

Hertfordshire Partnership University NHS Foundation Trust

PUBLIC Board of Directors

MS Teams

27 January 2022 10:45 - 27 January 2022 13:30

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BOARD OF DIRECTORS

A PUBLIC Meeting of the Board of Directors

Date: Thursday 27 January 2022
Virtual via MS Teams
Time: 10:45 – 13:30pm

A G E N D A					
	SUBJECT	BY	ACTION	ENCLOSED	TIMINGS
1.	Welcome and Apologies for Absence	Chair			10:45
2.	Declarations of Interest	Chair	Note	Attached	
Shared Experience - Staff					
3.	Minutes of Meeting held on 25 November 2021	Chair	Approve	Attached	11:15
4.	Matters Arising Schedule	Helen Edmondson	Note	Attached	
5.	CEO Report	Karen Taylor	Receive	Attached	11:20
6.	Chairs Report	Sarah Betteley	Receive	Verbal	11:30
QUALITY & PATIENT SAFETY					
7.	COVID -19 Incident Management Update	Sandra Brookes	Receive	Attached	11:35
8.	CQC Final Inspection Report – Warren Court	Jacky Vincent	Receive	Attached	11:40
9.	Report of the Integrated Governance Committee: 20 January 2022 a) Quarter three People and OD Report b) Quarter three Guardian of Safe working c) Quarter three Safer Staffing	Diane Herbert Janet Lynch Asif Zia Jacky Vincent	Receive	Attached	11:50
PERFORMANCE					
10.	Finance Report	Maria Wheeler	Receive	Attached	12:10
11.	Report of the Finance & Investment Committee: 18 January 2022 a) Quarter three Annual Plan Report	David Atkinson Paul Ronald	Receive	Attached	12:15
STRATEGY					
12.	Planning 2022/23 a) Annual Plan b) Financial Plan	Paul Wood Maria Wheeler	Receive Receive	Attached	12:25
13.	System and Collaboration Update	Paul Wood	Receive	Attached	12:35

14.	Green Plan	Maria Wheeler	Approve	Attached	12:45
GOVERNANCE AND REGULATORY					
15.	Report of the Audit Committee: 2 December 2021	Catherine Dugmore	Receive	Attached	12:55
16.	Finance and Investment Committee Terms of Reference	David Atkinson	Approve	Attached	13:05
17.	Integrated Governance Committee Terms of Reference	Diane Herbert	Approve	Attached	13:15
18.	Appointment of Mental Health Act Manager Chair - Chair's Action	Chair	Approve	Attached	13:20
19.	Any Other Business	Chair			
	QUESTIONS FROM THE PUBLIC	Chair			
Date and Time of Next Public Meeting: Thursday 31 March 2022					

ACTIONS REQUIRED

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

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

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

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

For Information: Literally, to inform the Board

Chair: Sarah Betteley

Declarations of Interest Register

Board of Directors

January 2022

Members	Title	Declaration of Interest
David Atkinson	Non-Executive Director	Goldman Sachs Group Inc equity share owner Trustee of Papworth Trust Independent NED Mizuho Trustee Eternal Forest Trust
Anne Barnard	Non-Executive Director	Share Portfolio managed by a private client stockbroker Independent member of the Audit & Risk Committee of the Department of Health & Social Care Director and minority shareholder in Qube Information Systems Ltd
Sarah Betteley	Chair	Director DEVA Medical Electronics Ltd
Sandra Brookes	Director, Service Delivery & Service User Experience	Nil Return
Tim Bryson	Non-Executive Director	Director of Tim Bryson Consultancy Services Ltd Chair of Family Psychology Mutual CIC
Catherine Dugmore	Non-Executive Director	WWFUK Trustee RGB Kew Trustee Natural England Board Member Aldwickbury School Trust Limited

		Housing 21 Board Member
Helen Edmondson	Head of Corporate Affairs & Company Secretary	Nil Return
Diane Herbert	Non-Executive Director	Shareholder in own coaching/leadership business
Kush Kanodia	Associate Non-Executive Director	Chief Disability Officer, Kaleidoscope Group Trustee, Kaleidoscope Foundation Public Advisory Board, Health Data Research UK (HDR UK) Advisory Board, Global Disability Innovation Hub (GDI Hub) Trustee & Director, Center for Access Football in Europe (CAFÉ) Trustee & Director, AbilityNet
Janet Lynch	Interim Director People & OD	Harpenden MacMillan Fundraising Committee Member
Paul Ronald	Director of Performance Improvement	Chair – MIND in Mid-Herts
Karen Taylor	Chief Executive Officer	Nil Return
Patrick Vernon	Non-Executive Director	Chair of Citizenship Partnership of Healthcare Investigating Branch Sister works for NHS Resolute Centre for Ageing Better Every Generation Media and Foundation Vice Chair of Bernie Grant Trust Board member of 38 Degrees Sole shareholder and founder of social enterprise

		Campaign on reforms of NHS Associate for Good Governance Institute
Jacky Vincent	Director Quality & Safety (Chief Nurse)	Member Director of Nursing Forum, National Mental Health & Learning Disability Honorary Fellow at University of Hertfordshire
Jon Walmsley	Non-Executive Director	Independent Board Member of Ravensbourne University, London Would recuse from any relevant discussions. Trustee on Board of homelessness charity: 'Accumulate' (1170009) Would recuse from any relevant discussions Member of Green Angel Syndicate
Maria Wheeler	Director, Finance, Performance & Improvement	Nil Return
Paul Wood	Interim Director Strategy and Partnerships	Nil Return
Asif Zia	Director, Quality & Medical Leadership	Nil Return

**Minutes of the PUBLIC Board of Directors Meeting
Thursday 25 November 2021
VIRTUAL**

Present:

NON-EXECUTIVE DIRECTORS	DESIGNATION
Sarah Betteley SBe	Chair
Catherine Dugmore CD	Non-Executive Director
Jon Walmsley JW	Non-Executive Director
Tim Bryson TBr	Non-Executive Director
Anne Barnard AB	Non-Executive Director
David Atkinson DA	Non-Executive Director
Patrick Vernon PV	Non-Executive Director – virtual attendance
Kush Kanodia KK	Associate Non-Executive Director – virtual attendance
DIRECTORS	
Tom Cahill TC	Chief Executive Officer
Karen Taylor KT	Deputy CEO & Director, Strategy and Integration
Paul Ronald PR	Director of Performance Improvement
Jacky Vincent JV	Director, Quality and Safety & Chief Nurse
Sandra Brookes SBr	Director, Service Delivery & Customer Experience
Maria Wheeler MW	Director Finance, Performance and Improvement
Prof Asif Zia AZ	Director, Quality & Medical Leadership
Janet Lynch JL	Interim Director People and OD
Paul Wood PW	Interim Director Strategy and Partnerships
IN ATTENDANCE	
Kathryn Wickham KW	PA to Chair & Company Secretary (Minute Taker)
Helen Edmondson HE	Head of Corporate Affairs & Company Secretary
Barry Canterford BC	Lead Governor– virtual attendance
Mark Graver MG	Deputy Director Communications
Katie Dyton KD	Interim Experience Lead (Agenda Item 3 only)
APOLOGIES	
Diane Herbert DH	Non-Executive Director

Item	Subject	Action
109/21	Welcome and Apologies for Absence SBe welcomed all to the meeting with an extended welcome to Paul Wood. Apologies for absence were received from Diane Herbert,	
110/21	Declarations of Interest The Declarations of Interest Register was noted. NOTED	
111/21	Shared Experience NA shared her story of being an inpatient at Thumbswood Mother and Baby Unit.	
112/21	Minutes of the Meeting held: 30 September 2021 The minutes were reviewed and approved as an accurate account of the meeting subject to two changes . APPROVE	

	The Board APPROVED the minutes	
113/21	Matters Arising Schedule The Matters Arising Schedule was reviewed and updated. It was agreed when timescales are updated that the reasons are included.	
114/21	CEO Brief TC presented the CEO Brief to the Board which was taken as read. Headline messages of note to the Board were: The national picture was busy and pressured including the ambulance service along with the continued care of COVID patients. There was real concern regarding significant waiting list backlog, along with workforce pressures. The system architecture continues to move forward along with the ICS which was having conversations in regard to the development and membership of the ICB Board and its constitution. TC noted the Net Zero Strategy was an important piece of work for the Trust to pick up and MW would lead on this. Regionally the ICS had really started to move ahead and prepare for April 2022. Key issues to note was the appointments to the ICB NHS Board. The Herts Mental Health and Learning Disability (MHL D) Collaborative was progressing well with two points of note for the Board: <ul style="list-style-type: none"> • KT was now the co-chair with Chris Badger • KT had been appointed Ed Knowles as Development Director The EoE Provider Collaborative continued with the governance and business arrangements being established however noting to the Board the considerable pressure for children's services. There had been a number of changes at Hertfordshire County Council in terms of leadership with detail laid out in the body of the report. The Trust had been graded a 1 in the Single Oversight Framework. As a Trust continuing to experience significant pressure with our workforce, demand and acuity however this was in line with other Trusts. Morale remained good with our staff however they were tired and we would think strategically about support to operate in the new world. In terms of COVID we remain vigilant however numbers were currently low with two suspected cases. It was noted that SBr was leading on our Winter Plan with TC reporting that additional adult beds had been purchased. TC concluded updating the Board on the Trust's senior team reporting that Paul Wood had been appointed as interim Executive Director of Strategy and Partnerships. KT would take up the role of Chief Executive on the 1 December and would then be recruiting roles of Executive Director of Strategy and	

	<p>Partnerships and Director of Innovation and Digital Transformation. Simon Pattison has been appointed as the Deputy Director of Strategy and Kate Linhart as Deputy Director of Integration and Partnerships.</p> <p>TC invited questions.</p> <p>AB asked about the Flu vaccine campaign and how we were doing in comparison to the previous year. AZ responded advising that last year we had until February however this year cut off was December with lots of work still to do. As a comparison to other Mental Health Trusts, we were at the lower end. We had 75 peer vaccinators across the organisation and if each did one vaccine a day we would be on track by Christmas with AZ noting there were still pockets of staff who were reluctant to receive.</p> <p>It was agreed for a future Board to receive the 2021 Community Survey results.</p> <p>No further questions were put forward.</p> <p>RECEIVED The Board RECEIVED the CEO Update</p>	
115/21	<p>Chairs Brief</p> <p>SBe provided the Board with a verbal update on her activity since the last Board meeting.</p> <p>SBe reported that she attended the weekly Mental Health Chairs calls with the NHS Confederation, the ICS Chairs meetings and the HCP Chairs group meetings.</p> <p>SBe had attended and spoken at the Caring for Carers M.H. Dacorum which was co-chaired by Dick Lovelace.</p> <p>On Tuesday Sarah had shown Paul Burstow around Kingfisher Court noting it had been a positive and helpful visit.</p> <p>No questions were put forward.</p> <p>RECEIVED The Board RECEIVED the Chairs verbal Briefing</p>	
QUALITY & PATIENT SAFETY		
116/21	<p>Report of the Integrated Governance Committee held on 11 November 2021</p> <p>JW presented the report in the absence of DH. The report provided an overview of the work undertaken at the Integrated Governance Committee (IGC) at its meeting held 11 November 2021. The report was taken as read with no matters for escalation to the Board but noting it had recommended the Trust Risk Register and Board Assurance Framework to the Board for approval.</p> <p>Key highlights of note to the Board were.</p> <p>The Committee had held a Deep Dive around Freedom to Speak up concerns.</p> <p>The Committee had received a quality update on the recent CQC visits.</p>	

	<p>The Committee received the quarter two Integrated Safety report and the quarter two Health and Safety Report.</p> <p>The Committee had received the Health and Safety Executive Report which had provided an update on the prosecution of EPUT by the HSE and the actions taken.</p> <p>The Committee received the quarter two Practice Audit Implementation Group update (PAIG) and an update on the Clinical and Professional Advisory Committee (CPAC).</p> <p>The Committee had considered the bi-annual update on the work of the Physical Health Committee with a note that the Physical Health Checks had been enhanced.</p> <p>The Committee had received a report which provided a detailed analysis on the ethnicity of service users detained under the Mental Health Act noting work was underway to improve the quality of the data.</p> <p>Committee members were noted it was too early to receive progress on the flu campaign for 2021-22.</p> <p>The Committee had received the quarter two People and OD Report noting the high level of activity.</p> <p>The Committee received a report that provided an overview of the current position around ethnicity and disability pay gaps at the Trust.</p> <p>The quarter two Guardian of Safe Working report had been presented to the Committee noting that overall, there had been an increase in bank locum spend in quarter two compared to quarter one.</p> <p>The Committee noted that in quarter two the Safer Staffing report had shown increased levels of acuity however business as usual staffing levels had been maintained throughout.</p> <p>The Committee received a report on the updated Trust Risk Register (TRR) and a revised Board Assurance Framework (BAF) holding a robust discussion for both and recommending the TRR and BAF for the Board's approval at its meeting today.</p> <p>The quarter two Information Governance Report had been considered by the Committee.</p> <p>The Committee had considered and agreed a proposal to undertake the annual Integrated Governance Committee Self-Assessment which was now underway.</p> <p>The Quality Risk Management Committee (QRMC) Terms of Reference were considered and approved by the Committee.</p> <p>The Committee received the quarter two Service Experience report.</p> <p>JW concluded the update noting the two items for Board approval, namely, the Trust Risk Register and Board Assurance Framework.</p>	<p>HE</p>
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	<p>JV referred to Page 2 of the report item 3.1 noting the final sentence should read HOPE programme rather than HOPE model.</p> <p>No questions were put forward.</p> <p>RECEIVE The Board RECEIVED the report</p>	
	<p>Q2 Integrated Safety Report</p> <p>JV presented the report which was taken as read. The paper provided the Board with assurance on actions taken in response to safety related incidents, themes and learning in keeping with the Quality Strategy, CQC regulations, and the commitments that are set out in the Annual Plan.</p> <p>The below points were noted to the Board.</p> <p>Quarter two had seen an increase in the number of reported incidents, and a slight reduction in those resulting in moderate or severe harm. 38 serious incidents were reported externally which included an increase of 4 serious incidents in self harm and an increase of 8 for unexpected deaths.</p> <p>There had been an increase in the number of reported incidents regarding ligatures in the inpatient services. The majority were using items of clothing, with three reported using anchor points with actions taken to manage and mitigate. At the time of this report all inpatient services had completed their weekly environment audit and checks relating to ligature points and these continue to be monitored.</p> <p>The SBU's also continue to monitor, review and revise their approaches with regards to the management of violence and aggression and in consideration of our MossTogether Strategy work; meetings had taken place with the police to support our response to violence and aggression. Our psychology services were continuing to provide support in the service areas.</p> <p>The quarter had also seen an increase in the use of restrictive practice and physical interventions with over 50% seen in our learning disability and assessment and treatment services. These were particularly relevant to the closure of a private hospital and the transfer of individuals with complex needs who display challenging behaviours.</p> <p>We continue to closely monitor the use of both long-term segregation and of seclusion and provide regular updates to the CQC on the use of long term segregation and individual plans.</p> <p>JV continued advising that in consideration of safeguarding we had seen an increase in referrals. The Sexual Safety group monitors and manages all reported incidents relating to sexual safety and addressing any issues. Safeguarding continues to be a priority for the Trust.</p> <p>JV concluded. Advising that page 85 of the overall pack provided some of the key actions and initiatives regarding learning and changing practice.</p> <p>JV confirmed the measures taken to mitigate the risk associated with ligatures were developed on a case by case basis.</p>	

