrals and COVID related	• IAPT access agreed target to be met • Reduction in the number of social care placements made • LD Transformation Plan delivered • HYS survey results for Service users • Oak Ward and Forest House Development Plans approved • Albany Lodge upgrade significantly progresses	🟠

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changes in practice.	

Strategic Objective 3 (Owner AZ)	Q2 Key Actions / Milestones	Q2 Milestones Rating
We will improve the health of our service users through the delivery of effective evidence based practice **Key Priorities** Improve the care, support and outcomes for Service users Support our service users to be physically healthy by improving the physical health support, intervention and care available. Support our service users' "whole lives" and help them to live as independently as possible	• Social care assessments being completed with clear outcomes for all those who get admitted frequently and those who are placed out of county – ahead of plan • Board approval of Trust Research strategy • Agreement reached and support obtained with relevant PCNs for the creation of a new approach to physical health for those with SMI • Agree with Performance Team key measurements and reporting requirements, • Outpatient functional care model established in quadrant 1	🟢

Commentary:	
• The outpatient functional care model is progressing well in Stort Valley however other locations need to be included to make sure that the model works / can be adapted across the county. • Currently mapping existing physical health interventions across HPFT services; articulating what minimum standard & great standard look like. These will form a physical health matrix and underpin the optimisation of prevention & wellbeing interventions & update the physical health assessment module on PARIS to focus on improving health outcomes • Psychologist input secured to explore formulated approach to motivation within rehab physical health CQI involving service users. Aiming for service users to have at least as good health as the general population. • PACE team reporting and recording on readmission rates for those with PD, showing some improvement – to be reviewed in Q3 • Plan is in place to recover physical health checks, targeting increased support to West Herts through physicians associates – anticipated recover position by February.	

Summary:	Key Outcomes at Year End	Year End Outcomes Projection
Good progress against milestones for Q2. Range of pathways now have clinical outcomes agreed, including primary care – reported via SPIKE. Key focus Q3 remains on physical health checks and recover CPA health checks for West Herts. Implementing the research strategy, and delivering recovered performance for CPA physical health	• Training programme in place for Inpatient Services and for Community Services • Clinical Leaders trained • Social care and wellbeing plans in place and outcomes recorded • Demonstrate improved outcomes on new pathways for service users • <Reduction in readmission rates for service users with Personality Disorder • 95% CPA physical health checks	🟢

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checks for West Community.		

Strategic Objective 4 (Owner AC)	Q2 Key Actions / Milestones	Q2 Milestones Rating
We will attract, retain and develop people with the right skills and values to deliver consistently great care, support and treatment **Key Priorities** Focus on improving the employment experience of all of our people, including support to improve their health & wellbeing Develop and implement a just and learning culture where all our staff feel valued, included and able to fulfil their potential Continue to develop the collective leadership culture of the organisation where all of our staff feel empowered and engaged	• Develop Well-Being strategy • Complete individual risk assessment process for all staff • Psychological Support Line for all staff • Implement appropriate programme for ILS / BLS / IPC and Physical Health • Reshape RESPECT training to ensure safe and compliant delivery • BAME support line & talking about Race Schwartz round • Review of WRES • Great Teams • Statutory and Mandatory Training online	🟢
	Commentary:	
	• The Well-Being Strategy has been developed and has been signed off by the People and OD Group; a health and well-being conversation template has also been launched to align with the requirements of the NHS People Plan • All staff have individual risk assessments in relation to Covid, with regular review in place reflecting individual risk • The revised approach to Great Teams has been refreshed and approved by the People and OD Group – communication planned for Q3 • Recruitment Targets have been at their lowest for some time – July 11'12%, August 11.18% and September 10.8% • A revised approach to PDPs has been designed (which focuses on the development of the individual rather than performance management) and is being 'road tested' with staff • Our Big Listen week was very well attended with 380 people virtually attending during the week – our top 5 'things you said' are a key focus for Q3 and Q4 • Statutory and Mandatory Training milestones have been missed during this quarter; there is a recovery trajectory in place but this will require re-visiting due to the 2nd lockdown	

Summary:	Key Outcomes at Year End	Year End Outcomes
There has been strong progress in Q2 with regards staff retention and vacancy rates. Well-being support during the COVID period has been strengthened with the introduction of a staff helpline. We have also secured funding for targeted psychological support for health & social care workers	• Recruitment – Target of <11.8% vacancy rate by year end • Retention – Target of <13.9% turnover rate by year end • Develop our Just & Inclusive Culture across the Trust • Great Teams Model fully implemented	🟢

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across the system. Great Teams has been reviewed & is expected progress in Q3.

Strategic Objective 5 (Owner KL/JP)	Q2 Key Actions / Milestones	Q2 Milestones Rating
We will improve, innovate and transform our services to provide the most effective, productive and high quality care **Key Priorities** Continue to drive a culture and environment of continuous quality improvement to deliver Great Care and Great Outcomes Develop and utilise digital technology across the Trust to improve service user, carer & staff experience and service effectiveness Release time to care by supporting staff to work more effectively, including provider better and simpler access to information	• Completed evaluations for A&E Diversion service, Staff Line & 24/7 helpline • Procured LifeQI portfolio management tool and configuration in progress • Service user and carer training developed and being trialled in Q3 • Procurements complete for Office 365 and on track for Digital Forms • Digital skills training framework chosen and training commenced • Chatbot AI capability ahead of schedules and MS Teams Mobile interface complete • Evaluation of virtual contact complete and integrated digital innovation approach agreed • Demand and Capacity modelling developing well and producing useful forecasting • Wifi infrastructure and single sign-on delayed but expected to be on track by Q3 • 62 of 75 (target) started training under coaches and leaders • Single person view for ICP/ICS delayed waiting input from ICP around requirements	🟠

Commentary:
• A further two CQI Leader programmes delivered across the Trust in Q2 & the CQI team continues to build staff capability in CQI knowledge and approaches with 1583 staff receiving basic to advanced training • Service users recruited to CQI leaders course Pilot which is taking place in Q3 • Time to Care CQI rolled out in Q2 and integrated with Great Teams • Digital strategy delivery accelerated through some of the developments in virtual contact and remote working. • Clinical and operational guidance is developing in line with emerging digital practices. Virtual contacts are underpinning strong improvements in access performance

Summary:	Key Outcomes at Year End	Year End Outcomes Projection
Strong progress has been made in Q2 with a focus on enabling innovation and new ways of working through digital innovation. Both CQI and the implementation of the Digital Strategy are making good contributions to more productive, effective and high quality care. The drive for information to underpin evidence based decision making	• Reductions in travel, meetings and agile working solutions • Digital strategy year 1 plan delivered • New digital capabilities introduced across the Trust as per the year 1 plan • 10 Service Users & Carers completing CQI Leaders training • CQI training (targets at risk due to the possibility of course cancellations	🟢

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has been supported by demand and capacity modelling work in Q2 which will continue to develop across the year.	resulting from further lockdown combined with winter pressures)	

Strategic Objective 6 (Owner KT/SB)	Q2 Key Actions / Milestones	Q2 Milestones Rating
We will deliver joined up care to meet the needs of our service users across mental, physical and social care services in conjunction with our partners **Key Priorities** Develop and deliver new models of community care aligned with Primary Care Networks	• Primary Care Mental Health MDTs established • Adult Community Mental Health Pilots mobilisation complete • SRS Co-production exercise with service users, family, commissioners and staff • Access and delivery of care in Essex LD priority areas agreed and work commenced • ED Diversion centres evaluation complete and recommendations made • 24/7 advice line evaluation complete and recommendations made • Business Case for proposed CAMHS integrated crisis service presented for approval,	🟢
Further improve access and delivery of care for those people with a learning disability Work with partners to put in place an enhanced crisis service Work with partners across Hertfordshire to deliver earlier intervention and support for Children and Young People	**Commentary:** • Community model developed and being tested in two pilot sites; and primary care plus continues to be developed, particularly in E&N. Numbers of service users entering the new community model is behind projections, with plans to address during Q3/4 • 24/7 helpline in place with Freephone number - ongoing evaluation during Q3 will take place • The business case for CAMHS integrated crisis services requires further development Q3 following presentation to the CAMHS Steering Group - extra analysis required for the finances • ED diversion centres remain open; review of model and next steps for crisis resolution and home treatment taking place during Q3. Bed management under review, gatekeeping of beds remains in place. • Pathways in place with primary care to ensure annual health checks and ongoing risk assessments of service users physical health taking place • Benchmarking taking place across services • IPS – the service has received an excellent review in Quarter 2, supporting service users into employment	
Summary:	**Key Outcomes at Year End**	**Year End Outcomes**

• Good working relationships have been established and developed with our partners across the system leading to jointly designed and implemented services. • LD Essex services will continue to develop during Q3/4. • CAMHS and Adult crisis services remain a key focus for Q3.	• Essex Local integrated teams in place -access to service improved through new 'Way in' service • <crisis presentations • <LOS • < out of area placements • >Improved service user and carer experience • <inpatient admissions	🟡
Strategic Objective 7 (Owner KT)	**Q2 Key Actions / Milestones**	**Q2 Milestones Rating**

We will shape and influence the future development and delivery of health and social care to achieve better outcomes for our population(s) **Key Priorities** Lead the development of the Hertfordshire Mental Health & Learning Disabilities Integrated Care Partnership (MH & LD ICP) Advocate for and ensure mental health & learning disability services are developed across populations we serve Work with regional partners to develop and deliver New Models of Care for those with specialist mental health and learning disabilities	• Reset and relaunch MHLD ICP Board in July, ICP Terms of Reference approved & high level Programme Plan in place • MH LD ICP Co-production Approach agreed • EOE Collaborative Clinical Case for change developed and ready to go to Trust Boards in November • EOE Collab CAMHS model developed and financially modelling underway • MHLD represented at all ICP and ICS forums across the HWE • ICP scope work is progressing together with commissioning functions • Inequalities self-assessment being undertaken with partners	🟢
	Commentary:	
	• The MHLD ICP is maturing, with the focus on further defining the scope and commissioning functions for the ICP. The underpinning governance structure will be formalised during Q3. Work on understanding our population needs & inequalities have been limited. This is anticipated to be a significant focus with the appointment of a public health lead for MH & inequalities who joins the Public Health team in Q3 (November). • The ICS and ICP have agreed to coordinate a 'strategic response to covid', recognising partners have restored services following Wave 1 and now a longer term strategy required. • Crisis Concordat Board being re-established, led jointly by HPFT and Voluntary Sector lead • EOE collaborative continues to develop, further work on the financial modelling being undertaken during Quarter 3. Clinical models have been developed for CAMHS, ED, adult & LD forensic services.	

Summary	Key Outcomes at Year End	Year End Outcomes Projection
The MHLD ICP is established and gaining momentum. ICP transformation priorities have been identified. LTP commitments delivery relies on both funding and are vulnerable to the impact of a second Covid-19 surge. EOE Collaborative continues to progress with the financial business case a key focus in Q3 across the partnership.	• Restoration of MH & LD services across the Herts System • Herts MHLD ICP established and operating • Delivery of LTP/operating commitments for 2020/21 • Transformation programme in place with partners engaged • HWE ICS continues to prioritise & invest MH & LD, with Mental Health investment standards met • MH & LD overtly prioritised within ICS strategy & delivery workstreams • EOE collaborative established • <out of area placements for service users requiring specialist beds	🟠

Board of Directors PUBLIC

Meeting Date:	26 November 2020	**Agenda Item:** 12b
Subject:	Performance Report: Quarter 2 2020/21	**For Publication:** Yes
Author:	Michael Thorpe, Deputy Director of Improvement and Innovation	**Approved by:** Keith Loveman, Deputy Chief Executive Director, Strategic Finance
Presented by:	Keith Loveman, Deputy Chief Executive Director, Strategic Finance	

Purpose of the report:

To:-
- inform the Board of the Trust's performance against both the NHS Oversight Framework (NHSOF) targets and the Trust Key Performance Indicators for Quarter 2 2020/21
- confirm to the Board that the Finance & Investment Committee has
  o Critically appraised the information presented
  o Considered the areas of performance noted and evaluated the associated actions
  o Sought any additional assurance or information required

Action required:

To:-
- note the report and the information presented

Summary and Recommendations

This report provides a summary of the performance of the organisation during Quarter 2 against 67 national, regional and local indicators across five key groupings:

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

In addition the report covers:
- Service Recovery to pre-COVID Levels
- Forecast of expected demand over the winter period.

Quarter 2 Performance Summary

Overall, underlying performance has remained strong, during a period of challenges and the need to deliver care in line with COVID 19 infection prevention and control practices.

The continuation of weekly performance reporting has given timely insight and assurance about how our services are responding to the challenges posed during the COVID outbreak and has given additional focus to key areas of access and risk during this period.

Service Recovery & Forecast

43 of the 67 (64%) performance indicators measured in Quarter 2 are meeting or exceeding our performance standards. In light of COVID-19, referrals into the Single Point of Access service are only 3% lower than referrals in Quarter 2 2019; however, there has been an increase of 24% from Quarter 1 2020, indicating a growing demand for our services as the country moved into the recovery phase.

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Referrals and activity levels during October indicate services are fully recovered and in some areas, demand is above pre-COVID comparisons.

Looking ahead to the winter period we can expect a 5 – 15% drop in referrals dependent on the length and severity of lockdown measures. When combined with the social and economic effects of COVID and an anticipated minimum 10% increase in referrals the net effect is potentially within the normal range of referrals. However, this will require close monitoring as the next period progresses.

Areas of Strong Performance
Despite the impact of the COVID-19 outbreak the following areas saw continued strong performance in Quarter 2:

- People referred for a first episode of psychosis began treatment with a NICE recommended package of care within 2 weeks of referral in 90% of cases (target – 60%).

- People who were referred for treatment in to the Improving Access to Psychological Therapies (IAPT) Service received treatment in 99.9% of cases within the 18 week referral to treat times standard (target – 95%) and 96% within 6 within weeks (target – 75%).

- People who were referred into our adult mental health services were assessed within 28 days in 96.2% of cases (target -95%).

- People admitted to our adult inpatient units had alternatives to admission considered by our Crisis Assessment and Treatment Teams in 97.7% of cases (target – 95%)

- Everyone referred to the Crisis Assessment and Treatment Teams in Quarter 2 was contacted within 4 hours (target – 98%).
- Everyone referred to our Specialist Community Learning Disability Teams was seen within 28 days (target – 98%).

- Children and Young People who accessed the Priority 1(P1) Child and Adolescent Mental Health Service were seen within 7 days in 96.8% of cases (target – 75%).

- Children and Young People referred in routinely to Child and Adolescent Mental Health Services were seen within 28 days in 99.76% of cases (target 95%)

- All Children and Young People in Child and Adolescent Mental Health Targeted Services were seen within the 14 and 28 day waiting period, achieving 100% (target – 85%)

- Referrals into our Single Point of Access service received an outcome within 14 days in 97% of cases (target – 95%).

- Across all our services 98.4% of people received treatment within the 18 week wait standard (target – 98%).

- People discharged from our inpatient acute units were followed up in 97.3% of cases within 7 days (target – 95%) and in 93.35% of cases within 3 days (target – 90%).

- Acute inpatients reporting that they felt safe increased to 85.4% (target 80%) in Quarter 2.

- Carers reported feeling valued by staff in 95.5% of cases

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Areas of Concern/Focus

At the end of Quarter 2, 22 key indicators were below our expected performance standards. The majority of these relate to areas that were already known as underperforming and have been exacerbated as a consequence of the COVID 19 outbreak. Operational services were prioritised in accordance with our Business Continuity plans, which impacted on a range of KPIs across services.

The key areas of note for Quarter 2 were:

- Inappropriate out of area placements although not meeting the target of 60 days for the quarter, has seen some reduction at 539 days (the equivalent of 5.9 fte beds for the quarter). The Trust is experiencing a high demand for beds, which we believe reflects the pressure on the community teams, and the growth in complexity and demand in the community. July saw a successful reduction in the overall number of occupied bed days for OoA, although this rose in August and September has seen challenges return – this has largely been as a result of Hertfordshire individuals presenting elsewhere in the country and admitted locally before repatriation.

