

# Hertfordshire Partnership University NHS Foundation Trust Council of Governors Meeting PUBLIC

Virtual MS Teams

11 March 2021 13:00 - 11 March 2021 15:35

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**Meeting of the PUBLIC Council of Governors**

**Thursday 11 March 2021**

**Virtual  
13:00 – 15:35**

**A G E N D A**

**Service User Presentation 13:00 – 13:30pm**

Item No.	BY	SUBJECT	REPORT	ACTION	TIME
1.	Chair	<b>Welcome and Apologies for absence</b>		<b>Note</b>	13.30
2.	Chair	<b>Declarations of Interest</b>		<b>Note</b>	
3.	Chair	<b>Minutes of the public meeting held: 10 December 2020</b>	Attached	<b>Approve</b>	13.35
4.	Chair	<b>Matters Arising Schedule</b>	Attached	<b>Review/ Update</b>	
5.	Karen Taylor	<b>CEO Report</b>	Attached	<b>Receive</b>	13:40
6.	Chair	<b>Chairs Report</b>	Verbal	<b>Receive</b>	
7.	Catherine Dugmore	<b>Report from the Board</b>	Attached	<b>Receive</b>	14.00
8.	Dr Jane Padmore	<b>Response to Covid</b>	Attached	<b>Receive</b>	14.15
9.	Helen Edmondson	<b>Company Secretary Report</b>	Attached	<b>Receive</b>	14.25
10.	Jon Walmsley	<b>Lead Governor Activity Report</b>	Attached	<b>Receive</b>	14.35
11.	Dr Jane Padmore	<b>Mental Health Act Review</b>	Attached	<b>Note</b>	14.45
12.	Helen Edmondson	<b>Review of the Appointment &amp; Remuneration Committee Terms of Reference</b>	Attached	<b>Approve</b>	15.00
13.	Helen Edmondson	<b>NHS Providers Election to Governance Advisory Committee</b>	Attached	<b>Approve</b>	
14.	All	<b>AOB</b>			15.20
<b>Questions from the public</b>					

**The role of the Council of Governors is to:**

- Appoint and remove the Chair and non-executive directors, and decide their remuneration, terms and conditions.
- Approve the appointment of the chief executive.
- Appoint and remove auditors.
- Represent the interests of the local community in strategic planning and stewardship of the trust, and communicate with trust members.
- Give its view on the trust strategy and annual plan. The Board of Directors must have regard to these views.
- Receive from the Board of Directors annual accounts, auditor's reports on these and an annual report.
- To hold the Board of Directors to account
- To agree any changes in the constitution of the Trust
- To agree to any mergers, acquisitions defined in the constitution as "significant"

**Minutes of the PUBLIC Council of Governors meeting held**

**Thursday 10 December 2020**

**VIRTUAL**

**Attendance:** Please see end of Minutes

Item	Subject	Action
	<b>Service User Story</b> Denford Chifamba, Operational Lead for the Liaison and Diversion Service teams based at Hatfield and Stevenage Police Stations spoke to the Governors about the new service and its role within the Trust. Denford also shared some stories of the work the teams had been doing to support service users with mental health needs who were in custody.	
049/20	<b>Welcome &amp; Apologies</b> CL provided a warm welcome to all in the meeting and apologies were noted.	
050/20	<b>Declarations of Interest</b> No declarations were put forward.	
051/20	<b>Minutes of Public Council of Governor meeting held: 10 September 2020</b> The minutes of the meeting held 10 September 2020 were reviewed and approved as an accurate record of the meeting.  <b>Minutes of the Extraordinary Council of Governors meeting held: 19 November 2020</b> The minutes of the Extraordinary Council of Governors meeting were reviewed and approved as an accurate record of the meeting.  <b>The Minutes of the 10 September and 19 November 2020 were APPROVED</b>	
052/20	<b>Matters Arising Schedule</b> There were no Matters Arising for review.	
053/20	<b>CEO Report</b> TC presented the CEO report which was taken as read. The below messages were of particular note:  TC reported that to date, 5000 vaccines had been carried out nationally. This would be a mammoth task for the NHS with an aim to have the population vaccinated by April 2021.  In terms of staff testing we were in a strong position with 60% undertaken currently.  Flu Vaccine – we had reached 72% against a target of 90%. The document from NHS England and NHS Improvement (NHSE/I) on Integrating Care: Next Steps had now been published and included a consultation on two new proposals to put Integrated Care Systems (ICSs) on a statutory footing. The Board	

	<p>would be considering the report and preparing a response to the consultation.</p> <p>Nationally and locally organisations were planning on the basis there would not be an EU trade deal in place at the end of December 2020. The Trust had developed plans to mitigate against the possible impact of this.</p> <p>The MH &amp; LD ICP continued to develop with the next Partnership Board taking place in December.</p> <p>Whilst the CQC were not undertaking inspections, unless there were significant concerns, they were undertaking monitoring activity in a virtual way.</p> <p>TC noted the significant activity underway with Incident Control operating 7 days a week and 24 hours a day.</p> <p>Operational pressures continued with increased demand, particularly in acuity. We have continued to see very high demand on CAMHS specialist beds and Acute and PICU adult beds.</p> <p>Performance remained strong across services despite the pressures.</p> <p>TC commented on the amount of work we had undertaken over the year throughout the pandemic, noting how this had brought teams closer together. TC reported that we continued to look after our staff who were now tired but morale remained good.</p> <p>TC reported on the Trust Staff Awards where there had been 388 nominations of heart-warming and inspiring stories.</p> <p>TC explained that money would be challenging this year with the second half of the year seeing several changes made to the financial arrangements in relation to Covid-19 reimbursement.</p> <p>The new NEDs, Tim Bryson, Anne Barnard and Patrick Vernon would be starting with the Trust on the 1 January 2021 and we were planning their induction programme.</p> <p>The Independent Well Led Review was coming to a close and interviews with Board members were now completed, along with staff focus groups. The Board held a workshop to review and finalise the self-assessment and a further workshop prior to production of the final report would be scheduled for January 2021. An action plan would then be developed and shared with Governors in due course.</p> <p>No questions were put forward.</p> <p><b>RECEIVE</b> <b>The CEO Report was RECEIVED</b></p>	
<b>054/20</b>	<p><b>Chairs Report</b></p> <p>CL provided Governors with a verbal update on the work he had recently undertaken, and highlighted the below points:</p>	

	<p>CL shared his delight on the appointment of Sarah Betteley as his successor reporting the Trust was in 'safe and capable' hands. CL advised he had been working hard to ensure he was handing over existing relationships he had built and also commented on the positive light the Trust was held in by external stakeholders.</p> <p>CL reported on the appointment of the 3 new NED's advising that Tim Bryson, clinical NED would be taking over the work of Loyola Weeks in particular Loyola's role with the Mental Health Act managers. CL expressed huge thanks for all Loyola had done in her time with the Trust. Patrick Vernon was a champion for diversity and health equality and was recognised nationally for his work. Anne Barnard brought with her a wealth of knowledge and strength from her work within the BBC also reporting that Anne was a NED for the Department of Health &amp; Social Care. CL recorded thanks to those Governors who had been part of the recruitment process, also paying tribute to Ilana Rinkoff and to Michael Shapiro who had undertaken the Lead Governor role at very short notice. CL continued, giving thanks to Jon Walmsley, who having not been successful as a NED candidate had agreed to undertake the Lead Governor role on an interim basis.</p> <p>CL also commented on the Associate NED role which had previously been held by Sarita Dent. The recruitment process for this had now been completed and an appointment made. Kush Kanodia would take up the post in March 2021.</p> <p>CL also noted Dame Janet Parakseva and formally recorded thanks for her sterling contribution to the Trust.</p> <p>CL concluded his update acknowledging to Governors the opening of the Walled Garden at Little Plumstead in Norfolk, advising that a grant had been given of £60k for a café and shop to encourage and aid service users back into the work place.</p> <p><b>NOTE</b> <b>The Chairman's verbal Report was NOTED</b></p>	
<b>055/20</b>	<p><b>Report from the Board</b></p> <p>SBe provided Governors with an overview of the Public Board meetings held over the past 3 months.</p> <p>Highlights from the report were noted below:</p> <p>Since the last Council of Governors meeting the Board of Directors had met in public three times, in September, October and November.</p> <p>The Board had now re-commenced receiving service user stories which had been welcomed by members.</p> <p>The Trust was back to operating under its usual governance structure.</p> <p>The Board had considered the Integrated Safety report for quarters 1 and 2 and the quarter 1 and quarter 2 Safer Staffing reports with no major issues reported.</p> <p>Assurance had been provided to the Board at its September meeting via a report</p>	

	<p>from the Audit Committee who had considered reports on the internal audit programme, counter fraud work and outstanding management actions for audits.</p> <p>At its meetings in September and November the Board received reports from the Finance and Investment Committee (FIC) about the areas they had reviewed and were able to provide assurance on. In particular updates on commercial activity, and transfer of the ACE service. The status of IAPT contracts was also discussed.</p> <p>At its September meeting the Board approved the business case for the safety suites.</p> <p>At its November meeting the Board had approved the business case for the Forest House Adolescent Unit HDU Capital Proposal.</p> <p>The Board had considered an update on MH and LD ICP noting that a significant amount of work had been undertaken across the system with notable developments.</p> <p>Work on further defining the scope of the MHLDP had progressed. Further discussion would take place at the next MHLDP Partnership Board taking place in December.</p> <p>The Board had been updated and had considered the publication of the NHS People's Plan which AC and her team leading on this. It was noted that the Plan focused on: Looking after our people; Belonging in the NHS; New ways of working and Growing for the future.</p> <p>The Board also received a report on the findings of the WRES and WDES for 2019/20.</p> <p>The Board had reviewed and approved the updated version of the Board Assurance Framework (BAF), which included revised principle risks.</p> <p>The Board received an update on the independent Well Led Review being undertaken by Deloitte.</p> <p>The Board had received the Quarter 2 Performance Report; Quarter 2 People and OD Report and Quarter 2 Annual Plan 2020/21.</p> <p>The Board had also received a report that detailed the performance of the organisation during Quarter 2 against 67 national, regional and local indicators. Areas of focus for next quarters relate to Out of Area Placements, IAPT, CPA reviews and PDP rates.</p> <p>The Board 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. Improvement had been seen around the vacancy rate, unplanned turnover and sickness. Areas for improvement were appraisals and mandatory training.</p> <p>The Board received the quarter 2 report on the Annual Plan noting it had been a</p>	
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	<p>challenging but positive quarter with four out of the seven objectives on track to deliver.</p> <p>Questions were invited.</p> <p>CL acknowledged the enormous workload undertaken.</p> <p><b>RECEIVE</b> <b>The Board Report was RECEIVED</b></p>	
056/20	<p><b>Response to Covid</b></p> <p>JPad provided Governors with an update to the Covid 19 pandemic.</p> <p>Key messages of note were:</p> <p>Nationally the alert level is 4 and the NHS response level is also 4.</p> <p>Strategic, tactical and operational command was operational 24 hours a day, 7 days a week</p> <p>JPad noted the set of principles, noted below, which had been developed to manage the second wave Further detail was set out in the body of the paper:</p> <ul style="list-style-type: none"> <li>• Keep everyone safe.</li> <li>• Ensure everyone gets the care they need, when they need it.</li> <li>• Follow best practice.</li> <li>• Support the health and well-being of our staff.</li> <li>• Communicate effectively and regularly, internally and externally.</li> <li>• Make appropriate resources available.</li> <li>• Work in partnership with others.</li> <li>• Manage the incident proactively, being responsive to changing demands.</li> <li>• Ensure everything we do keeps the Trust values at the centre.</li> </ul> <p>Table 1 of the paper set out the refreshed framework.</p> <p>JPad further highlighted that deaths in the first wave were generally in Older People however this time we had seen greater numbers within Learning Disabilities.</p> <p><b>Vaccination Update</b></p> <p>AZ briefed the governors providing them with an update around the vaccination process. Key points of note were:</p> <p>To date 5000 people had been vaccinated with an expectation that 6 million would receive the Pfizer vaccine this side of December 2020.</p> <p>All staff who would administer the vaccine had been trained in life support. To date there had been 2 adverse reactions which had been treated using an EpiPen.</p> <p>AZ concluded stating this was a positive step and exciting news in the fight against the pandemic.</p> <p><b>RECEIVED</b></p>	