	<p>RECEIVE The Board RECEIVED the report</p>	
	<p>Q2 Safer Staffing JV presented the report which provided the Board with the Quarter 2 2021/22 update on the safe staffing within the Trust. The report was taken as read.</p> <p>Of note to the Board: This was the first quarterly report written by Jinu Joseph who had recently been appointed eRoster and Safecare lead.</p> <p>In consideration of our earlier discussions with regards to acuity and complex needs, there had been an increase in staffing levels across our services, predominately to support the provision of prescribed safe and supportive observations.</p> <p>Governance and security continued with the use of eroster and safecare to ensure safe staffing levels were maintained in response to service needs.</p> <p>The use of bank staff had increased with us seeing a slight decrease in agency usage in the month of September.</p> <p>Recruitment and retention remained a concern with JV advising more detail would be provided later in the agenda.</p> <p>Following the successful recruitment of newly registered nurses we were also looking at international recruitment and actions to manage band 5 – 6 progression to support our retention programme. This work formed part of our skill mix and staffing establishments.</p> <p>Questions were invited.</p> <p>RECEIVE The Board RECEIVED the report</p>	
	<p>Quarter 2 Guardian of Safe Working AZ introduced the report which was taken as read.</p> <p>Of note to the Board were the below points:</p> <p>The report had been considered and discussed at the IGC meeting held on the 11 November 2021.</p> <p>During this quarter there had been 22 exception reports, the highest we had received to date, however all reports had been resolved.</p> <p>It was noted that the exception reports had not always been dealt with in a timely manner and this was now resolved.</p> <p>No questions were put forward.</p> <p>RECEIVE The Board RECEIVED the report</p>	

OPERATIONAL & PERFORMANCE

117/21	<p>Report of the Finance & Investment Committee held on 17 November 2021</p> <p>DA presented the report which provided a summary of the items discussed at the Finance & Investment Committee meeting held 11 November 2021.</p> <p>Highlighted to the Board were the below points.</p> <p>There were two items escalated to the Board for approval as noted below and these were covered on today's agendas.</p> <ul style="list-style-type: none"> a) Disposal of 143/145 Harper Lane b) Revised Financial Plan for 2021/22 <p>The Committee held a Deep Dive on the Delivering Value Programme for 2022/23 and discussed the assumptions for the programme in the absence of planning guidance.</p> <p>The Committee had received the quarter two Performance Report noting that overall performance remained relatively strong as reflected across the principal KPIs.</p> <p>The Committee had noted the finance position remained strong and discussed areas of concern. It was noted that the Trust was reporting as being on plan for Half 1 and a break-even financial position at 30 September 2021. It was noted that for the full year 2021/22 the Trust is forecasting an overall break-even position, an improvement of £1m on the Financial Plan agreed at the start of the year. The Committee were also provided with assurance around current arrangements for risk share across the Provider collaborative.</p> <p>The Committee had considered the proposal to dispose of Harper Lane and agreed a recommendation to be made to the Board regarding the disposal and timing of completion.</p> <p>The Committee received a report on the negotiation with commissioners relating to the main contracts. It was noted that for the larger part of 2020-21 and for the whole of 2021-22 the formal contracting process was suspended. However, the guidance issued by NHS E/I for the second half of 2021-22 had indicated that formal contracting will be restored for 2022-23.</p> <p>The Committee received a report on the Capital Investment Programme noting that the capital allocation for the Trust was confirmed at £16.1m as part of the HWE ICS total allocation of £69.5m.</p> <p>The Committee considered the quarter two report on the Annual Plan noting it had been a challenging but positive quarter.</p> <p>The Committee received a presentation on the Annual Plan 2022/23.</p> <p>The Committee had received and considered the revised financial plan for 2021/22 and recommended for the Board to approve.</p> <p>The Committee considered the draft Capital Plan for 2022/23.</p> <p>The Committee received a report on the NHS net zero commitment and</p>	
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	<p>HPFT's vision noting MW was leading on this piece of work.</p> <p>No questions were put forward.</p> <p>RECEIVE The Board RECEIVED the report</p>	
	<p>Quarter 2 Annual Plan PR presented the report which was taken as read. The below key messages were drawn out for the Board's attention.</p> <p>PR reported it had been a challenging but positive quarter.</p> <p>The Annual Plan comprised of seven objectives across the four themes of the Trust's 'Good to Great' strategy.</p> <p>In quarter two we had met 37/56 outcomes with actions during quarter three in place to mitigate this.</p> <p>Areas which required focus were safe services, suicide prevention and peer observing and listening.</p> <p>It was clear at the half-way point of the year that some of our targets for objective 4, turnover and vacancy rates, were unrealistic given the operating environment we are working in. We therefore proposed revising our year end position to reflect this. All other areas of the Plan will remain the same.</p> <p>KT acknowledged advising as a Trust we always set ambitious plans and recognised that our staff had gone above and beyond to deliver all that we had achieved.</p> <p>No questions were put forward.</p> <p>RECEIVE The Board RECEIVED the report</p>	
	<p>Quarter 2 Performance Report PR presented the report which informed the Board of the Trust's performance against the NHS Oversight Framework (NHSOF) targets and the Trust Key Performance Indicators for quarter two 2021/22. The report was taken as read.</p> <p>Points highlighted for the Boards attention were:</p> <p>Quarter two had been a challenging and positive period with relatively strong and resilient performance.</p> <p>Feedback from service users and staff had been positive.</p> <p>At the end of quarter two, 34 of 61 indicators had been met or exceeded our performance targets.</p> <p>There were five areas of focus to address (detail laid out in body of the report) and updates on these were provided at the weekly Executive team meetings.</p> <p>PR invited questions.</p>	

	<p>TB raised Risk Assessments asking whether we were looking at other options for sign off with AZ confirming yes, we were addressing this.</p> <p>No further questions were put forward.</p> <p>RECEIVE The Board RECEIVED the report</p>	
118/21	<p>Month 7 and forecast year end</p> <p>MW introduced the report highlighting that this was an interim report with a full report presented to the next Board. The paper was taken as read.</p> <p>Points of note for the Board were.</p> <p>The Trust was reporting 'on plan' for Half 1 and a break-even financial position at 30 September 2021. October had seen the expected reduction in COVID income and the 0.82% increase in efficiencies required. For the full year 2021/22 the Trust was forecasting an overall break-even position which was an improvement of £1m on the Financial Plan agreed at the start of the year, as previously advised.</p> <p>Overall income and expenditure figures were set out in the body of the report.</p> <p>A full update would be provided at the next Board meeting.</p> <p>RECEIVE The Board RECEIVED the report</p>	
	<p>Revised Financial Plan 2021/22</p> <p>MW introduced the report which provided Board members with the revised Financial Plan 2021/22 further to the financial planning update received in September. The report proposed a number of changes to the FY2022 Financial Plan in light of the H2 Planning Guidance and also considered initial planning implications for FY2023.</p> <p>It was noted this had been discussed in detail by the Finance and Investment Committee who had recommended to the Board for approval.</p> <p>Points of note for the Board were:</p> <p>As presented in September, the in-year Planning Guidance issued by NHSE had a beneficial impact on the Trust to the value of circa £6.6m. This benefit was largely derived from two elements, these being COVID income, which will continue at a higher level than planned throughout H2, providing a benefit of circa £4.95m; and the national efficiency requirement being lower than originally planned, providing a benefit of circa £1.65m.</p> <p>There were six key changes proposed to the revised Financial Plan for FY22 which were set out in the body of the report.</p> <p>As reported previously, there had been a sharp increase in demand for services, in terms of volume and acuity. The additional income had been used to resource frontline services.</p> <p>The Delivering Value (DV) programme continued to progress well. The current</p>	

	<p>forecast delivery was £5.1m against a revised planning requirement of £4.6m.</p> <p>There was no change to the Trust's capital investment plans as a consequence of the Planning Guidance issued in year.</p> <p>Board members were invited to approve the revised Financial Plan for 2021/22 as set out above. All in attendance provided approval.</p> <p>APPROVE The Board APPROVED the report</p>	
119/21	<p>Quarter 2 People and OD Report</p> <p>JL presented the report which set out the Trust's performance against the key people and organisational development metrics and activity as set out in the Annual Plan for the position in quarter two and builds on the interim position reported for July and August 2021, which was received by the Board in September 2021. The report was taken as read.</p> <p>Key points highlighted were:</p> <p>The vacancy rate and turnover of staff were key risks with JL noting that we had 423 new starters this year with 166 in the pipeline. However, overall we had lost more staff than we had recruited.</p> <p>A number of actions over and above our plan had been taken with detail laid out in the body of the report.</p> <p>JL invited questions.</p> <p>CD reflected on the pressure our people were facing and acknowledged their resilience.</p> <p>SBe commented that we need to ensure our vacancies were shown as flexible in terms of working arrangement to both attract and retain with JL confirming that this was a key focus.</p> <p>KK raised the reasonable adjustment panel asking how long it took to receive with JL stating we were trying to achieve more consistency and avoid any delay but would review again in 3 months.</p> <p>No further questions were put forward.</p> <p>RECEIVE The Board RECEIVED the report</p>	
120/21	<p>Winter Planning</p> <p>SBr presented the report which provided the Board with an update on the Trust's winter plan and how this would address 'Winter Pressures'. The report outlined how the work would be overseen through a new strategic Winter Task and Finish Group and through a refreshed Winter Incident Command framework in response to national, systemwide and trust level pressures.</p> <p>Points of note for the Board were:</p> <p>Our winter plan was key with SBr noting the plan was dynamic and continually</p>	

	<p>evolving to strengthen incident management and reporting and with a focus on maintaining our services and workforce.</p> <p>The plan also included winter preparedness for Flu, COVID and adverse weather. The actions were being taken to provide safe and effective services, manage demand, surge and escalation and supporting the flow of patients through services.</p> <p>A winter Task and Finish Group had been established to oversee the planning, development, delivery, and assurance of the Trust's winter plan. This would also take into account measures should we or the system need to declare Opel 5.</p> <p>SBr continued advising the plan also incorporated measure for recruitment and retention and staff wellbeing.</p> <p>The plan had now been ratified by the Executive Team with KT making acknowledgement to SBr for the comprehensive plan.</p> <p>In response to AB's question SBr confirmed that the Trust was making use of the Winter schemes money across a range of services.</p> <p>The Board received the report with no further questions put forward.</p> <p>RECEIVE The Board RECEIVED the report</p>	
121/21	<p>HPFT NHS System Oversight Framework Segmentation</p> <p>HE presented the paper which informed Board members on the outcome of the NHSE/I assessment of the Trust against the new NHS System Oversight Framework (SOF) 2021/22. The paper was taken as read.</p> <p>Of note to the Board was that the Trust had been placed into SOF Segment 1 (a description of this was laid out in the body of the report).</p> <p>The assessment was a positive position for the Trust and a continuation of the region's view of the Trust and its work. HE also noted that we were the only Trust within the ICS who had been placed in Segment 1. TC acknowledged our staff for their work.</p> <p>RECEIVE The Board RECEIVED the report</p>	
STRATEGY		
121/21	<p>MH and LD Collaborative Update</p> <p>PW presented the paper which updated Board members with regard to the latest position of Herts MHL D Collaborative which had been presented to the Collaborative Partnership Board on 12th November 2021. The paper was taken as read.</p> <p>Points of note drawn for the Boards attention were:</p> <p>A good range of work was underway with the Collaborative moving into the next phase of formalising the Partnership. Current focus was on developing commissioning and governance arrangements.</p>	

	<p>PW reported there were four areas which needed to be taken forward, namely:</p> <ul style="list-style-type: none"> • Establish a more transparent reporting and assurance process for the sponsored workstreams around the service transformation priorities and schemes being developed and delivered by the partners joint working to address immediate demand pressures • Develop the Transformation Delivery board capacity and supporting processes to facilitate the acceleration of targeted work programmes and improve the impact forecasting of service investments or changes. • With the expected development of 2 year national planning guidance by March 2022 (2022/23 to 2024/25) ; the Collaborative partners would have the opportunity to inform and influence the system future service planning, taking forward the recent Niche report and the application of wider population health improvement approach for our existing service users and those at risk of presenting with mental health illness. • Expand our partnership working and engagement work to other important networks which were key areas around influencing and joining up improvements associated with wider determinants of health for our service users' groups. <p>PW concluded stating the Collaborative had a great opportunity to drive all this forward.</p> <p>In response to AB's question KT reprobated that the planned Mental Health Strategy was currently out for consultation and that it would be brought back to a future Board meeting.</p> <p>No questions were put forward.</p> <p>RECEIVE The Board RECEIVED the updates</p>	<p>PW</p>
	<p>ICS Update</p> <p>PW introduced the paper which provided a summary of the work undertaken on ICS Development and the commissioned task and finish groups. The paper was taken as read.</p> <p>Points of note to the Board were:</p> <p>The five Task and Finish groups (TAF) were now set up with each group attended by a member of the Trusts Exec team. The ICS Partnership Board had met on the 15 November2021 to consider the recommendations from the TAF groups.</p> <p>Good work was underway with Elliot Howard Jones leading and KT supporting with regard to the operating model.</p> <p>The paper was in its early stages with work taking place around the constitution and the appointment for ICB and ICP leads.</p> <p>KT added that this was a significant period in terms of the ICS development stating she felt confident that mental health & LD were at the table.</p>	

	<p>No questions were put forward.</p> <p>RECEIVE The Board RECEIVED the report</p>	
122/21	<p>HPFT Green Plan</p> <p>MW introduced the paper which provided an update on the progress for the Sustainability Agenda, the Net Zero Carbon (NZC) and the development of the Trust Green Plan and road map. The report was taken as read.</p> <p>Points for the Boards attention were:</p> <p>Following the NHS launching their own strategy to tackle climate change and reduce carbon footprints the NHS hds a significant part to play in our collective efforts to reduce our impact on the climate.</p> <p>The strategy set out two clear targets for the NHS net zero commitment as laid out in the body of the report.</p> <p>Each Trust had been asked to nominate a Board member to lead on this piece of work with MW confirming she would be leading.</p> <p>The Trust was also in the early stages of creating a Sustainability Steering Group to oversee the development of the Green Plan and the implementation of sustainability projects and schemes with the key themes for this set out in the report.</p> <p>MW reported that it would be key for the plan to provide a ringfenced capital budget for sustainability interventions for the Trust to achieve carbon net zero through various efficiency projects.</p> <p>The capital budget would be used to fund specific scheme and projects in the Trust in its journey to net-zero carbon by 2040. The NCZ road map would identify the individual actions which the Trust needed to take across each work area to reduce its emissions. The Green Plan should be completed in the next few weeks and would then be presented to the Finance & Investment Committee and then onto Board for Approval in January 2022.</p> <p>MW invited questions.</p> <p>CD welcomed the plan however highlighted her concern that this would have an impact on all aspects of our services.</p> <p>JW queried if the identified t level of ring-fenced budget would be sufficient, MW set out that the figure would be kept under review.</p> <p>RECEIVE The Board RECEIVED the report</p>	
GOVERNANCE & REGULATORY		
124/21	<p>Trust Risk Register</p> <p>JV presented the paper which provided Board members with assurance and noting the report had been reviewed and recommended by the Integrated Governance Committee held 11 November 2021.</p> <p>Points highlighted to the Board were:</p>	

	<p>The Risk Register provided the Board with a reviewed and revised version following discussions held with the Executive Team and contains the current position, scores and mitigation.</p> <p>The top risks were regarding our workforce, in consideration of recruitment and retention, the levels of demand in regard to acuity, complexity, levels of violence and aggression and the pressures faced as we moved into winter.</p> <p>No questions were put forward.</p> <p>RECEIVE The Board RECEIVED the Report</p>	
125/21	<p>Board Assurance Framework HE presented the report which provided the Board with assurance that the Trust's principal risks had been identified and were being appropriately managed. The report provides an update on the latest iteration of the BAF which includes updated controls and lines of assurance together with the most recent dates for the assurance evidence. Appendix 1 detailed the significant changes to the BAF since it was reviewed by the Board in July 2021.</p> <p>Board members noted and approved the changes to the BAF.</p> <p>APPROVE The Board APPROVED the report</p>	
126/21	<p>Board Planner 2022/23 HE introduced the item asking the Board of Directors to note that the dates for 2022/23 had been reviewed and signed off by the Chair, Chairs of the sub-committees and Deputy CEO. The dates had also been presented to the Executive Team at their meeting held 20 October 2021.</p> <p>The Board of Directors approved the Board Planner for 2022 /23.</p> <p>APPROVE The Board APPROVED the report</p>	
129/21	<p>AOB KK raised a couple of events with TC requesting this was picked up by JL outside of the meeting.</p> <p>Acknowledgement was made to TC in his final Public Board meeting with a fitting tribute of accolades given by Board members. BC thanked TC on behalf of the Council of Governors for his support and guidance.</p> <p>No further items of business were put forward.</p>	JL
130/21	<p>Questions from the Public No members of the Public were present.</p>	
131/21	<p>Date of Next Meeting The next Public meeting is scheduled for 27 January 2022</p>	

Close of Meeting

PUBLIC BOARD OF DIRECTORS' MATTERS ARISING SCHEDULE – 16 December 2021

Date on Log	Agenda Item	Subject	Action	Update	Lead	Due date	RAG
25/11/21	4	Minutes of meeting held 30 September 2021	Kathryn to amend minutes		KW	30 November 2021	G
25/11/21	6	CEO Brief	Future Board to receive 2021 Community Survey results		SBr	December 2021	G
25/11/21	13	System Update	Future Board to receive System Adult MH Strategy		PW	Tbc	A
25/11/21	15	HPFT Green Plan	HPFT Green Plan to be considered at January FIC and Board		MW	January 2022	G
25/11/21	19	AOB	Follow up with KK offline regarding the Disability Audit		JL	December 2021	G
30/9/21	10	Emergency Preparedness, Resilience & Response – Core Standards	Further update to be presented to the Board later this year	Moved to March so can be considered at a public meeting	SBr	March 2022	A
29/7/21	10a	Q1 Performance Update	Consultation on MH Access Targets – future performance report to set out how this stands against proposed standards	Awaiting publication of definitions and specific targets. Have followed up NHSE/I and will update when available	PR	November 2021	A
20/5/21	13	Essex LD Partnership	FIC to consider risk associated with delayed bed consolidation in LD services in Essex		SBr	January 2022	G

Board of Directors PUBLIC

Meeting Date:	27 January 2022	Agenda Item: 5
Subject:	CEO Briefing	
Presented by:	Karen Taylor, Chief Executive Officer	

National update

There is a significant level of activity nationally which is summarised below:

COVID

Nationally, the past month has seen a significant increase in the number of reported cases of COVID particularly linked with the Omicron variant. The variant has proven to be more transmissible than previous ones but appears to cause less physical health complications that may require admission to hospital. In anticipation of the increase in cases, on 13 December 2021 NHSE/I declared a Level 4 National Incident, “in recognition of the impact on the NHS of both supporting the vital increase in the vaccination programme and preparing for a potentially significant increase in COVID-19 cases”.