- Improving Access to Psychological Therapy (IAPT) Services: The gap between access targets and actual rates of access has continued across all of our IAPT services during Quarter 2. Under the Phase 3 plans that have been developed we have proposed that our trajectory to the end of Quarter 4 should fall in line with the expected run rate to meet our commissioner targets, however we will not recover the cumulative volumes over that period.

- The rate of people on CPA who have had a review in the last 12 months has decreased to 81% in Quarter 2 (target – 95%) as a result of the COVID crisis and difficulty in remotely organising larger, multidisciplinary meetings. As services move into restoration this is expected to improve to target levels, but any further COVID restrictions are likely to affect achievement.

- The rate of people who were on CPA or who were experiencing First Episode Psychosis and received cardio-metabolic checks remains below target at 50.12% and 60.26% respectively (targets – 65% and 90%). The Trust is focusing on improving Physical Health over the current year, and as services move into the reshaping and restoration phase of recovery this is expected to improve.

- PDP and Appraisal rates remained below target in Quarter 2, but saw a 3% improvement on Quarter 1 at 74.7% (target – 95%). During the pandemic there has been an extension provided to appraisal deadlines. As part of the move to recovery of services there will be a re- launch of the appraisal requirement backed by a revised and simplified form. In addition, the data in future will exclude those ineligible for an appraisal.

Q2 Benchmarking for Inpatient Services

During Q2 we undertook a benchmarking exercise to understand inpatient performance in the context of the national system. This benchmarking adds useful context for our focus areas of delayed transfers of care and out of area placements. The key findings are:

- occupancy in Adult Acute beds has remained at around 100% which benchmarks HPFT in the upper quartile – indicating the need for tight bed flow management;
- We are in the lower quartile for inpatient admissions and discharges and our typical length of stay is longer – potentially reflecting high levels of acuity / complexity;
- There is an increase in the use of acute bed placements across the system in 2020/21- indicating a growing demand for inpatient admissions for the future.

The focus for improvements in inpatient services are to introduce a new bed management system and strengthen processes for control flow management and our scheme to build a new facility to provide longer term bed capacity.

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Recommendation

The Board is asked to:

- Note the report and the work of the Finance & Investment Committee which has
    - Critically appraised the information presented
    - Considered the areas of performance noted and evaluated the associated actions
    - Sought any additional assurance or information required

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

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

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

N/A

Equality & Diversity and Public & Patient Involvement Implications:

N/A

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

All targets

Seen by the following committee(s) on date:

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

Executive Team 11 November 2020
Finance & Investment Committee 17 November 2020

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Performance Report Quarter 2 2020/21

Contents

1. Summary

1.1 Service Recovery

New referrals into the Trust through SPA have reached the same level as pre-COVID averages for the time of year.
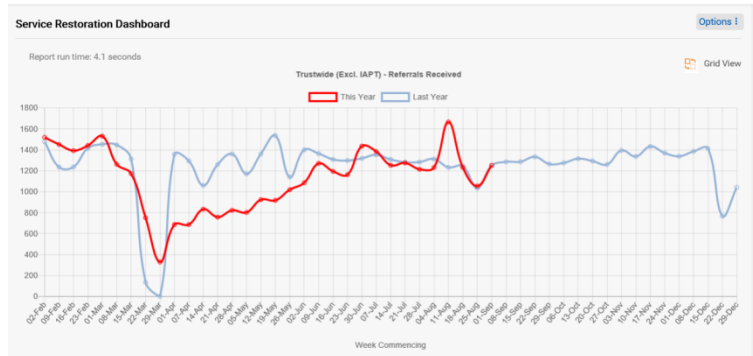

Figure 1 – Referrals into HPFT

Referrals into all services are in line with this time last year with some notable comments:

- The profile of referrals into both CAMHS and Older Adults peaked in June and July as system referrals produced high volumes. There has been a consequential drop off on referrals in August however we expect that referrals into these services will continue to grow in line with our Phase III planning forecasts.
- SPA referrals are higher than previous years due to the introduction of the 24 x 7 Advice line, taking on 111 Option 2 calls, increasing Crisis support and also providing brief interventions in SPA. Also in SPA the Webchat function launched in August which may account for the peak in the graph below – further analysis will reveal the impact of the change in the coming weeks.

Table 1 - Recovery by Service

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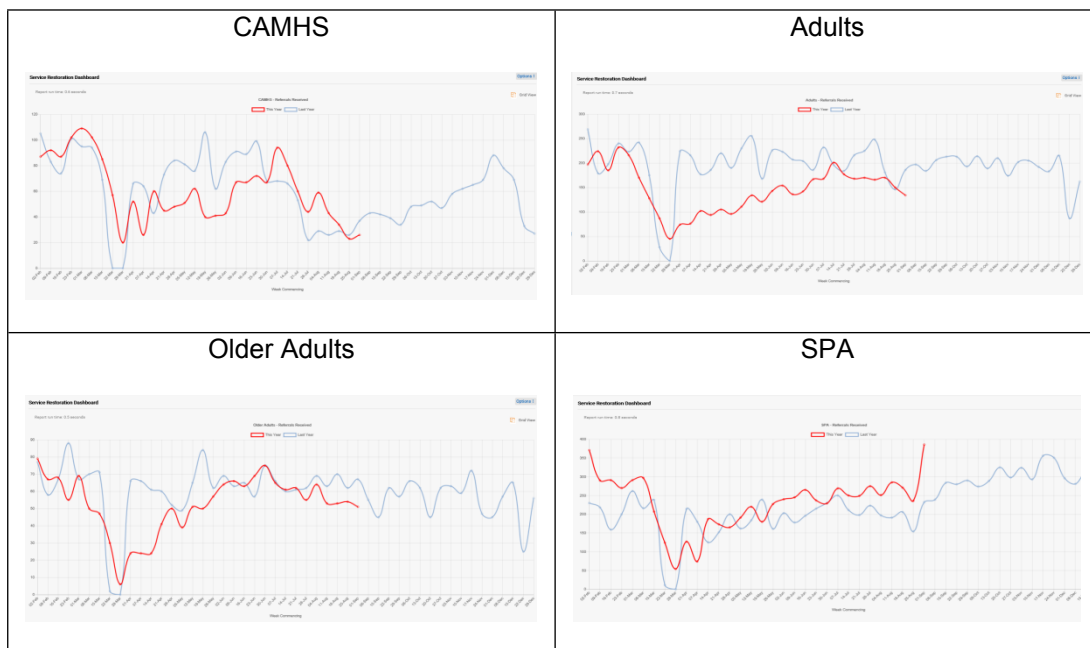
- IAPT referrals are in line with last year however are not on track to meet the cumulative target for the year. This is known and described in our Phase III plans which forecast that IAPT referrals will meet the forecast run-rate in Q4, not the forecast volumes.

Table 2 - Recovery by Service ctd

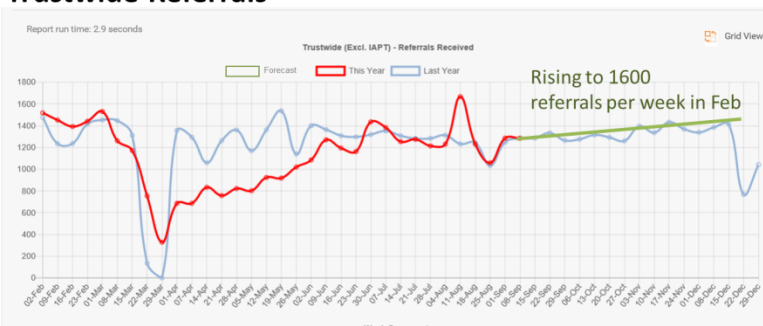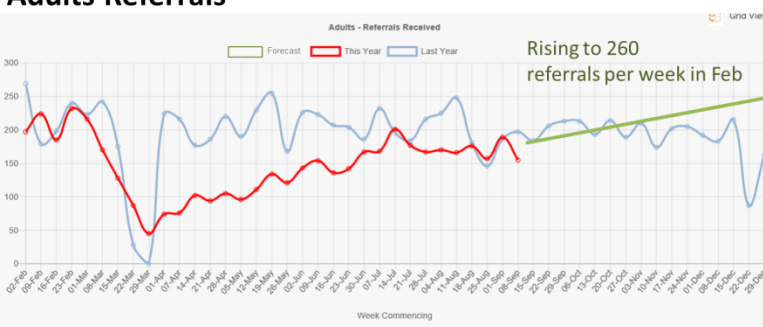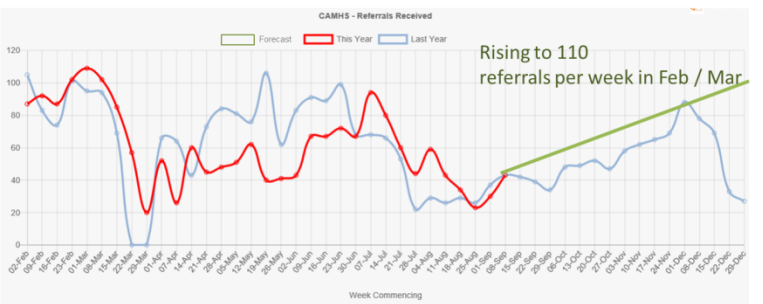| IAPT	LD&F
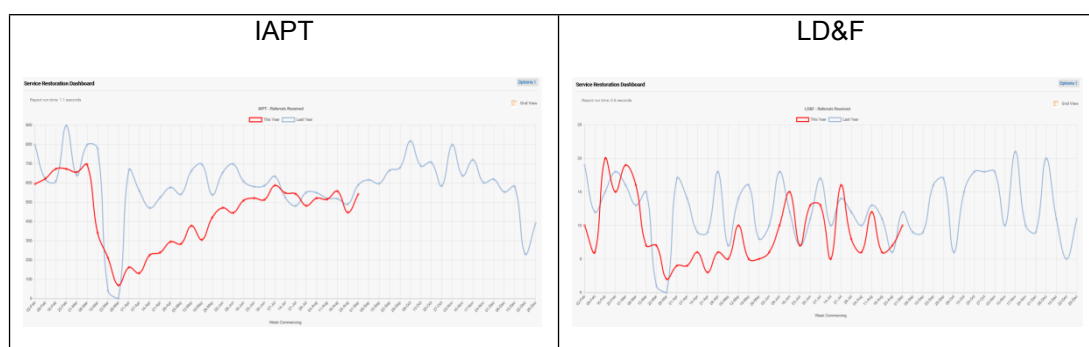
1.2 Forecast

During the first phase of COVID-19 we saw a 25% suppression of referrals on average, which took 4-5 months to return to pre-COVID levels. As the national and regional rate of COVID infection increases above 1, regional and national responses will come into effect leading to a suppression of referrals into the trust – as we saw in March to July this year. Whilst we are unlikely to see a return to the 25% suppression witnessed during Phase 1 a 5%-15% dip in overall referrals is a likely scenario depending on the severity of lockdown measures to control the spread of the infection. The net impact is a reduction in referral volumes over the winter period as a result of COVID 19.

In contrast, pressure on employment and family life as a result of economic and social impacts of COVID is likely to increase the need for some of our services (especially IAPT, IPS and the 24 x 7 Helpline) as well as exacerbate pre-existing mental health conditions. The net impact is likely to be a rise in referrals and the complexity / acuity of some presentations. National and regional teams predict that this could be as great as 10% for planning purposes.

Historically, we see our highest demand for most services over the winter. All services apart from Older Adults show an increase in demand from September and peak in either December (Inpatients and LD&F), or February (CYP, Adults, IAPT). Older Adults see a slight decline in referrals over the winter and a peak in early spring which may be as a result of an increased need for physical health support during the winter months taking precedence over mental health primary presentations.

For planning purposes operations teams are preparing winter plans based on demand for services that is in line with the forecasts in the following charts.

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Table 3 - Forecast of Winter Demand

Referral Trend Compared to Previous Year Plus Forecast	Planning Assumptions
Trustwide Referrals 	Winter Peak: Feb 2021 August Referrals: 1200 per week Peak Referrals: 1600 per week Growth rate: +75 per month from September
Adults Referrals 	Winter Peak: Feb 2021 August Referrals: 180 per week Peak Referrals: 260 Growth rate: +13 per month from September
CAMHS Referrals 	Winter Peak: Feb 2021 August Referrals: 40 per week Peak Referrals: 110 per week Growth rate: +11 per month from September

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Older Adults Referrals

Older Adults - Referrals Received

Rising to a peak of 100 referrals per week in Feb
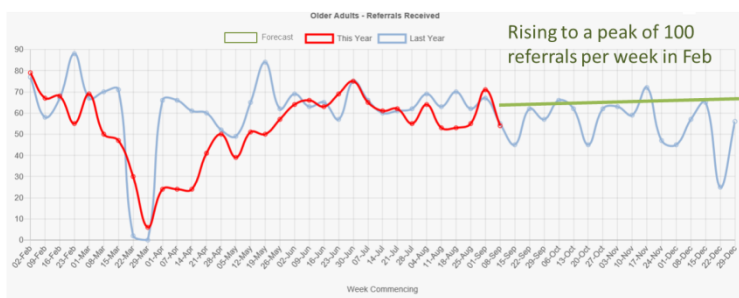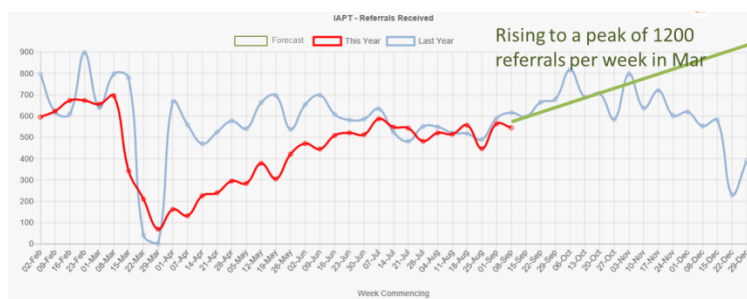
Winter Peak: N/A
August Referrals: 70 per week
Peak Referrals: 70 per week
Growth rate: Net 0 however a slight reduction anticipated up to Christmas followed by a return in January

LD&F

LD&F - Referrals Received

Rising to a peak of 25 referrals per week in December
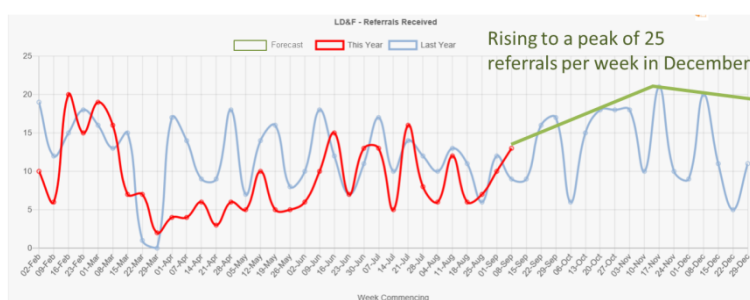
Winter Peak: December 2020
August Referrals: 15 per week
Peak Referrals: 20 per week
Growth rate: 1 per month from September

IAPT

IAPT - Referrals Received

Rising to a peak of 1200 referrals per week in Mar

Winter Peak: Feb 2021
August Referrals: 600 per week
Peak Referrals: 1000 per week
Growth rate: 700 per month from September

Notes: IAPT demand is based on an increase of 10% above 2019/2020 based on commissioning outcomes.