	<b>The Council of Governors received the update</b>	
<b>057/20</b>	<p><b>Reports from the Council of Governors Groups</b> The reports from the Quality &amp; Service User Experience Group and Membership &amp; Engagement group were taken as read with no questions put forward.</p> <p><b>NOTE</b> <b>The Council of Governor group reports were NOTED</b></p>	
<b>058/20</b>	<p><b>Company Secretary Report</b> HE provided the Governors with a number of updates:</p> <p>HE recorded an extended thanks to Michael Shapiro for undertaking the role of Lead Governor when Ilana Rinkoff stood down. A thank you was also recorded to Barry Canterford for joining ARC, also a result of Ilana Rinkoff stepping down.</p> <p>Furthermore, as a result Ilana Rinkoff standing down, the Performance sub group was looking for a new Chair. The role was open to any Governor with HE encouraging Governors to step forward.</p> <p>HE also updated Governors on the Trust nomination for the NHS Providers Governor Advisory Committee noting that Barry Canterford had indicated his interest. The results would be announced in early April 2021.</p> <p>The Council of Governors: Formally noted their support for appointment of Michael Shapiro as interim Lead Governor for the period 1 October to 10 November 2020. Formally noted their support for Barry Canterford to become member of ARC from 30 September 2020. Noted the nomination of Barry Canterford for the NHS Providers Governor Advisory Committee. Formally noted their support for Jon Walmsley becoming interim Lead Governor.</p> <p><b>RECEIVE</b> <b>The Council of Governors RECEIVED the report and noted their support as outlined above.</b></p>	
<b>059/20</b>	<p><b>Minutes of the Public Board meetings held:</b> <b>24 September 2020</b> <b>22 October 2020</b></p> <p>The minutes of the Public Board meetings held 24 September and 22 October 2020 were noted.</p> <p><b>RECEIVE</b> <b>The Council of Governors received the Public Board minutes</b></p>	
<b>060/20</b>	<p><b>Any Other Business</b> JW, on behalf of the governors paid tribute to CL recalling how incredibly well networked CL was and how this had been a huge benefit to the Trust and its service users. JW went on to say how CL and TC, whilst very different had</p>	

	<p>complemented each other, both having a deep commitment to continuously improve as a Board.</p> <p>JW concluded thanking CL stating that not only did CL have an outstanding Trust; CL was outstanding to work with.</p> <p>No further business was put forward.</p>	
<b>061/20</b>	<p><b>Schedule of Dates for 2021</b> HE presented the proposed dates for the quarterly Council of Governors meetings in 2021.</p> <p><b>RECEIVE</b> Council of Governors agreed the proposed meeting dates.</p>	
<p><b>Date/Time of Next Meeting:</b> The next meeting is scheduled for Thursday 11 March 2021</p>		

### *Close of Meeting*

#### **Attendance:**

Non-Executive Directors		
Chris Lawrence	Chairman	CL
Sarah Betteley	Non-Executive Director & Deputy Chair	SBe
Loyola Weeks	Non-Executive Director	LW
Tanya Barron	Non-Executive Director	TBa
Executive Directors		
Tom Cahill	Chief Executive	TC
Keith Loveman	Director of Finance & Deputy Chief Executive	KL
Ann Corbyn	Director of People & Organisational Development	AC
Karen Taylor	Director Strategy & Integration	KT
Dr Jane Padmore	Director Quality & Safety	JPad
Asif Zia	Director Quality & Medical Leadership	AZ
Sandra Brookes	Director Delivery & Service User Experience	SBr
Paul Ronald	Director of Operational Finance	PR

<b>Public Governors</b>		
<b>Bob Taylor</b>	<b>Public Governor</b>	<b>BT</b>
<b>Jon Walmsley</b>	<b>Public Governor</b>	<b>JW</b>
<b>Barry Canterford</b>	<b>Public Governor</b>	<b>BC</b>
<b>Emily Burke</b>	<b>Public Governor</b>	<b>EB</b>
<b>Caroline Bowes-Lyon</b>	<b>Public Governor</b>	<b>CBL</b>
<b>Tap Bali</b>	<b>Public Governor</b>	<b>TB</b>
<b>William Say</b>	<b>Public Governor</b>	<b>WS</b>
<b>Louis Sanford</b>	<b>Public Governor</b>	<b>LS</b>
<b>George Ashcroft</b>	<b>Public Governor</b>	<b>GA</b>
<b>Michael Shapiro</b>	<b>Public Governor</b>	<b>MS</b>
<b>Appointed Governors</b>		
<b>Rosemary Farmer</b>	<b>Appointed Governor</b>	<b>RF</b>
<b>Fran Deschampsneufs</b>	<b>Appointed Governor (Herts MIND Network)</b>	<b>FD</b>
<b>Staff Governors</b>		
<b>In Attendance</b>		
<b>Kathryn Wickham</b>	<b>Minutes</b>	<b>KW</b>
<b>Helen Edmondson</b>	<b>Head of Corporate Affairs &amp; Company Secretary</b>	<b>HE</b>
<b>Apologies</b>		
<b>David Atkinson</b>	<b>Non-Executive Director</b>	<b>DA</b>
<b>Diane Herbert</b>	<b>Non-Executive Director</b>	<b>DH</b>
<b>Eve Atkins</b>	<b>Appointed Governor</b>	<b>EA</b>
<b>Eni Bankole-Race</b>	<b>Public Governor</b>	<b>EBR</b>
<b>Vanessa Cowle</b>	<b>Staff Governor</b>	<b>VC</b>
<b>Ray Gibbins</b>	<b>Appointed Governor (Viewpoint)</b>	<b>RG</b>

### Council of Governors PUBLIC meeting

<b>Meeting Date:</b>	11 March 2021	<b>Agenda Item: 5</b>
<b>Subject:</b>	CEO Briefing	
<b>Presented by:</b>	Karen Taylor, Deputy CEO and Executive Director: Strategy and Integration	

#### National update

Clearly there is currently a lot of activity nationally which is summarised below.

#### **COVID**

Nationally the NHS remains at level 4 incident management. There are encouraging signs as nationally the trend in the number of positive Covid cases and number of deaths is moving downwards. This in turn has meant a gradual reduction on the pressure for some NHS services; this is delicately balanced and continues to be monitored.

Over recent weeks specific new variants of the virus have been identified with surveillance monitoring of these being undertaken in the relevant localities. One such area was postcode EN10 in Hertfordshire. This approach is part of a programme of work to identify and contain the virus.

The national lockdown is still in place and although the Government as set out the next steps to ease lockdown over the coming months the latest surge of the Covid pandemic did see a significant strain being put on NHS services. In response to this operational guidance: using all of our national health system, people and resources was published. The Guidance outlines the steps that organisations and systems working together with regions must take to ensure there is the maximal use of available capacity, with a strong emphasis on mutual aid arrangements being extended across regional boundaries. The Trust worked as a committed member of the system and worked with partners to ensure we offered mutual aid where appropriate.

Nationally the roll out of vaccination continues at pace with the target of 15 million first dose vaccinations by 15 February being achieved. The level of media interest in how the NHS is responding during the pandemic remains high and all NHS organisations remain very aware of the information they are making available with regard to this.

#### **White Paper**

On 11 February 2021 the government published a White Paper, *“Integration and Innovation: working together to improve health and social care for all – Department of Health and Social Care’s legislative proposals for a Health and Care Bill”*. The White Paper marks an evolution of the proposals for legislative change originally brought forward by NHS England and NHS Improvement (NHSE/I) in Autumn 2019. The White Paper covers considerable ground and includes a number of provisions not previously considered by the sector.

The stated purpose of the legislation is to create an enabling framework for local partners to build upon existing partnerships at place and system levels, and to align services and decision making in the interests of local people. The government reiterates its intention to bring forward separate proposals on social care later this year.

#### **EU Exit**

Since the last Council of Governors meeting a Trade and Cooperation Agreement has been signed between the EU and the United Kingdom of Great Britain and Northern Ireland, this

follows the UK leaving the EU at end of January 2020. The Trust will continue to monitor the impact of the new Agreement and end of the transition period, escalating any risks or issues.

### **Update on CQC's Regulatory Approach**

The CQC have confirmed that in response to the second wave of the pandemic that they will continue to only undertake inspection activity in response to a serious risk of harm or where it supports the system's response to the pandemic. In addition to undertaking inspection activity where there is a clear risk to safety, CQC will: undertake some focused inspection activity of emergency departments where monitoring of data and local intelligence indicates that increased pressure is having a direct impact on the quality and safety of care; continue to undertake Mental Health Act (MHA) monitoring visits to ensure the rights of vulnerable people are protected and carry out IPC inspections where we have concerns about infection control and a trust's oversight of infection risk.

### **Financial planning**

Due to current pressures NHSE/I have set out that they are planning to roll-over the current financial block contracts for quarter one 2021/22 and therefore will not be initiating a planning and contracting round with a changed financial framework before the start of the new financial year. The details regarding the total funding for quarter one are still subject to discussion but systems have been informed that they should not take any steps that would reduce capacity and their ability to respond to COVID-19 in anticipation.

### **Reducing burden and releasing capacity to manage the Covid pandemic**

On 26 January 2021 NHSE/I published guidance on their position with regard to regulatory and reporting requirements for NHS Foundation Trusts, this included: the pausing of non-essential oversight meetings; streamlining assurance and reporting requirements; providing greater flexibility on some end of year submissions; focusing improvement resources on Covid-19 and recovery priorities and only maintaining existing development work streams that support recovery. The guidance is very much in line with similar guidance produced in March 2020. We reviewed the guidance and undertook an analysis with regard to the Trust's response. The Trust is responding in line with the guidance with no additional specific actions needing to be taken and will continue to monitor any additional guidance and escalate to the Board as required.

The Annual Reporting Manual for 2020/21 has been published by NHSE/I including the timetable for the submission of the accounts. In recognition of the pressure on NHS services the reduced reporting requirements that were in place for 2019/20 will be carried forward for 2020/21. The Trust will work with external auditors to ensure both the Annual Accounts and Annual Report are submitted in line with the timetable, this will be overseen by the Audit Committee and reported to Board and Council of Governors in line with the end of year process.