The guidance that supported this change in incident level asked for the NHS to: ramp up of COVID-19 vaccine programme; maximise availability of COVID-19 treatments for those at highest risk; maximise capacity in acute and community to enable discharge of people; support patient safety in urgent care pathways; support staff and maximise availability and ensure surge plans and processes were ready.

Over the end of December and early January COVID had a significant impact on availability of a variety of public and private services, in part due to people being COVID positive but also because of the need for people, even if asymptomatic to self-isolate. There were a number of changes to the guidance relating to self-isolation with the latest guidance issued on 14 January 2022 setting out that if staff have two negative LFD results they can return to work on day six after a positive test. There has also been a change to the length of period that services users on inpatient wards need to self-isolate. Since mid-January the number of reported positive cases has dropped and there is a sense the Omicron wave may be slowing down.

On 19 January 2022 the Prime Minister announced that England will cease ‘Plan B’ restrictions and from 27 January will be reverting to ‘Plan A’, which sees the ceasing of the use of face masks in indoor spaces, guidance to work from home ending and proof of vaccination no longer needed for certain indoor venues. The Trust will work in line with the Public Health England guidance when this is published following the Prime Minister’s announcement.

On 14 January 2022 detailed guidance on the next phase of implementation of mandatory vaccination for NHS staff was published by NHSE/I. It reiterated the timeline of 1 April 2022 and provided the legal framework for serving staff with notice. How the Trust is responding to this is detailed in a report later on the agenda.

National Guidance

On 24 December 2021 NHSE/I published the 2022/23 priorities and planning guidance alongside consultations on the NHS national contract and national tariff payment system for 2022/23. The guidance has a strong emphasis on recovery improvement; ICS architecture and governance; making progress against 10 national priorities; system-based approach to financial planning. A report later on the agenda provides more detail.



They also published the guidance document “Reducing the burden of reporting and releasing capacity to manage the COVID-19 pandemic”. Which recognised that once again, the NHS is facing a significant challenge from COVID-19. The letter was linked with the letters issued in March and July 2020 and January 2021 and provided an update on NHSE/I’s position on regulatory and reporting requirements for NHS trusts and foundation trusts. In particular is set out advised the approach to: streamlining oversight meetings; streamlining assurance and reporting requirements; providing greater flexibility on various year-end submissions; focusing our improvement resources on COVID-19, vaccination, discharge, UEC and elective recovery priorities and only maintaining development workstreams that support recovery and safety. The Trust have reviewed the guidance and agreed an approach which will be regularly reviewed but aims to continue with current structures but streamlined so they focus on the key areas of risk for the Trust and are supportive of the Trust’s response to the pandemic and service needs.

Adult Social Care White Paper

On 1 December 2021 the Government published its Adult Social Care White Paper, *People At The Heart Of Care: adult social care reform*. The White Paper sets out the Government’s vision for care as underpinned by the following three pillars of reform:

- 1) Supporting people to have choice, control and independence.
- 2) Providing an outstanding quality of care.
- 3) Ensuring that care is provided in a way that is fair and accessible to everyone who needs it

Key commitments include:

- a £300m commitment to better integrate housing into local health and care strategies, as well as £220m towards driving growth in housing with care via the Care and Support Specialised Housing Fund (CASSH) and £150m towards improving caretech/assistive technology
- A new duty on CQC to independently review and assess the performance of local authorities in delivering their adult social care functions
- £500m for workforce development which will include a new Knowledge and Skills Framework (KSF), Care Certificates to provide sector-wide delivery standards, and investment in Social Worker training routes to support recruitment into the sector.
- The White Paper also reiterated the Government’s commitment to introducing a ‘fair rate for care’ – broadly by ensuring that everyone pays the same fees in the market for the same service whether they are a self-funder or have care provided by the local authority. The financial implications of this for the social care system and the wider sector still need to be worked through.

A paper later on the agenda provides further detail.

The Government has also indicated that there will shortly be another White Paper, focussed on health and social care integration. This is likely to be published in the New Year and will have implications for our local system architecture and our relationship with Hertfordshire County Council.

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.

ICS

The Partnership Board met on 17 January 2022. The meeting received an update on recent activity at the ICS. The meeting discussed the national decision by NHSEI to delay the ICS implementation programme, this was agreed to allow sufficient time for the new Health and Social Care Bill to pass through the remaining parliamentary stages. A new target date of 1 July 2022 has been agreed for new statutory arrangements to take effect and Integrated Care Boards (ICBs) to be legally and operationally established and replaces the previously stated target date of 1 April 2022. The new target date will provide some extra flexibility for systems preparing for the new statutory arrangements and managing the immediate priorities in the pandemic response, while maintaining

our momentum towards more effective system working. The legislation continues its journey through parliament, with a number of amendments proposed by the Lords.

The meeting was updated on the Memorandum of Understanding 21/22 which was with a few remaining system partners for signature, HPFT confirmed their agreement in November 2021. It was noted that the ICS had engaged with key stakeholders and the public on the draft Constitution during October 2021 and a draft had been reviewed by NHSE/I in November, the next version due to be submitted for Regional sign off by 18 March 2022.

With regard to ICB Board Appointments the ICS have launched an advert for three NEDs as part of a national process with a closing date for applications of 7 February 2022 and interviews at the beginning of March 2022. The ICS is also out to advert for the statutory Executive posts of Chief Finance Officer and Medical Director and non-statutory role of Chief of People Office, with interviews due to take place by end of January, it was noted that the recruitment to Chief Nursing Officer will go live soon.

Hertfordshire Mental Health and Learning Disability (MHLD) Collaborative

The Collaborative continues to develop and is providing the foundation the multi-agency response to current demands and priorities. This is evidenced in the Collaborative's approach to develop its crisis care offer and the progress that we are making as a system in terms of mobilising all our partners to protect people with learning disabilities and serious mental illness from COVID-19.

The new Development Director, Ed Knowles since beginning in his role has started to meet with members of the Collaborative to gather their impressions and ambitions for what activity we can take forwards together.

The Collaborative is revisiting our ambitions for 2022/23, in light of the NHS planning guidance and emerging system priorities, including specific work with our VCFSE partners. Working alongside our Public Health colleagues, the Collaborative will address its role in leading preventative activity and wider determinants of health. This is in response to the challenge articulated by the NICHE report, as well as the lessons of the pandemic and the new CORE20PLUS5 initiative.

The Collaborative's transformational ambitions will be driven forward by the new Collaborative Transformation and Delivery group. Due to operational pressures, the first meeting of this group did not take place in December. Membership is now being reviewed, with an initial meeting scheduled for early February.

Key achievements for this period include:

- Strong multi-agency delivery and performance in supporting people with serious mental illness and learning disabilities to be vaccinated against COVID-19
- Further progress in the development of the Collaborative's crisis care and community care offer
- The response of the system to the additional pressures of the winter period and the emergence of the Omicron variant for COVID-19.

Priorities for the next period are:

- Refocusing on the Collaborative's transformation ambitions as the COVID-19 picture improves
- Ensuring our system's priorities are articulated and captured within our response to NHS planning requirements
- Launching the Collaborative's Transformation and Delivery group to ensure clear programme management and resourcing of our priority areas.

Hertfordshire Health Care Partnerships

Since the last CEO Brief the East and North Health and Care Partnership (ENHCP) and South West Herts Health and Care Partnership (SWHCP) have been focusing on working together to support delivery of services during the Omicron wave of the pandemic and in recognition of the need to focus on operational services.

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

The Collaborative continues to progress with the operational, financial and contractual aspects of the negotiated agreements. Whilst there have been significant challenges in the delivery of CAMHS over recent months a number of beds have now been opened in CAMHS services and so flow across the beds in the Collaborative has increased and the waiting list has reduced. Closer working across the Collaborative is evident in terms of support for the patient flow hub and prioritisation of cases. Significant progress has been made in Adult Eating Disorders in terms of reducing the number of admissions and developing intensive community teams. Recruitment is underway for the Norfolk Forensic community team. A report later on the agenda will provide further detail.

Trust-wide update

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

COVID-19

Following the move for the NHS to be on Level 4 Incident Management the Trust stepped up its Incident Management to 7 days a week 8am-8pm. The focus for incident command has been on; managing outbreaks across Trust services; maintenance of flow and ensure availability of beds and continuing to ensure staffing is maintained at safe levels across the Trust.

Staffing absence has been higher than normal at this time of year across services and peaked on 6 January 2022. This was due to annual leave, COVID-19 sickness and non-COVID-19 sickness. There have been a number of COVID-19 outbreaks across the in-patient wards but the number is starting to reduce.

Although the data indicates that COVID-19 pressures are reducing the Trust remains cognisant of winter pressures and the implementation of the winter plan continues to be a priority, particularly as January and February are historically a period where we see high demand on services.

A report later on the agenda provides more detail, there is also an update on management and impact of mandatory vaccination is provided later on the agenda.

Operational update

Services have continued to respond to high levels of demand, throughout the holiday period into the early part of quarter four. Service delivery has been impacted by high levels of staff absence due to annual leave during the festive period and COVID 19 sickness, incident management and in particular the management of COVID 19 outbreaks across in-patient areas. However due to the incident management structure in place, a focus on planning ahead of the Bank Holidays and some redeployment of staff, the impact has been well managed and service provision has been maintained.

Demand for acute adult beds has remained high with ongoing use of out of area placements (OOAPs), although we have seen some reduction in the number of OOAPs in recent days, the transformation of the acute pathway remains the priority in terms of reducing OOAPs. Referrals for community adult mental health services continue to be high. This is resulting in longer waiting times for routine assessment and a decline in performance against the 28-day target. However, we have seen a decrease in s136 detentions over the last six months as a result of the work with have been doing in partnership with police colleagues.

The CAMHS crisis team have seen a high number of presentations into Emergency Departments, due in the main to self-harm, however many young people have been discharged with ongoing support. Two young people remain in the paediatric ward at the Lister Hospital awaiting specialist eating disorder beds, however the clinical teams have continued to work together to provide a treatment plan and both young people were able to have home leave over the holiday period and are making progress.

Leading up to Christmas demand on older people's beds both functional and dementia, rose with a number of out of area beds being used. This has in part been due to difficulties in facilitating discharge. Work is underway with social care colleagues to agree solutions and as part of the Covid 19 response and winter planning, we will temporarily "top up" some placement costs in order to create flow across the bed provision.

Hertfordshire learning disability services have experienced unprecedented demand on assessment and treatment beds over recent weeks and beds in Essex have had to be used to facilitate admissions. The teams are doing some analysis regarding the reasons for this in order to agree actions going forwards, with partners.

Quality and Safety

CQC – Warren Court

In December the CQC published a final report following a recent focused inspection of Warren Court, one of our forensic inpatient and secure wards. The full report is available on [Hertfordshire Partnership University NHS Foundation Trust \(cqc.org.uk\)](https://www.hertfordshirepartnershipnhs.uk/cqc.org.uk) and it sets out the areas of excellent practice they found, including: treating service users with compassion and kindness; respecting their privacy and dignity and understanding their needs; achieving the right balance between maintaining safety and providing the least restrictive environment possible to support service users' recovery; only using restraint or seclusion as a last resort and having the right number of staff who know service users well and who work effectively together to keep people safe.

The report also cites positive feedback from service users' families about the service and the quality of care their loved ones received. The inspectors also found that some individual service users felt unsafe when there were incidents of aggression in the service, and some staff reported feeling unable to comfortably raise concerns. The CQC stipulated a number of actions for the Trust to take and the Trust has a robust action plan in place that addresses all the issues raised by the inspectors. The Trust is also required to inform the CQC in writing when it has taken the actions in the report and how the Trust considers that it is now meeting the standards. The CQC will then check to make sure that the Trust has taken the action to meet the standards and will report on its judgements. The Trust's proposed response has been considered by the Board and compliance against will be monitored by the Integrated Governance Committee. A report later on the agenda details the proposed Trust response to the identified actions.

CQC - Forest House

Forest House remains under considerable pressure – with increased acuity /complexity of admissions. We currently have three beds closed to support the building work to support the development of two High Dependency beds. CQC have recently undertaken a number unannounced visits to the unit and requested information to support their focused inspection work and have interview staffed, young people, carers and families. The CQC have provided us with high level feedback following the first visit that centre on risk assessment, incident reporting, staffing, restrictive practice. They also shared that the staff demonstrated that they knew the young people well and saw positive and compassionate interactions between them. The Trust will continue to work with the CQC to support their work.

Our People

Recruiting to our vacancies at pace and retaining our people remains a particular focus. In December, our establishment increased by 12.94 WTE, whilst our voluntary turnover increased to 12.8%, significantly above our 9% target and slightly above the 12.11% November rate. Recruitment continues to be strong, with over 500 posts in the recruitment pipeline, 178 of which have been offered and accepted by external candidates. However, 34 more staff left us than joined in December. All these factors combined mean that our vacancy rate in December increased from 13.58% in November to 14.51% in December.

As part of our retention work, we continue to provide a robust health and wellbeing offer to our staff. We have seen sickness absence increase from 5.83% in November to 5.96% in December, with absence due to COVID-19 having increased most significantly, whilst absence related to mental ill health, colds/flu and musculoskeletal issues remained high. We continue to support staff wellbeing through the Here for You Service and our internal health and wellbeing team, offering a range of health and wellbeing support and events covering menopause support, relaxation, self-care, stress, sleep, burnout, arts and crafts sessions, pilates, mindfulness, hypnotherapy, DBT sessions, yoga, wellbeing talks, fitness sessions, and virtual pampering sessions. During December, we launched our Trust menopause support group and finalised our plans for the Winter Wellbeing Festival which launched on 17 January and will be visiting more than 20 of our sites over two weeks. We also provided hampers to all staff working on Christmas Day and Boxing Day and sent a personal thank you to every employee and bank worker to thank them for their contribution during 2021.