Inpatient Admissions

Rising to a peak of 150 Admissions per week in December
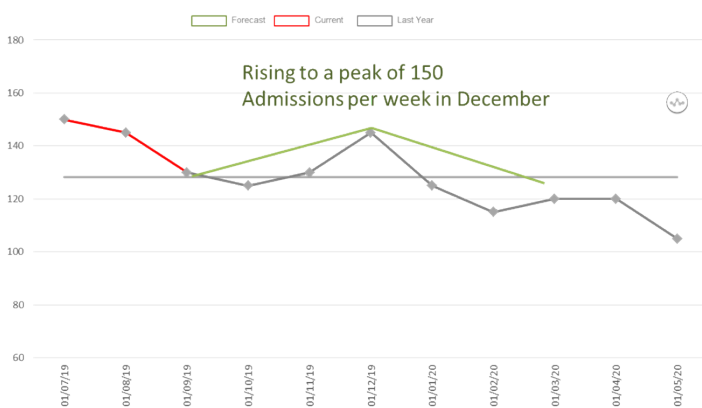
Winter Peak: December 2020
August admissions: 130 per month
Peak admissions: 140 per month
Growth rate: 2.5 per month from September

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1.3 Performance Overview

Overall, underlying performance has remained strong, during a period of unprecedented workforce rates and the need to continue to deliver care in line with COVID 19 infection prevention and control practices.

The introduction of weekly performance reporting during this period has continued to give us insight and assurance about how our services are responding to the challenges posed during the COVID outbreak and has given additional focus to key areas of access and risk during this period.

64% (43 out of the 67 key performance indicators monitored in Q2) are meeting or exceeding the performance level required. This is the highest level of performance since Quarter 4 in 2016/17. 12% (8 out of the 67 indicators) are close to meeting target. The remaining 21% (14 out of 67 indicators) are underperforming and are subject to recovery activity.

Of the 67 Key Performance Indicators currently monitored, overall performance is as follows:

- 43 (64%) are maintaining or exceeding performance levels (on target)
- 8 (12%) are almost meeting target performance levels (close to target)
- 14 (21%) are not meeting our performance standards (underperforming)
- 2 (3%) are currently monitored but no formal performance target set

Table 4 – Comparison of Performance on KPIs by Quarter
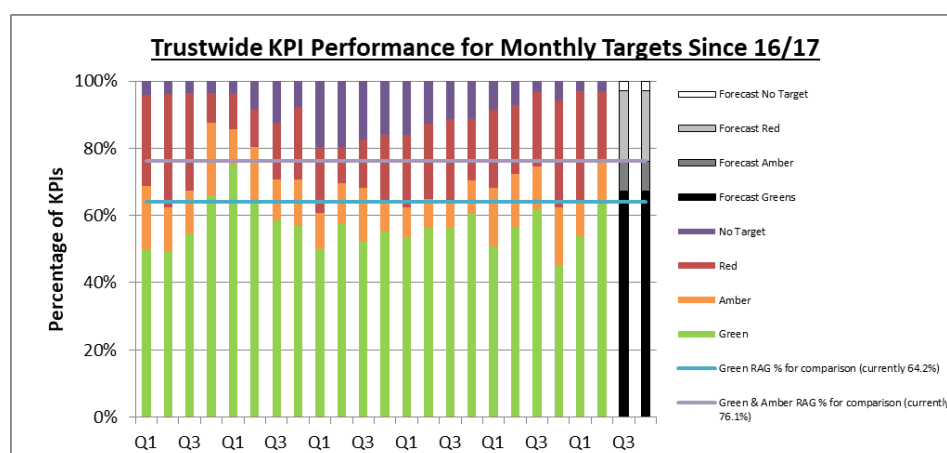
1.4 Activity Summary

The table below provides a summary of some of the key areas of activity across the Trust during Quarter 2. It provides a sense of the volume of work and sets some of the context for the performance of the Trust over the quarter. In light of COVID-19, referrals into the Single Point of Access service are only 3% lower than referrals in Quarter 2 2019; however, there has been an increase of 24% on Quarter 1 2020, indicating a growing demand for our services as the country moved into the recovery phase.

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Table 5 – Summary of Quarter 2 Activity

Summary of the Activity across the Trust during Quarter 2

265 adult acute admissions in Q2

7,710 new spells of care in secondary mental health and LD services in Q2

3,095 people on CPA in Q2

107,297 secondary mental health contacts in Q2, including virtual and telephone

6,145 discharged from secondary mental health services in Q2

400 inpatient beds in Q2

164 Starters, 113 Leavers at the end of Q2

14,664 people entering treatment in Wellbeing Services in Q2

1.5 Reporting Categories

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

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

2   NHS Oversight Framework

2. 1 Summary of Position

There are six Key Performance Indicators under this domain:

- People with First Episode Psychosis receive treatment within 2 weeks of referral
- Data Quality Maturity Index
- Improving Access to Psychological Therapies (IAPT) (18 week access – target 75%)
- Improving Access to Psychological Therapies (IAPT) recovery (Target 50%)

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- IAPT waiting time to receive treatment (within 6 weeks – target 95%)
- Inappropriate Out of Area Placements (Target 60 days in Quarter 2)

Five have been met in the quarter; with Inappropriate Out of Area Placements not meeting the performance standard

- Inappropriate Out of Area Placements – 539 days against a target of 60 for the quarter.

KPI	Trend	Q2 Status/Action
Inappropriate Out of Area Placements (OAPs) for adult mental health services. (Target 60 bed days)		**Q2 Performance: 539** The Trust is experiencing a high demand for beds, which we believe reflects the pressure on the community teams, and the growth in complexity and demand in the community. July saw a successful reduction in the overall number of occupied bed days for OoA, although August and September have seen challenges return – this has largely been as a result of Hertfordshire individuals presenting elsewhere in the country and admitted locally before repatriation. **Action:** Daily oversight of individuals in out of area beds and monitoring of length of stay to continue.

3   Access to Services

3.1 Summary Position

In Quarter 2 the Trust, despite continued challenges faced due to COVID-19, consistently met 17 out of 24 access indicators.   Accessing mental health services has been a key area during 2019 and continues in 2020. Indications are that the significant improvements that were seen in 2019 have been, and will continue to be, upheld despite the COVID challenges.
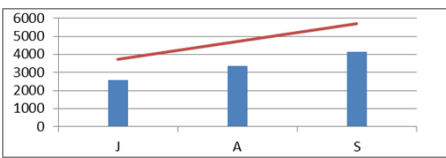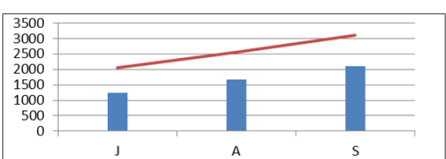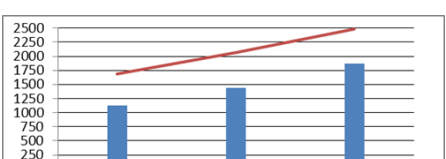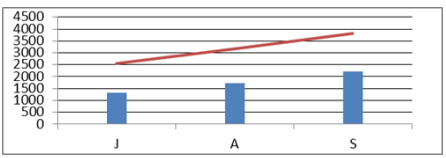
3.2 Areas of Strong/Improved Performance

- Non-urgent people who accessed our Adult Community Mental Health Services were seen in 96.20% of cases within 28 days (target – 95%), all of our urgent referrals seen within 24 hours (target – 98%).
- All service users who needed to access our Adult Crisis Assessment and Treatment Teams in Quarter 1 were assessed within a 4 hour period (target – 98%).
- Children and Young People who needed to access Crisis Services were seen within 4 hours in 99.64% of cases (target – 95%).
- Children and Young People who needed urgent assessment within 7 days were seen in 96.77% of cases (target – 75%)
- All Children and Young People in Child and Adolescent Mental Health Targeted Services were seen within the 14 and 28 day waiting period, achieving 100% (target – 98%)

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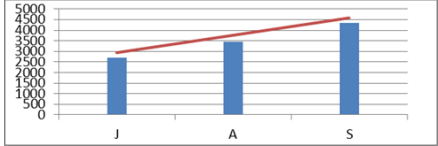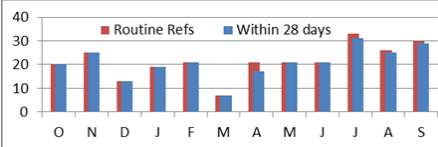
- Referrals into our Single Point of Access service received an outcome within 14 days in 97.03% of cases (target 95%).
- Across all our services 98.39% of people received treatment within the 18 week wait standard (target – 98%)

3.3 Access Indicators currently underperforming

Below is an exception summary for those Key Performance Indicators that have not achieved performance standards

KPI	Trend	Q2 Status/Action
Number of people entering IAPT treatment (Herts Valleys CCG) (Target 5,720)		**Q2 Performance – 1,582 below target** **Action:** Under the Phase 3 plans we have proposed that our trajectory to the end of Q4 is to fall in line with the expected run rate to meet our commissioner targets, however we won't recover the cumulative volumes over that period. At the moment we are 1,582 behind and we seek to improve that position by the end of the year.
Number of people entering IAPT treatment (Mid Essex) (Target 3,100)		**Q2 Performance – 1,005 below target** **Action:** Under the Phase 3 plans we have proposed that our trajectory to the end of Q4 is to fall in line with the expected run rate to meet our commissioner targets, however we won't recover the cumulative volumes over that period. At the moment we are 1,005 behind and we seek to improve that position by the end of the year.
Number of people entering IAPT treatment (West Essex) (Target 2,483)		**Q2 Performance – 619 below target** **Action:** Under the Phase 3 plans we have proposed that our trajectory to the end of Q4 is to fall in line with the expected run rate to meet our commissioner targets, however we won't recover the cumulative volumes over that period. At the moment we are 619 behind and we seek to improve that position by the end of the year.
Number of people entering IAPT treatment (North East Essex) (Target 3,817)		**Q2 Performance – 1,609 below target** **Action:** Under the Phase 3 plans we have proposed that our trajectory to the end of Q4 is to fall in line with the expected run rate to meet our commissioner targets, however we won't recover the cumulative volumes over that period. At the moment we are 1,609 behind and we seek to improve that position by the end of the year.

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3.3.1 Access Indicators – Almost Met

KPI	Trend	Q2 Status
Number of people entering IAPT treatment (East & North Herts CCG) (Target 4,588)		**Q2 Performance – 229 below target** **Action:** Under the Phase 3 plans we have proposed that our trajectory to the end of Q4 is to fall in line with the expected run rate to meet our commissioner targets, however we won't recover the cumulative volumes over that period. At the moment we are 229 behind and we seek to improve that position by the end of the year.
KPI	**Trend**	**Q2 Status**
Routine Referrals to Community Eating Disorder Service (Target 98%)		**Q2 Performance – 95.51%** Four people were seen outside of the 28 day timescale due to administrative error and a clinical with a family emergency. **Action:** Administration issues addressed with staff concerned.

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4   Safety and Effectiveness of Services

4.1 Summary Position

There are 24 Safety & Effectiveness Key Performance Indicators of which 15 have been fully met, 4 were almost met, and 6 where further improvement is required.

4.2 Areas of Strong/Improved Performance

- The percentage of adults who have been discharged from our inpatient services and followed up within 7 days has exceeded target at 97.26% (target – 95%). The percentage followed up within 3 days also exceeded target at 93.35% (target – 90%).
- 85.4% of our service users who used our acute inpatient services in Quarter 1 reported that they had felt safe whilst there (target – 80%).
- Our service users told us that they felt they had been treated in a way that reflected our trust values in 80.6% of cases (target – 80%)
- They also told us that in 85% of cases they knew how to get support at a time of crisis (target – 83%) and in 85% of cases they had been involved in discussions about their care (target – 85%)
- Carers told us that they had felt valued by staff in 95.45% of cases (target – 75%).
- Our staff reported that 83.72% of them would recommend Trust services to family and friends (target – 70%).
- Use of the Initial Cluster Tool for those entering services is above target at 96.44% (target – 95%).

4.3 Underperforming Indicators

Below is an exception summary for those Key Performance Indicators that have not achieved performance standards:

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KPI	Trend	Q2 Status/Actions
The proportion of those on Care Programme Approach (CPA) for at least 12 months who had a CPA review within the last 12 months (Target 95%)		**Q2 Performance: 81.01%** Care Programme Approach (CPA) reviews were suspended in some areas due to COVID and there were initial challenges arranging full meetings on a virtual platform. **Action:** Reviews are now back to being routinely scheduled but is expected that full recovery will take until Q3.
Delayed Transfers of Care (DTCs) (Target 3.5%)		**Q2 Performance: 7.48%** Data is provided to each ward weekly on their length of stay, DTCs and discharges, and the ward leadership team is encouraged to review this to ensure effective flow. Whilst there is good engagement from community and inpatient teams, the focus is senior oversight of actions and the speed at which these are followed up. Delays are still largely due to placement providers (rather than the arrangement of placements) and transition arrangements. **Actions:** CQI group reviewing patient flows and processes.
Cluster Reviews (Target 95%)		**Q2 Performance 85.15%** There has been a drop in performance during COVID as risk based indicators have taken precedence. **Actions:** To continue to monitor against target.
Mental Health Services Data Set submissions to NHS Digital Employment & Accommodation (Target 85%)	Employment data Accommodation data 	**Q2 mean performance: 73.07%** Recording of employment and accommodation were historically poor, but have risen steadily since the introduction of SPIKE and the DQ initiative to the highest level they have been in May. HPFT Benchmarks extremely well against other trusts for these indicators. Historically unable to see when reviews were due on Paris. SPIKE dashboards now give this information on team and individual dashboards. **Actions:** Continue with use of SPIKE dashboards and promote recording in teams. Data Quality Officers to assist.

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KPI	Trend	Q2 Status/Action
Cardio-metabolic checks for people with psychosis (Target 90%; FEP 60%; Community CPA 50%)		**Q2 aggregate performance: 54.05%** Underperformance has been caused in part by inconsistent recording practices across quadrants & teams. A steady decrease in performance has taken place in April, which is attributable to fewer health checks taking place with the decrease in face to face appointments due to the COVID crisis. **Actions:** A task and finish review has commenced and is being overseen by the Physical Health Care group.

4.3.1 Safe and Effective Indicators – Almost Met

KPI	Trend	Q2 Status/Action
Rate of service users with a completed up to date risk assessment (inc LD&F & CAMHS from Apr 2015) (Target 95%)		**Q2 Performance: 94.80%** Performance against risk assessments increased during the COVID outbreak, with an additional focus on reviewing risk for individuals. There has been a small drop in August and September which has resulted in performance falling marginally below target level. **Actions:** Continued focus on risk is expected to bring performance back on target in Q3.
IAPT % clients moving towards recovery (Mid Essex) (Target 50%)		**Q2 Performance: 49.67%** Reasons related to changes in working due to COVID – redeployment of staff, changes in methods of delivery and an increased number of people dropping out of treatment. **Actions:** Continue to monitor and review recovery rates as services are restored.
IAPT % of clients moving towards recovery (W Essex) (Target 50%)		**Q2 Performance: 47.96%** Reasons related to changes in working due to COVID – redeployment of staff, changes in methods of delivery and an increased number of people dropping out of treatment. **Actions:** Continue to monitor and review recovery rates as services are restored
Data Completeness against minimum dataset for Ethnicity (Target 90%)		**Q2 Performance: 89.92%** Target is predicted to be met on refresh of the data. **Actions:** Data Quality Officers will work with Teams to improve recording.

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5 Workforce

5.1 Summary position
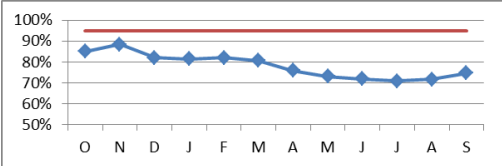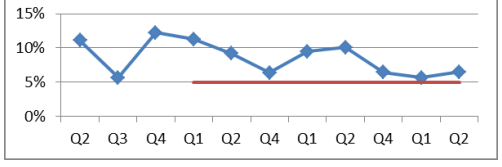
There are 7 Key Performance Indicators routinely monitored on a quarterly basis, of which 4 have been met, 1 almost met and 2 where improvement is needed.

5.2 Areas of Strong/Improved Performance
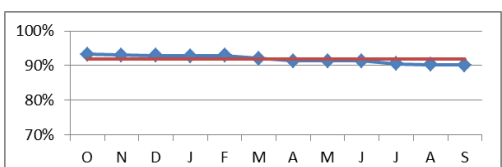
- Staff recommended the Trust as a place to work in 78.35% of cases (target – 61%)
- Staff wellbeing at work in Quarter 2 was reported as being at 77.63% (target – 75%)
- Staff turnover was at 13.56% against a target of 13.9% (Quarter 4 19/20 target, not yet updated).