## **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.

### **Regional**

On 11 February Tom Cahill presented to the regional CEO's meeting on Mental Health & Learning Disability issues, COVID and aspects of workforce impact. Notably the Duke of Cambridge attended the meeting taking part in the discussion.

### **Herts & West Essex Integrated Care System (ICS)**

The ICS Partnership Board met on 9 February and noted that much of the recent work for the ICS team has been in supporting the response to system operational pressures and

vaccinations. Enhanced arrangements for co-ordination across the ICS were put in place at the start of January, including system 'Gold' meetings and have been part of responding to the intense and sustained operational pressures across the system. Close working with NHS providers, social care, care homes and domiciliary care services has been taking place to ensure patients can be discharged to appropriate settings once their conditions have improved, as well as increasing capacity in services that can provide alternatives to admission. The ICS Board noted it as a tribute to all system partners that services stood up well over the period, and relationships remained constructive and mutually supportive.

By the end of January, over 100,000 residents in the first four priority groups had received at least a single dose of vaccine the national target of 15th February was achieved for these groups. This included over 80% of residents aged over 80 and almost all of those who live in local care homes.

An initial informal "workshop" has been held to take forward options for increasing support to young people with acute mental health crises (including eating disorders). Further work is taking place and will be reported at a future Partnership Board meeting.

### **MH & LD Integrated Care Partnership**

During December and January the majority of transformation work was streamlined or "paused", whilst the ICP focused on the continued delivery of safe and effective services.

We did however agree the following three immediate key areas for action to achieve positive outcomes for people with a mental illness and/or learning disability, in the context of COVID;

- Maximising access to vaccinations for people with a Learning Disabilities or Severe Mental Illness
- Recruiting into mental health roles within Primary Care
- Developing crisis response to people with alcohol problems.

The progress that had been made in these areas was reviewed at the MHLD ICP Board on 12<sup>th</sup> February, with work advancing in all areas. Most significantly, people with learning disabilities in Hertfordshire are now prioritised for COVID vaccinations. A delivery plan has been rapidly developed, governance agreed and implementation has commenced.

The ICP welcomed the news that three NHSE bids had been successful; Adult Community Mental Health transformation, Suicide Prevention and Digital Transformation. Additionally funding has been awarded to PCN's for new mental health roles in Primary Care. This additional funding will further support system transformation, particularly for Community Mental Health.

Understanding and planning for future demand has remained a priority area of focus for the ICP. The ICP is further progressing the demand modelling and mitigation work with the support of Niche Consultancy, and will have an agreed strategic plan by May 2021.

Recent policy developments including "Integrating Care...", and most recently the "Integration and Innovation..." White Paper are now being considered as part of the overall strategic response and the development of the MHLD ICP.

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

In discussion with NHSE, the prospective 'Go Live' date has been extended to 1 July 2021 with recognition there may be a need to stagger the start date of different service lines. There is currently focus on completing financial due diligence for the Trust from the

perspective of collaborative partner, lead provider and provider and assessing financial risks that may arise due to operating within the national provider collaborative environment. Work will also commence on developing the system level transformation plans for CAMHS and Forensic LD, and ensuring these align with ICS/STP plans. Strengthening arrangements for co-production will therefore be key during this period. Following the positive feedback from the 16<sup>th</sup> Dec 20 approval Panel presentation, NHSE/I will be undertaking deep dive reviews of the clinical designs and associated transformation plans. HPFT, as lead provider, will be leading the CAMHS T4 session scheduled for 11<sup>th</sup> March 2021 and taking a lead role for Forensic LD in the Forensic session scheduled for 7<sup>th</sup> April 2021.

## **Trust-wide update**

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

### **Operational update**

Operational services have continued to experience pressure throughout January and February however as the number of COVID cases, numbers of outbreaks across the wards and sickness has decreased this has become more manageable. There are some services where we continue to see high levels of demand - CAMHS eating disorders, CAMHS in-patients and across the adult community and in-patient pathway. Forest House Adolescent Unit have experienced a high level of acuity and although we still have one young person awaiting a low secure bed. We are continuing to look at different ways to increase the capacity of the CAMHS eating disorder team and work with primary care colleagues to support the physical health monitoring of those young people awaiting therapeutic interventions.

Despite ongoing demand we have seen some improvement in flow across the acute beds and a reduction in the use of out of area beds but this remains volatile.

IAPT services are experiencing an increase in referrals for Step 3 due to complexity of need. This is meaning that we need to review the current skill mix and consider ways to increase the number of High Intensity Therapists that we have. IAPT staff have also been receiving training with regards to treating "needle phobia" to support the mass vaccination programme.

As the position stabilises we are now focusing attention on the development of a service recovery plan. This will include actions solely for the Trust and others which will need to be worked on with partners across the system. Actions will cover six key areas; current service pressures, demand modelling, performance, transformation, inequalities and workforce.

### **Covid Update**

Nationally and locally the Covid pandemic surge has been significant. Although there is now evidence that incidence rates and community transmission is decreasing the Trust continues to have incident control cover 24 hours a day, 7 days a week, but with the number of meetings reduced in response to the requirements of the incident and the need to ensure staff are able to take leave and rest. Work has also taken place to ensure appropriate issues are held in business as usual rather than incident management.

In recent months the Trust has seen 14 different outbreaks in the inpatient services and a number of isolated positive cases in community although there the number we are seeing is now decreasing and currently we are managing 6 active Outbreaks. Sadly 187 service users have died as a result of Covid during the past 12 months. The impact of staff Covid related sickness and absence has meant that a number of Trust services had worked to

continuity plans, but importantly, no services have been closed and no services are now in Business Continuity.

Close working with Public Health England and NHSE/I has enabled a safe approach to be put in place for transfers and admission of service users to outbreak areas, which are required in order to balance the clinical risks from not admitting, with the risk of COVID transmission and regulators are happy with the system and process adopted.

### **Staff Testing**

The National programme of twice weekly staff Lateral Flow Testing started in December with home testing kits offered to all staff working in patient facing roles. Since January all Trust Staff were able to be offered a kit. Staff are expected to test at home twice a week. At present approximately 60% of staff are testing and reporting their results twice a week as required.

Since starting testing more than 160 asymptomatic Trust staff have been identified as positive for COVID through this route, meaning that staff have had to isolate and have been able to prevent transmission that might have caused harm.

The take up and recording is below the level expected and plans have been put in place to encourage uptake, including a staff helpline for support in using the test. All staff who tested positive have been contacted and actively followed up. Trust reporting of LFT numbers and outcomes became an additional mandatory SITREP in December.

### **Vaccination**

The Trust has made significant progress in the last month with regard to vaccination. At the time of writing 85% of staff had been vaccinated, including 74% of BAME staff. This has been achieved by staff accessing centres at West Herts Hospital, East and North Herts, Norfolk and Norwich University Hospital Trust and several sites in Essex. We have also accessed clinics in PCNs and set up our own vaccination clinic for staff both at the Colonnades and visited Trust sites to administer for staff, volunteers and Experts by Experience, accounting for approximately one third of staff vaccinations. The whole programme is supported by a specific communications campaign with a number of live Q&A sessions being held to respond to questions and concerns. The Trust is continuing to encourage and offer vaccination to the remaining staff who have not been vaccinated.

We are working closely with HCC and partners to ensure all vulnerable service users receive the vaccination, particularly focussing on Learning Disabilities and older people's services. All our inpatients within these service areas have received the first dose of vaccination. Attention has now moved to ensuring mental health community service users are offered the vaccine.

### **CQC – Transitional Monitoring Arrangement**

The CQC has ceased their routine inspections of Trusts during the pandemic. Instead, a transitional Monitoring Arrangement (TMA) has been put in place and the Trust has been asked to undertake this. The first two stages of this process have been completed, namely submission of a self-assessment, supporting documentation and details of stakeholders. The third and final stage was an interview with the Executive Director of Quality and Safety (Chief Nurse) and Deputy Director Nursing and Quality (DIPC) and which took place on 21 January 2021. The Trust received verbal feedback that there were no concerns and the process was closed for the Trust.

### **Oversight and Support Meeting**

In line with the Region's assessment of the Trust as level 1 on 1 December the Trust had its quarterly Oversight and Support meeting with NHSE/I. It was a positive meeting with no



immediate concerns raised by NHSE/I and a small number of actions identified. The next OSM meeting will be in three months' time.

### **West Essex IAPT Services**

This contract was due to expire on 31 March 2021. However, commissioners delayed their procurement and extended HPFT's current contract until 31 July 2021 (an additional four months) with the new service due to commence 1 August 2021. We previously agreed to not take a bid forward having assessed the performance and financial contractual arrangements and likelihood of being successful.

West Essex CCG has confirmed that Vita Health, a private provider, were the successful bidder for the service and will commence delivery of the new service from 1 August 2021 onwards. Work to support transferring staff is already underway.

### **Mental Health Act**

On 22nd January 2021, the High Court published its judgment in the case of Devon Partnership NHS Trust v Secretary of State for Health and Social Care. In brief, the Court was asked to consider whether assessing patients remotely via video link can satisfy the requirements that AMHPs "personally see" and doctors "personally examine" patients prior to completing applications and recommendations. The Court's answer was a resounding 'no'.

We have not undertaken MHA Assessments virtually, with CPAC having confirmed previously this would not be appropriate. However, the judgment was silent on whether the need for the responsible clinician to 'examine' the patient prior to issuing a detention renewal form or a CTO extension form also requires attendance in person. In consideration of the Court's approach in this case we are working on the assumption that it does. We have reviewed all our virtual reviews and the implications of these will be carefully worked through with the individual service users.

### **Our People**

#### **Staff Survey**

The preliminary results of the 2020 annual staff survey have been received by Picker, the company which the Trust commissioned to run our staff survey. The final results will be received by the NHS Staff Survey Coordination Centre shortly. All results are currently under strict embargo until 09:30 on 11 March 2021 we are but optimistic that results will be a positive set of results. This should be noted that the survey took place in the context of the COVID pandemic which impacted staff.

#### **HWE MH Resilience Hub**

January saw the launch of the HWE ICS wide psychological support line 'here for you' – a joint collaboration between ourselves and EPUT, available to all health and social care staff across the Herts and West Essex ICS, including those in the primary care network – the funding was secured via a joint bid, with services being jointly provided between HPFT and EPUT – take up numbers have been steady so far following the soft launch; a second wave of communication is planned to coincide with the arrival of those recruited to specifically support the service and whilst the service is initially accessed by a helpline number, work is underway to develop online services as well – the range of support provided ranges from guidance into existing online support services to proactive reach out to teams to provide psychologically safe team and individual reflection sessions

We continue to provide a wide range of wellbeing and emotional support to our people – with an extensive programme covering drop-in sessions (virtually) to laughter yoga.

### **Staff recovery**

Internally we have identified with the wider leadership team, five areas of focus for supporting staff and their recovery which will form part of a wider engagement with staff in developing the detail of our approach and plans. Initially these are:-

- Paying witness (to what has happened)
- Rest and recuperation
- Reward and recognition
- Health and Well-Being
- Keeping our people

### **Healthcare Support Workers - enhanced recruitment and onboarding**

There is a national ask to fill all HCSW vacancies by the end of March. We have currently 116 vacancies and have developed a specific plan to recruit 100+ Healthcare Support Workers during the final quarter of this financial year with a very healthy pipeline of applicants to be interviewed.