We achieved a final response rate of 50% (1788 respondents) in our 2021 annual staff survey. Team and individual incentives were publicised, with ten staff from across the Trust winning a £50 voucher for completing their staff survey and the three teams with the highest response rate receiving a hamper of goodies each. We will receive the final detail of the survey feedback in the coming month so that we can celebrate what we have achieved together and work together on addressing any areas for further work.

We are preparing for new legislation to come into force on 1 April 2022, which will mean that all healthcare workers who are deployed as part of CQC regulated activity and have face to face contact with service users must be fully vaccinated against COVID-19. Vaccination clinics have been stepped up within the Trust and support is being offered to all staff who have any concerns either about the vaccine itself or their employment. While we are planning how to mitigate the risks of losing some staff from front line roles, our focus is on supporting everyone to be fully vaccinated so that they can continue to do everything possible to keep our service users safe.

Finance 2021/22

As at 31 December 2021 the Trust is on track to deliver against the revised financial plan of a breakeven financial out turn, and that this is possible with the release of additional, planned, balance sheet flexibilities. The Team have started the planning of year end and are working closely with External Audit. A report later on the agenda will provide further detail.

Senior Team

The recruitment processes for the Director, Innovation and Digital Transformation and Executive Director, Strategy and Partnerships roles have been completed. Following agreement at the December 2021 Remuneration Committee Hakan Akozek and David Evans have been appointed into the posts, respectively. Hakan will be starting at the beginning of February and David at the beginning of May. They will be great additions to the Executive Team and I know they are looking forward to their new roles at the Trust.

Karen Taylor

Board of Directors PUBLIC

Meeting Date:	27 January 2022	Agenda Item: 7
Subject:	COVID-19 and Incident Command	For Publication: Yes
Author:	Fiona McMillan Shields, Managing Director, East & North SBU	Approved by: Sandra Brookes Executive Director of Service Delivery and Experience
Presented by:	Sandra Brookes Executive Director of Service Delivery and Experience	

Purpose of the report:

To update the Board on the work overseen through Incident Command regarding the COVID-19 pandemic and describe the actions being taken to address surge in community transmission of covid and trust wide activity and acuity.

Action required:

The Board is asked to receive the report.

Summary and recommendations:

This report gives an overview of the current status, in terms of the incident management and reporting. It describes the actions in place to ensure that COVID-19 infections and suspected or confirmed cases are managed effectively 7 days a week. It also provides an update to the approach the Trust has been taking to manage surges in activity and demand and high levels of staff absence.

The NHS remains at Level 4 Incident Management following the step up in December 2021 due to the increase in COVID-19 cases, in particular due to the Omicron Variant and predicted pressure on NHS services. As a result, the Trust Incident Management response was stepped up to 7 days a week 8am-8pm.

The focus for incident command has been on;

- Managing several outbreaks across Trust services
- Maintenance of flow and the lack of available beds across the estate
- Continuing to ensure staffing is maintained at safe levels across the Trust

Staffing absence has been high across services and peaked on 6th January 2022. This was due to annual leave, COVID-19 sickness and non-COVID-19 sickness. Staffing levels in inpatient and crisis services were maintained above minimal levels by managerial and professional leads covering shifts and the redeployment of staff.

There have been a number of COVID-19 outbreaks across the in-patient wards. At the time of writing the report there are **9** COVID-19 outbreaks being managed within the Trust on Thumbswood, Albany Lodge, Wren ward, Forest House, Victoria Court, Aston ward, Oak ward, 4 Bowlers Green and SRS – although positive inpatient cases had reduced to 20 by the 16th January.

On the 16th January 54 staff were confirmed positive with COVID-19.

Summary

Following the increase of the NHS Incident Management to Level 4. The Trust incident management response was stepped up to 7 days a week 8.00-20.00hrs.

Despite periods high levels of staff absence (20%+) and high levels of demand into services, service provision has been maintained and we have not had to implement business continuity plans or extremis actions that had previously been agreed.

Staff absence and service users being tested as COVID-19 positive, peaked early January and has since declined although continues to be closely monitored and the management of outbreaks on the wards continues.

The next steps for incident management include a review of the ongoing structure of incident management given we have seen pressures reduce, whilst recognising the NHS remains at a Level 4 incident, a review of our response to Level 4, and the development of a recovery plan.

Although the data indicates that COVID-19 pressures are reducing we remain cognisant of winter pressures and the implementation of the winter plan continues to be a priority, particularly as January and February are historically a period where we see high demand on services.

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

Health and Social Care Act 2008 (Regulated Activities) Regulations

Regulation 12: Safe care and treatment

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

Regulation 17: Good Governance

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

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

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

The staffing, financial, IT and legal risks are identified within the risk register part of this paper; Actions taken to 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 This report provides an overview of the incident management over the last month, and the incident status. It initially sets out the national and local position, before using the incident management framework to give an overview of issues that are currently being managed through incident command.

2. Current Status of Incident

- 2.1 The NHS response to COVID-19 continues to be managed as a Level 4 incident, following the step- up from Level 3 in December 2021 due to an increase in Omicron variant cases and predicted impact on NHS services.
- 2.2 Within the Hertfordshire system, Gold Command (for surges in activity and acuity) stepped up to daily calls during the Christmas and New Year period, with HETCG reinstated weekly. Most providers across the region were reporting OPEL 3 or above, leading up to and immediately after the Bank Holiday period. As a Trust we have consistently been declaring OPEL 4 due to the demand on in-patient services, risk being held in the community teams and the fragility of staffing levels.
- 2.3 Hertfordshire COVID-19 cases are reducing, following a peak early January although parts of the East of England region have continued to experience high levels of infection.

3. Trust Incident Response Structures

- 3.1 The Incident Command approach has continued to focus on prioritising maintaining safe, effective, and timely care; the oversight of several outbreaks of COVID-19 across in-patient areas and safer staffing being the key issues to address.
- 3.2 The Trust's COVID-19 incident response has been managed from 08:00 – 20:00 as per NHS level 4 requirements, and this is planned to continue to the end of January 2022 or for as long as the current surge continues.
- 3.3 The Trust Incident Command framework and agenda has continued to focus attention on:
 - oversight and daily review of bed capacity, predicted discharges, those waiting admission currently in the Lister, Watford, or Princess Alexandra Hospital Emergency Departments or in the community, use of Section 136 beds and any Out of Area beds in use
 - Monitoring of staffing levels and implementation of contingency plans to ensure safe levels of staffing
 - System pressures, forecasting of COVID-19 infection rates and any requests for Mutual Aid.
- 3.4 The Trust has been reporting **OPEL 4 (Black)** bed state for several weeks as detailed in table 1. This has been on the basis of demand on all service lines, bed occupancy, levels of delayed discharges and numbers waiting for admission.

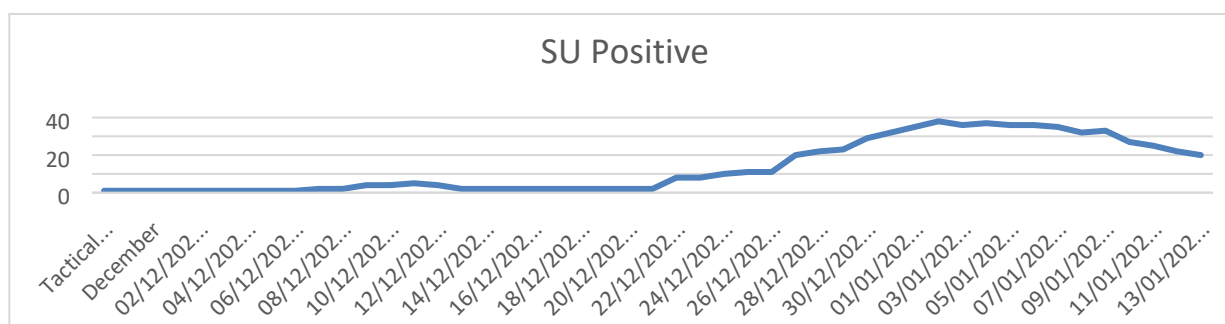
Table 1 Opel

	OPEL 1	OPEL 2	OPEL 3	OPEL 4
Bed occupancy (all beds)	<92%	92-95%	96-99%	100%
Staffing (RAG rating from SafeCare)	Expected thresholds	Concerns mitigated	Services at risk	Risk to core service
DToCs	<8	8 - 12	13 - 19	20+
Number waiting in acute trust for MHAA	0 - 1	2 - 4	5 - 8	9+
Decision to admit made and waiting in acute	0 - 1	2 - 4	5 - 8	9+

4. Infection Prevention and Control (IPC)

- 4.1 At the time of this report, there are 20 COVID-19 positive service user cases within inpatient settings in the Trust.

Figure 1 Positive service user inpatient cases

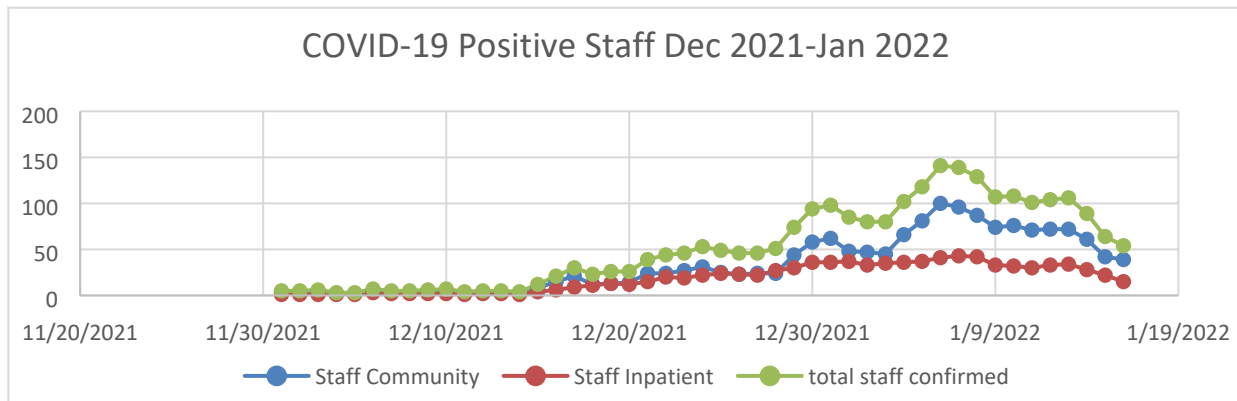


- 4.2 There are 9 confirmed outbreaks in the inpatient services on Thumbswood, Forest House (FHAU), Wren ward, Victoria Court, Aston ward, Albany Lodge, Oak ward, 4 Bowlers Green and SRS. These are managed with senior nursing oversight and daily Outbreak Control Team (OCT) meetings attended by system partners and daily SitRep returns made nationally.
- 4.3 Admissions and transfers to wards with an outbreak continue to be individually risk assessed, using the agreed risk assessment process. This has supported flow and facilitated admission for individuals requiring urgent assessment and treatment.
- 4.4 COVID-19 related service user deaths have reached 215.

5. Service Users Support and Care Delivery

- 5.1 Staff positive cases have continued to fall since a peak on 6th January 2022.

Figure 2 staff positive cases



5.2 Staffing levels have remained ‘fragile’ across all service areas and daily operational intervention has been required to ensure safe staffing. Each clinical area has a clear plan for deployment of staff, including contact details, registration, and training details. There has been the need to share and redeploy staff between wards, teams, and Strategic Business Units (SBUs). Staffing has been considerably more stable since the 16th January 2022.

5.3 There have been a number of hotspots in relation to staffing levels due to staff absence, acuity and COVID19 outbreaks. All these services report an underlying position of staff vacancies with key current COVID absence tipping them into a more vulnerable position

5.4 Comprehensive redeployment plans, extremis plans and a clinical model have been agreed in preparation for staff absence at 30%+ but have not been implemented.

6. Winter planning

6.1 Operational Command and Managing Directors are continuing to undertake daily review of the need to confirm any activation of Business Continuity Plans. Since the instigation of the Level 4 incident response all services have been maintained. This has been due to the planning with regards to redeployment, some staff returning from annual leave early and managers and clinical leads providing cover for shifts. In the last week there has been a reduction in EMDASS clinic provision from 4 to 2 clinics per week in order to redeploy some Registered Nurses into Victoria Court which has experienced high levels of sickness and service users testing COVID-19 positive. This will be monitored each week with a view to stepping the clinics back up as soon as possible. Referrals into EMDASS have continued to be accepted and triaged.

7 People

7.1 Incident command has continued to ensure that there has been a focus on Staff wellbeing and support and encouraging staff to engage in the winter wellbeing events that started mid-January 2022.

7.2 Individual’s COVID risk assessments have been reviewed.

7.3 Due to pressure in covering some shifts the Bank Bureau has been stepped up to function 7 days a week and a temporary uplift in agency rates has been implemented. It is not clear as yet what the impact of this has been but an evaluation is taking place.

7.4 Staff wellbeing and support remains a focus with a series of winter events planned for the week commencing 17th January.

7.5 Tactical command is currently working with the People and OD team and operational managers in assessing the impact of the implementation of the new guidance concerning Vaccination as a Condition of Employment and pension abatement changes for staff who have retired and returned, in order to identify risks and agree actions to mitigate the impact on service provision.

7.6 Staff Lateral Flow Device testing continues to be a priority and levels have improved with all in-patient staff being required to carry out a test prior to starting their shift, to reduce the risk of nosocomial infections.

7.7 Daily e-roster scrutiny and safer staffing meetings continue to support Business Continuity Planning and decision making.

8 Infrastructure

8.1 Personal Protective Equipment (PPE) stock levels have been monitored with no issues raised.

9 System

9.1 Daily ICS meetings were held prior to and immediately after the Christmas and New Year period to monitor risks across all partners, agree actions to be taken to mitigate risks and request any Mutual Aid. The Acute trusts experienced high levels of demand but a key issue was an increasing number of delayed discharges due to the impact of COVID- 19 sickness across social care providers.

Gold calls continue to be called if any of the Acute Trusts declare Opel 4.

9.2 West Herts Trust and East and North Herts are holding Multi Agency Discharge Events (MADE) during the week of 17th January 2022 in order to improve the discharge pathway. The Trust will participate in these as required.

9.2 East and North Hospital Trust are hosting a Nightingale site of circa 50 beds for patients recovering from COVID-19 and at the end of their treatment pathway. This is a regional resource due to be opened in early February. All partners have been requested to consider if they are able to redeploy staff to support this.

10 Governance

10.1 In November 2021 the Executive team requested the development of the following risk to be placed on the Trust Risk Register.

Winter: Increased pressure on services; demand and workforce.

- Managing the delivery of core and operational services through the coming winter period, including the impact of Covid and flu.
- Delivering a Covid booster and flu vaccination programme to staff and service users.

- Ensuring a robust winter plan to manage the increased demand

The risk score is currently at 16.

11 Communication

11.1 Communication with staff continues to be a high priority and has recently included;

- Reminders regarding the use of PPE
- Guidance regarding testing and isolation periods
- Business continuity and the redeployment plan
- Access to support
- Vaccination programmes
- Information for service users, carers and referrers with regards to accessing services

12. Summary

Following the increase of the NHS Incident Management to Level 4. The Trust incident management response was stepped up to 7 days a week 8.00-20.00hrs.

Despite periods high levels of staff absence (20%+) and high levels of demand into services, service provision has been maintained and we have not had to implement business continuity plans or extremis actions that had previously been agreed.

Staff absence and service users being tested as COVID-19 positive, peaked early January and has since declined although continues to be closely monitored and the management of outbreaks on the wards continues.

The next steps for incident management include a review of the ongoing structure of incident management given we have seen pressures reduce, whilst recognising the NHS remains at a Level 4 incident, a review of our response to Level 4, and the development of a recovery plan.

Although the data indicates that COVID-19 pressures are reducing we remain cognisant of winter pressures and the implementation of the winter plan continues to be a priority, particularly as January and February are historically a period where we see high demand on services.