5.3 Underperforming Indicators

Below is an exception summary for those Key Performance Indicators that have not achieved performance standards:

KPI	Trend	Q2 Status/Action
Rate of staff with a current Personal Development Plan and appraisal (Target 95%)		**Q2 Performance: 74.70%** Although the compliance period was extended to reflect the impact of staff focus on managing COVID, appraisals have steadily fallen over the quarter. **Actions:** A simplified approach to PDP and appraisal will be launched in October, together with training, support and clear communications and reporting to ensure a significant increase by the end of Q3. All teams are expected to have clear trajectories in place reflecting booked appraisals.
Staff experiencing physical violence from service users (Target <5%)		**Q2 Performance: 6.50%** There has been a small increase in staff reporting violence via the Pulse Survey in Q2. **Actions:** In high impact areas there is a current review of Violence, with proposed actions to consider methods to reduce harm via (Action by end of October 2020)

5.3.1 Almost Met Key Performance Indicators

KPI	Trend	Q1 Status/Action
Rate of mandatory training completed and up to date (Target 92%)		**Q2 Performance: 90.21%** During the pandemic all face to face courses were cancelled and the impact of the coronavirus pandemic resulted in a reduction in the ability of staff to take time to complete their training. This has resulted in the slight drop in the level of training being completed since April to date. **Actions:** All courses that must be

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		undertaken face to face have resumed, with reduced capacities for IPC reasons, and being booked in for the remainder of the financial year. It was envisaged that we would be able to increase course capacities back to pre-Covid levels from the beginning of Quarter 3, however this has not been possible, due to ongoing IPC measures, including social distancing.

6   Financial Resources

6.1 Finance Overview

The Trust has reported a break-even positon for month 6, and for the year to date, as required during the Covid-19 period. Top up income has been accessed for a number of specific items but has also been required for the first time in month 6 from a more general position (c£350k), to bring the Trust from an underlying deficit position to a break even position. This has primarily been due to:

- significant demand for beds requiring additional capacity sourced from the independent sector;
- increasing pay costs; and
- increasing overhead costs, as the Trust has restored services.

Within this position, there is £1.3m of Covid in month related expenditure, for which Covid income has been claimed.

Substantive pay has increased in month, driven primarily by a backdated medical wage award that has been funded through additional top up claim. Bank pay spend has decreased significantly in month through a combination of real reductions and estimates previously used being corrected to actuals. Secondary Commissioning costs increased in month due to an increased number of occupied bed days and continue to be an area of significant pressure in both CAMHS Tier 4 and Adult Acute. A pay spend project whereby pay spend and the governance processes are analysed in great detail is currently underway and is expected to begin reporting findings in October.

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Financial Indicator	Target	Current Period Numbers (September 2020/21)	Current Period (September 2020/21 UNLESS STATED)	Previous Period August 2020/21 UNLESS STATED)	Change on previous period	Comments and Data Quality Issues	Forecast for next period (October) 2020/21)
To Achieve Surplus in year (not including PSF)	£0k (break even)	£0k (break even)	£0k (break even)	£0k (break even)	£0k (break even)	Trust position is breakeven mainly due to the COVID reimbursement income that we receive.	↔
Use of Resources (formerly Financial Service Risk Rating)	1		1	1			↔
To keep agency spend below the Trust ceiling of £5.8m spend for the year (NB NHSI agency spend ceiling is £7.3 million for the year)	TBC	N/A	£3,382k	£2,812k	570k	Agency costs are slightly higher than last month, but are level with the previous 5 months average.	↔
NHSI Agency Price Caps: (*wage caps no longer reported to NHSI) - monthly number of shifts breaching price caps reported weekly to NHSI in period	Reduce to Zero		232	213		Figures as per NHSI weekly submission. Figure based on full weeks that contain days in the reporting period. Current period figure includes weeks commencing; 07.09.20 14.09.20 21.09.20 28.09.20	↔
Delivering Value (cash releasing efficiency savings in Financial Year)	Annual savings requirement identified as £6m	Annual savings target £6m	Programme currently totals £4.4m of developed schemes and plans in progress with a further c. £0.9m of opportunities identified	Programme currently totals £4.3m of developed schemes and plans in progress with a further c. £1.0m of opportunities identified		Schemes originally identified pre-COVID are being reassessed. There have been additional savings in areas such as staff travel and Continuing Health Care placements	↔

7. Benchmarking – Inpatient Services

Benchmarking for Inpatient Services (Source MHSDS and NHS Digital Nationally available data sets.

Based on current National Data sets the following conclusions can be drawn:

1. HPFT has a comparatively low rate of admission and a correspondingly low discharge rate – on average 35% lower

2. The length of stay in our services is comparatively higher than the rest of the system – an average of 48 days versus a nation mean of 34 days

3. HPFT is an outlier in delayed transfers of care at 4 times the average in the system – 2,000 versus a system of average of 500

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Key metrics MHSDS Jul 2019 to May 2020

Inpatients

Admissions to hospital in the RP

Days of delayed discharge in RP

Bed days in RP

Length of Stay in RP - 01/07/19 - 01/05/20

Legend
HPFT Mean · National Benchmark
Process Limit · Measure
Improving Special Cause · Concerning Special Cause
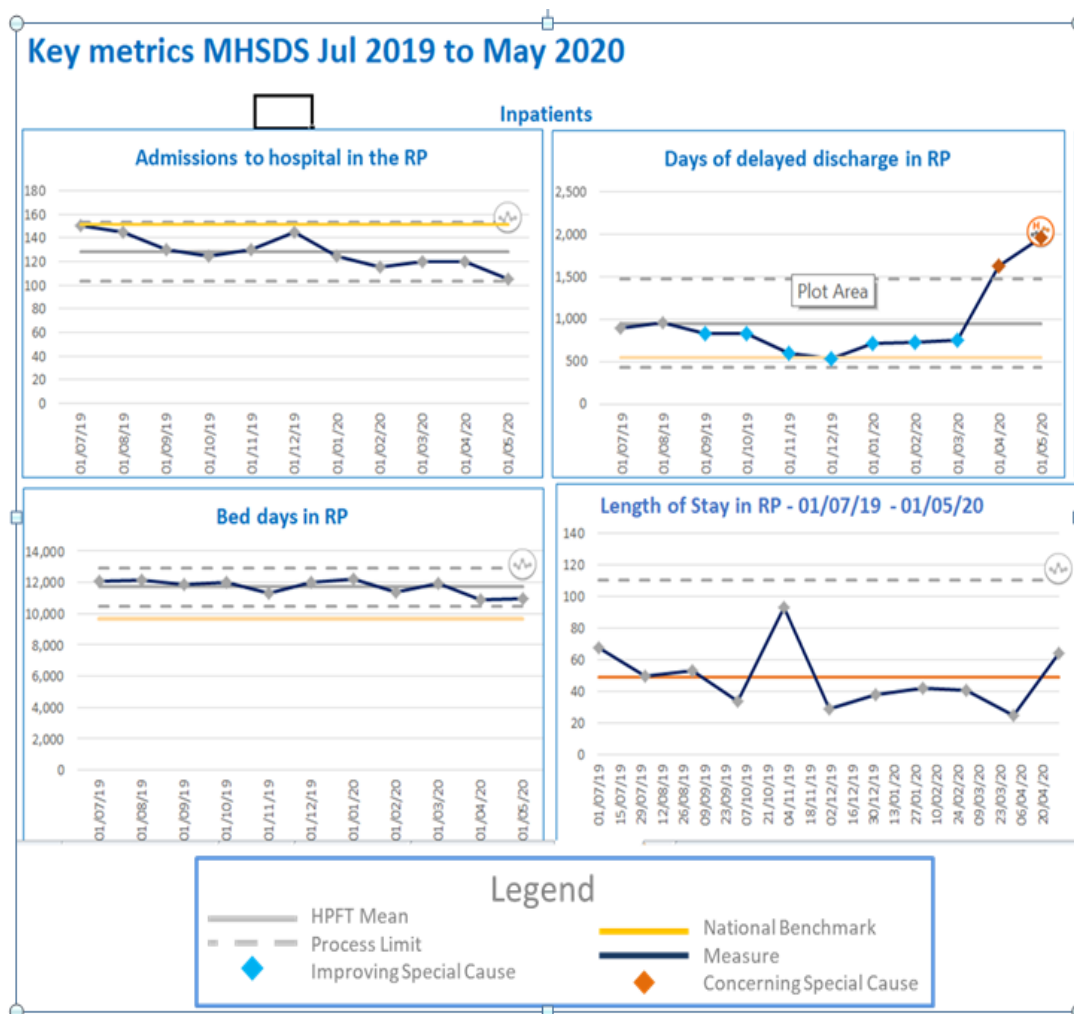
8. Quality Account – Priority Indicators

In Quarter 2, of the ten reportable indicators, nine were above target and one was below target. The indicator not meeting target is people on CPA having a review within 12 months, and is detailed in the main body of this report under the Safe and Effective Care section.

There are three indicators that are not reportable in Quarter 1:
- Rate of service user incidents and the number and percentage of such service user safety incidents that resulted in severe harm or death – reported annually.
- Service User experience in the community – reported from annual community survey
- Safeguarding – social care assessments – the development of this indicator has been delayed due to COVID-19.

9. Conclusion

This report has evidenced the performance of the Trust during Q2 2020/21. In light of COVID-19, overall performance continues to remain strong despite the challenges faced. As COVID is managed nationally and locally over the coming months and new ways of working are implemented, performance is expected to further improve. Rebuilding and restoring services will be gradual. Referrals into Single Point of Access service have seen a drop of 27% on referrals from Quarter1

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2019; however, referrals have also increased by 27% between May and June 2020, this is likely to be due to easing of government placed restrictions, and is expected to continue as the country moves into the recovery phase. Weekly performance reporting is aiding performance improvement across services and has allowed services to be closely monitored and managed to ensure that we maintain timely and high quality interventions during this period.

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Meeting Date:	26 November 2020	**Agenda Item:** 12c
Subject:	Financial Position to 31st October 2020	**For Publication:** No
Author:	Sam Garrett, Interim 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 31st October 2020 as well as a forecast for the position for the remainder of the year based upon an early assessment of October. The report seeks to both inform the Board of the key elements of the first six month period, to identify the key changes going into the second period under the revised arrangements, and to project the financial position for the full year in the light of these changes and the October position.

Action required:

The Board is asked to note the financial position and the evolving financial arrangements for the 2nd half of the year, and raise any questions which arise from its content

Summary and recommendations

The Trust achieved an overall position on Plan for the period to September; this was break-even as required under the financial arrangements for Months 1 to 6. Within this period there was a progressive increase in Pay costs during the first five months and significant cost pressures within external bed costs to meet additional demand or to provide specialist care not provided within HPFT's own services. The need for additional external beds generally varied over the period, with the exception of CAMHS Tier 4 beds which saw a sustained increase from Quarter 1 which has continued to date. Despite these pressures the Trust maintained its costs within the revenue provided until September where a top up of c. £350k was required to break even.

For the second half of the year there were several changes made to the financial arrangements, namely:

1. COVID-19 reimbursement was set at a fixed sum based upon the level of claim in the first three months.

2. There was a reset of the top-up values and some changes made to the block payment thresholds.

3. MHIS funding and SDF income were released to commissioners for onward investment, and MHIS started to be released to the Trust by Hertfordshire CCGs.

4. Several sources of funding including COVID-19 were provided through the ICS.

5. A re-forecast was required based upon the above with an overall requirement that each ICS should achieve break even although within this individual organisations could with agreement report a surplus or deficit.

The Trust has forecast a £1.2m deficit for the six month period with a small surplus in Month 7 and a progressive monthly deficit as the Trust recruits staff to new posts funded through the new funding. This is a re-forecast further to review by the Regional NHSE/I team, and is subject to final confirmation of outstanding income with the ICS.

The reported position for October is a surplus of £15k which is in line with the Plan.

The key highlights within this are:

1. Income levels are below Plan by c. £200k due to Winter monies included in the Plan not being received, and small reductions on SRS (due to a service user leaving) and NHSE/I Specialist Block (due to the Provider Collaboratives).

2. Pay costs are below Plan c. £500k due to COVID-19 costs being lower than Plan this month and also due to delays in recruitment for new and expanded services.

3. Non pay costs and overheads are on Plan overall.

4. COVID-19 costs are less than the fixed sum provided by c. £200k, including Secondary Commissioning.

	October Actuals	October Plan	Year to date Actuals
Income	22.7	22.9	154.2
Expenditure	23.4	23.8	162.9
Total (A)	**(0.7)**	**(0.9)**	**(8.7)**
COVID-19 reimbursement (B)	0.7	0.9	7.8
Other Top-up (C)	0.0	0.0	0.9
Revised Total (D)	**0.0**	**0.0**	**0.0**

October has therefore shown a more positive position with the additional income in month not seeing a corresponding increase in costs with Month 7 very similar to Month 6. It is early to make a full assessment of the outturn with further recruitment necessary against this additional income. A number of actions are being taken to maintain costs within the revised revenue including a full review of pay costs and pay controls (including an Internal Audit review), and renewed focus on Out of Area beds particularly for PICU and CAMHS Tier 4.

COVID-19 costs are c. £600k for October, reflecting reduced spend in most areas which is below the funding provided. The additional income has therefore been deferred to match the increase in costs expected in in November due to the potential 2nd surge.

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

Summary of Financial, IT, Staffing & Legal Implications:

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

N/A

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

Financial Management

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

FIC 17th November

1. Summary

1.1. As per the current national reporting arrangements the Trust reported a break-even position for Month 6 and for the year to date at that point in time. However, although the position was balanced for Months 1 to 5, pay and external bed costs were increasing month on month and culminated in a requirement for a top-up of c. £350k in order to break-even in Month 6. Therefore, the Trust had an underlying deficit of c. £350k going forward. As part of this position, £7.1m of COVID-19 costs had been reclaimed, with the majority paid to date, and the remainder not due until mid November.

For Month 7 the Trust has reported a surplus of £15k, in line with the forecast submitted in October, this is driven by an increase in income matched against very little increase in costs.

1.2. Main figures for the month and year to date are shown below:

	In Month Actual	In Month Plan	Year to date Actual
Income	22.7	22.9	154.2
Pay	15.0	15.5	105.0
Secondary Commissioning	3.0	3.0	21.0
Non Pay	4.3	4.3	30.4
Financing	0.9	0.9	6.4
Total before COVID-19 reimbursement	**(0.7)**	**(0.9)**	**(8.7)**
Supplementary Income:			
COVID-19 reimbursement	0.7	0.9	7.8
Other Top-up	0.0	0.0	0.9
Revised Total	**0.0**	**0.0**	**0.0**

1.3. For the Month of October, compared to the forecast submitted in October to NHSE/I, main variances were:

1.3.1. Income at £200k less than Plan due to: Winter Income which was included in the Plan not being received (with no costs to date either); a further SRS service user having moved at the start of October; and a reduction in the block payment from NHSE/I relating to Specialist Services, due to the commencement of New Care Models.

1.3.2. Pay at £500k less than Plan due to COVID-19 pay costs having reduced from previous months and also a number of areas of recruitment not having proceeded to date.

1.3.3. Non Pay Costs including Secondary Commissioning will report on Plan overall.

1.3.4. COVID-19 costs of c. £600k and income of the same level; this is below the revised cap and the remainder will be phased to later in the year, with costs expecting to increase.

1.4. The Trust's Use of Resources (UoR) framework rating is not being reported to NHSE/I under the current financial arrangements and due to the fact that Trusts are reporting a consistent break-even position. The Trust's own assessment against the previous criteria would report as 1.

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 were directed to report a break-even position in each of the first six months with income being made available to fully match expenditure. The arrangements have now changed and include:

   2.1.1.   The continuation of most elements of the Block payment with the exception of several smaller London contracts for SRS beds, meaning a reduction of c. £100k per month for HPFT.