### **HSJ Awards**

We have been shortlisted for the 'MH Trust of the Year 2020' award which takes place in March. After the initial submission, we presented our nomination to the judging panel on 24 February 2020 and this was led by Roberta from a service user perspective with Karen Taylor and David Atkinson joining to form the presentation team. The announcement on the winner will take place on 17 March 2021.

### **Finance**

The Trust continues to forecast a deficit of £1.2m in line with plan and work has commenced to finalise any areas of potential movement. Nationally it is expected that additional annual leave accruals will be made and that both resource limits and cash will be adjusted to reflect these. The latest NHSE webinar with Julian Kelly, NHS DoF, reported that the national position is indicating most systems spending will be within the envelopes available, with Trusts requested to ensure all appropriate accruals and provisions are made. There is the potential that further income will be received this year from NHSE to cover shortfalls against planned non NHS income which would improve the above deficit but the details are not yet fully clear.

### **Senior Team**

The process to appoint a new Deputy CEO has been completed and Karen Taylor will start in post on 1 March 2021. Our new Associate NED Kush Kanodia started at the Trust on 1 March 2021. He will be provided with a comprehensive induction to the Trust and the Associate NED role.

The Remuneration Committee have agreed the process for recruitment of Executive Director of Finance and it has started. Discussions are also taking place with the Appointments and Recruitment Committee and Council of Governors with regard to the recruitment of a NED to replace Tanya Barron.

The new NEDs, Tim Bryson, Anne Barnard and Patrick Vernon OBE started at the Trust on the first of January 2021 and they are completing their induction programme.

## **Governance**

The Trust is continuing to operate using streamlined governance to ensure as much capacity as possible is released to support the Trust's management of the incident. This approach still provides robust assurance and will enable the Trust to meet all the requirements of the year end processes.

The Board has also have received the draft report from Deloitte with regard to the Well-Led Review. A workshop will consider this in detail and agree next steps, including an action plan in response to the agreed recommendations, both of which will be formally presented to the Board and CoG

**Tom Cahill**  
**Chief Executive**

**PUBLIC Council of Governors**

<b>Meeting Date:</b>	11 March 2021	<b>Agenda Item:</b> 7
<b>Subject:</b>	Report from Trust Board Meetings	<b>For Publication:</b> Yes
<b>Author:</b>	Helen Edmondson, Head of Corporate Affairs and Company Secretary	
<b>Presented by:</b>	Catherine Dugmore, Non-Executive Director	

**Purpose of the report:**

To provide the Council of Governors with an overview of the work undertaken by the public Board at its meetings on 17 December 2020, 28 January 2021 and 25 February 2021.

**Action required:**

The Council of Governors is asked to receive and note the report.

**Summary and recommendations to the Board:**

An overview of the work undertaken is outlined in the body of the report. During this period the Trust Board held its meetings in private.

**Relationship with the Business Plan & Assurance Framework:**

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

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

None.

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

**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.

## **Report from the Trust Board**

### **1. Introduction**

- 1.1 Since the last Council of Governors meeting the Board of Directors has met three times (17 December 2020, 28 January 2021 and 25 February 2021). In line with national guidance the meetings have been streamlined to release capacity to manage the Covid pandemic. The meetings have been held virtually and been observed by Governors.

### **2. Covid -19**

- 2.1 The meetings in January and February received a specific update on the Trust's response to Covid-19 pandemic. This included details of how the Trust is managing the incident whilst all services remain open and how the Trust is supporting service users, carers and staff. It was noted that the incident management had been stepped up in response to the second wave of Covid and to deal with the impact of second lockdown.
- 2.2 The Board also received information on the planning underway to ensure staff testing and vaccination is in place. The Board also noted the plans in place to offer vaccination to service users, both inpatient and community.

### **3. Operational Updates**

- 3.1 Each Board meeting received an update on operational services and how they are responding to the challenges of Covid, coupled with the increased demand for services and the increased acuity and complexity of service users. It was noted that a small number of services had gone into Business continuity but that all services had remained open to referrals.
- 3.2 It was recognised that there were particular demand hotspots, for example CAMHS eating disorders as well as access to some specialist CAMHS inpatient services.

### **4. Service recovery**

- 4.1 The Board were updated with regard to the stabilisation of services and the focus on the development of a service recovery plan. The plan will include actions solely for the Trust and others which will need to be worked on with partners across the system and cover six key areas; current service pressures, demand modelling, performance, transformation, inequalities and workforce.

### **5. Assurance**

- 5.1 CQC Transitional Management Arrangements  
The Board were updated regarding the Transitional Monitoring Arrangement (TMA) that CQC had put in place and that the Trust had been asked to take part in. It was reported that the process had been completed and that the CQC had indicated that they had no concerns to escalate and the process had now ended. It was confirmed that the CQC would not provide a written report and the Trust rating remained

unchanged. The Board were informed that the process had involved submitting evidence, and then the Deputy Director of Nursing and Director of Quality and Safety being interviewed by CQC. The Board welcomed the positive outcome for the Trust.

#### 5.2 Integrated Governance Committee

At its meeting in January the Board received a report from the Integrated Governance (IGC) Committee that had met earlier in the month. The IGC considered a Covid update and details of the support being offered to staff to support their wellbeing. The report also outlined the work undertaken with regard to Emergency Preparedness and the CQC Transitional Monitoring Arrangement. The Board were updated on the quarter three reports considered by the Committee and the outcome of the Committee's self-assessment. The Board were informed that IGC had agreed the PALs policy and latest version of the BAF. There were no items for escalation to the Board from IGC.

#### 5.3 Finance and Investment Committee

At its meeting in January the Board received a report from the Finance and Investment (FIC) Committee that had met earlier in the month. The Board were updated with regard to the Committee's review of the forecast end of year position and the planning for the end of year accounts. The Committee had also received an update on the New Care Models Collaborative and the development of a Strategic Outline Case for the proposed inpatient unit in East and North Hertfordshire. The Committee considered and made a recommendation for the Board to consider with regard to the awarding of hard and soft facilities management contract. The Board were informed that the Committee received a commercial update, update on capital expenditure and performance reports. The Board were also updated on the outcome of the Committee's self assessment and Oversight and Support meeting with NHSI/E.

#### 5.4 Audit Committee

The January Board meeting approved the Audit Committee's Terms of Reference following a recommendation from the Committee following their review.

The February meeting provided the Board with the opportunity to receive a report from the Audit Committee. The Committee had considered progress reports on the internal audit programme, counter fraud work plan and the outstanding management actions for audits. The report detailed good progress despite the impact of Covid-19. The continued commitment to a significant internal audit programme was welcomed as well as the expectation that full programme would be delivered in 20/21. The Committee also discussed the planning for end of year 20/21 and discussed the detail of the findings of internal audit reports.

The Audit Committee was able to provide assurance to the Board with regard to the appropriate use of Waivers and management of information governance incidents.

#### 5.5 EU Transition

An update on the plans in place for managing the transition phase relating to the exit of UK from the EU was received by the Board. It was noted that the Trust had undertaken a number of activities to prepare for the transition and that any risks were being monitored.

### 6. **Finance**

At its meetings in January and February the Board received Finance reports relating to forecast end of year position for 2020/21. The forecast set out that the Trust would

be reporting a £1.2m deficit, in line with the agreed control total. It was noted that cost pressures remain with regard to Covid, Infection Prevention and Control; staffing and external need for inpatient beds for adults and young people.

The Board were also briefed in January on the planning for 2021/22. It was noted that for the first quarter of the year there would be a rollover of the funding framework in place for months 7-12 in 2020/21. More detailed guidance is expected later in March.

## **7. People**

### **7.1 Staff Survey**

At the Board meeting in February the Board received the preliminary results of the 2020 annual staff survey that have been received by Picker, the company which the Trust commissioned to run our staff survey. It was noted that the final results are embargoed until 09:30 on 11 March 2021. The Board discussed the initial findings and areas for continued work.

### **7.2 Staff Recovery**

Due to the importance of staff wellbeing and support to staff the February Board received a presentation and had a discussion regarding the recovery strategy for staff. The Board highlighted the importance of supporting staff to pay witness to the events of the last year as well as ensure that staff rest and recuperate. The Board explored the options with regard to reward and recognition and emphasised the continued commitment to staff's health and wellbeing. The impact of the pandemic on retention and recruitment was also considered, and the Board noted the plans in place to ensure HPFT is seen as a positive place to work.

### **7.3 Clinical Excellence Awards (CEA)**

The Board were informed that in line with national guidance the process for CEA for this year has been amended. The process for this year only will be that all eligible consultants receive a one off payment and that the process would then return to the usual process going forward, involving assessment of individual cases and applications.

## **8. Strategy**

### **8.1 Mental Health and Learning Disability demand modelling**

In order to help the Trust plan for future demand for its services the Board were updated with regard to the Covid based demand modelling. The Board were informed that nationally the anticipated additional demand is estimated between 10-30%. It was reported that the ICS has commissioned an organisation to undertake the commissioning of further modelling work. The outputs of the work will be considered at a future Board meeting.

### **8.2 Integrating Care – Next Steps**

The Trust considered and approved its response to the consultation relating to Integrating Care. It was noted that a White Paper was expected in 2021 and that the Board would continue to be briefed on the implications of any proposed legislation.

### **8.3 Digital Aspirants Programme**

At its February meeting the Board considered and approved the Trust joining the Digital Aspirants Programme. The Aspirants Programme is designed to support

organisations to deliver significant digital transformation. The Programme is in line with Trust's recognised ambitions as set out within the Trust's Digital Strategy. Agreement to join the Programme sets out commitments and obligations which are in accordance with the Trust approach to implementation of the Digital Strategy.

**9. Facilities Management**

The Board noted that the FIC had reviewed the procurement process for the Total Facilities Management (TFM) contract. It was noted that the contract had been reviewed and was recommended by FIC for approval. The Board committee gave their approval to award the contract, with the new contracts to go live 1 April 2021.

**10. Governance**

**10.1 External Development Review of Leadership & Governance Using the Well-Led Framework**

The Board were updated on the outcome from the work commissioned from Deloitte to undertake a development review. The self-assessment phase of the process was paused due to Covid and restarted with a Board workshop held October 2020. The external review phase was completed and has resulted in a draft report. The Board were briefed on the report and it was noted that there would be detailed discussion of the findings at a Board workshop in March, following which the report would be finalised and an action plan agreed.

**10.2 Oversight and Support Meeting**

The Board were updated with regard to the outcome of the Oversight and Support meeting (OSM) held with NHSE/I on 1st December 2020. It was noted that it had been a positive meeting and that no issues had been escalated, and therefore the next OSM meeting is scheduled to take place in April 2021. It was reported that the actions identified would be progressed.