Board of Directors PUBLIC

Meeting Date:	27 January 2022	Agenda Item: 8
Subject:	Care Quality Commission Warren Court Action Plan	For Publication: Yes
Author:	Helen Edmondson, Head of Corporate Affairs and Com	Approved by: Jacky Vincent, Executive Director Quality and Safety (Chief Nurse)
Presented by:	Jacky Vincent, Executive Director Quality and Safety (Chief Nurse)	

Purpose of the report:

To provide the Board with details with regard to the draft action plan for submission, following receipt of the Care Quality Commission's (CQC) Inspection Report regarding Warren Court.

Action required:

To agree and sign off the proposed action plan for submission to the CQC.

Summary and recommendations:

Summary

Attached is the template for the Trust to report on its actions following receipt of the Care Quality Commission's (CQC) Inspection Report regarding Warren Court.

The report of actions must be returned to the CQC by 2 February 2022. The Trust is also required to inform the CQC in writing when it has taken the actions in the report and how the Trust considers that it is now meeting the standards. The CQC will then check to make sure that the Trust has taken the action to meet the standards and will report on its judgements.

The action plan has been reviewed and approved by the Executive Team meeting. They confirmed that they will be monitoring Trust compliance with the actions and that progress and ultimately completion of the actions.

All actions are due for completion by early February except one which requires the roll out of specialist training to all staff and has a completion date of 30 September 2022.

Recommendation

The Board are asked to review and agree the action plan for submission to the Board for approval prior to submission to the CQC.

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

Not applicable

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

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

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

There are no implications arising from this report.

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

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Seen by the following committee(s) on date:

Executive Team meetings 12 and 19 January 2022.

Report on actions you plan to take

Please see the covering letter for the date by which you must send your report to us and where to send it. **Failure to send a report may lead to enforcement action.**

Account number	RWR
Our reference	INS2-11639302171
Location ID	RWR23
Trust name	Hertfordshire Partnership University NHS Foundation Trust, Warren Court.

Regulated activities	Regulation
Regulated activities	Regulation 9 HSCA (RA) Regulations 2014 Person-centred Care.
	How the regulation was not being met:
	The Trust must ensure patients have access to regular patient forum meetings. Regulation 9 (3)(b).
Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve	
<p>The Trust can confirm that at least two service user house meetings are taking place a month for each house. The discussions are recorded, the notes are held locally and shared with all the individual service users.</p> <p>The frequency of the meetings is in line with the Standards for Forensic Mental Health Services: <i>Low and Medium Secure Care – Quality Network for Forensic Mental Health Services</i>.</p> <p>The meetings are advertised in each house to encourage attendance; this is done by posters advertising the meetings on the houses. In addition, service users are reminded on the day of the meeting and asked if they would like to attend.</p> <p>The house meetings' agenda and completed minute proformas, which are shared with all service users in the house, includes a section for actions and a section on the agenda to report progress on actions from previous meetings.</p> <p>In addition, service users are regularly provided with the opportunity to complete <i>Having Your Say</i> feedback forms anonymously. These are offered at each Care Programme Approach (CPA) 6 monthly review and at least once in between the CPA. The Practice Governance</p>	

Facilitator has a monthly slot to take these around to the individual houses – usually 2 houses per month on a rotational basis.

Service users also have access to Advocacy services, provided by POHWER, and the independent Advocate who is assigned the IMHA will meet with individuals. Service users are also informed of their rights to an Advocate as part of the Section 132 reading of rights on a 6-weekly basis. They are also asked prior to any CPS meeting whether they wish for an advocate to be present. This forms one of the questions/information sharing on the rights form and is documented on the Section 132 rights Care Document on PARIS.

Who is responsible for the action?	Learning Disability and Forensic SBU Managing Director
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How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?

Assurance that as a minimum two community meetings a month on each house are taking place will be presented monthly at the Herts Secure Quality and Risk Meeting.

Who is responsible?	Learning Disability and Forensic SBU Managing Director
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What resources (if any) are needed to implement the change(s) and are these resources available?

None

Date actions will be completed:	19 January 2022.
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How will people who use the service(s) be affected by you not meeting this regulation until this date?

Service user house meetings are taking place and there is a governance process in place to ensure this is being maintained, therefore will be no impact of the action not being met.

Regulated activities	Regulation
Regulated activities	Regulation 17 HSCA (RA) Regulations 2014 Good Governance.
	How the regulation was not being met:
	The trust must ensure that all seclusion records are completed in accordance with the Mental Health Act Code of Practice. Regulation 17 (1)(2)(c)
Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve	
<p>We can confirm that the Trust has implemented a process to ensure seclusion records are completed in accordance with the relevant requirements.</p> <p>The process includes a weekly check of all seclusion records by the Team Leader and Matron. They check for completeness and identify any issues that need to be addressed. Once identified they ensure mitigating action is taken. These include any documentation not</p>	

uploaded will be uploaded onto care document; any missed reviews to be reported via DATIX, with the reasons identified and the additional actions put in place.

There is also a flowchart and checklist of documentation readily available in the seclusion observation folder to act as a reminder and prompt for all staff. All reviews will be discussed and included in the handover for seclusions in process.

The Team Leaders check documentation of any ongoing seclusions in their unit on a daily basis when on duty. To compliment this the Practice Governance Team will undertake a specific weekly audit to look at whether all the reviews have taken place and been documented.

The SBU has put in place a process in place to monitor compliance of the review approach. This is done by it being a standing agenda item on the monthly patient safety meeting, providing an opportunity of issues to be reported and mitigating actions identified. If required issues are escalated to SBU QRM where LTS and seclusion reviews are a standing agenda item.

The unit is committed to continuous improvement and in support of this an independent Consultant Psychiatrist undertook retrospective review of all seclusions at Warren Court over a 3-month period (July to September 2021). The following good practice was identified:

- ✓ Seclusion was appropriate, reasonable, and proportionate.
- ✓ Reasons for seclusion were explained to service users.
- ✓ Chemical restraint (rapid tranquilisation intramuscularly) was not routinely used and was proportionate when given.
- ✓ Evidence of de-escalation and SafeWards strategies used prior to the use of seclusion
- ✓ Most seclusion documentation was complete and approved as per policy and follows the MHA CoP
- ✓ Regular medication is reviewed, after periods of seclusion
- ✓ Seclusion practice is consistent across both clinical teams led by the two Responsible Clinicians.

The reviewer also identified that there were occasions where documentation of nursing reviews and medical reviews were incomplete on the seclusion care document. Thereby identifying that further robustness was needed around the quality of documentation. The issues identified have been addressed and will be monitored as outlined above. There is clear guidance in Seclusion documentation flowchart that details what information is required for each review, so they are in line with the policy. Bitesize training for staff will be rolled out.

In response to the findings as well as the actions and audits described above around compliance of completion the SBU has commissioned regular quarterly audits of the quality of seclusion records to be completed by the Practice Governance Facilitator. This will include a review of documentation as well as an assessment of the quality of the seclusion records, including assessment of if the documentation clearly includes the elements required by the Trust policy regarding MHA.

The review of the seclusion documentation has highlighted other areas of improvement applicable across the whole Trust and in response the Learning Disability and Forensic SBU is taking the following additional proposals to the Trust's Restrictive Practice Committee for consideration:

- To act as a prompt and to highlight any issues in relation to reviews of seclusion the Clinical Lead Out of Hours to request from units where seclusions are in place information to determine if all reviews have been completed or are in process of being completed and to identify potential barriers to their completion. And for this to be documented in the Out Hours report.
- To facilitate the monitoring and management of seclusions, particularly longer-term ones, review how seclusion care documentation is held on the Electronic Patient Record (PARIS). The system currently files all reviews together, not in date or time order, making it harder for clinicians (and auditors) to monitor and plan a schedule of reviews.

Who is responsible for the action?

Learning Disability and Forensic SBU Managing Director

How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?

In relation to the process for monitoring, checking, and auditing compliance, the nurse in charge will have responsibility for monitoring compliance with ongoing reviews of any seclusions taking place during their shift.

The Practice Governance Facilitator will complete a weekly audit of compliance of seclusion documentation which reports into the Incident Review meetings with Team Leaders and the Matron, which meet at least fortnightly. Any omissions identified as part of the audit will be communicated to the Team Leader and Matron as soon as noted and they will address them. This will be complimented by the quarterly audit which will be a quality assurance check of documentation.

Who is responsible?

Learning Disability and Forensic SBU Managing Director

What resources (if any) are needed to implement the change(s) and are these resources available?

None

Date actions will be completed:

4 January 2022

How will people who use the service(s) be affected by you not meeting this regulation until this date?

The immediate actions are in place and services will not be affected by not meeting the regulation.

Regulated activities	Regulation
Regulated activities	Regulation 17 HSCA (RA) Regulations 2014 Good Governance.
	How the regulation was not being met:
	The Trust must ensure all specialist training delivered to staff is recorded. Regulation 17 (1)(2)(d)(i)

Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve

As an immediate action, the Trust is establishing a local record of all specialist training completed by staff including the dates carried out; this will be reviewed regularly in the quality meetings to ensure it is complete.

In recognition of the fact that role-based specialist training is not currently recorded on the Trust electronic system (Discovery) and until a digital solution is commissioned the unit has set up a local record (spreadsheet) which will detail the specialist training has been provided. Including details of the training, staff and date completed.

In order to develop a digital solution, the Learning and Development team are working to define the competency framework for role-based training, for individual staff groups, linked with the particular units. This would be supported by a clear training matrix detailing local specialist training required for each staff group. And training being recorded on the Discovery learning management system. This would support the monitoring of compliance through SPIKE, which is a central access which is reported on.

This will be as Trust wide solution but with Warren Court as the index unit.

Who is responsible for the action?

Learning Disability and Forensic SBU Managing Director and Deputy Director of People and Organisational Development.

How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?

The local record (spreadsheet) which will hold what specialist training has been provided, to whom and when will be monitored at the Herts Secure Quality and Risk Meeting.

Compliance reports on the planned project for digital solution will be monitored at the Herts Secure Quality and Risk Meeting.

Who is responsible?

Learning Disability and Forensic SBU Managing Director & Deputy Director of People and Organisational Development.

What resources (if any) are needed to implement the change(s) and are these resources available?

One-off project resource within the Learning and Development team

Date actions will be completed:

The deadline for the local spreadsheet will be 2 February 2022

How will people who use the service(s) be affected by you not meeting this regulation until this date?

If it is identified that staff do not have the specialist skills required as a matter of urgency staff will complete the appropriate training.

Regulated activities		Regulation
Regulated activities	Regulation 17 HSCA (RA) Regulations 2014 Good Governance.	
	How the regulation was not being met:	
	The trust must ensure that duty rotas accurately record when staff are moved between houses. Regulation 17 (1)(2)(d)(ii)	
Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve		
The Trust is taking immediate actions to ensure the accurate recording of the actual rotas. This will ensure that the recording of any movement of staff needed during a shift will be added to the shift planner retrospectively at the end of the shift/next handover.		
<p>The Trust recognises the need to ensure the rota records accurately the movement of staff between houses. And will ensure the allocation of staff and their deployment to the houses for the whole or part of the shift will be documented at handover.</p> <p>This is against the backdrop that Warren Court has one consolidated rota that covers all the five houses. The Trust has assessed that this is the most appropriate approach for a number of reasons:</p> <ul style="list-style-type: none">• Dividing staff across the five houses would make staff numbers too small to allow for roster scrutiny, for example annual leave and training allocation.• Dividing into houses would not support the flexing of staffing between the houses which is needed to meet the needs of service user and service as a whole.• It supports the ongoing work to help staff feel part of a wider Warren Court Team and skilled to work across all houses. This helps with team morale and engagement and also ensures there is flexibility across skill mix so staff are best placed to meet service user needs.• There needs to be a flexibility in rostering that would not be achieved by splitting the rotas. This flexibility is needed as staff often move between houses during a shift, based on service user needs for example to help facilitate leave, cover breaks and cover for staff who are facilitating leave and activities with service users. <p>The completed shift planner will be saved to the shared drive at the end of the shift, including any amendments due to movement of staff between the houses.</p>		
Who is responsible for the action?		Learning Disability and Forensic SBU Managing Director
How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?		
At least weekly spot checks will be undertaken by the Team Leader / Matron to ensure compliance and checks of documentation against known staff movement activity will be undertaken. Exception reporting will be to the Herts Secure Quality and Risk Meeting.		
Who is responsible?		Learning Disability and Forensic SBU Managing Director

What resources (if any) are needed to implement the change(s) and are these resources available?

None

Date actions will be completed: 31 January 2022

How will people who use the service(s) be affected by you not meeting this regulation until this date?

This recommendation has been implemented; a spot check will take place before the end of January 2022 and weekly thereafter.

Regulated activities	Regulation
Regulated activities	Regulation 17 HSCA (RA) Regulations 2014 Good Governance.
	How the regulation was not being met:
	The Trust must ensure staff fully complete patient observation allocation sheets. Regulation 17 (1)(2)(c)

Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve

Service user observation allocation sheets will be completed at the beginning of every shift and recorded in the shift planner.

The completed observation sheets will be saved to a shared drive and checked by the Team Leaders and Modern Matron

Who is responsible for the action? Learning Disability and Forensic SBU Managing Director

How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?

Once a week Team Leader and Matron will undertake a sample check of every shift from each day will be taken to check on the completion of the observation sheets.

Who is responsible? Learning Disability and Forensic SBU Managing Director

What resources (if any) are needed to implement the change(s) and are these resources available?

None

Date actions will be completed: 31 January 2022

How will people who use the service(s) be affected by you not meeting this regulation until this date?

Observation sheets are being completed and a spot check will take place before the end of January 2022 and weekly thereafter.

Regulated activities	Regulation
Regulated activities	Regulation 18 HSCA (RA) Regulations 2014 Staffing
	How the regulation was not being met:
	The Trust must ensure staff receive specialist training relevant to their role. Regulation 18 (1)(2)(a).
Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve	
<p>We can confirm that actions are in place to ensure that all staff undertake the specialist training relevant to their role.</p> <p>The specialist training that has been identified as relevant is:</p> <ul style="list-style-type: none"> • Relational Security • Personality Disorder (PD) • Positive Behaviour Support (PBS) training <p>The specialist training for these areas, for all clinical staff working at the unit will take place between January and September 2022. The team will ensure that staff will be released to attend these sessions and the training records will be maintained to accurately record who has attended and when.</p>	
Who is responsible for the action?	Learning Disability and Forensic SBU Managing Director and Deputy Director of People and Organisational Development.
How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?	
<p>Locally the team will monitor compliance using the local spreadsheet which will record all staff's training compliance for these courses. Data on compliance data and any issues will be considered at the Herts Secure Quality and Risk Meeting.</p> <p>For the planned project compliance reports will be monitored at the Herts Secure Quality and Risk Meeting.</p>	
Who is responsible?	Learning Disability and Forensic SBU Managing Director and Deputy Director of People and Organisational Development.
What resources (if any) are needed to implement the change(s) and are these resources available?	
One-off project resource within the Learning and Development team	
Date actions will be completed:	30 September 2022
How will people who use the service(s) be affected by you not meeting this regulation until this date?	

Staff may not have the specialist skills required, gaps in compliance will be identified locally and staff will complete the appropriate training to mitigate. While the training programme is completed the care and treatment of individuals will be defined by MDT and three times weekly ward rounds. Advice from specialist and experienced professionals will also be available. Specifically on site Psychologists will provide guidance on PD and PBS while staff awaiting training. While the enhanced Relational Security training is rolled out Local Relational Security training has resumed.