   2.1.2.   Reduction of the standard top-up by £100k per month to £188k per month.

   2.1.3.   Additional MHIS amounts paid by Hertfordshire CCGs of c. £600k per month (though it is possible a small part of this total will ultimately go to other providers).

   2.1.4.   COVID-19 reimbursement to be dealt with via the ICS and at a capped amount for the system, rather than full reimbursement of all costs.

3. **Key Variances**

   Income

3.1. For the year to date there is £3.3m less income than Plan, however as explained above this is due to the current method of payment, and has been partly mitigated by the top-up payment process; additionally release of deferred income which had been included in the original pre-COVID-19 Plan has not needed to take place. For the month, income is c. £200k less than Plan, again as explained above this is due to the lack of Winter income which had been planned for (c. £150k, matched by no costs to date); a reduction in the block payment from NHSE/I relating to Specialist Services now coming under New Care Models (c. £33k); and an additional service user moving on from SRS (c. £15k).

3.2. CQUIN has been included for the year to date at 100% with no penalties.

3.3. From Month 4, an additional contract for Liaison & Diversion services has been added at £1.1m per year (£92k per month); this is a sub-contract via East London NHS Foundation Trust and has been invoiced and paid directly by ELFT.

From Month 7, a small contract for Prison In Reach (£20k per month) has ended, with this income stream therefore ceasing, matched by a reduction in costs including some agency.

3.4. Although the new financial regime for Month 7 results in some reduced income for HPFT (c. £250k per month relating to small London contracts, reduction in the top-up paid, and New Care Models change), there has also been a significant level of new investment, with MHIS being paid at c. £600k per month. In addition, there will be funding from Year 2 of SDF once released, and HEE have paid a proportion of salary support for IAPT Trainees. It is likely that the £33k per month relating to New Care Models will be invoiced for separately once data on the service it relates to has been received.

3.5. It is also likely there will be some recharges of pay relating to the Connected Lives Programme, c. £25k to date, which is not yet included in the position.

Pay

3.6. Year to date Pay is now above Plan by c. £2.8m overall but £3.9m relates to COVID-19 costs and therefore excluding the impact from COVID-19, pay is below Plan by £1.1m, mainly relating to recruitment being slower than expected (and matching against the lower income figures outlined above). For the month pay is also below the revised Plan, due to COVID-19 costs reducing, as well as to recruitment delays.

3.7. Overall though in the year to date there has been a significant increase in pay spend, even excluding COVID-19 expenditure, as shown in the graph below.
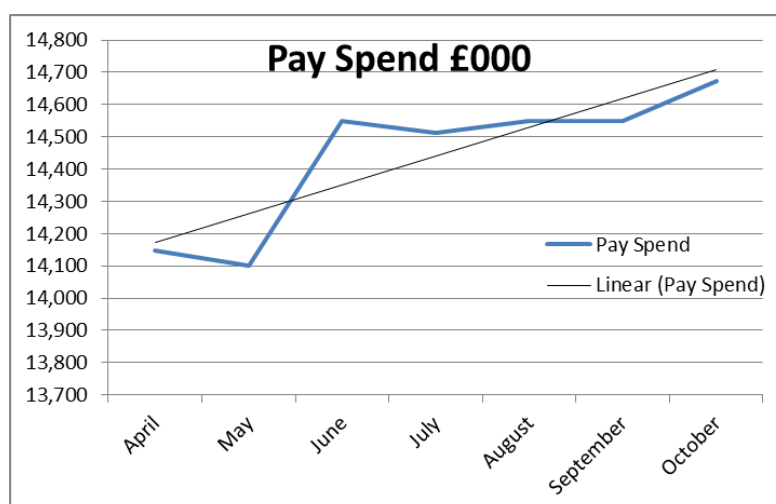
3.8. This increase in pay spend has been in part due to an increase in staff recruited, and lower levels of leavers than usual, with bank and agency spend not reducing (and in some cases continuing to increase) despite substantive recruitment. This in some cases does relate to new or expanded services, such as IAPT trainees, and the new Liaison and Diversion Service.

Period	Starters	Leavers	Net	Comments
March & April	72	-65	7	
May	32	-21	11	
June	39	-15	24	
July	65	-24	41	Placement Student nurses started
August	34	-75	-41	Placement Student nurses left
September	87	-53	34	IAPT Trainees
Total	**329**	**-253**	**76**	

3.9. There are currently c. 40 individuals with start dates confirmed over the coming months, and a further 70 offers out to external candidates. Substantive pay therefore is likely to increase by up to £300k per month by Quarter 4, as per the Plan submitted in October.

3.10. Pay awards have now been paid with most staff paid via Agenda for Change agreement from April, most medical staff paid in September (and backdated to April), and most other staff paid in October.

3.11. Agency spend having increased during the latter part of 2019/20 did reduce a little during the early part of 2020/21 and though it has now increased, the linear trend line on the graph below does show a small overall reduction in 12 months. Most notable reduction has been Medical locums which reduced from a high last year of 12 to 7 or 8 in Quarter 2 2020/21. Although a number of other areas have reduced, the uncertainty of some income streams, such as for Prison In-reach (now ending) and C-CATT, has necessitated a continued reliance on agency. The highest use of agency remains qualified nursing roles in inpatient and all qualified roles in the community, in particular in CAMHS; the former in particular is expected to reduce from Quarter 3 as the newly qualified nurses take up vacancies; there is some indication in recent weeks that this has started but to date only some have received their pins. Focus is now on increasing the conversion of agency staff highlighting the benefits of more secure employment.
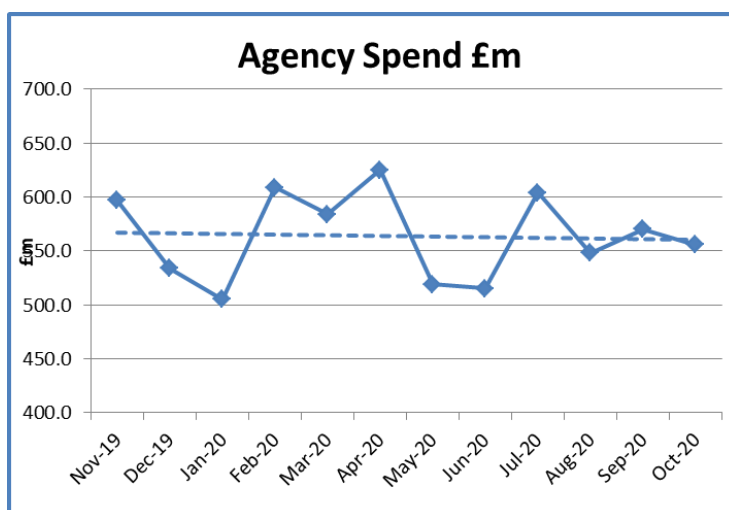
Secondary Commissioning

3.12.   Secondary Commissioning has overspent for the year to date but for the month is in line with the revised Plan submitted in October at c. £3.0m per month.   There was a spike in activity in Adult Out of Area PICU during September which has continued into Quarter 3, as well as continuing exceptionally high numbers of CAMHS Tier 4 Out of Area.   A snapshot of activity at the end of each month, shown alongside target numbers for the year, is shown below:

End of Month	Target	April	May	June	July	Aug	Sept	Oct
CAMHS OOA	8	10	10	15	18	15	20	25
Acute OOA	2	10	12	3	2	0-2	8	1
OA Acute	0	0	0	0	0	0	0	0
PICU OOA	2-4 avg	4	4	3	4	2-4	6	9
Health Long Term	30-32 avg	36	35	35	35	34	35	33

3.13.   The key areas are:

3.13.1.   CAMHS Tier 4 Out of Area placements which have continued to increase with exceptionally high levels now being seen of young people who need very specialist care and cannot be maintained at home.   All are reviewed on a weekly basis by HPFT CAMHS clinicians.

3.13.2.   PICU Out of Area placements which had stabilised but have been steadily increasing again since September. Acute Out of Area had a significant spike in August but this has been managed back down.   Both PICU and Acute continue to be clinically reviewed regularly by a Consultant Psychiatrist to ensure appropriate care and discharge, and a weekly Acute Pathway Restoration meeting also has oversight.

3.13.3.   Main Health placements have reduced back down to 33 having been at 35 for some months.   There was a low of 30 in 2019/20, however with several placements being made largely due to COVID-19 issues, it has not yet proved possible to reduce back down to this level.   A trajectory to return to 32 maximum has been agreed to be achieved by Quarter 4.

3.13.4.   MHSOP CHC Placements had been decreasing by c. £100k per month, making a saving of c. £1m, having already made significant savings in the latter part of 2019/20.   However "Pipeline" assessments have started to increase again and signal additional cost, which is being accrued, so this area will be kept under continual review.   It is unlikely activity would increase again to levels seen last year.

3.13.5.   Social Care costs haven't changed significantly during the year, though a reduction for Quarter 4 is expected in line with the Connected Lives Programme.   The Provider Review part of this is just starting and numbers have been held at 2019/20 levels with no growth.

Overheads

3.14. Other Direct costs and Overheads are below Plan for the year to date excluding COVID-19 related costs due to savings on travel in the early part of the year, and a number of items not going ahead on time due to the Pandemic. These costs have increased again in recent months but remain overall on Plan for the month. There were several one-off costs which were absorbed this month, such as external recruitment for Non-Executive Directors, external fit-testers, and the purchase of new AEDs.

4. COVID-19

4.1. As stated above for Months 1 to 6 there has been a COVID-19 cost reimbursement process in place via the top-up arrangements and HPFT has claimed a total of £7.1m to date, the majority of which has been paid, with the remainder not yet due. For Months 7 to 12 income based on Quarter 1 has been allocated to Trusts, for HPFT this equates to just under £900k per month. The Trust will report c. £600k for October, with the remainder re-phased to later months.

4.2. A number of these costs are starting to increase again, particularly into November, and it is expected that the monthly cost will be nearer to the cap of c. £900k in future months. Additionally, fit-testing at c. £50-150k may need to be commissioned externally as a one-off.

4.3. PPE remains provided nationally and not funded by the Trust. The Trust has been seeking to reduce and minimise spend where feasible, though with a potential second wave this may now become more challenging again.

5. Delivering Value Programme

5.1. The original 2020/21 requirement was calculated at £6.0m or £500k per month. This represented circa 2.3% of the cost base and was a stretching target, reflecting the non-recurrent shortfall in 2019/20 and the much higher level of saving being applied by Hertfordshire County Council for Social Care.

5.2. The Trust has been actively recommencing work on the programme following the restoration of services and looking to exploit additional opportunities that have arisen during the COVID-19 period. Working groups continue to focus on larger schemes and driving longer term culture changes that will bring efficiencies. These include the Connected Lives programme within Social Care, Agile working, and placement costs.

5.3. The target at £6.0m was set on an annualised basis, up to 31st July the application of 1.1% efficiency was suspended, so the target is £4.0m for the period from August but with a £6.0m annualised basis.

5.4. The list of developed schemes, plans in progress and opportunities for efficiency, identifies potential recurrent savings totalling £6.0m with c. £4.8m likely in 2020/21. It should be recognised that c. £1.0m of that relates to undeveloped opportunities, and that there is an element of volatility in relation to some of the more developed schemes

Level of Maturity	Indicative Annual Value £000
Developed Schemes	4,457
Proposals	985
Identified Opportunities	938
Current Programme total	6,380

5.5. Work is underway to hold a Delivering Value Workshop on the 20th November that will look to bring together schemes that will form the basis of the 2021/22 program but that will have a view to delivering earlier if possible.

6. Capital (Month 6)

6.1. Cumulative net capital spend year to date for 2020/21 is £3.3m, £1.2m in the month, the most significant spend to date this financial year.

6.2. 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 Trust leased buildings.

6.3. The main areas of capital spend planned for 2020/21 are: Safety Suites (£5.5m), new 54 bed Inpatient Unit (£3.5m), the Digital Strategy (£1.9m), and Forest House refurbishment (£1.4m).

6.4. The Trust has ended negotiations for The Stewarts to be used by Herts Valleys CCG, so it is now considered to be disposed of during the year.

6.5. The Trust was successful in its capital bid in relation to windows for several wards on the Kingsley Green site (which need replacing due to COVID-19) and planning work has started. Unfortunately bids for replacement bathrooms in Norfolk and at several Rehabilitation wards, which had been confirmed by Region, have now been turned down by HM Treasury.

6.6. 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.

7. Forward Look

7.1. The Trust as stated has reported break-even for the first 6 months, and will report on Plan at £25k surplus for Month 7. The position for the second part of the year remains though more difficult to predict given that a number of areas remain uncertain at this point e.g. the success of a significant recruitment campaign.

7.2. Additionally, there is clearly uncertainty inherent in the expected 2nd wave of the Pandemic, which will inevitably increase some costs. These are not though expected to be of the magnitude of the 1st wave; the Trust has more knowledge now of how to manage Incident Command and will contain costs where at all possible.

7.3. There has been a significant increase in income and this is sufficient to meet current costs as at Month 7. It remains important to ensure pay controls remain in place going forward, and to take any learning from the current Internal Audit being completed in this area.

7.4. The Trust continues to expect to report on Plan at £1.2m deficit for the year (which is a re-forecast following review by NHSE/I Region), given its current performance and its current planning and progress on key actions. It is possible that this position will be improved somewhat given the increase in income, but this is very dependent on exact level of pay costs, progress on containing external bed costs, and the Pandemic particularly its impact on staff absence.

Description	2020/21 Plan	Month Oct - 20			Year to Date Oct - 20		
		Actual	Plan	Variance	Actual	Plan	Variance
Number of Calendar Days	365	31	31		214	214	
Contract #1 Hertfordshire IHCCT	196,531	16,556	16,705	(149)	110,993	112,813	(1,820)
Contract #2 East of England	22,978	1,912	1,946	(34)	13,381	13,418	(36)
Contract #3 Essex LD	17,280	1,471	1,471	0	10,294	9,926	368
Contract #4 Norfolk (Astley Court)	2,340	202	202	(0)	1,414	1,330	84
Contract #5 IAPT Essex	8,606	733	733	0	5,132	4,941	191
Contract #6 Bucks Chiltern CCG	3,791	317	317	0	2,216	2,208	8
Contracts	251,525	21,191	21,373	(182)	143,430	144,636	(1,206)
Clinical Partnerships providing mandatory svcs (inc S31 agrmnts)	808	83	68	15	524	474	50
Education and training revenue	3,399	518	283	235	2,370	1,982	388
Misc. other operating revenue	6,907	325	537	(212)	2,111	5,063	(2,952)
Other - Cost & Volume Contract revenue	5,106	464	426	38	3,170	2,979	191
Other clinical income from mandatory services	2,234	77	186	(109)	631	1,303	(672)
Research and development revenue	308	27	26	2	197	179	18
COVID Top Up Income	5,286	758	881	(123)	10,506	881	9,625
Total Operating Income	**275,572**	**23,442**	**23,779**	**(337)**	**162,941**	**157,499**	**5,442**
Employee expenses, permanent staff	(151,805)	(12,817)	(13,024)	207	(88,734)	(87,958)	(776)
Employee expenses, bank staff	(17,847)	(1,671)	(1,947)	276	(12,329)	(10,756)	(1,572)
Employee expenses, agency staff	(5,944)	(556)	(577)	21	(3,938)	(3,527)	(411)
Clinical supplies	(301)	(44)	(23)	(21)	(381)	(188)	(193)
Cost of Secondary Commissioning of mandatory services	(33,601)	(2,983)	(2,974)	(9)	(20,974)	(19,902)	(1,071)
Other Contracted Services	(10,324)	(916)	(1,004)	88	(6,392)	(6,345)	(47)
Drugs	(3,085)	(232)	(257)	25	(2,015)	(1,799)	(215)
Total Direct Costs	**(222,906)**	**(19,220)**	**(19,805)**	**586**	**(134,763)**	**(130,475)**	**(4,288)**
Gross Profit	52,666	4,223	3,974		28,178	27,024	
Gross Profit Margin	19.11%	18.01%	16.71%		17.29%	17.16%	
Overheads							
Consultancy expense	(112)	(19)	(9)	(10)	(69)	(65)	(4)
Education and training expense	(1,294)	(102)	(108)	6	(672)	(755)	83
Information & Communication Technology	(4,922)	(477)	(410)	(67)	(3,277)	(2,871)	(406)
Hard & Soft FM Contract	(6,387)	(591)	(532)	(58)	(4,484)	(3,726)	(758)
Misc. other Operating expenses	(15,848)	(744)	(747)	3	(4,798)	(4,663)	(135)
Other Contracts	(2,005)	(221)	(167)	(54)	(1,536)	(1,170)	(366)
Non-clinical supplies	(446)	(37)	(37)	(0)	(815)	(260)	(555)
Site Costs	(7,028)	(643)	(586)	(57)	(4,351)	(4,100)	(251)
Reserves	(1,192)	(188)	(99)	(89)	(188)	(695)	507
Travel, Subsistence & other Transport Services	(4,061)	(278)	(338)	60	(1,606)	(2,369)	763
Total overhead expenses	**(43,295)**	**(3,301)**	**(3,034)**	**(267)**	**(21,795)**	**(20,674)**	**(1,121)**
EBITDA	**9,371**	**922**	**940**	**(18)**	**6,383**	**6,350**	**33**
EBITDA Margin	3.40%	3.93%	3.95%		3.91%	4.03%	
Depreciation and Amortisation	(6,500)	(542)	(542)	0	(3,811)	(3,790)	(21)
Other Finance Costs inc Leases	(433)	(23)	(23)	(0)	(165)	(318)	153
Gain/(loss) on asset disposals	(0)	(0)	(0)	(0)	(0)	(0)	(0)
Interest Income	183	(0)	(0)	(0)	(0)	183	(183)
PDC dividend expense	(4,210)	(342)	(360)	18	(2,392)	(2,410)	18
Net Surplus / (Deficit)	**(1,589)**	**15**	**15**	**0**	**15**	**15**	**0**
Net Surplus margin	**-0.58%**	**0.06%**	**0.06%**		**0.01%**	**0.01%**	