**11. Quarterly Reports**

The Board received Quarter 3 Annual Plan report. It was reported that, although October to December 2020 (Quarter 3) had been a challenging period for the Trust it had also been positive, with teams continuing to deliver outstanding care despite facing increasing pressure from the highly infectious strain of COVID-19. Also the Board were informed that the Trust 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. The Board were informed that the end of Quarter 3, five out of the seven objectives are fully on track to deliver the end of year outcomes, with two objectives that will not fully achieve the year end outcomes. This includes Experience (IAPT performance) and Joined up Care (demand and acuity impacting hugely on ability to deliver outcome measures).



**Council of Governors PUBLIC**

<b>Meeting Date:</b>	11 March 2021	<b>Agenda Item: 8</b>
<b>Subject:</b>	Covid-19 Update	<b>For Publication: No</b>
<b>Author:</b>	Fiona McMillan Shields, Interim Managing Director, East & North SBU	<b>Approved by:</b> Dr Jane Padmore – Executive Director, Quality & Safety/Chief Nurse
<b>Presented by:</b>	Dr Jane Padmore – Executive Director, Quality & Safety/Chief Nurse	

**Purpose of the report:**

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

**Action required:**

The Council of Governors is asked to RECEIVE the report

**Summary and recommendations:**

Nationally and locally the Covid pandemic surge has been significant. Although there is now evidence that incidence rates and community transmission is decreasing the NHS has returned to emergency preparedness level 4 and the Trust continues to have incident control cover 24 hours a day, 7 days a week.

The Trust has seen 14 different outbreaks in the inpatient services and a number of isolated positive cases in community although there the number we are seeing is now decreasing and currently we are managing 6 active Outbreaks. 186 service users have died as a result of Covid during the past 12 months with 15 being reportable.

Since, the last paper to Board, the COVID-19 vaccination programme and staff testing have been mobilised with in excess of 80% of Trust staff had at least one dose of vaccine and all Trust staff now having access to regular Lateral Flow Testing (LFTs) and work continues to improve the compliance rate for twice weekly testing and reporting which currently sits at about 50%.

Operational guidance: using all of our national health system, people and resources was issued and the Trust reviewed this finding more work was needed in relation to the recruitment of healthcare support workers and international recruitment. All other matters were either not applicable to the Trust or are being held at tactical command.

The main risks associated with the Covid Surge and Winter pressures have related to the impact of Covid on Trust workforce and the Trust's ability to keep front line services running and a small number of services have enacted business continuity plans. Oversight is maintained through the incident command structure using the COVID-19 risk register.

**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 amend 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 mitigate 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 latest surge of COVID-19 is starting to decline with local and national infection and transmission rates coming down from the peak at the end of December and beginning of January.
- 1.2. This paper presents the current position, in terms of the pandemic, nationally, locally and in the Trust and will update the Council of Governors on the work being managed through the ongoing incident command structure.
- 1.3. Business continuity, nationally and locally, incorporates COVID19 (IPC, Covid vaccination, staff testing), EU exit and winter planning.
- 1.4. The paper concludes with an overview of the COVID-19 related risks. It summarises how the Trust leadership and incident management structures remain in place to address and monitor these risks, to enable responsiveness 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 increased significantly within December and January in numbers of positive cases alongside increases in admission to hospital and use of ICU beds but has since seen a steady but slow decrease. NHS emergency preparedness returned to the level 4.
- 2.2. Locally the national picture was reflected with increases in Covid incidents and system escalation within Hertfordshire responding to the Covid and expected routine NHS Winter pressures.
- 2.3. There was one case of the South African variant in the footprint of the Trust (Broxbourne) and the Trust has attending and engaged in Operation Eagle to ensure the Trust is compliant and responsive to the requirements this brought. To date no further cases of the variant have been found through mass testing.

## **3. Infection prevention and control**

- 3.1. The number of service user deaths reported continues to increase, reflecting the national picture. 186 service users have died from Covid, 33 in patients (15 of which were reportable) and 152 community service users. These are distributed between the business units
  - East & North Herts SBU: Total - 129
  - LD & Forensic SBU: Total - 26
  - LD Essex & IAPT SBU: Total - 18
  - West Herts SBU: Total – 13.
- 3.2. On 22nd January 2021 a rapid review of the deaths of service users, with a learning disability, from COVID, was undertaken. In summary this found:

- Of the 141 deaths in total of service users known to HPFT (at 22/1/21), 29 (1/5) of these had a learning disability, 13 of which have been since November.
- 23 died in hospital, one was ventilated. Only one person has a DNACPR and they died at home.
- Average age of death for those with a Learning Disability was 60, whereas in the non- learning disability population it was 79.
- No deaths were in the Trust in patient services,
- The majority of service users (22) lived in residential/care homes. 5 service users lived in supported living accommodation and 2 service users lived with their families.

- 3.3. These concerns have been raised within the ICS to gain an understanding of this is a picture elsewhere and to ensure action is taken on the immediate concerns. The acute Trust have reviewed their Emergency Treatment Plans (ETP) for those people with a learning disability who are currently in patients.
- 3.4. From December onwards the number of cases of both staff and service users affected rose sharply in line with the pattern seen in the community and the numbers of staff testing and subsequently confirmed positive peaked during the first week of January 2021 at 85.
- 3.5. Service user cases continued to rise into January and this was reflected in the number of Outbreaks managed on our wards since December that peaked in January at 14 separate Outbreaks. The Trust currently has 6 ongoing outbreaks and the impact of the recently identified mutations remains unclear
- 3.6. An Outbreak being declared requires a significant reporting response with daily SITREPs per Outbreak. This has been managed predominantly through the Heads of Nursing under the leadership of both our Consultant Nurse in IPC and DIPC.
- 3.7. Close working with Public Health England and NHSE/I has enabled a safe approach to be put in place for transfers and admission of service users to outbreak areas, which are required in order to balance the clinical risks from not admitting, with the risk of COVID transmission. Although this is out of line with general national policy, because all admissions or transfers to an outbreak ward (24/7) require Executive approval following comprehensive clinical risk assessment, regulators are happy with the system and process adopted. A flowchart and form have been developed to support the decision making process. Public Health England and NHSI have been involved in the decision making and are notified when this happens in the outbreak meeting the following day.
- 3.8. Since mid-January the number of outbreaks, incidences in terms of both service user and staff confirmed cases and the number of staff unavailable for work have plateaued and more latterly gradually started to ease.

#### **4. Service users**

- 4.1. In December, an improved flexible physical health response was mobilised through our Covid Early Response Team (CERT) - with more physical health nurses deployed to support the clinical management of cases on the wards.
- 4.2. In response to learning from serious incidents, the red RAG rated service users have been reviewed and robust assurance processes in each SBU to ensure continued oversight of this.

#### **5. Business continuity plans**

- 5.1. Business continuity contingencies have been in place since Christmas, with staffing arrangements remaining under pressure, but without falling to emergency minimum staffing levels for inpatient areas for significant periods enabling staffing to be sustained through very close operational management on a 'shift by shift' basis.
- 5.2. A number of Trust services have instigated business continuity plans including:
- children's eating disorders due to unprecedented recent demand
  - adult community services in a small number of teams affected by staff sickness
  - older adult inpatients also affected by staff sickness
- 5.3. It should be noted however that the period since Christmas has been significantly challenging for staff and modelling suggests that this will continue for the remainder of February. The impact of new and emergent variants may be critical in nature. Although the current position reflects one of greater stability, the national, local and internal picture remains at the highest level of alert.

#### **6. Our people**

- 6.1. Staffing levels are currently manageable, but require significant operational focus on a shift by shift basis and any additional sickness absence would necessitate further review of business continuity contingencies.
- 6.2. Two key areas of work are the recruitment of Healthcare workers and International recruitment.

##### **Staff testing**

- 6.3. The National programme of twice weekly staff Lateral Flow Testing started in December with home testing kits offered to all staff working in patient facing roles. At present approximately 50% of staff are testing and reporting their results twice a week as required.
- 6.4. Since January the number of kits made available to the Trust increased meaning all Trust Staff were able to be offered a kit. Staff are expected to test at home twice a week either on Monday/ Thursday or Tuesday /Friday. This is a key part of the strategy for maintaining safe service delivery.
- 6.5. Since starting testing more than 160 asymptomatic Trust staff have been identified as positive for COVID through this route, meaning that staff have had

to isolate and have been able to prevent transmission that might have caused harm.

- 6.6. The take up and recording is below the level expected and desired and plans have been put in place to encourage uptake of the LFTs throughout all staff groups. Operational and clinical managers have prioritised individual supportive conversations to encourage staff to undertake the tests and record the test outcome on the related 'App'. Trust reporting of LFT numbers and outcomes became an additional mandatory SITREP in December.
- 6.7. A helpline is in place for individuals for support in using the test and all staff who tested positive have been contacted and actively followed up.

#### COVID-19 Vaccination programme

- 6.8. The vaccination programme initially had two strands- the Trust contribution to the mass vaccination effort and the vaccination of our staff.
- 6.9. A number of Trust staff undertook training in December and were made available to support NHS vaccination of the first 4 priority groups on behalf of the system contribution to 'mass vaccination'.
- 6.10. Throughout December Trust staff were able to access vaccinations on an ad hoc basis – usually in response to last minute offers across the system being delivered out of Watford and Lister hospitals.
- 6.11. From January the Trust has been delivering its own vaccination clinics in multiple locations including Essex and Norfolk and we now have in excess of 80% of Trust staff who have had at least one dose. Covid Vaccination numbers reporting is a further mandatory national SITREP.

### **7. Infrastructure**

- 7.1. In response to feedback from our staff, the Trust has sourced and provided changing facilities. Also, areas for breaks and rest have been prioritised.

### **8. Communication**

- 8.1. Staff engagement and communication has continued to be prioritised through multiple channels including email, team meetings and a number of Executive Q&A MS Teams live events, for example.

### **9. Leadership capacity & capability**

- 9.1. Incident control continues to operate 7 days a week and 24 hours a day at operational, tactical and strategic command and has ensured robust oversight of the major work areas including managing COVID-19, staff testing, Covid Vaccination and the work to oversee EU Exit preparations.
- 9.2. The number of meetings has been reduced in response to the requirements of the incident and the need to ensure staff are able to take leave and rest. Work has also taken place to ensure appropriate issues are held in business as usual rather than incident management.

## **10. System & partnership working**

**10.1.** Throughout the Christmas holiday period and into January system oversight GOLD calls were stood up daily with Trust Executive level involvement, although these have now gone back to weekly oversight system meetings.

## **11. Governance**

**11.1.** The incident continues to be managed using the Trust framework presented in previous papers to the Board with communication having been added:

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

**11.2.** The Trust Clinical and Professional Advisory Committee (CPAC) that was stood up for Covid has continued to meet weekly. It has provided valuable clinical oversight of the implementation of national and Trust level clinical and professional guidance and supported risk management and clinical and professional policy review.

**11.3.** Operational guidance: using all of our national health system, people and resources which was published on 13th January with a range of expectations that span service delivery, finance and workforce and the Trust has reviewed progress against expected actions within this guidance (appendix one). The review has highlighted that additional work was needed in relation to the recruitment of Healthcare Support Workers and international Recruitment and these have been developed, are being actioned and will be monitored through the People and Organisational Development Group (PODG). Other areas have continued oversight at tactical and others are not applicable.