Regulated activities		Regulation
Regulated activities	Regulation 18 HSCA (RA) Regulations 2014 Staffing	
	How the regulation was not being met:	
	The Trust must ensure staff receive regular staff meetings. Regulation 18 (1)(2)(a).	
Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve		
It is confirmed that monthly staff meetings are taking place every two weeks or more frequently where needed.		
<p>The monthly meetings are taking place for each house, these are attended by staff on duty, they are chaired by Team Leaders and notes are taken. The action notes available on the shared drive for staff who were not on duty and not able to attend.</p> <p>The Team Leaders are based in the houses and are rostered on at least a fortnightly basis, and in are often rostered more frequently to support the needs of service users and to support staffing levels. This approach enables a closer connection and working relationship between Team Leaders and members of the team. Although the staff meetings are held by house it is recognised that at times joint meetings will be helpful to best support the needs of service users and staff.</p> <p>The Matron also holds monthly staff coffee mornings, the actions agreed are recorded to ensure they are reviewed, and progress discussed at subsequent meetings. Members of the SBU senior leadership team are available on site weekly and informal forums are held in response to requests from the team. This provides a direct opportunity for frontline staff to meet and speak to senior managers.</p> <p>A series of away days for the leadership team and frontline staff have been arranged for dates in February, March and April 2022. This is to ensure that all staff can be rostered to attend at least one. They will provide time to focus on team development and will be supported by the Trust’s Organisational Development team.</p> <p>Secure Base training, which is a psychological approach to staff working together as a team, is also being explored for the team, from an external provider.</p>		
Who is responsible for the action?		Learning Disability and Forensic SBU Managing Director
How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?		

Assurance on the staff meetings are taking place will be presented monthly at the Herts Secure Quality and Risk Meeting.	
Who is responsible?	Learning Disability and Forensic SBU Managing Director
What resources (if any) are needed to implement the change(s) and are these resources available?	
None	
Date actions will be completed:	19 January 2022.

How will people who use the service(s) be affected by you not meeting this regulation until this date?
Meetings are now happening.

Completed by: (please print name(s) in full)	
Position(s):	
Date:	

Board of Directors PUBLIC

Meeting Date:	27 January 2022	Agenda Item: 9
Subject:	Integrated Governance Committee Report: 20 January 2022	For Publication: Yes
Author:	Helen Edmondson, Head of Corporate Affairs and Company Secretary	Approved by: Diane Herbert, Non-Executive Director, Committee Chair
Presented by:	Diane Herbert, Non-Executive Director, Committee Chair	

Purpose of the report:

To provide the Board with an overview of the work undertaken by the Integrated Governance Committee at its most recent meeting held on 20 January 2022.

Action required:

The Board is asked to receive and note the report.

Summary and recommendations to the Board:

Summary

An overview of the work undertaken at the meeting held on 20 January 2022 is outlined in the body of the report.

Recommendation:

To receive and note the report

To note the one item for approval later on the agenda, the Committee's Terms of Reference.

Relationship with the Business Plan & Assurance Framework:

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

Summary of Financial, IT, Staffing and Legal Implications:

None.

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

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

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

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

Seen by the following committee(s) on date:

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

None.

1. Introduction

- 1.1** The latest Integrated Governance Committee (IGC) was held on 20 January 2022 in accordance with its terms of reference and was quorate. In line with national guidance to reduce the burden and support the organisation's ability to respond to Omicron the agenda for the meeting was streamlined and focused on the key issues for the Trust.

2. Deep Dive – E Roster, Safer Care and Allocate

The Committee received a detailed presentation on how the Trust uses Eroster, Allocate and how this supports Safer Care. It was reported that the roster for staff is developed 12 weeks in advance. That there is an interface between the rostering function and Safer Care which support the three times a day census calls.

The presentation provided information on the functionality of Eroster and how it is used by the teams. The presentation provided detail on the projects underway and planned to improve the efficiency of Trust systems, maximise the potential of the rota systems, engage with staff in developing rotas and support the medical rostering system.

In response to Tim Bryson's question it was confirmed that the information on training on ESR could be input into Allocate.

3. Quality and Safety

3.1 CQC Update- Warren Court Final Report

The Committee were updated on the CQC unannounced focused inspection at Warren Court. It was noted that not all Key Lines of Enquiry were considered and therefore the service was not rated at this inspection. Following the inspection, the CQC provided a full and detailed report, which outlined their findings, which included 7 'must dos' and 1 'should do' actions. The Committee noted that the final report had been published on the CQC website. The Committee considered the report that set out the key findings which included, seclusion records; feeling safe; duty rotas; specialist training and staff morale.

The Committee noted that under Regulation 17(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, the Trust are required to send a written report of the action it is going to take to meet the Health and Social Care Act 2008, associated regulations, and any other legislation the CQC has identified we are in breach of. The final version of this has been considered and approved by the Executive team and will be considered by the Trust Board on 27 January 2022 prior to submission on 2 February 2022.

3.2 CQC Update - Forest House

The Committee were updated on the CQC focused inspection of Forest House Assessment Unit (FHAU). The report set out that the inspection process focused particularly on the Safety and the Well-led KLOEs and that the service line (Child and Adolescent Mental Health Wards - CAMHS) would be rated following the inspection.

The report set out that the CQC had completed two unannounced visits to FHAU, have met with young people and their families/carers currently

receiving care and treatment at FHAU and also with staff members. The Trust have also submitted information as requested by the CQC as part of the process, which included data regarding complaints, incidents, recruitment and retention, supervision and appraisals, sickness absence, staff meetings and meetings with young people.

The Trust also provided the CQC with the unit's Service Improvement Action Plan, detailing key actions taken to date and currently being implemented. The Committee noted the actions that had already been taken by the Trust and recent correspondence from the CQC. The Committee noted the Board would have an in depth discussion at its meeting in January 2022, which would include an update on the Service Improvement Plan and the communication from CQC.

3.3 COVID-19 Update

The Committee considered a report that provided a summary of the management of incident command over the Christmas and New Year period. They were also updated on the actions the Trust has taken to address and manage the impact of the Omicron variant on staff availability, outbreaks and the issues that have arisen as a result of the latest surge of COVID-19.

It was noted that the Trust had experienced significant challenges over this period of time, related to increased levels of staff absences, levels of acuity and complexity.

It was noted that following the decision nationally for the NHS to move to level 4 status the Trust stepped up its incident management response, so it was able to meet the level 4 requirements.

The Committee noted the current position with regard to outbreaks in inpatient services and the levels of positive cases amongst community Service Users and all staff.

In response to Tim Bryson's question the Committee were updated on the number of staff for whom the Trust did not have a record of their vaccination status. The Committee discussed the steps underway to validate the information, support staff who had concerns and offer vaccination where wanted. It was noted that the position was being updated on a daily basis and that the Board would be updated later this month. Janet Lynch confirmed that an Equality Impact Assessment had been completed and that the team were working closely with the BAME staff network. It was confirmed that it was not expected that the national requirement would change.

3.4 Omicron Clinical Model

The Committee received a report on the clinical model that the Trust had prepared as a contingency measure for critical, low staffing levels due to the Omicron COVID variant. It was noted the model was to enable the Trust to provide clinical oversight and governance and therefore enable the Trust to continue to provide our key services in a safe way.

It was noted that the clinical model was structured in such a way as to be based on Trust's existing RAG rating process for service users. The plan will initially operate on a geographical, quadrant basis for Community and Crisis Services and a locality basis for inpatient services, as this facilitates further consolidation into half and whole service cover if necessary.

The Committee considered the agreed threshold of implementation as well as the identified decision points. It was reported that to date the model had not been implemented.

3.5 Integrated Safety Headline Report

The Committee considered a headline report that provided a high-level overview of safety including trends, themes and actions taken in response to identified learning for quarter three.

The report set out the number of incidents reported in the quarter and how it compared to quarter two and the same quarter in 2020/21. It also set out that the highest number of incidents were categorised as Violence and Aggression and there had been a decrease in number of incidents of self-harm.

The Committee considered the information provided with regard to Serious Incidents, deaths and never events. It was noted that the March meeting would consider the full quarter three report.

4. **Quality – Effectiveness**

4.1 National Audits

The Committee considered a report that provided an overview of the National Audits that the Trust have participated in over the past year. It was noted that some of the reports received this year were from data that was provided in 2019.

It was noted that the Trust had participated in seven National Audits in the last 12 months, of which four reports have been published. The Committee noted that some of the audits are in a second cycle, which provides the Trust with rich data on how we have performed over the past four years.

The Committee considered the key headlines from the audits in relation to provision of psychologic interventions for SUs with psychosis; Use of Clozapine; Quality of Valproate prescribed. The Committee were assured that each audit had an action plan to address shortfalls and the completion of the SMART actions was followed up by PAIG and the SBU's.

Tim Bryson noted the position with regard to the provision of psychological intervention. It was agreed that it would be helpful for the Committee to receive, at a future meeting information on how the Trust was taking forward a psychologically informed approach.

4.2 Clinical and Professional Advisory Committee (CPAC) Update

The Committee received a report that provided an overview of the work undertaken by the Clinical Professional Advisory Committee (CPAC) in the period October 2021 to December 2021. It was noted that the Committee had considered several new pieces of guidance whilst also reviewing some existing ones.

The report set out that no national guidance had been received in October or November but that during this period CPAC had developed and reviewed a number of Trust pieces of Guidance relating to IPC and physical health. It was reported that in December CPAC considered the national guidance received and reviewed Trust guidance, relating to COVID-19. It was noted that throughout this period CPAC provided advice along side formal guidance.

5. People

5.1 People and OD Report

The Committee considered a report on the Trust's performance against the key people and organisational development metrics and activity as set out in the Annual Plan noting that the report sets out the position as an interim briefing for Quarter Three, as the month 9 data is not yet fully available.

The Committee considered the information on the detailed workforce metrics including vacancy rates, recognising the professions which are areas of particular concern. The Committee also discussed the unplanned turnover rates, noting the top reasons for leaving. The actions in place to improve the position were discussed including Retention Pathfinder project which commenced in December. It was noted that the Trust is working in partnership with NHSE/I as part of a flexible working project, to further build on the Trust's work-life balance offer.

The Committee noted the work underway to support staff wellbeing, particularly during the festive period. The report also set out the work underway to implement the requirements of the new legislation on vaccinations as a condition of employment.

In response to Anne Barnard's question Janet Lynch reported that the team do measure the lengths of time for the different parts of the recruitment pipeline and would look to include this information in future reports. It was noted that it would be helpful to model recruitment capacity against expected turnover rates. The Committee noted the position with regard to apprenticeships and the opportunities for increasing the Trust's use of them.

5.2 Quarter Three – Freedom to Speak up Guardian Report

The Committee considered the quarter three report that set out the concerns received in the quarter, including an analysis of which service they related to. The Committee were pleased to note that none of the concerns raised had been anonymous and that the proactive work to visit units had been well received by staff.

It was reported that in 2021 the Trust had participated in research commissioned by the National Guardian's Office (NGO). The research looked at people's experiences of accessing their Freedom to Speak Up Guardian and whether ethnicity has an impact. The Committee considered its findings that that Black and minority ethnic respondents were six times more likely than White respondents to say that they were more likely to raise a concern with a Guardian of the same ethnicity as themselves.

In response to Anne Barnard's question, it was reported that often concerns raised with the Guardian had been raised with local managers but that the action taken had not been feedback. It was acknowledged that this was something that would aim to be improved this year.

6. Governance

6.1 Results of Committee self-assessment

The Committee noted the outcome of the Committee's self-assessment. It was noted it was a positive report with small number of development areas that the Chair and Head of Corporate Affairs and Company Secretary would consider and propose actions to address.

6.5 Review of Terms of Reference

The Committee reviewed its Terms of Reference in line with good governance and to reflect any learning from the self- assessment. It was noted that the recent self-assessment demonstrated that the Committee is working effectively and in line with its Terms of Reference.

It was agreed that the Committee's role with regard to experience would be included in the Terms of Reference. Also, that changes to quoracy and inclusion of responsibility with regard to people would be made. Subject to these amendments the Terms of Reference were proposed to the Board for approval.

7. Quality and Experience

7.1 Quarter Three Service Experience Report

The Committee considered the quarter three report that detailed all feedback and information about learning and actions. This included an overview of feedback: local surveys, national surveys, compliments and complaints, actions and learning from SBUs and the involvement programme during the quarter.

It was noted that overall, 4% of the HPFT caseload, service users and carers in our care in the quarter provided some form of feedback, a figure that had remained static for a number of quarters. The work to increase the amount of feedback through digital technology was noted. There had been a decrease in the number of compliments received in the quarter compared to quarter two.

There had been an increase in number of local surveys were received in quarter three, with the main theme of qualitative thematic analysis across the surveys was "compassion". Negative comments related to "waiting" and "feeling safe" although comments were predominantly positive.

During the quarter, it was noted that there had been a decrease in the number of complaints received and there was an increase in the number of PALS enquiries. The main themes of the complaints related to "care" and "assessment and treatment".

It was noted that the time taken to respond had increased and that the CQI project in complaints which has looked at ways to improve this was coming to an end and a future Committee would receive a report on the outcome.

The Committee were updated on the actions planned to improve the community survey results, which included detailed communications plan and strengthened the involvement of SU in the transformation programmes.

The Committee noted the work to support involvement at Forest House and to reshape the Trust Carers Council.

7.2 PLACE Report

The Committee considered a report that set out the outcome of the completion of the 2021 Patient Led Assessment of the Care Environment Lite (PLACE-lite) alongside the unofficial trust scores and recommendations for continual improvement.

It was reported that nationally, the annual PLACE programme was suspended in 2020 due to the operational difficulties and associated risks brought about by COVID-19 and it continued to be suspended for 2021. As a best practise approach NHS Digit strongly recommend organisations to undertake PLACE-Lite in the financial year, which is an unofficial Trust own assessment. Recognising it is an effective way of assessing and monitoring progress in areas identified as requiring improvement. The Trust had recognised the importance of the programme and agreed for the PLACE-lite 2021 collection which in June/July 2021.

The report set out the number of assessments completed by both internal and external assessor and the areas covered. The Committee considered the scores which showed a high percentage for all sections with some very impressive totals for cleanliness, privacy and condition & appearance.

It was reported that the Estates and Facilities team are working through detailed action plans

8. **Items to Note**

The Committee received the following reports to note. All papers were distributed in the pack, and questions were invited from Committee members.

8.1 Quality, Risk Management Committee (QRMC)

The Committee received a report from the QRMC, which had met on 7 January 2022. The report detailed the areas considered.

There were no matters for escalation to the IGC.

8.2 People and OD Group

The meeting noted the report from the People and OD Group meetings held on 2 December 2021 and 5 January 2022.

There were no matters for escalation to the IGC.

8.3 Information Management and Governance Subcommittee (IMGS)

The Committee noted a report from the Information Management and Governance Sub-committee, which held its last meeting on 14 January 2022.

There were no matters for escalation to the IGC.

8.4 Bi-Annual Claims Report

The Committee noted the report that provided information about claims received by the Trust between 1st April 2021 and 30th September 2021, including recent developments and potential implications for the Trust.

There were no matters for escalation to the IGC.

- 8.5 Quarter three Safeguarding Report
The report provided a brief highlight of safeguarding activity for quarter three (2021-22) outlining key activities, challenges and work in progress to improve safeguarding in HPFT.
- Jacky Vincent agreed to clarify the decision with regard SI linked to an alleged assault at Forest House directly with Anne Barnard.
- There were no matters for escalation to the IGC.
- 8.6 Safeguarding Assurance Visit Report
The Committee noted the report following the annual CCG safeguarding assurance visit. It was noted that was a positive report and that it had provided assurance.
- There were no matters for escalation to the IGC.
- 8.7 Quarter Three CQUIN Report
The Committee noted the report that provided the IGC with an update on the CQUIN 21/22 goals and work that is being undertaken. The latest update received from NHSE in October 2021 is that external CQUIN reporting and assessment of performance in relation to financial reward will remain suspended for the rest of the 2021/22 financial year. It was noted that CQUIN will recommence in April 2022.
- There were no matters for escalation to the IGC.
- 8.8 Quarter Three Guardian of Safe Working
The Committee received a report that set out the number of exception reports raised by our Junior Doctors and which services they related to.
- There were no matters for escalation to the IGC.
- 8.9 Quarter Three Information Governance Report
The Committee noted the report that provided a summary of the work of the Information Governance function within the Trust. It was noted that FOI and SAR demand remains high and a temporary backlog team are in place to process requests that have been delayed. The report set out the number of notifications were received through DATIX across the quarter and that one incident had been reported to the Information Commissioner's Office, which had been closed by the Commissioner.
- There were no matters for escalation to the IGC.
- 8.10 Quarter Three Safer Staffing Report
The Committee noted the report that provided an update on the third quarter. It outlined the staffing levels achieved against the safe staffing levels set for each patient unit for nursing staff. It was noted that the emergency alternative staffing levels were not used. Business as usual staffing levels were maintained throughout.
- There were no matters for escalation to the IGC.
- 8.11 Committee Planner
The Committee noted the updated planner

Board of Directors PUBLIC

Meeting Date:	27 January 2022	Agenda Item: 9a
Subject:	People & OD Report	For Publication: Yes
Author:	Louise Thomas, Deputy Director, People and OD	Approved by: Janet Lynch, Interim Executive Director, People and OD
Presented by:	Janet Lynch, Interim Executive Director, People and OD	

Purpose of the report:

To update the Board of Directors on the position for October and November as an interim briefing, pending the end of Quarter 3 report, which will be received in February 2022.