PUBLIC Board of Directors

Meeting Date:	26 November 2020	Agenda Item: 12d	
Subject:	Financial Planning 21-22	For Publication: No	
Author:	Paul Ronald, Director of Operational Finance	Approved by: Paul Ronald, Director of Operational Finance	
Presented by:	Paul Ronald, Director of Operational Finance		

Purpose of the report:

Whilst there are a number of uncertainties in relation to some of the key matters that will impact upon the next financial year this paper sets out the current understanding on each of these areas to provide an initial sense of the financial framework and challenges that will apply in 21/22

Action required:

To review the detailed provided and assess the Trust's early and emerging response to the likely financial environment going into next year.

Summary and recommendations:

There is a limited amount of specific detail in relation to 21/22 in terms of the financial framework and related financing. However there are several key matters that can be determined or assumed and a number of these are discussed below.

It is recommended that subject to review these assumptions are taken forward and form the basis of the future plan submissions as amended as more detail becomes available and negotiations progressed.

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

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

Summary of Financial, IT, Staffing & Legal Implications:

Finance – achievement of the 21/22 financial targets and Use of Resources Rating.

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

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

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

None

Introduction

1. Whilst recognising that there is a great deal of uncertainty regarding the financial arrangements and conditions that will apply in the next financial year 2021-22. This report seeks to set out what the key financial planning considerations are likely to be and make an early assessment of the likely impacts identifying those elements with currently the greatest level of risk

Background

2. The background to 2021/22 is clearly exceptional with key elements being the;

    2.1. The first steps towards the ICS involvement in the allocation of finances across its provider organisations.

    2.2. The move away from PbR and the application of different funding arrangements

    2.3. The additional funding provided for COVID

    2.4. Performance monitoring being applied at a systems level.

3. In terms of 21/22 then very little detail is available currently albeit the following financial framework key principles were recently provided at the Regional Director of Finance forum which further embed some of the arrangements detailed in Para 2 above;

    3.1. *System funding*; systems allocated, through CCGs, funding to meet the costs of delivering services. This will incorporate previous 'sustainability funding' (PSF/FRF etc.), and each system would need to achieve breakeven within these resources.

    3.2. *Blended payments* move away from episodic and activity based payment to a fixed component and simplified incentives framework.

    3.3. *Further integration of specialised commissioning*; systems to review allocations methodology and piloting integration models.

4. The brief presentation noted several key considerations to build upon the key principles noted above including details of the system governance arrangements, the system allocation top up and incentivisation detail and whether the breakeven requirement was a system or organisation requirement.

5. It is advised that the detailed guidance will be provided in late December

Key Considerations

Outturn for 20/21
Financial rules

6. The current year has divided into two discrete half's with the first six months seeing the following key changes;

    6.1. A proxy block payment arrangement for all providers

    6.2. Additional Top Up funding to enable organisations to break even, either covering a historic deficit position or to meet anticipated cost pressures. The amounts of this top up vary considerably and for some Trusts it was tens of £millions.

6.3. A further top up or a withdrawal to ensure organisations reported break even.

6.4. The full reimbursement of COVID costs based upon a monthly submission of the specific COVID cost incurred.

7. In addition to a recalculation of the contract amounts and the top up levels, the second half has seen some changes to these arrangements which although limited in number have a significant impact upon the balance of risk and oversight;

7.1. Covid costs being a fixed allowance

7.2. Specific allocations although calculated by organisation are now routed through the ICS and can be varied. This is the Top Up, COVID allowance

7.3. A growth sum provided to each ICS for allocation across both providers and commissioners.

7.4. The removal of the further top up (3.3 above)

8. In terms of this year's income levels then the following have been provided this year which may not be available next year;

8.1. 100% CQUIN which is £350k p.a. more than would be expected.

8.2. Top Up funding which is now £188k per month.

8.3. An allocation of £900k from a central ICS Growth allocation

MHIS & Other Growth Funding

9. Whilst the growth funding was promised from NHS E earlier in the financial year (June/ July) it was not finalised until late October and in some elements its final disbursement is still awaited. As a consequence of this the income distribution in year is weighted to the second six months and has provided a level of non-recurrent benefit which supports the financial position for this latter period.

10. This impact is in both the fact that there were some costs related to the MHIS investment absorbed in H1 within the block funding and more significantly that the income in H2 will be greater than the related costs due to the costs not being full year amounts.

20/21 Cost Pressures

11. As has been reported throughout the year there has been a steady increase in Pay costs and we have also seen increases in external bed costs particularly specialist beds not provided within our services. Of most significance has been the rise in CAMHs T4 beds which rose in Q1 from a previous steady number of 7-8 to now over 20. This has been the most significant cost pressure at an annualised value of £3m.

End of Month	Target	April	May	June	July	Aug	Sept	Oct
CAMHS OOA	8	10	10	15	18	15	20	25
Acute OOA	2	10	12	3	2	0-2	8	1
OA Acute	0	0	0	0	0	0	0	0
PICU OOA	2-4 avg	4	4	3	4	2-4	6	9
Health Long Term	30-32 avg	36	35	35	35	34	35	33

12. The Trust has sought to mitigate these costs pressures and has made reasonable progress in relation to delivering efficiencies in year in several key areas with circa £2m savings in H1. These saving have provided some offset to the above.

21/22 Income Growth

13. The Trust would have anticipated the following additional allocations next year as part of the parity of esteem policy that has underpinned the recent allocations;
    13.1.   MHIS   estimate growth of 5.7% before efficiency circa £9m
    13.2.   SDF   estimate of circa £1m additional income

14. In relation to new business growth then currently the following additional revenue streams are currently anticipated;
    14.1.   an increase in commissioned beds which will see an additional revenue of circa £300k over a full year
    14.2.   The progression of the most capable Provider tender in Norfolk may be implemented mid-2021. It is likely to see the revenue position remain stable rather than increase.

15. The most material increase in the income position would be with the progression of the Provider collaborative which would see circa £36m additional revenue albeit this would be largely pass through in the first period until the service pathway redesigns are implemented.

16. Two of the three Essex IAPT contracts will cease in 2021 with NE Essex transferring to EPUT from April 1st 2021 and West Essex currently tendering the service (which HPFT will not bid) with a new provider from August 1st 2021. The income reduction in year will be £5.4m. Both of these contracts operated at a very low margin. There will be a detailed review to ensure that the loss of contribution is mitigated.

17. The other likely contract which will likely see a reduction in income is the SRS service with a co-production review of the future service provision being undertaken and due to present later in November.

18. 2021/22 will be the second year of the contract income reduction from HCC for social care with a £900k reduction in income which has a detailed savings plan to fully mitigate this reduction.

21/22 Cost Pressures
19. In terms of expenditure then the key areas of additional above inflation cost increases that are known are;
    19.1.   The new hard FM soft FM and catering contracts will see an increase in cost of circa £1m.
    19.2.   There will be an increase in depreciation charges newt year with the additional investment in IM&T
    19.3.   There will be some increase in tech licence costs.
    19.4.   The full year impact of in year recruitment.

Impact Post Covid
20. A key requirement will be to ensure that the costs attributed to COVID are reduced in line with the reduction in the related income. The latest assessment is that the national response will continue for some months and therefore the income allocation could likely continue into Q1. Beyond this there is likely to be additional IPC requirements which should see matching income. This should provide some offset against the revised soft FM contract cost increase.

21. To Month 7 the COVID reclaim has been £7.1m with a further £4.5m available in year, so a potential cost of £11m plus for the year. The majority of these costs have been staff to cover sickness/absence. The reimbursement has also met the cost of the ED discharge and also the 24/7 helpline costs.

22.   The costs in the latest month are;
    22.1.   Emergency Department Diversion Hubs c. £100k/month
    22.2.   24/7 Helpline c. £100k/month
    22.3.   Costs of Incident Command and weekend cover c. £75k/month
    22.4.   Costs of Clinically Extremely Vulnerable staff where unable to work from home c. £75k/month
    22.5.   C-CATT response c. £75k/month
    22.6.   Infection and Prevention Control items such as cleaning c. £100k/month
    22.7.   Other Costs such as additional beds c. £75k/month

Delivering Value
23. The level of efficiency factor required within the financial settlement would be expected much higher than the 1.1% that was due to apply in 20-21. Internally it is proposed to set an initial requirement of 2.8% which is circa £7.0m this will be adjusted as more detail that is provided

24. The Trust has been actively recommencing work on the programme following the restoration of services and looking to exploit additional opportunities that have arisen during the COVID-19 period. Working groups continue to focus on larger schemes and driving longer term culture changes that will bring efficiencies. These include the Connected Lives programme within Social Care, Agile working, and placement costs.

25. Work is underway to hold a Delivering Value Workshop on the 20th November that will look to bring together schemes that will form the basis of the 2021/22 program but that will have a view to delivering earlier if possible. Initial plans include;
   - Introducing a bed tracker system for more efficient management of beds
   - Reducing A&E attendance
   - Bed configuration in older adults
   - CAMHS income generation
   - Contract reviews
   - ACE TUPE transfers and reviewing cross profession working
   - Essex Bed review – uncertain on timing of this at present
   - Alternative to Personality Disorder provision
   - HDU provision
   - Connected Life continuation
   - Review of estate and management of utilities

Conclusions

26. Not unexpectedly there is very limited detail available relating to 21/22 as the current focus remains on managing the financial position I this year within the Level 4 emergency response and the preparedness for a national vaccine program.

27. However there are a number of matters we can anticipate as being strongly signalled or very likely. These include;
   27.1.   There will be a continuation and likely extension of the systems first approach to financial regulation and funding. The detail of this remains unknown and this introduces a level of risk particularly given the historic financial position of the three acute providers. In the current year we have received an unplanned £900k of growth funding from the ICS which has helped mitigate the initial forecast deficit.
   27.2.   There will be a reduction in income through the termination of two of the Essex IAPT contracts with a full year income of £6m. Mitigating any loss of overhead contribution will be key
   27.3.   There is likely to be an additional efficiency factor applied to providers well beyond this year's 1.1%. It would be expected to be at least 2% with our own requirement being beyond this.
   27.4.   There will be a recalibration and COVID funding in line with the progress on the emergency response. There is likely to be changes in Infection Prevention practice that will continue and will require funding.

27.5.   There will be specific cost pressures within our existing cost base and less clear will be the general impact on supplies and pricing post COVID and Brexit.

28. We will also expect to see an increase in service demand which is estimated by some to be as much as 30% in some services and there will be workforce challenges as staff need to recover.

29. In terms of responding to the above then there are a number of very positive changes in practice that continue to be developed and adopted successfully which will be critical in managing the future demands on services. Further opportunities will be provided through the transformation program, the roll out of the digital strategy and the systems working that continues to develop.

30. We have also seen a continuing commitment to meet the MHIS and the funding of the Long Term Plan and the continuation of this into 21/22.

31. Importantly the Trust continues to have a strong balance sheet and will continue to build this position to support next year. Additionally work is now beginning to develop the Delivering Value Program and embed the successful changes made in this year.

32. As advised above there is little detail regarding the national planning submission timetable. What is likely is that there will be an extra step in this with organisations submissions being aggregated into an ICS submission. WE are advised that a number of elements of the planning are on hold awaiting the next Treasury settlement which was due late November. We also need to consider the planning process in the context of the current organisational demands of the emergency response, winter and the vaccination readiness. So a broad outline which needs internal discussion and agreement would be;

Nov-	**Begin work on the DV program and identify hey projects and any support needed**
Dec	**Discussions with commissioners on contract detail Agreement with Exec Team Key Planning Objectives Planning Guidance Due**
Jan	**Initial Discussions with Business Units on Plan details**
Feb	**Draft Financial Plan to FIC**
March	**Board Approval of Financial Plan**
April	**Agreement of SBU Operating and Financial Plans**

NHS
Hertfordshire Partnership University
NHS Foundation Trust

PUBLIC Board of Directors

Meeting Date:	26 November 2020	Agenda Item: 13
Subject:	Forest House Adolescent Unit HDU Capital Proposal	For Publication: No
Author:	Melanie Woodcock Senior Service Line Lead Child & Adolescent Mental Health Services Brendan Giblin Head of Capital Development Matthew Hooper Head of Financial Services	Approved by: Sandra Brookes Executive Director of Service Delivery and Service User Experience Paul Ronald Director of Operational Finance
Presented by:	Paul Ronald Director of Operational Finance	

Purpose of the report:

To present the business case to seek approval of trust capital of £1,395,083 across 20/21 and 21/22 financial years in support of the conversion of the existing Forest House facility to create a 2 bedroom high dependency unit (HDU) whilst maintaining the overall capacity of 16 beds.

Action required:

To review the business case and to decide to approve the capital funding.

Summary:

Approval is sought for the remodelling and refurbishment of Forest House CAMHS service to provide a 2 bedroom High Dependency Unit (HDU), at a capital cost of £1,395,000 over 2020/21 and 2021/22.

This is a requirement of HPFT's contract with NHSE/I for the provision of specialist CAMHS services; from April 2019 standards state that all General Adolescent Units should be equipped with an identified HDU, in order that service users can be supported more intensively for short periods of time when particularly unwell.

The proposed programme of work will also significanty enhance the quality of the environment for both young people and staff at Forest House, enabling a better experience. This will be achieved through the provision of improved day spaces, de-esclation space, and observation areas, as well as the HDU itself; these facilities will for instance improved lines of sight and other safety aspects.

Both the HDU and the de-escalation and observation spaces will mean that young people will not need to be moved as frequently to other units should their health decline whilst at Forest House, they will instead be able to have a period of more intensive monitoring within the same unit. This ultimately will enable more young people to be treated closer to home having a positive impact on them and on their family life.

In addition to the quality improvements for young people and staff, the remodelled environment will enable revenue savings of a net £69k per year, due to reduced observation levels, as an example.