## **12. Risks and challenges**

**12.1.** 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 weekly for scrutiny, to the executive team. The current risks are relating to quality, performance, workforce and infrastructure.

**12.2.** 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.

**12.3.** 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.

**12.4.** 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.

12.5. 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.

12.6. 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.

### **13. Conclusion**

**13.1.** This paper has shown that nationally and locally the latest COVID-19 surge is apparently declining – although the NHS remains at the highest level of emergency preparedness with shielding of Clinically Extremely Vulnerable people remaining in place and the country remaining on national Lockdown.

13.2. The impact of staff Covid related sickness and absence has meant that a number of Trust services are working to continuity plans. The number of outbreaks and incidents of infection appear to have peaked and are slowly reducing but this should be viewed with caution.

13.3. In conclusion, the Trust has retained robust oversight of the impact of the pandemic through the incident command structure, dedicated resource for the associated staff testing and vaccination programmes and continued review of the risks and mitigations in place to support continued delivery of effective and safe services.



**Council of Governors PUBLIC meeting**

<b>Meeting Date:</b>	11 March 2021	<b>Agenda Item: 9</b>
<b>Subject:</b>	Company Secretary Report	<b>For Publication:</b>
<b>Author:</b>	Helen Edmondson. Head of Corporate Affairs and Company Secretary	<b>Approved by:</b> Helen Edmondson. Head of Corporate Affairs and Company Secretary
<b>Presented by:</b>	Helen Edmondson, Head of Corporate Affairs and Company Secretary	

**Purpose of the resolution:**

To update the Council of Governors with regard to:

- Governor elections
- Quality indicators
- Sub groups

**Action required:**

To receive update provided

**Summary and recommendations:**

**Summary**

The report updates the Council of Governors with regard to:

- Governor elections
- Quality indicators
- Sub groups

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

N/A

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

N/A

**Equality & Diversity /Service User & Carer Involvement implications:**

N/A

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

Evidence to support the NHSI/CQC Well Led Standard.

**Seen by the following committee(s) on date:**

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

N/A

## **Council of Governors 11 March 2021**

### **Company Secretary Report**

#### **1. Purpose**

To update the Council of Governors with regard to:

- Governor elections
- Quality indicators
- Sub groups

#### **2. Governor Elections**

- 2.1 In line with the constitution the Trust is preparing for Public Governor Elections in spring/summer 2021. There will be a total of 11 public governor vacancies for the election and the Trust will work with Civica who have been commissioned to manage the process.
- 2.2 The timetable should see the election close in early July and the results confirmed soon after that. An update will be provided to the next Council of Governors meeting.

#### **3. Quality Indicators 21/22**

- 3.1 The Annual Reporting Manual for FTs for 21/22 has recently been published. In recognition of the “considerable strain” the NHS is under reduced reporting requirements that were in place for 2019/20 and have been carried forward for 2020/21.
- 3.2 With regard to the Quality Account and Quality Indicators this means that Foundation Trusts will not be required to include a Quality Report in their Annual Report. Nor will Foundation Trusts be required to commission assurance on the quality report for 20/21.
- 3.3 In recognition of the importance of quality the Trust will be providing a quality section within the Annual Report part of which will describe performance against quality indicators for 20/21.
- 3.4 The guidance on the quality indicators for 21/22 has not been published, once it has the Trust will consider the options and update the Council of Governors on the proposed indicators.

#### **4. Sub-Groups**

- 4.1 The Chair of Governors has recently agreed that the paused Governor sub groups can re-start from March 2021. The sub groups are meeting as set out below and all Governors are encouraged to attend.

Membership and Engagement – 10 March 2021

Performance – 15 March 2021

Quality and Service User Experience – 18 March 2021

- 4.2 The next Council of Governors meeting will receive feedback from the meetings held in March 2021.

**Council of Governors Meeting**

<b>Meeting Date:</b>	11 March 2021	<b>Agenda Item:</b> 10
<b>Subject:</b>	Lead Governors Activity Report	<b>For Publication:</b> Yes
<b>Author:</b>	Jon Walmsley, Lead Governor	<b>Approved by:</b> N/A
<b>Presented by:</b>	Jon Walmsley, Lead Governor	

**Purpose of the report:**

To update the Council of Governors on the work of the lead governor.

**Action required:**

To note the report.

**Summary and recommendations to the Council:**

To note the report.

**Relationship with the Business Plan & Assurance Framework:**

**Summary of Implications for:**

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

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

**Seen by the following committee(s) on date:**

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

## **Lead Governor Activity Report**

- Attended January Carer's Council Meeting.
- Worked with the Chair of CoG Quality and Service Users Experience sub-group (Fran Deschampsneufs) to determine her recommendation of which non-mandated areas to focus on in the quality account. Fed that recommendation to Carer's Council Meeting as background information for their discussion on the topic.
- Attended the National Lead Governors' meetings to discuss response to consultation on NHSE proposals for future of ICSs.
- Attended PwC NHS sessions on Diversity and Inclusion in the NHS, and on Implementing the NHS People Plan
- Attended HPFT Board meetings in January and February.
- Induction meeting with Tim Bryson (new clinical NED).
- Attended the Regional Lead Governors' quarterly meeting - focussing on Provider Collaboratives
- CoG sub-group meetings on hold. Restarting in March.

### Council of Governors PUBLIC

Meeting Date:	11 March 2021	Agenda Item:	11
Subject:	Mental Health Act Review	For Publication	No
Author(s):	Tina Kavanagh, Directorate Manager Mental Health Legislation	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 outlines proposed changes to the Mental Health Act (MHA)

#### **Action required:**

To receive the report, discussing the content and implications for the Trust and aware of the forthcoming changes to MHA.

#### **Summary and recommendations:**

This update, provided by NHS Providers, provides an overview of the changes to the Mental Health Act (MHA) which are anticipated will be in force by 2023.

The impact of the legislation will mean changes in process, policy and training for the Trust to ensure effective implementation of the legislation. The White Paper is split into 3 main parts

- Part 1: legislative reforms – the changes proposed to the MHA itself
- Part 2: reforming policy and practice to improve patient experience
- Part 3: the UK government's response to the Independent Review of the MHA

The White Paper has been issued for consultation; this looks at the recommendations set out following the MHA review. Changes will have an impact on how services operate, as there will be increased autonomy for patients (service users), increase in use of Tribunals, changes to treatment rules and Advance Choice documents will be legally binding.

Other changes include:

- Criteria for Section 3 and CTOs being strengthened
- Mandatory Statutory Care and Treatment Plan
- Duration of Section 3 Detention Orders, for example halving the initial detention period
- Extension of the role of the Tribunals to give them power to grant leave, transfer service users and challenge treatment decisions

- MHA Managers power to discharge
- Electroconvulsive Therapy (ECT) and refusal of treatment
- Changes to the rules around treatment and access to a Second Opinion Appointed Doctor (SOAD)
- Changes to the criteria for urgent treatment
- Supervised discharge with conditions amounting to a deprivation of liberty for conditional discharge patients

All the changes to legislation are designed to promote and protect service users' rights and the MH Legislation team will support this through audit and statutory monitoring.

There are 4 new guiding principles that people working to provide care will need to consider while carrying out their duties. They are:

- choice and autonomy – making sure people's views and choices are respected
- least restriction – making sure the act's powers are used in the least restrictive way
- therapeutic benefit – making sure patients are supported to get better, so they can be discharged from the act as quickly as possible
- the person as an individual – making sure patients are viewed and treated as rounded individuals

When we have clear deadlines on implementation, impact assessments will need to be completed in order to manage the implementation and ensure adequate resources are available. These changes will be monitored through the MH Legislation Quality and Policy Group.

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

All MH legislation is integrated into Business Plan and covered in Standing Financial instructions

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

Unknown at present

**Equality & Diversity /Service User & Carer Involvement implications:**

To be considered throughout.

## Reforming the Mental Health Act White Paper

The government has published the [Reforming the Mental Health Act White Paper](#), which sets out proposed changes to the Mental Health Act 1983. The paper also sets out proposals and ongoing work to reform policy and practice to support the implementation of a new Mental Health Act. The proposals take forward the majority of the recommendations made by the [Independent Review of the Mental Health Act 1983](#).

This briefing summarises key points from the white paper, but we encourage providers to read the document in full for a comprehensive overview. The government is now seeking views, until 21 April 2021, on the implementation and impact of the reforms. Feedback will inform the drafting of the Bill to amend the Act, which will be brought forward when parliamentary time allows. We will submit a consultation response based on member feedback – please contact [ella.fuller@nhsproviders.org](mailto:ella.fuller@nhsproviders.org) to share your views. To guide professional practice, the code of practice will later also be revised to align with the reformed legislation.

### Key points

- The [Reforming the Mental Health Act White Paper](#) proposes a wide range of changes to improve mental health services and people's experiences under the Mental Health Act (MHA). The changes aim to make sure that:
  - people are detained for shorter periods of time, and only detained when absolutely necessary
  - the care and treatment of someone detained is focused on making them well
  - people have more choice and autonomy about their treatment
  - everyone is treated equally and fairly, and disparities in people's experiences are tackled
  - people with a learning disability and autistic people are treated better in law and there is reduced reliance on specialist inpatient services for this group of people
- The white paper is split into three main parts: legislative reforms proposed to the MHA itself; proposals and ongoing work to reform policy and practice to improve patient experience; and the government's response to the [Independent Review of the Mental Health Act 1983](#).
- The paper confirms reforms will require additional funding and expansion of the workforce over and above commitments made in the NHS long term plan (LTP) and the delivery of the proposals will therefore be subject to future funding decisions.

## Context

An [Independent Review of the Mental Health Act 1983](#) was published in December 2018, which set out what needed to change in both law and practice in order to improve mental health services and people's experiences under the MHA. The government has accepted, and will take forward, the majority of the review's recommendations for change. Some actions, based on the review's recommendations, have been taken already. For example, £400 million has been committed to eradicate mental health dormitory provision and people detained under the MHA can nominate a person of their choice to be involved in decisions about their care. The development of a Patient and Carers Race Equality Framework is also underway.

## Proposals for reform

### New guiding principles

There are four new guiding principles that people working to provide care will need to consider while carrying out their duties. They are:

- **choice and autonomy** – making sure people's views and choices are respected
- **least restriction** – making sure the Act's powers are used in the least restrictive way
- **therapeutic benefit** – making sure patients are supported to get better, so they can be discharged from the Act as quickly as possible
- **the person as an individual** – making sure patients are viewed and treated as rounded individuals.

### Summary of proposals

#### Detention criteria and challenging detention

Those taking the decision to detain someone will need to document the specific risk that justifies detention and how detention will deliver therapeutic benefit. Decisions about when and whether to discharge a patient should include an assessment about whether the hospital or an alternative community setting provides the most therapeutic package of care.

The government will seek to introduce more checks on whether a patient's detention continues to be appropriate. The government will also increase access to the mental health tribunal by extending time limits and opportunities to apply for discharge. Independent Mental Health Advocates (IMHAs) will be given a new statutory power to apply to the tribunal to challenge the patient's detention. When considering applications for discharge, tribunals will be given the power to grant leave, transfer



patients and to direct services in the community. The government is also considering increasing the number of automatic referrals to the tribunal and removing the hospital manager hearing.