Action required:

To receive the report.

Summary and recommendations:

The Board of Directors is asked to receive the attached report on the Trust's performance against the key people and organisational development metrics and activity as set out in the Annual Plan. This report sets out the position as an interim briefing for Quarter Three, as the month 9 data is not yet fully available.

Recruitment, retention and staff wellbeing remain a particular focus.

Our registered nurse vacancy rates reduced by 1.81% from 23.78% at the end of Q2 (219.94 WTE) to 21.97% (202.99 WTE) in November.

The vacancy rate at the end of Q2 was 13.3%, above our target rate of 10.5%. Vacancy rates increased slightly to 13.85% in October, reducing again to 13.58% in November (529.06 WTE vacancies). Q2 comparative data for 12 trusts across the Herts and West Essex and Bedfordshire, Luton and Milton Keynes ICSs is now available and ranks our vacancy rate as tenth out of twelve trusts, with a range from 5.8% to 15.9% and an average vacancy rate of 9.7%.

Registered nurse and AHP vacancy rates remain of particular concern in the Trust. However, our registered nurse vacancy rates decreased by 1.81% since the end of Q2, reducing from 23.78% at the end of Q2 (219.94 WTE) 21.97% (202.99 WTE) at the end of November. Our AHP vacancy rates had reduced at the end of Q2 to 24.91% (46.16 WTE). They reduced again to 23.9% (44.8 WTE) in October, however, rates increased to 25.07% (47.44TWE) in November.

Our establishment continued to increase by 18.19 WTE in November, having previously increased by 92.2 WTE since July 2021, compounding our vacancy challenge. The report details some of the key campaigns to attract new staff and further information about medical staff recruitment.

Our unplanned turnover increased from 10.96% at the end of Q2 to 11.71% in October and to 12.11% in November, significantly above our target of 9%. The ICS Q2 data shows us as ranking sixth out of 12 trusts, ranging from 3.8% to 14.5% turnover, with an average of 10.53% turnover.

Our top reasons for leaving (retirement, relocation, work-life balance and promotion) are echoed across the ICS. A Retention Pathfinder project commenced in December, supported by NHSE/I for all the trusts in the Hertfordshire & West Essex ICS. This project will help us analyse the workforce data and explore it further to develop an action plan for ICS level actions where it may be beneficial to collaborate.

In addition, our Trust flexible working project, taking place in partnership with NHSE/I, is now underway to further build on our work-life balance offer. Plans are being discussed at the People and OD Group to expand our CPD and career development offer, in particular to support the career development of our registered and non-registered nursing staff, with a particular focus on diversity and inclusion.

Sickness absence increased from 4.9% at the end of Q2 to 5.24% in October and 5.83% in November, with absence due to colds/flu at a high level and absence related to mental health and musculoskeletal issues both increasing significantly.

The report gives more information about work to support wellbeing, including during the festive period, when we delivered hampers of treats to all our teams working on Christmas Day and Boxing Day. A personal thank you letter was also received by every member of staff and every Bank worker in December, to thank each and every person for their invaluable contribution.

The report also notes the work to implement the requirements of the new legislation on vaccinations as a condition of employment, meaning that healthcare worker deployed as part of CQC regulated activity and with face to face contact with service users, including incidental contact, must be fully vaccinated against COVID-19. For the purposes of the legislation, fully vaccinated refers to the first and second dose of the vaccine. In order to be compliant with the law, anyone who is in scope of the legislation and has not yet had the first dose of the vaccine must have done so by 3 February 2022, to allow sufficient time before having the second dose by 1 April 2022, when the legislation takes effect.

A comprehensive project plan is in place with a weekly steering group driving forward actions.

The Board of Directors is asked to note the current position and the work that is being undertaken to support delivery against the annual plan, HPFT People Priorities and the NHS People Plan as well as the actions being taken to improve the position moving forward.

Relationship with the Business Plan & Assurance Framework:

Links to Strategic Objective 4: we will attract, retain and develop people with the right skills and values to deliver consistently great care, support and treatment

Summary of Implications for:

Equality & Diversity and Public & Patient Involvement Implications:

The report sets out a number of actions being taken to improve equality, diversity and inclusion, in particular in relation to fair recruitment and retention practices for BAME staff and ensuring reasonable adjustments are in place for disabled staff and staff with long term health conditions.

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

N/A

Seen by the following committee(s) on date:

Earlier versions of this report have been to Executive Team December 2021 and PODG January 2022

IGC 20/01/22

Interim People and Organisational Development Report Month 8 Report (October and November 2021)

1. Introduction

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

This report sets out the position for October and November as an interim briefing, pending the end of Quarter 3 report, which will be received in February 2022.

2. Context

Our Annual Plan states under Strategic Objective 4:

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

- Improve the employment experience of all of our people, including support to improve their health & wellbeing and to help them to rest & recover post COVID19
- Ensure all our people feel valued, included and able to fulfil their potential through the development of our just & inclusive culture
- Develop our collective leadership culture through the implementation of 'Great Teams' to support our staff to feel empowered & engaged

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

- Our Good to Great Strategy: Great Care, Great Outcomes - great people, great organisation, great networks and partnerships, safe, effective, positive experience
- Our OD Plan: Great teams, just & learning culture, diversity & inclusion, health & wellbeing, values (welcoming, kind, positive, respectful, professional), underpinned by engagement
- Our Recruitment and Retention Strategy
- We Are The NHS: People Plan 2020/21 - action for us all

The NHS People Plan comprises the following four key themes:

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

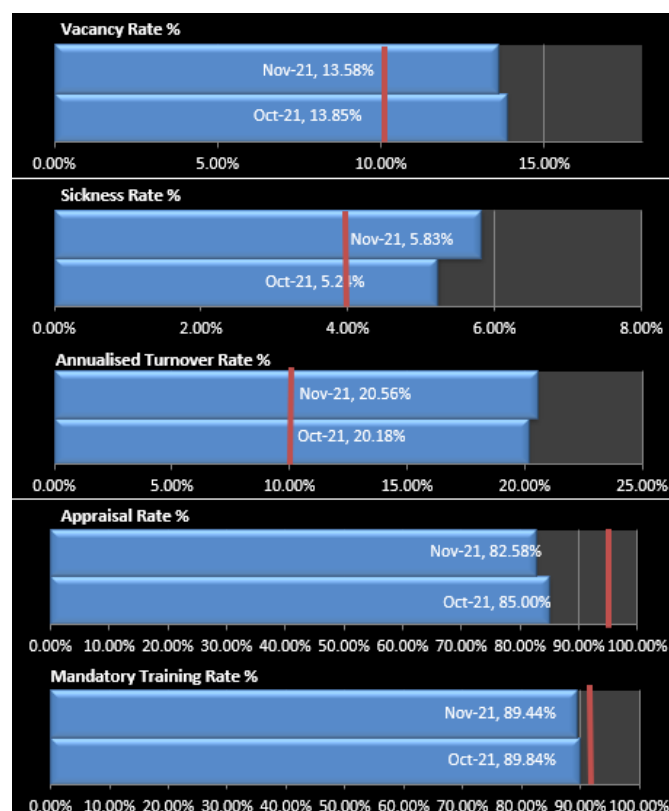
And the following NHS People Promise, which was refreshed nationally in July 2021:



This report summarises our performance in relation to the key people performance indicators and the activity that supports delivery against the annual plan.

3. October/November Summary Position

A detailed report with regards the November 2021 performance is attached at Appendix 1. Below is the summary position for October and November 2021:



3.1 Vacancies

- 3.1.1 The vacancy rate at the end of Q2 was 13.3%, above our target rate of 10.5%. Vacancy rates increased slightly to 13.85% in October, reducing again to 13.58% in November (529.06 WTE vacancies). Q2 comparative data for 12 trusts across the Herts and West Essex and Bedfordshire, Luton and Milton Keynes ICSs is now available and ranks our vacancy rate as tenth out of twelve trusts, with a range from 5.8% to 15.9% and an average vacancy rate of 9.7%.
- 3.1.2 Registered nurse and AHP vacancy rates remain of particular concern in the Trust. However, our registered nurse vacancy rates decreased by 1.81% since the end of Q2, reducing from 23.78% at the end of Q2 (219.94 WTE) to 21.97% (202.99 WTE) by the end of November. Our AHP vacancy rates had reduced at the end of Q2 to 24.91% (46.16 WTE). They reduced again to 23.9% (44.8 WTE) in October, however, rates increased to 25.07% (47.44TWE) in November.
- 3.1.3 Our establishment continued to increase by 18.19 WTE in November, having previously increased by 92.2 WTE since July 2021, compounding our vacancy challenge.
- 3.1.4 Our recruitment activity remains high with 193.97 WTE external applicants in the post-interview recruitment pipeline at the start of 2022, of which 39.6 WTE are nurses, 14.5 WTE are AHPs, 33 WTE are HCSWs and 9.4 WTE are medical staff.

328 WTE more roles in the pre-interview stages, of which 112 WTE are nursing roles, 54.7 WTE are AHP roles, 21.7 WTE are medical roles and 27 WTE are HCSW roles.

- 3.1.5 During November we reversed the negative net recruitment figure of -3 experienced in October, as we had 47 leavers in November (11 fewer than in October) and 68 new starters in November (13 more than in October), with a net positive recruitment of 21.
- 3.1.6 Our medical staffing position as at the end of November is as follows:
- There are 15 vacancies across the trust. 10 of these are at Consultant level, however some are being covered internally by Specialty Doctors taking up the role as 'Acting up Consultants'.
 - We have three upcoming AACs scheduled for 10 January and 26 January 2022.
 - There are 4 posts being covered by agency locums due to vacancies, 2 of these posts have been appointed to substantively and candidates are awaiting start dates in January/February.
 - Another 2 posts are being covered by agency locums due to sickness.
 - We have very recently appointed two overseas specialty doctors to join our CAMHS teams in FHAU and Eating Disorders. They are scheduled to start mid-January 2022.
 - As part of the medical retention plan we are exploring more acting up opportunities for Speciality Doctors to increase their experience and knowledge and to develop a CESR Pathway. Also a Start Well Programme is being developed for newly appointed Consultants and Senior Specialist Trainees to support and help to prepare them for their first consultant role with the intention to establish good habits in their career.
 - In addition, 38 new junior doctors successfully started with us in December, with a streamlined onboarding process, ensuring that all the new doctors have all the relevant IT access, ID Badges, scrubs and laptops on their first day. Each trainee has a peer mentor assigned to them.
- 3.1.7 The most recent developments in relation to recruitment campaigns at scale are as follows:
- i. *Newly qualified nurses* – 36 of our cohort of 55 newly qualified nurses started their nursing careers with us by the end of November, with more starting between now and March 2022.
 - ii. *HCSWs*
 - As at the end of November, we had 22 Band 2 HCA vacancies (reduced by 2), 50 Band 3 HCA vacancies (increased by 1) and 34.71 Band 4 HCSW vacancies (reduced by 3), a total of 106.71 posts.
 - We held an HCSW recruitment event for Band 2 and 3 posts in September and attracted 45 applicants, 17 of whom have been interviewed which has resulted in 8 offers being made.
 - In addition, we have an existing additional external HCSW pipeline of 24.13 WTE, making a total current external post-interview pipeline of 32.13 WTE. There are an additional 33 posts currently in the pre-interview phase of recruitment.
 - A recruitment event is planned in partnership with Indeed to take place on 24 January 2022 with a view to recruit into the remaining HCSW vacancies.
 - We have recently successfully submitted a bid for assistance with our recruitment and retention of HCSWs. This will help us to implement our Band 2 to 3 development programme more quickly to retain our current Band 2 staff and ensure an attractive, streamlined

offer to new Band 2 staff. The bid will also help provide dedicated support at the application and pre-employment stages.

iii. *Campaigns –*

- West SBU
 - A successful virtual Recruitment Event took place on Monday 13 December 2021 to recruit into 13 different roles across PATH & ARMS services. Social Workers, Clinical Psychologists and Associate Practitioners were among the 13 different roles advertised. Six offers were made on the day. Some of the posts filled are the Lead Psychologist and Team Leader posts. In addition, four Band 5 posts and three Band 6 posts were filled across PATH and ARMS Services.
 - There is an ongoing Campaign for Band 6 Mental Health Practitioners, which launched from end of September. In total, five applications have been received. One person has been recruited and will be starting shortly. There are three more applicants being interviewed.
 - We have been running a social media campaign for Band 5 and Band 6 Community Mental Health Nurse posts. This was launched on the 17 December 2021.
- LD&F SBU
 - There are three active campaigns for LD&F: for Band 6 Charge Nurses, Band 5 Staff Nurses and Forensic Support Workers. Three offers have been made under the Charge Nurse campaign. We received seven applications for the Band 5 posts, and in the second run of the advert, we received two applications.
 - The Forensic Support Worker Campaign went live at the end of September; there were 14 applications received and four offers made. We continue to advertise this post and an ongoing campaign continues using the Indeed website.
 - A virtual recruitment event is planned for Little Plumstead to take place on 28 February 2022.
- East & North
 - We are running six campaigns for the SBU, including for Band 5 Staff Nurses, Band 3 Health Care Support Workers and Band 2 Health Care Support Workers. A recruitment event was held on Friday 17 December 2021. 24 applications were received for the Band 2 post and 14 were shortlisted for interview. We received 36 applications for the Band 3 post and 18 candidates have been invited to interview.
 - A further virtual recruitment event is planned for Forest House to take place in March.
- Essex & IAPT
 - We are running three social media campaigns for the SBU, covering Band 5 Rotational Nurse opportunities in Essex Learning Disability Services and Band 5 community and inpatient posts.
 - A further virtual recruitment event is planned to take place in March.

- iv. *International Recruitment* – interviews took place on 29 and 30 November to recruit ten international nurses. 17 suitable candidates were interviewed, and have been offered posts. Following discussion and agreement at the People and OD Group, we have also submitted a bid to NHSE/I for funding to recruit a further 40 international nurses in 2022. Of the 12 overseas registered nurses we have been supporting to become registered in the UK, the first person has now successfully completed all their registration

requirements and will shortly be taking up post as a registered nurse in HPFT.

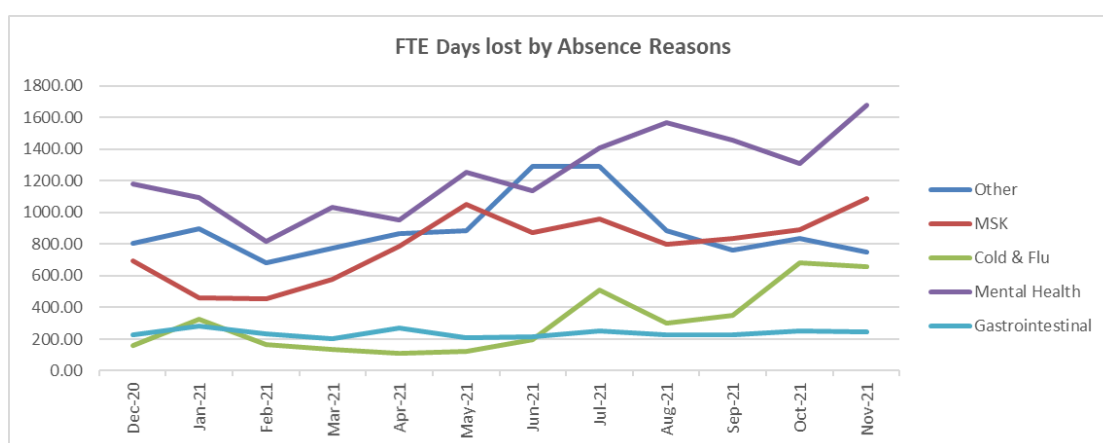
The People and OD Group continues to monitor our progress against the Recruitment and Retention Action Plan which underpins our Recruitment and Retention Strategy.