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

The capital works described are in line with the current Estates Strategy

Summary of Implications for:

1   Finance – The financial plans are in line with the Trusts Capital Plan
2   IT
3   Staffing
4   NHS Constitution
5   Carbon Footprint
6   Legal

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

The new facilities will be designed in accordance with NHS and Government guidelines to support access to and around the buildings

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

The new facilities will be designed in compliance with NHS standards

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

Executive Team 14th October 2020

Capital Investment, Property, Equipment & ICT proposals

HPFT Estates & Facilities

£1m - £4m Business Justification Template

To be used for Capital Investment, Property, Equipment & ICT proposals between £0.5m and £4m

Sponsors and authors of documents seeking appropriate authority to fund or proceed with a scheme or project must consider whether the content or strategy to which the document applies at this stage is sensitive or may have commercial implications. If it is considered necessary, the document should be headed and watermarked appropriately.

TITLE OF SCHEME		Forest House Adolescent Unit HDU
TYPE OF SCHEME	New build	No
	Improvement	Yes
	Equipping and ICT	ICT plus group items
If other – specify and explain		N/A
	Reference	HP55
	Confirm the Organisation issuing the reference number.	Hertfordshire Partnership University NHS Foundation Trust
ANY OTHER APPLICABLE REFERENCE NUMBER _(please clarify what it is in light blue box on right)_	Internal HPFT Estates Capital Reference	HP55
DCO		East of England

SPONSORING NHS ORGANISATION(S) (or other such as GP)	Lead Sponsor 1:	Hertfordshire Partnership University NHS Foundation Trust
	Sponsor 2:	N/A
	Sponsor 3:	N/A

LEAD SPONSOR CONTACT DETAILS		
PROVIDE DETAILS OF LEAD OFFICER FOR THE SCHEME	Title	Mr
	Name	Brendan Giblin
	Organisation	Hertfordshire Partnership University NHS Foundation Trust
	Office tel.	N/A
	Mobile tel.	07884 547 852
	e-mail	brendan.giblin1@nhs.net

PROVIDE DETAILS OF LEAD FINANCE OFFICER FOR THE SCHEME	Title	Mr
	Name	Matt Hooper
	Organisation	Hertfordshire Partnership University NHS Foundation Trust
	Office tel.	N/A
	Mobile tel.	
	e-mail	Matthew.hooper1@nhs.net

| PROPOSED SOURCE OF CAPITAL In addition, explain if more than one source of funding is to be accessed, how obtained and type of funding. | Internally generated finance within the 20/21 Capital Plan |

CAPITAL VALUE AND PROPOSED CASH FLOW OF FUNDING: *(add additional rows as required)*

PERIOD [Please enter appropriate Financial years on right] FUNDING SOURCE	Current year 2020-2021	2021-2022	2022-2023	2023-2024	Total
Trust Allocation	£936,000	495,000			1,395,000
STP					
Other *(specify)*					
Other *(specify)*					
Total	**£936,000**	495,000			1,395,000

BASIC BREAKDOWN OF SCHEME CAPITAL COST: *(add additional rows as required)*

PERIOD [Please enter appropriate Financial years on right] ITEM *(please specify below)*		Current year 2020-2021	2021-2022	2022-2023	2023-2024	Total
Item 1	Refurbishment - HDU Suite	£333,556				£333,556
Item 2	Refresh - Existing Offices & Bedroom 16	£64,687				£64,687
Item 3	New build - First Floor Extension	£498,494				£498,494
Sub-Total: Main Building Works		**£896,736**				**£896,736**
Item 4	Main Contractor's Preliminaries @16%	incl				Incl
Item 5	Main Contractor's Overheads and Profit @7.5%	incl				Incl
Total Construction Cost		**£896,736**				**£896,736**
Item 6	Project / Design Team Fees @ 15% Other Development / Project Costs	£134,510				£134,510
Item 7	Allowance for artwork		£8,000			£8,000
Item 8	Allowance to relocation costs within the unit		£2,500			£2,500

Item	Description					
Item 9	Allowance to relocation costs within the unit		£2,000			£2,000
Item 10	Allowance for sparkle clean		£2,000			£2,000
Item 11	Allowance for FF&E		£65,270			£65,270
Item 12	General risks & contingency @10%	£89,674				£89,674
Item 13	Inflation @ 1.2%	£14,189				£14,189
Total Project Cost (excl VAT)		**£1,214,879**				**£1,214,879**
Item 14	VAT Assessment					
Item 15	VAT Payable at standard rate @20%	£242,976				£242,976
Item 16	VAT Reclaim on construction (assumed - subject to agreement with HMRC) @-20%	£35,869				£35,869
Item 17	VAT Reclaim on construction (consultant and planning fees only) @-100%	£26,902				£26,902
Total Project Cost (incl VAT)		**£1,395,083**				**£1,395,083**

1. BRIEF SCHEME OVERVIEW	The remodelling and refurbishment of Forest House CAMHS unit to provide a 2 bedroom High Dependency Unit (HDU)

a) What is/are the principal strategic drivers triggering the need for this investment (e.g. to enable delivery of relevant commissioning requirements, to comply with NHS policy requirements, alignment with relevant policy e.g. Five Year Forward View, Strategic Transformation Plans and Strategic Estates Plans.
 	
 b) Summarise the key elements of the proposal in terms of both the tangible capital asset and the related outputs from the investment. Include impact for service users and staff, land and premises ownership issues, cross boundary/partnership working , etc.
	• The principle strategic drivers for this capital scheme are detailed in the NHS Long Term Plan (LTP), the NHS Five Year Forward View for Mental Health (FYFV-MH), the NHS Mental Health Implementation Programme 2019/20 – 2023/24 and NHSE's 'Future in mind' publications - along with the terms in the existing NHSE (Specialised Commissioning) contract:
	 • **HDU provision** –
	  o From April 2019 all General Adolescent Units should be equipped with an identified High Dependency Unit, a contractual obligation that the Trust has been unable to meet. Without the HDU, there is a risk of non-compliance with the existing NHSE (Specialised Commissioning) contract which could lead to potential issues.
	  o There must be a designated high-dependency area within FHAU where patients requiring a higher level of management can be supported for brief periods. This area must include a bedroom, bathroom and recreational areas.
	 • **New Service Models -**
	  o The transformation of 'out of hospital care' with the aim of fully integrated community based care.
	  o Improving the responsiveness of community health crisis response services.
	  o Reducing the pressure on hospital services.
	  o Better care for major health conditions: Improving mental health services.
	  o System plans must set out how they will meet the Mental Health Investment Standard.
	 • **Quality of Care & Outcomes** -
	  o Improve services and outcomes for children and young people.
	  o Improved clinical areas, de-escalation space, and improved lines of sight throughout the building leading to better and safer management of young people
	  o To ensure safe, high quality care
	  o To improve experience of children and young people and their families despite high levels of acuity
	  o To reduce lengths of stay and robust discharge planning
	  o Fewer young people will suffer avoidable harm
	  o Young people and family /carers are confident of their safety
	
	 • HPFT will increase the provision of critical care, specifically high dependency care by creation of a high dependency unit that will contain:
	 • 2 on Ensuite Bedrooms, increased in size to provide required space
	 • Day / Lounge spaces for each bedroom
	 • De-escalation space
	 • Observation area
	 The 16 existing bedrooms cannot be reduced given current demand and the current layout does not allow for only 2 bedrooms to be effected by the works to create the required HDU, thus further useable space has to be created to maintain overall bed capacity whilst providing the enhanced facility . A feasibility report identified the recommended option of creating a new area at first floor level on top of an existing flat roof. This will then enable the movement of non-clinical spaces into this new space to allow a remodelling of the ground floor to allow for 1 service user bedroom to be created off the central corridor. followed by a redesign of the existing 'Assessment area', creating the " HDU bedrooms whilst maintaining the overall bed capacity at 16. The project will have to be completed over the below phases:

	Phase 1 – First Floor New Build Extension **Phase 2** – Refreshment of existing spaces and Bedroom 16 **Phase 3** – Refurbishment of the existing 'Assessment Area' to create the HDU Facility

2. PURPOSE **a)** State clearly what the business justification is in support of: typically – 'this is to seek approval of ..... for £ ….. on ….. in support of …..' **b)** Where funding sources are, or may be split, such as investment by the premises owner <u>and</u> external funding e.g. ETTF, this must be clearly defined and explained here, in the relevant subsequent sections and in the table above.	a) The purpose of of ths business case is to seek approval of trust capital of £1,395,083.00 across 2020/21 and 21/22 financial year in support of the conversion of the existing Forest House facility to create a 2 bedroom high dependency unit (HDU) whilst maintaining the overall capacity of 16 beds. b) The cost of this investment is within the sum set aside within the rolling five year Capital Program operated by the Trust and is less than the original planned sum of £2m. the spend in 20/21 is £936k with £495k in 21/22. Fully funded from internal resource

3. Strategic Context
 	
a) Provide a summary in the context of underpinning plans and key strategic drivers together with the service requirements that support the case for investment.
b) Provide confirmation of the support of all relevant stakeholders.
 	
c) Confirm the extent to which the scheme delivers on high priority NHS capital investment requirements, e.g. Service transformation and related infrastructure requirements as identified in the strategic drivers above, improving patient safety and the patient environment, reducing backlog maintenance (% of total); enabling QIPP delivery, etc. and other current key work streams.
 	
d) Confirm the support of key clinicians and the way in which the scheme supports delivery of local commissioning priorities.
 	
e) Confirm that any premises subject to the investment will not be disposed of within 5 years of their completion.
 	
f) Include how the investment will deliver the aims of the programme, etc.
	• **HDU provision** – The trust has had a contractual obligation since April 2019 to have an identified High Dependency Unit within all General Adolescent Units. To date, the trust has been unable to meet this contractual obligation which could potentially lead to non-compliance issues.
	
	If the trust had its own High Dependency Unit, it would have a positive impact on the quality of care staff provide leading to better outcomes for patients:
	
	  o Development of the HDU will enable the unit to manage young people who are very unwell and often psychotic with very challenging behaviour, in a private environment with dignity and respect, without impacting on other young people on the unit. The team managing these children get no respite from the high acuity on the ward, however, if there was a separate high assessment and treatment area, care could be provided on a rotational basis.
	  o QNIC (Quality Network for Inpatient CAMHS) Standards/accreditation. The standards state there is a designated area or room (de-escalation space) that the team may consider using, with the young person's agreement, specifically for the purpose of reducing arousal and/or agitation, FHAU will want to consider application for accreditation in future hence need to evidence that they meet specific criteria
	  o With the right design along with specific accommodation, the Trust would potentially be able to manage patients that it is currently unable to. With it's own HDU, the Trust would also be able to 'step down' young people and bring them back quicker knowing that there is a secure safe treatment area, reducing the spend on PICU bed days.
	  o For safety reasons, the FHAU often needs to move young people to a HDU not only for their safety, but for the safety of other young people. Young people admitted on to a HDU sometimes display an increased level of violence and self-harm. Treating these patients in-house within a unit that is not designed for this purpose could potentially lead to extensive damage to the fabric of the building.

- o Another consequence of the Trust not having its own HDU is when a patient has to be nursed in seclusion (restrictive practice), three beds on the assessment side of the unit are taken out of use – this reduces the overall bed availability within the Forest House Adolescent Unit.
- o The proposal is supported by the clinical team at FH

The transformation of 'out of hospital care' - The NHS Long Term Plan sets out the priorities for expanding Children and Young People's Mental Health Services (CYPMHS) over the next 10 years.

It aims to widen access to services closer to home, reduce unnecessary delays, and deliver specialist mental health care which is based on a clearer understanding of young people's needs and provided in ways that work better for them.

Children and young people with mental health problems, their families and carers want timely access to evidence-based, high quality care, in the right setting. They have made it clear that more services should be provided in the community and that, where an inpatient stay is required, it should be as short as possible. They have also made clear that it is unacceptable for some young people to travel excessive distances, be placed inappropriately on paediatric acute or adult wards, or struggle to access inpatient care at all.

Following extensive engagement, NHS England identified a need to improve the national distribution of inpatient beds, address urgent gaps as well as a need to provide more effective integrated treatment pathways. Our regional specialised commissioning teams have been implementing the recommendations relating to inpatient care, delivering the Accelerated Bed Programme, which provides a national overview of planned changes to inpatient beds across the seven regions, aiming to improve patient outcomes and experience by:
- o eliminating inappropriate out of area placements;
- o improving local bed availability aligned with community services;
- o eliminating inappropriate under-18 placements in adult beds;
- o ensuring a sufficient national bed stock for surge management;
- o integrating and collaborating with local commissioners and providers;
- o developing service specifications that support these ambitions.

- **Reducing the pressure on hospital services** – system plans should show how local urgent and emergency care services will continue to develop to provide an integrated network of community and hospital based care. Expanding timely, age-appropriate crisis services will improve the experience of children and young people and reduce pressures on accident and emergency (A&E) departments, paediatric wards and ambulance services.

- **Better care for major health conditions: Improving mental health services** – The Long Term Plan committed that investment in mental health services will grow faster than the NHS budget overall for each of the next five years, creating a new ring-fenced local investment fund worth at least £2.3bn a year by 2023/24.
- **Improve outcomes for children and young people -** Improving outcomes for children and young people will require a joint-agency

approach, including action to intervene early and build resilience as well as improving access to high quality evidence-based treatment for children and young people, their families and carers. By 2020/21, in-patient stays for children and young people will only take place where clinically appropriate, will have the minimum possible length of stay, and will be as close to home as possible to avoid inappropriate out of area placements. Inappropriate use of beds in paediatric and adult wards will be eliminated. All general in-patient units for children and young people will move to be commissioned on a 'place-basis' by localities, so that they are integrated into local pathways. As a result, the use of in-patient beds should reduce overall, with more significant reductions possible in certain specialised beds.

- There is no intention to dispose of the premises and it remains a key part of the service provision. The additional options and flexibility provided by the revised design will strengthen the value of the facility.