## **Choosing and refusing treatment**

The government proposes introducing advance choice documents, making care and treatment plans statutory, as well as introducing a new framework for patient consent and refusal of medical treatment. Further changes proposed include: bringing forward the point at which the second opinion appointed doctor reviews a patient's treatment; and the ability for patients to appeal treatment decisions at the tribunal if evidence suggests wishes and preferences were inappropriately overruled.

## **Improving support for people detained**

The government plans to replace the current 'nearest relative' role with a new statutory role, known as the 'nominated person'. This person will have additional powers and rights, such as the right to be consulted on transfers between hospitals and the power to apply for discharge on the patient's behalf. The government proposes expanded powers for IMHAs and invites views on how to improve the role and whether this can be achieved by professionalising advocacy services.

## **Community treatment orders**

The government wants to reform community treatment orders (CTOs), for example by strengthening criteria and increasing evidence requirements, so that they are only used where there is strong justification for doing so and where the CTO is considered to deliver a genuine therapeutic benefit to the patient. The effects of these reforms would be monitored over an initial five-year period.

## **Interface with the Mental Capacity Act**

The government is exploring the introduction of a simpler 'dividing line' between the MHA and the Mental Capacity Act to make it clear which framework a clinician should use to detain a patient in these circumstances. This proposal would mean decision makers would not use the MHA if a patient: lacks the relevant mental capacity to consent to detention and treatment; and is not objecting to detention or treatment. The paper also discusses provision for prior consent to be admitted as an informal patient and improving the powers available to health professionals in A&Es so that individuals in need of urgent mental health care stay on site pending a clinical assessment.

## **Caring for patients in the Criminal Justice System**

Some of the proposed reforms will not apply to patients in the criminal justice system, for example the new criteria for detention and changes to the detention criteria for individuals with learning disability and/or autism. The 'nominated person' will also have limited powers in this context, and tribunal powers and automatic referrals to the tribunal will differ also for these patients compared to civil patients.

## **People with a learning disability and autistic people**

The government proposes to change the Act to be clearer that autism or a learning disability are not considered to be 'mental disorders' for the purposes of most powers under the Act. The government is also developing a duty on health and social care commissioners to collaborate to ensure provision of community-based support and treatment for these individuals. This will be set out in the new MHA.

## **Children and young people**

In addition to legislative changes, all of which will be available to children and young people, the government proposes care and treatment plans are provided to all children and young people receiving inpatient mental health care. The government wishes to fully consider any reforms concerning consent and decision making as part of its review of the code of practice.

## **People from Black, Asian and minority ethnic backgrounds**

The paper highlights a series of reforms underway to tackle the inequalities that exist across mental health services and under the Act for people from Black, Asian and minority ethnic (BAME) communities. These include the introduction of the Patient and Carers Race Equality Framework and the development of culturally appropriate advocacy services. The government will legislate for culturally competent advocacy services to be available to detained patients, subject to funding and learnings from current pilot work.

## **Reforming policy and practice**

This section describes how the government and the NHS will work, along with other partners, to bring about an overall culture change within mental health services, so that people have a better experience of care under the Act. It summarises a significant amount of ongoing work to reform policy and practice that members will be aware of and engaged with. Below is a summary of further key proposals put forward to reform policy and practice to support implementation of the new Act.

## Quality improvement programme

An implementation support plan will be developed in partnership with NHSE/I and HEE to create the best ward cultures to improve patient experience. This will include a national quality improvement (QI) programme led by NHSE/I, which will look specifically at care under the Act to enable and support this system-wide drive for change.

## Inpatient safety and risk

The government will work with arm's length bodies and stakeholders to consider how best to ensure that the implementation of [new patient safety interventions and programmes](#) have positive contributions to the therapeutic environment of mental health settings.

## The physical ward environment

NHSE/I will review whether the guidance and data collection on mixed sex accommodation is adequate for mental health settings, or otherwise needs to be revised, better communicated or measured differently.

## The role of the Care Quality Commission

The government supports extending the CQC's monitoring role to consider the effectiveness of local joint working in principle, but would like to explore this further. Under this proposal the CQC would not be responsible for regulating or taking enforcement action against CCGs, local authorities or any other partner organisation in exercising its powers under the Act. The government intends to explore what, if any, changes in legislation might be needed to make sure the CQC can effectively discharge an extended monitoring power cooperatively with system partners. Proposals for consultation will be published at a later stage.

## Care planning in the community

The government intends to explore how a new statutory care plan could work in practice and what further information, guidance and support it can provide on care planning, as well as the practicalities and implications placing care planning on a statutory footing would have on the workforce.

## National guidance on section 117 aftercare

The government will update national guidance so that there is greater clarity on how budgets and responsibilities should be shared to pay for aftercare provided under section 117 of the MHA. The

government will also develop a clear statement in the new code of practice of the purpose and content of section 117 aftercare.

## Use of police custody

The government has committed to remove police stations as a designated place of safety by 2023/24. There is a recognition in the paper this may require new capital funding to be available to provide the estate needed, including health-based places of safety. The government will establish a national agreement between mental health services, social care and the police to ensure that people detained under section 136 are safely and effectively transferred into health services in a timely way.

## The mental health workforce

The government anticipates that the reforms will require further expansion of the workforce, over and above that to be delivered through the LTP, to meet additional demands. In addition to setting out ongoing work, the paper states the government will be working with NHSE/I, HEE, Skills for Care and the Chief Social Worker's office over the coming months to look at further national support requirements, including on training on the changes to the Act, and supporting meaningful co-production and the development of expert-by-experience leadership roles.

## Data and digital

The government is working to establish how the Act's pathway may be modernised in further ways, following the developments during the pandemic period in 2020. The government aims to eventually look to deliver a "digital first" approach to processes and procedures, governed by the Act.

## Impact assessment

The government has **estimated likely costs and benefits** of implementing the proposed changes to the Act. It would be grateful for any further data or evidence that might improve the methods used and the resulting estimates, and in particular the effect the proposals would have on the following:

- the current workloads for clinical and non-clinical staff, Independent Mental Health Advocates, Approved Mental Health Professionals, Mental Health Tribunals, second opinion appointed doctors, and other relevant positions
- specific interest groups that have not currently been considered
- health outcomes
- individuals' ability to return to work or any other daily activity
- the health and social care system and the justice system more broadly.

## Next steps

The government is now seeking views, over a 14-week period until 21 April 2021, on the implementation and impact of the reforms. We will submit a consultation response based on member feedback – please contact [ella.fuller@nhsproviders.org](mailto:ella.fuller@nhsproviders.org) to share your views.

Feedback will inform the drafting of the Bill to amend the Act, which will be brought forward when parliamentary time allows. The proposals set out in this white paper are also subject to future funding decisions, including at the Spending Review 2021. To guide professional practice, the code of practice will later also be revised to align with the reformed legislation.

## NHS Providers view

We welcome the publication of the white paper. Reform of the Mental Health Act is more important than ever as COVID-19 has accelerated mental health trends and intensified the challenges facing services. We look forward to exploring the implications of the proposals with members, responding to the consultation and supporting subsequent stages of the Act's reform on their behalf.

Putting patients at the heart of how they access treatment is vital to high quality care. The CQC's [latest assessment](#) of the care provided to people detained under the Act during the pandemic period highlighted how a wide range of services have empowered their patients and service users by applying the principles of least restriction and focusing on care planning and co-production. We welcome the government also highlighting in the paper that there are many examples of good practice across the country which need to be shared.

We previously recommended the simplification of the legislation, along with changes that maintain appropriate safeguards but enable greater individual rights and liberties, with service users having a more active role in care planning with a recovery focus. We have also stressed the need for the provision of appropriate post-discharge care and support.

However, reform of the Mental Health Act alone will not be enough to improve how and where good quality mental health services are accessed. We welcome the government making it clear that new legislation is only part of the story. The white paper helpfully highlights a significant amount of ongoing work, and puts forward further proposals, to reform policy and practice to support implementation of the new Mental Health Act. We need to address the underlying issues driving the pressures on services and the rising severity and complexity of people's needs. As we have said previously, system and financial pressures on providers, combined with inconsistent investment in

mental health services at local levels, are exacerbating bed capacity pressures and increasing the likelihood that a person may reach crisis point necessitating use of the Act to admit.

We note the government confirms that reforms will require additional funding and expansion of the workforce, over and above commitments made in the NHS long term plan, and the delivery of the proposals set out in the white paper will therefore be subject to future funding decisions. We will work with members to feed back any further data or evidence we think would assist the government's estimations in the current impact assessment. All the changes taken forward must be fully funded and take account of the current operational and financial pressures facing providers.

The rapid expansion of services required to meet extra demand for mental health care and support over the months and years ahead must be fully and promptly funded on a sustainable basis. The expansion of community-based specialist mental health care capacity, and ensuring these services are accessible to everyone, is key to reducing the need to detain under the Act and providing care in the least restrictive setting. Adequate investment to maintain and build on the steps being taken to grow the mental health workforce, and the sector receiving its fair share of capital funding, are both also crucial. Alongside this, there must be increased support for public health and social care given the crucial role these services play in providing people with the care and support they need before they reach a crisis.

We welcome the government emphasising its commitment to working closely with national and local health and care organisations to understand the impact of legislative reform on the system and to develop a robust and achievable plan for implementation. It is right to recognise that other demands placed on the system by wider transformation plans and the capacity of the health and care workforce to deliver what is required need to be carefully taken into account as this work progresses.

Our press statement responding to the white paper's publication can be accessed [here](#).

## Contact

For further information please contact Ella Fuller, policy advisor, [ella.fuller@nhsproviders.org](mailto:ella.fuller@nhsproviders.org)

**Council of Governors Meeting PUBLIC**

<b>Meeting Date:</b>	11 March 2021	<b>Agenda Item: 12</b>
<b>Subject:</b>	Appointment & Remuneration Committee Terms of Reference	<b>For Publication:</b>
<b>Author:</b>	Helen Edmondson, Head of Corporate Affairs & Company Secretary	<b>Approved by:</b> Helen Edmondson, Head of Corporate Affairs & Company Secretary
<b>Presented by:</b>	Helen Edmondson, Head of Corporate Affairs & Company Secretary	

**Purpose of the report:**

In accordance with the Trust's Constitution and NHSI's Code of Governance the Foundation Trust's Council of Governors (CoG) is mandated to establish an Appointment and Remuneration Committee (ARC) or equivalent to advise the CoG to appoint non-executive directors, including the Chair, and set their remuneration, allowances and terms of office.

In accordance with the Constitution the Terms of Reference are to be reviewed annually by the Council of Governors.

**Action required:**

The Council of Governors are asked to approve the reviewed Terms of Reference attached to this report.

**Summary and recommendations to the Board:**

The Appointment & Remuneration Committee have reviewed the terms of reference and recommend them to the Council of Governors for approval.