4. Economic Case **a)** Confirm the options considered to achieve the scheme's objectives and provide a summary of the options appraisal process that has resulted in the selection of the preferred option. It is important that a range of viable options are considered during the appraisal process If the options were/are limited in number, please provide clear supporting rationale. **b)** Confirm the scheme benefits – including financial (cash releasing and non-cash releasing) and non-financial (quantifiable and non-quantifiable) and how the scheme delivers value for money. Appraisal of options on the basis of the extent to which they deliver non-financial benefits can be carried out and presented using a non-financial benefits analysis employing weighted benefits criteria and a scoring system to derive non-financial benefits points.	**a) Appraisal Process** As already outlined it is a contractual obligation for all General Adolescent Units to have a High Dependency Unit (HDU) with clearly outlined expectations as to what that should include. The principle objective of the scheme is to ensure HPFT are compliant with the NHSE Specialised Commissioning requirements and as a consequence provide a better clinical environment for young people whilst ensuring they can remain close to home. A further benefit of the scheme will be to provide additional office space, a staff rest room and further theraputic space as a result of re-organising existing room use. In order to achieve the Schemes objective there were limited options available. An initial discussion to consider the option to rebuild or re-locate Forest House into a new building so we could also accommodate the need for a HDU was decided non-viable leaving only the option to work within the building we already have. **Benefits** • We would avoid having to send young people out to neighbouring providers who do have HDU facilities thus saving money based on units cost per bed day used. Plus the costs for additional speculating and any other related costs such as transport. • Reduction in costs relating to ongoing need for repairs. The current environment is not 'fit for purpose' for CYP with higher acuity requiring higher levels of intensive care • Reduced bed days and length of stay when we can provide local care which allows the clinical team to lead decision making process including discharge planning process. • Will allow the team to retain cases that may otherwise be sent to PICU beds at significantly increased costs • Step down for young people who have been sent out to PICU beds reducing bed days and cost. • In-line with the ethos of New Care Models and as the Lead Provider for CAMHS HPFT should be advocating for the benefits of care provision close to home. • Increased quality of care and overall patient experience • Improved work environment for our nursing and therapy team. • Reduction in incidents, violence and aggression

	• Purpose built de-escalation space reducing need to use external low secure facilities • Appropriate environment for high acuity patients

5. Financial case **b)** Confirm and demonstrate that the recurrent revenue cost of the scheme is affordable. **c)** Confirm and where necessary explain any non-recurrent (e.g. transitional costs) of the scheme. **d)** Confirm the availability and source of non-recurrent funds to meet these costs. **e)** Provide supporting income and expenditure analysis that sets out clearly the recurrent and non-recurrent costs of the scheme, the sources of funds to meet these costs, which must demonstrates clearly that the scheme is affordable. **f)** Clarify where the assets will reside in terms of ownership. **g)** Provide evidence of the proposed efficiency measures and projected outcomes and how they align with service improvements.	The scheme shows a net saving through the reduced need for using OOAP to provide inpatient care for those requiring HDU beds estimated at £35k p.a. saving. In addition there will be a reduction in repair costs estimated at £20k p.a.; staff absence estimated at £20k p.a.; and in staffing through a reduction in the need for additional staff to care for complex distressed service users in the current environment estimated at £40k p.a.. Through the phases of the project the rooms can be utilised to the best effect to ensure no reduction in the number of beds available. All funding for this scheme is available within existing resources. The recurrent revenue costs are set out in Appendix 1 and show a net reduction in cost of £69k p.a. in year 1. The total discounted cashflow saving over the 40 year effective useful life is £1.4m. The building is a freehold site that is owned by the Trust. The future efficiencies are set out within Appendix 1 as part of the cost schedule. The service improvement is self evident from the investment which will reduce the need for OOAP, will enable service users to be cared for closer to home.
6. COMMERCIAL CASE **For new build and refurbishment projects:** **a)** Confirm the commercial arrangements for delivery of the proposed capital investment, e.g. procurement approach and proposed contract type (if not using NHS Procure 21+ or the subsequent P22 framework please explain why not). **b)** Confirm when any necessary full planning consent will be achieved. **c)** Confirm whether compliant with DH guidance (HBN & HTM); **d)** Where appropriate, attach site plans and design drawings for the preferred option. **e)** Identify the ownership of the land or premises to be modified, the risk this poses and how the risks are mitigated for the options.	a) The commercial arrangements will be the Procurement Hub, working with contractor Wilmott Dixon Interiors fully compliant as per PCR2015/OJEU. NEC Form of contract. Design and Project Team consultants have been procured via the public sector SBS Framework. b) Early discussions have been held with the local planning office and the design and build proposal have been viewed positively. A planning application is now being submitted which would expect to be considered in October c) The design specified is Compliant with DH guidance d) 📄 Phasing Plan.pdf 📄 Floyd Slaski Feasibility Design.pdf 📄 Ellis & Moore Structural Comments. e) It is confirmed that this development is on freehold site owned by Hertfordshire Partnership University Foundation Trust

For equipping and ICT projects	
f) Describe the scheme: specify what equipment is being purchased and for what site(s)	N/A
g) Describe the strategic need for the capital investment and what measurable benefits the capital investment will provide.	No new ICT is being provided as the project involves re-organisation of existing offices spaces, the newly created areas are staff room / meeting rooms. There is an allowance for upgrades to the existing Wifi / data service to provided required connectivity throughout the newly created areas.
h) Indicate where funding is required to support Strategic Estate Plans., please explain and justify the links	

7. MANAGEMENT CASE	
a) Confirm the arrangements for management and delivery of the scheme **b)** Provide a simple timeline with key milestones for the procurement and delivery of the scheme.	a) Head of Capital Development will hold regular fortnightly meetings with the Project Manager where this project will be discussed in detail. Diiscussions on budget, programme, risks and any outstanding requests or actions will be discussed. The Project Manager will chair a pre start meeting as well as fortnightly site progress meetings. The attendees will include relevant clinical and operational staff, the contractor WDI and the design team. The meeting will be minuted. The Project Manager will also produce for the Head of Capital Development, a monthly project report, recording progress and any particular issues or challenges. A risk register will also be completed before work commences and will be reviewed on a regular basis with various stakeholders. One member of the team is a Quantity Surveyor working on behalf of HPFT, managing the budget and completing valuations at various stages of the project. Another member is a Clerk of Works, whose role is to visit site on a frequent basis during the construction period, inspecting the quality of completed work and witnessing the testing of various components. The Project Team have the previous experience of having successfully delivered the recently completed CAMHS Place of Safety project at Forest House. All members of the design & project team have NHS construction experience and are members of relevant professional construction institutions. b) Planning Approval – October 2020 Design Sign Off – October 2020 Market Testing- November 2020 Construction Start – November 2020 Construction Finish – July 2021

KEY RISKS	**Risk**	**Mitigation**
Please provide adequate information to enable reviewers to understand the level and likelihood of risk and how it is to be mitigated. Please list any risks to delivery, for example if the spend is dependent on estates investment etc.	Planning approval delayed/refused	Pre approval working with planners
	Working in an occupied building	Phasing work, working with clinical leads, H&S consultants employed, competent design team

ENDORSEMENTS AND APPROVALS

LETTERS OF APPROVAL / SUPPORT

Organisation	Enclosed		Letter dated	Note
SPONSOR ORGANISATION	Y	N		

SCHEME OR PROJECT ENDORSED BY:

HEAD OF ESTATES	Name	
	Signature	
	Date	

Director of service Delivery & Patient Experience	Name	
	Signature	
	Date	

DIRECTOR OF quality and Safety (Chief Nurse)	Name	
	Signature	
	Date	

DIRECTOR OF Operational Finance	Name	
	Signature	
	Date	

Appendix 1

Cost £'000	1,395
Estimated Impairment	30%
Net Capitalised Cost £'000	977

	A	B	C	D		E	F	G	H	I	J
	Year	**Cost/ NBV b/f £'000**	**Depreciation £'000**	**NBV c/f**		**PDC impact £'000**	**Facilities Costs £'000**	**Savings £'000**	**Revenue Total £'000 C+E+F+G**	**DCF @ 3.5%**	**Discounted Revenue Cashflow £'000**
	1	977	24	952		17	5	(115)	(69)	1.00	(69)
	2	952	24	928		33	5	(115)	(53)	0.97	(51)
	3	928	24	903		32	5	(115)	(54)	0.93	(50)
	4	903	24	879		31	5	(115)	(54)	0.90	(49)
	5	879	24	854		30	5	(115)	(55)	0.87	(48)
	6	854	24	830		29	5	(115)	(56)	0.84	(47)
	7	830	24	806		29	5	(115)	(57)	0.81	(46)
	8	806	24	781		28	5	(115)	(58)	0.79	(45)
	9	781	24	757		27	5	(115)	(59)	0.76	(45)
	10	757	24	732		26	5	(115)	(60)	0.73	(44)
	11	732	24	708		25	5	(115)	(60)	0.71	(43)
	12	708	24	684		24	5	(115)	(61)	0.68	(42)
	13	684	24	659		23	5	(115)	(62)	0.66	(41)
	14	659	24	635		23	5	(115)	(63)	0.64	(40)
	15	635	24	610		22	5	(115)	(64)	0.62	(39)
	16	610	24	586		21	5	(115)	(65)	0.60	(39)
	17	586	24	561		20	5	(115)	(66)	0.58	(38)
	18	561	24	537		19	5	(115)	(66)	0.56	(37)
	19	537	24	513		18	5	(115)	(67)	0.54	(36)
	20	513	24	488		18	5	(115)	(68)	0.52	(35)
	21	488	24	464		17	5	(115)	(69)	0.50	(35)
	22	464	24	439		16	5	(115)	(70)	0.49	(34)
	23	439	24	415		15	5	(115)	(71)	0.47	(33)
	24	415	24	391		14	5	(115)	(71)	0.45	(32)
	25	391	24	366		13	5	(115)	(72)	0.44	(32)
	26	366	24	342		12	5	(115)	(73)	0.42	(31)
	27	342	24	317		12	5	(115)	(74)	0.41	(30)
	28	317	24	293		11	5	(115)	(75)	0.40	(30)
	29	293	24	269		10	5	(115)	(76)	0.38	(29)
	30	269	24	244		9	5	(115)	(77)	0.37	(28)
	31	244	24	220		8	5	(115)	(77)	0.36	(28)
	32	220	24	195		7	5	(115)	(78)	0.34	(27)
	33	195	24	171		6	5	(115)	(79)	0.33	(26)
	34	171	24	146		6	5	(115)	(80)	0.32	(26)
	35	146	24	122		5	5	(115)	(81)	0.31	(25)
	36	122	24	98		4	5	(115)	(82)	0.30	(25)
	37	98	24	73		3	5	(115)	(83)	0.29	(24)
	38	73	24	49		2	5	(115)	(83)	0.28	(23)
	39	49	24	24		1	5	(115)	(84)	0.27	(23)
	40	24	24	0		0	5	(115)	(85)	0.26	(22)
			952			**666**	**195**	**(4,485)**	**(2,672)**		**(1,425)**

PUBLIC Board of Directors

Meeting Date:	26 November 2020	Agenda Item: 14
Subject:	Integrated Governance Committee (IGC) Terms of Reference	For Publication: Yes
Author:	Helen Edmondson, Head of Corporate Affairs and Company Secretary	Approved by: Sarah Betteley, NED Chair of IGC
Presented by:	Sarah Betteley, NED. Chair of IGC	

Purpose of the report:

To outline amendments made to the terms of reference for the Integrated Governance Committee and to seek Board approval for amended terms of reference for the IGC.

Action required:

To approve the amendments to the terms of reference.

Summary and recommendations to the Board:

Summary

At its meeting on 11 November 2020 the Integrated Governance Committee Board reviewed and approved minor amendments to its terms of reference. The review was undertaken as part of an annual exercise to support the efficient and effective working of the Committee.

No significant changes were made and the terms of reference remain in line with the Trust's Constitution and good corporate governance.

The changes made to the terms of reference fall into three categories:

- Updating: of job titles and names of meetings
- Amendment to membership following changes to posts in the executive team.
- Amendments to reflect feedback from Committee self-assessment undertaken in 2019/20.

Recommendation:

For the Board to approve the amendments to the Terms of Reference of the Integrated Governance Committee as appended to the report.

Relationship with the Business Plan & Assurance Framework:

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

Summary of Financial, IT, Staffing and Legal Implications:

None.

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

None.

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

Evidence of robust governance review process in relation to the Well Led questions.

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

Integrated Governance Committee 11 November 2020.

TERMS OF REFERENCE

Integrated Governance Committee (IGC)

Status: The *Integrated Governance Committee* is a locally appointed sub-committee of the Trust Board and reports into the Board itself with strong relationship with the Audit Committee, a statutory committee of the Board, to which it sends reports for review and recommendations. The Executive Director Lead for the Committee is the Director of Quality & Patient Safety and the administrative lead is the Company Secretary.

1.0   Accountability

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

- A note of all the items discussed by the committee
- Matters for noting by the Board
- Recommendations to the Board regarding decisions to be taken by the Board on governance matters
- Matters for escalation to the Board from the committee
- Any other issues as agreed by the Chair and Head Corporate Affairs &Company Secretary.

1.2   The minutes of the Committee's meetings shall be formally recorded by the Head of Corporate Affairs and Company Secretary and submitted to the Board and Audit Committee.

1.3   A six monthly report from the Committee shall be submitted to the Audit Committee.

Chair: **Non – Executive Director**

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

Non-Executive Directors (x4 including Chair)
Executive Director Quality and Safety (or Deputy)
Executive Director, Delivery and Service User Experience
Executive Director Quality & Medical Leadership
Executive Director, People & Organisational Development
Deputy CEO and Director of Strategic Finance

In attendance:
Deputy Director Safer Care and Standards
Deputy Director of Nursing and Quality
Chair of Medical Staff Committee
Head of Corporate Affairs Company Secretary

Frequency of Meetings: A minimum of six (6) meetings per annum
Frequency of Attendance: Members will be expected to attend all meetings.
If members miss two consecutive meetings, membership will be reconsidered by the Committee Chair (subject to exceptional circumstances).

Quorum: A quorum shall be three members including at least one Executive Director and one Non-Executive Director plus the Chair or a NED acting for the Chair in her absence.

2.0. Remit

2.1   The IGC is a locally appointed sub committee of the Board.

2.2   The remit of the Group is to:

"To lead on the development and monitoring of quality and risk systems within the Trust and to ensure that quality, patient safety and risk management are key components of all activities of the Trust."

3.0 Organisational Relationships

3.1   Reports will be received from the Executive Director Chairs of the following Sub-Groups/Sub-committees:

- Quality & Risk Management Committee
- People & Organisational Development Group
- Information Management and Governance Sub-Committee (IMGS)

3.2   Key Interfaces & Relationships:
There is an interface between this Committee and the following:

- Trust Board
- Audit Committee
- Trust Management Group
- Care Quality Commission
- Hertfordshire County Council
- Others to be advised by membership

4.0 Responsibilities & Duties

4.1   To assure adherence to CQC and other relevant regulatory requirements for quality and safety and receive reports from all relevant quality and safety groups.

November 2020

4.2   Receive minutes, reports, action plans and risk registers from the following standing sub-committees of the IGC:

- Quality & Risk Management Committee
- People & Organisational Development Group
- Information Management and Governance Sub-Committee (IMGS)

4.3   Supervise, monitor and review the Trust-wide Risk Register and make recommendations for improvement.

4.4   To scrutinise and provide assurance to the Trust Board through providing regular reports on governance, quality and risk issues and to escalate any risks to the BAF or concerns as appropriate where assurance is not adequate. Reports should also be sent to the Audit Committee for scrutiny and recommendations.

4.5   Set standards for the Trust Governance systems in order to meet;

- Performance targets,
- Core and developmental standards
- Risk management

4.6   To recommend to the Trust Board necessary resources needed for the IGC to undertake its work.

4.7   Advise on the production and content of the *Annual Governance Statement* and make recommendations to the Chief Executive as necessary prior to its review at Audit Committee, its approval at the Board and subsequent inclusion in the Annual Report.

4.8   Advise on the content, format and production of an *Assurance Framework* for the Trust Board and monitor its ongoing suitability and make recommendations to the Audit Committee and the Board as necessary.

4.9   Advise on the content, format and production of the annual *Quality Accounts*

4.10   Approve *Terms of Reference* and work plan of the sub-groups reporting into the Committee.

4.11   Ensure that appropriate risk management processes are in place that provide the Board with assurance that action is being taken to identify risks and manage identified risks within the Trust.

4.12   To be responsible for developing systems and processes for ensuring that the Trust implements and monitors compliance with its registration requirements of the Care Quality Commission.

4.13   To oversee the establishment of appropriate systems for ensuring that effective practice governance arrangements are in place throughout the Trust.

4.14   To ensure that the learning from inquiries carried out in respect of SIs is shared across the Trust and implemented through policies and procedures as necessary.

4.15   To ensure that services and treatments provided to service users are appropriate, reflect best practice and represent value for money.

4.16   To ensure the Trust delivers the Quality Strategy encompassing Safety, Effectiveness and Experience and also supports the inclusion of service users and staff.

4.17   To ensure that the environments in which services are provided are appropriate and therapeutic.

4.18   To ensure that the organisation is engaged in the public health programme and this is modelled throughout the services we provide.

5.0   Other Matters

5.1   The Committee shall be supported administratively by the Head of Corporate Affairs and Company Secretary whose duties in this respect will include:

- prepare, in conjunction with the Chair and the Executive Director of Quality & Safety an Annual Business Cycle of Activities to ensure all of the Committee's business is captured and inform the Agenda for each meeting;
- support the Chair in ensuring that all papers to the Committee are submitted on time, of the right quality and format and distributed to members and attendees not less than seven (7) days before the meeting;
- agreement of agenda with the Chair and attendees and collation of papers
- taking the minutes & keeping a record of matters arising and issues to be carried forward;
- advising the Committee on pertinent areas of governance and the regulatory framework.

6.   Monitoring of Effectiveness

6.1   The Committee will undertake an annual review of its own performance to ensure that it is operating at maximum effectiveness. A report on the review should be sent to the Board of Directors for assurance.

Terms of Reference to be ratified by: Reviewed and approved by the Integrated Governance Committee and ratified by the Board.

Date of Approval: **November 2020**
Date of Ratification: **November 2020**
Review Date   **November 2021**