**Relationship with the Business Plan & Assurance Framework:**

**Summary of Implications for:**

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

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

**Seen by the following committee(s) on date:**

**COUNCIL OF GOVERNORS'  
APPOINTMENTS & REMUNERATION COMMITTEE**

**Terms of Reference**

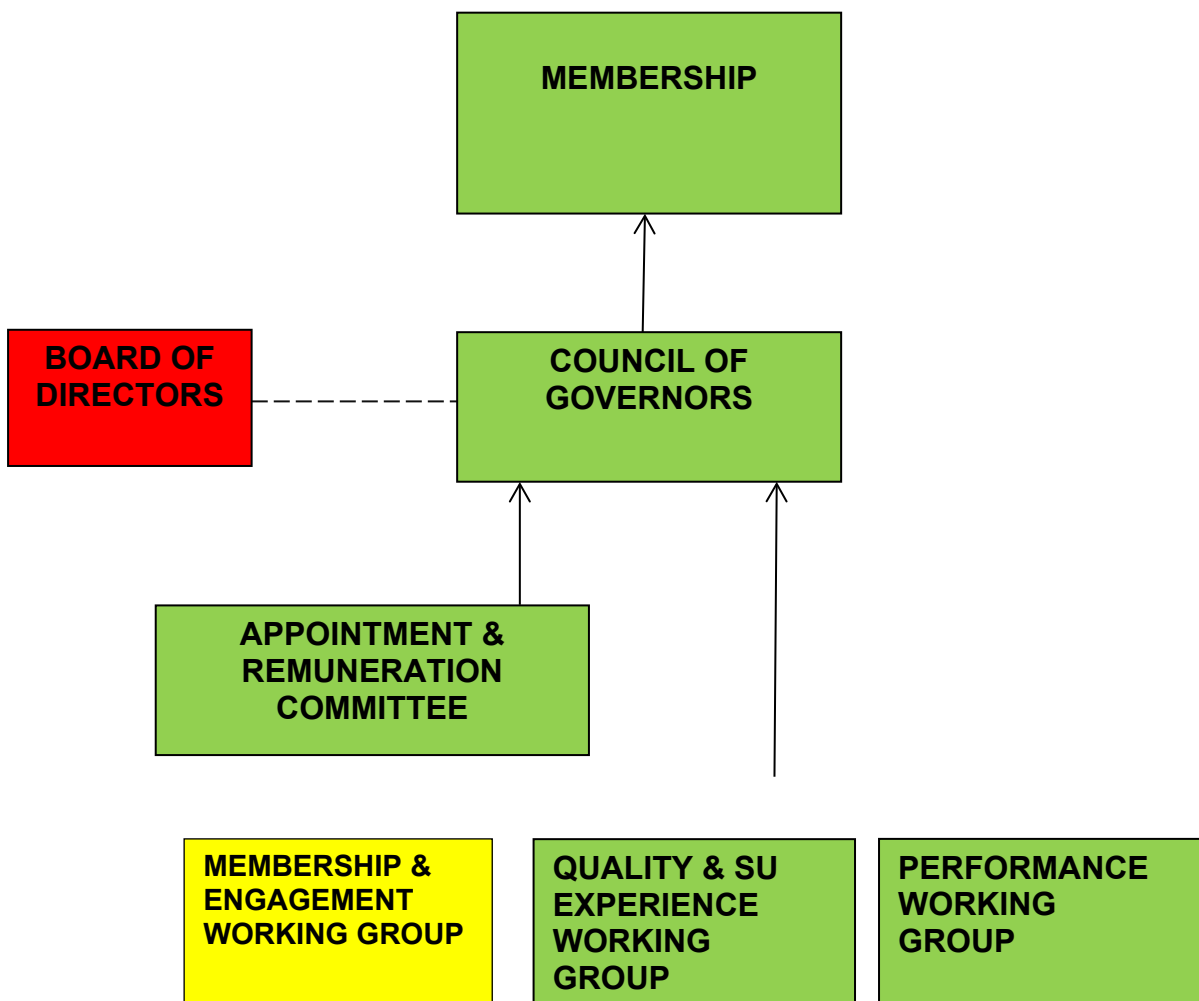
**1. Purpose**

In accordance with the Trust's Constitution and NHSI's Code of Governance the Foundation Trust's Council of Governors (CoG) is mandated to establish an Appointment and Remuneration Committee (ARC) or equivalent to advise the CoG to appoint non-executive directors, including the Chair, and set their remuneration, allowances and terms of office.

**2. Accountability**

The Committee is accountable to the Council of Governors as illustrated below:

**ACCOUNTABILITY OF COUNCIL OF GOVERNORS' COMMITTEE & GROUPS**





### **3. Frequency of Meeting**

The ARC shall meet as and when required

### **4. Objectives of the Committee**

**The objectives of the Committee are:**

1. To advise the Council of Governors about the appropriate remuneration, allowances and other terms and conditions of the office of non-executive directors.
2. To carry out the procedure for appointment of the Chair and Non-executive Directors.
3. To lead the procedure for appraising the Chair in conjunction with the Lead Governor and with the Senior Independent Director (SID)
4. To lead the process for the Appointment or otherwise of the Trust's External Auditors

### **5. Responsibilities**

#### **5.1 The key responsibilities of the Committee are:**

- a. To make recommendations to the Council of Governors:
  - i. On the remuneration, allowances and other terms and conditions of office of:
    - The Chair
    - The Non-Executive Director – Chair of the Audit Committee
    - The Non-Executive Director-Senior Independent Director
    - Other Non-Executive Directors;
  - ii. To review, at an agreed interval, remuneration levels, when set
- b. To plan the succession of both the Chair and Non-executive Directors, having given due consideration to the constitutional implications and working with the Board of Directors Nomination and Remuneration Committee.
- c. To approve the procedure for appraising the Chair. With input from the Council of Governors through the Lead Governor and the Board of Directors through the Senior Independent Director and report to the Council of Governors the findings of the appraisal.
- d. To meet annually with the Board of Directors Nomination and Remuneration Committee to discuss joint issues as required.

- e. To review and analyse the results of the Council of Governors annual review of its performance and effectiveness and recommend actions for improvement to the Council of Governors.
- f. To recommend to the Council of Governors candidates for the appointment of the Trust's External Auditors having regard to the advice given by the Board of Directors

## **6. Membership**

- 6.1 The Committee will comprise 4 Governors from the public constituency, one of whom will chair the committee, one Staff Governor and one Appointed Governor. In the event of a tie when voting on a resolution, the Chair of the Committee shall have a casting vote.
- 6.2 The Committee may remove or replace members of the committee by resolution.
- 6.3 Membership of the committee will be for a three year appointment and membership will be refreshed on a staggered basis following an annual review.
- 6.4 External advice may also be sought as required. The Chief Executive, the Company Secretary and the Executive Director of People and Organisational Development will be in attendance at all such meetings. The Chair will also attend meetings to give advice on remuneration and appointments of Non-executive Directors and the Chair, withdrawing from the meeting when the remuneration of the Chair is under consideration.
- 6.5 The Chair of the committee is the Lead Governor of the Trust.

## **7. Quorum**

The quorum necessary for the transaction of business shall be the Chair and two other Governors, one of whom must be public governors. When deciding on the appointment and remuneration of the Trust Chair all members must be present or have indicated their views on the recommendation to the Chair prior to the meeting.

## **8. Operation**

- 8.1 Notification of meetings and related papers will be issued to members and invitees, subject to maintaining individual confidentiality. The Auditors have the right to request and receive the papers. The committee will meet as frequently as it is necessary to carry out its duties.
- 8.2 Formal minutes will be recorded of each meeting and, save for items of individual confidentiality, will be distributed to members. All recipients will hold minutes securely, and Auditors may access the official Committee file, held by the Company Secretary.
- 8.3 All members of the Committee are required to observe the strictest confidence regarding any information relating to the work of the Trust and its

Non-executive Directors. Members are required not to disclose any confidential information either during or after their term of membership unless expressly authorised to do so or, required in the proper performance of his duties as required by law. The obligation will cease only when such information comes into the public domain other than through unauthorised disclosure. Failure to comply with these requirements could result in the termination of membership of the Committee.

**9. Performance and Effectiveness**

The Group will undertake an annual appraisal of its effectiveness and performance and send to the Council of Governors for review and recommendations if necessary.

**10. Approval and Review**

These terms of reference are to be reviewed annually by the Committee and approved by the Council of Governors.

**Dated:** March 2021

**Review Date:** March 2022

**Council of Governors PUBLIC meeting**

<b>Meeting Date:</b>	11 March 2021	<b>Agenda Item:</b> 13.
<b>Subject:</b>	NHS Providers – Election to the Governance Advisory Committee	<b>For Publication:</b>
<b>Author:</b>	Helen Edmondson. Head of Corporate Affairs and Company Secretary	<b>Approved by:</b> Helen Edmondson. Head of Corporate Affairs and Company Secretary
<b>Presented by:</b>	Helen Edmondson, Head of Corporate Affairs and Company Secretary	

**Purpose of the resolution:**

To update the Council of Governors with regard to election to NHS Providers Governance Advisory Committee.

To seek Council of Governors support to cast the vote from HPFT as recommended in the paper.

**Action required:**

To note the paper and approve the recommendation for the casting of HPFT's vote.

**Summary and recommendations:**

**Summary**

The Council of Governors is asked to:

- Consider the proposed approach as outlined in section 3.
- Approve the recommendation that HPFT vote only for Barry Canterford as part of the election for the NHS Providers Governors Advisory Committee.

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

N/A

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

N/A

**Equality & Diversity /Service User & Carer Involvement implications:**

N/A

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

Evidence to support the NHSI/CQC Well Led Standard.

**Seen by the following committee(s) on date:**

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

N/A

## **Council of Governors 11 March 2021**

### **NHS Providers – Governance Advisory Committee Election**

#### **1. Purpose**

This report will set out the background to the election to the NHS Providers Governance Committee and seek Council of Governors (CoG) approval for the recommendation on the how the vote for HPT could be cast.

#### **2. Background**

- 2.1 In October 2020 the Trust was notified of the upcoming elections to the NHS Provider Governor Advisory Committee and each Governor was asked if they wanted to put themselves forward as a candidate.
- 2.2 Barry Canterford, Public Governor indicated his interest in being the HPFT nomination. The Council of Governors, at their meeting December 2020 endorsed Barry Canterford as a candidate and his nomination and supporting statement were submitted to meet the deadline of 18 December 2020.
- 2.3 The vote opened in January 2021 and closes on 26 March 2021 and is for 8 members for the Committee.

#### **3. Proposed Approach**

- 3.1 The election process is based on Single Transferrable Vote system. There are a number of candidates who have been nominated and the system does allow us to rank the candidates if we choose to do so.
- 3.2 The CoG Chair and Jon Walmsley, Interim Lead Governor have discussed the approach and propose that we cast just one vote and that would be for Barry Canterford. The rationale for this approach is that Barry will best represent our interests and of those of Trust's like ours. Also none of the other candidates are members of our Trust and we don't believe we have enough knowledge of them to make an informed decision between them.
- 3.3 Following agreement at the CoG, the vote will be submitted on behalf of the Council of Governors by the Head of Corporate Affairs and company Secretary before the deadline of 26 March 2021.
- 3.4 The election results are expected in early April 2021 and will be published on the NHS Providers website.

#### **4. Recommendations**

- 4.1 The Council of Governors is asked to:
  - Consider the proposed approach as outlined in section 3.
  - Approve the recommendation that HPFT vote only for Barry Canterford as part of the election for the NHS Providers Governors Advisory Committee.