3.2 Turnover

- 3.2.1 Our unplanned turnover increased from 10.96% at the end of Q2 to 11.71% in October and to 12.11% in November, significantly above our target of 9%. The ICS Q2 data shows us as ranking sixth out of 12 trusts, ranging from 3.8% to 14.5% turnover, with an average of 10.53% turnover.
- 3.2.2 Our top reasons for leaving (retirement, relocation, work-life balance and promotion) are echoed across the ICS. A Retention Pathfinder project commenced in December, supported by NHSE/I for all the trusts in the Hertfordshire & West Essex ICS. This project will help us analyse the workforce data and explore it further to develop an action plan for ICS level actions where it may be beneficial to collaborate.
- 3.2.3 In addition, our Trust flexible working project, taking place in partnership with NHSE/I, is now underway to further build on our work-life balance offer. Plans are being discussed at the People and OD Group to expand our CPD and career development offer, in particular to support the career development of our registered and non-registered nursing staff, with a particular focus on diversity and inclusion.

3.3 Sickness Absence

- 3.3.1 Sickness absence has increased from 4.9% at the end of Q2 to 5.24% in October and 5.83% in November. As shown in the chart below, in November, absence due to colds/flu remained at the same high level as in October. However, absence related to mental health and musculoskeletal issues both increased significantly, with mental health related absence being at the highest level we have experienced during the pandemic.



- 3.3.2 The ICS Q2 data ranks us as joint sixth out of 12 trusts, with a range of 3.9% to 5.7% sickness absence and an average rate of 4.81%.
- 3.3.3 Our comprehensive programme of health and wellbeing work is detailed later in this report and aims to ensure our people are fully supported and to reduce absence levels.

3.4 Appraisals

- 3.4.1 Appraisal compliance has decreased from 87% at the end of Q2 to 85% in October and 82.58% in November. Compliance had increased significantly in Q1 and previously it had increased most significantly in October/November of 2020 when our new strengths-based appraisal conversation launched. This means that there is a large volume of people falling out of compliance at this time of the year, which is impacting compliance.
- 3.4.2 The ICS Q2 data shows us as ranking second out of 12 trusts for appraisal compliance, with a range of between 13% and 91% and an average of 62% compliance.
- 3.4.3 Weekly monitoring and reporting continues and HRBPs are working with leaders to maintain momentum in recovery. Work is also taking place to create an App similar to the new Supervision App to enable real time appraisal recording and also help produce a Trust-wide training needs analysis and improved talent management. It is anticipated that the App will improve compliance.
- 3.4.4 It should be noted that compliance is also likely to be further impacted by Winter pressures and increasing challenges related to the Covid-19 pandemic.

3.5 Mandatory Training

- 3.5.1 Mandatory training compliance is at 89.44%, compared to 89.9% in October. Compliance has held at a similar level for the last 6 months. The Q2 data for the ICS shows us as fifth in the rankings for mandatory training compliance out of 12 trusts, ranging from 77% to 96% with an average of 88%.
- 3.5.2 We continue to expand the pool of trainers and use of weekends for respect, moving and handling and ILS/BLS training to enable full recovery of mandatory training.
- 3.5.3 Our Respect train the trainer session took place at the end of November, with 6 people passed and to be signed off by the internal verifier, which will increase the pool of trainers. Full week Respect training courses continue to run on a weekly basis to continue to address the legacy backlog. Additional training has been scheduled to take place from January 2022, with additional venues and weekends being utilised.
- 3.5.4 In addition, extra ILS/BLS trainers and manual handling trainers were trained earlier in the year. This increased training capacity and we are further increasing this by offering secondments for full time trainers.

3.6 Temporary Staffing

- 3.6.1 During November, 11,685 bank and agency shifts for registered nursing and HCA posts were requested across the Trust, with an overall fill rate of 84%, compared to our Q2 fill rate of 87%. This reduction reflects the high volumes of bank and agency shift requests which have continued since August 2021. Bank staff spend remained high in November at £2.14 million, which is a similar level to that experienced each month since (and including) August 2021. Agency spend has remained at around £850k for each month since (and including) September.
- 3.6.2 The Agency Locum use at the end of Q2 was seven, having previously held at six for some significant time. As at the end of November, this had reduced to four posts being covered by agency locums due to vacancies, two of which have been appointed to substantively and candidates will be starting in Q4.

3.5 Employee Relations Cases

- 3.5.1 As at the end of November, the number of cases has increased since the end of Q2 from 9 to 15, with average length of investigations remaining within the target of 12 weeks and outlier cases, together with the six suspensions, are being proactively managed to resolve these as swiftly as possible.

4 Other People and OD Activity

The following items represent some of the key People and OD activities over the last quarter.

4.1 Health and Wellbeing

- 4.1.1 A significant amount of wellbeing support continues to be provided. Our regular health and wellbeing programme of activities and events includes pilates, mindfulness, hypnotherapy, DBT sessions, yoga, wellbeing talks, fitness sessions, art and craft sessions and virtual pampering sessions. Our eight-week mindfulness course remains open to all staff to help people learn how to reduce the physical and psychological symptoms of stress, reduce anxiety, improve mood and concentration. The IAPT service and New Leaf Wellbeing and Recovery College also open up their webinars to all staff and have run a number of sessions, including, for example, on coping with stress, sleeping better, relaxation skills, mindfulness, self-compassion, women's health and moving forward with long covid. The wide range of support available to staff was particularly promoted as part of stress awareness week in November.
- 4.1.2 During October, we held our World Mental Health Day event, with a cycling event at Kingfisher Court. The event included information about: the NHS Cycle Scheme and how to obtain financial support to get a bike; the Blue Light Cycle Club, which has a mission to improve lives through cycling, to encourage and support the joys of cycling for all emergency service workers; general information on the health benefits of cycling; and lots of goodies. Relaxing guided cycle rides were also held on the day, departing from and returning to the Kingfisher Court site.
- 4.1.3 A development day was held for our SAS Doctors at the Fielder Centre, Hatfield in October. The Development Day focused on Improving Wellbeing, 'Helping You Develop Resilience In Your Teams'. The workshop received excellent feedback and explored resilience as a concept, but also shared practical ways that leaders can build resilience in themselves and others.
- 4.1.4 During November, access to the #DoingOurBit fitness platform was launched. This initiative was set up by an NHS worker who wanted to support her colleagues with access to free fitness during lockdown and beyond and was created by leading fitness industry businesses Active IQ, Study Active and Fibodo. The platform is a collection of free fitness content to help keep NHS and Health and Social Care staff healthy during the COVID-19 pandemic.
- 4.1.5 During December, we launched our HPFT menopause support group, which has been set up to provide a safe and informal forum for staff wanting to talk about any aspect of the menopause. The first meeting of the group will be in January, when staff can ask questions, share experiences and share information about perimenopause and menopause and learn from each other.

- 4.1.6 Over the festive period, we delivered hampers of treats to all our teams working on Christmas Day and Boxing Day. A personal thank you letter was also received by every member of staff and every Bank worker in December, to thank each and every person for their invaluable contribution.
- 4.1.7 During Q3, we have been finalising and putting in place our Winter Wellbeing Festival, which launches from 17 January 2022, running over two weeks. During this time, food trucks and coffee vans will be delivering free treats and goodies across 23 of our sites.

4.2 Here for You Service

- 4.2.1 In Q3, the Here for You Service hosted a number of webinars across the subjects of menopause, burn out, suicide, low mood, self-care and stress.
- 4.2.2 The webinars on menopause covered exercise and diet in menopause and strategies to help manage menopause symptoms. Webinars also took place on the subject of 'not being able to provide the care we aspire to: stress, distress & ways to cope', on recognising and preventing burnout, Winter blues and low mood, stress and anxiety, self-care and suicide.

4.3 Inclusion Ambassador Scheme

- 4.3.1 Our Inclusion Ambassador scheme opened to expressions of interest in October, as part of Black History Month. This is a joint venture with our BAME Staff Network to ensure that all interview panels for Band 8a and above staff have a trained Ambassador to bring the lens of inclusion in order to help rectify the disproportionate proportion of BAME staff at this level and to increase confidence in the fairness of selection practices amongst BAME staff. The latter was a key finding from our 2020 annual staff survey and has featured significantly in feedback from the BAME Staff Network. This scheme is therefore an important component of our Workforce Race Equality Scheme action plan.

4.4 Leadership Development

- 4.4.1 We continue to support leadership development, and have run our 'coaching as a management style' and 'management fundamentals' programmes throughout Q3. In addition, Cohort 12 of the local Mary Seacole Programme started in October 2021 and Cohort 11 of the HPFT Leadership Academy programme is continuing. We also continue to provide team development support, coaching, and healthcare leadership model 360 appraisal feedback

4.5 Apprenticeships

- 4.5.1 Our current apprenticeship levy funds are £1.5m, with a forecast additional income of £808.7k over the next 12 months and a forecast spend of £299k over the same period.
- 4.5.2 We are currently offering the following apprenticeships:
- Adult Care Worker Level 2
 - Lead Adult Care Level 3
 - Nursing Associate
 - Registered Nurse L6 – 3-year Programme
 - Registered Nurse L6 - Top-Up route
 - Registered Nurse L6 – 4-year programme with BPP
 - Accounts or Finance Assistant

- Data Analyst L4
- Business Administration
- Occupational Therapy
- Pharmacy Services
- Customer Service L2 & L3
- Business & Admin – medical Administration
- Project Management

4.5.3 In terms of numbers of apprentices we have in the Trust currently, there are currently 54 staff undertaking apprenticeships across the Trust, of which four in Corporate Services, 17 in East and North SBU, 17 in LD&F SBU and 16 in West SBU. The numbers undertaking each type of apprenticeship are as follows:

- Business administration – 5 staff are undertaking this apprenticeship
- Career Development Professional – 1 person is undertaking this apprenticeship
- Senior Nurse Associate – 7 staff are undertaking this apprenticeship
- RNMHDA – 5 staff are undertaking this apprenticeship
- Registered Nurse L6 top up – 22 staff are undertaking this apprenticeship
- Occupational therapy – 11 staff are undertaking this apprenticeship
- Lead Adult Care – 3 people are undertaking this apprenticeship

4.5.4 Going forward, we will be relaunching our apprenticeship offer in Q4 of 2021/22, broadening the relationships with education providers and identifying further groups of staff where there may be benefit in recruiting apprentices in line with our workforce.

4.6 Engagement

4.6.1 On Thursday 25 November, we held our annual Staff Awards event in person and virtually. This year we received over 375 inspiring nominations, with 11 very worthy winners and 11 highly commended nominees. The Chief Executive award this year was awarded to every member of the HPFT team in recognition of everyone's outstanding contribution.

4.6.2 During October, we held a series of well attended events in partnership with the BAME staff network to celebrate Black History Month, which received very positive feedback. The launch event took place on 1 October and was followed by a series of events including talks, health and wellbeing sessions, book clubs and events to celebrate Black History Month.

4.6.3 Following feedback from a number of colleagues requesting we consider changing our pay dates, we have been engaging with all staff in a Trustwide conversation to ask for everyone's views. All staff have been asked to vote for their preference. Voting will close on 14 January 2022 and we will discuss the outcome of the vote with Staffside colleagues at the next meeting of the Joint Consultative and Negotiating Committee (JCNC) in January.

4.6.4 We achieved a final response rate of 50% (1788 respondents) in our annual staff survey. Team and individual incentives were publicised, with ten staff from across the Trust winning a £50 voucher for completing their staff survey and the three teams with the highest response rate receiving a hamper of goodies each. The final staff survey reports are likely to be received in January 2022, although will remain under embargo until mid-/late-February.

4.6.5 In December, the People and OD Group reviewed the Quarterly Pulse Survey questions to ensure these were updated in line with the new national quarterly staff

survey requirements. The Q4 Pulse Survey has now launched with the new questions and will close at the end of January 2022.

4.7 Vaccination as a Condition of Deployment for Healthcare Workers

- 4.7.1 New legislation was laid before Parliament in December which means that if a healthcare worker is deployed as part of CQC regulated activity and has face to face contact with service users, including incidental contact, they must be fully vaccinated against COVID-19. For the purposes of the legislation, fully vaccinated refers to the first and second dose of the vaccine.
- 4.7.2 The new law has been put in place because research has shown that fully vaccinated people are far less likely to infect other people and the people who need our care are often more vulnerable to the devastating impact of COVID-19, including long term ill health and death. The law applies across the NHS, social care and private providers of health/social care and to people working in any capacity, including as an employee on the payroll, a Bank worker, an agency worker, a volunteer, a student or trainee.
- 4.7.3 In order to be compliant with the law, anyone who is in scope of the legislation and has not yet had the first dose of the vaccine must have done so by 3 February 2022, to allow sufficient time before having the second dose by 1 April 2022, when the legislation takes effect.
- 4.7.4 All staff for whom we do not hold full vaccination status details have been written to, setting out the actions they need to take. An App has been developed for staff to upload their NHS Covid Pass as evidence of their vaccination status. The Pass will enable staff to evidence that they have been fully vaccinated, have verified medical exemption or have verified overseas vaccination status. A further letter was sent to staff who had not responded in the week commencing 17 January to set out the implications for their continuing employment, the actions they must take, and to inform us of their intentions. National guidance was received on 14 January covering the employment processes and individual meetings with staff who remain unvaccinated will take place later in January.
- 4.7.5 Covid-19 vaccination clinics have been stepped up within HPFT and support is being offered to all staff who have any concerns either about the vaccine itself or their employment. The focus remains on supporting everyone to be fully vaccinated. To assist with this, we are offering one-to-one conversations with senior clinicians for staff who have questions, the facility to request a side room in which to be vaccinated and the facility to request a longer vaccination appointment to discuss any concerns they may have with a vaccinator.
- 4.7.6 A comprehensive project plan has been agreed by the Executive Team. A weekly steering group has been set up to drive forward these actions, with leads for each of the different staff group, operational leads, the Chief Pharmacist, the Communications Team, Staffside and People and OD staff participating in the group. Progress against the action plan and implications for workforce planning are being monitored via Tactical Command, the People and OD Group and the Executive Team.

5. Conclusions

- 5.1 Whilst a number of our people and OD activities are on plan, of particular concern is recruitment, retention and wellbeing. These will remain our areas of focus for the remainder of the year.

6. Recommendation

- 6.1 The Committee is asked to note the current position and the work that is being undertaken to support delivery against the annual plan and the NHS People Plan as well as the actions being taken to improve the position moving forward.

Board of Directors PUBLIC

Meeting Date:	27 January 2022	Agenda Item: 9b
Subject:	Q3 Guardian of Safe Working Report	For Publication: Yes
Author:	Dr Snehita Joshi, Guardian of Safe working lead	Approved by: Professor Asif Zia, Director Quality & Medical Leadership
Presented by:	Professor Asif Zia, Director Quality & Medical Leadership	

Purpose of the report:

This is the Quarterly Guardian Report, covering October- December 2021.

Action required:

Report to be noted.

Summary and recommendations to the Board:

During this quarter there were 4 exception report raised by our Junior Doctors. The main themes for the above exception reports were due to staff shortages on ward and natural breaks. HPFT has one of the lowest number of exception reports in the region.

Overall, there has been a slight increase in bank locum spend since the previous report. This is a direct result of doctors having to self-isolate and both ad hoc and long-term sickness absence.

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

IGC 20/01/22

Guardian of Safe Working Hours Quarterly Report (Q3) October- December 2021

1) Executive summary

- This is the Quarterly Guardian Report, covering October- December 2021.
- During this quarter there were 4 exception report raised by our Junior Doctors.
- Overall, there has been a slight increase in bank locum spend since the previous report. This is a direct result of doctors having to self-isolate and both ad hoc and long term sickness absence as well as doctors being removed off the on call rota for health related reasons.
- The Guardian of Safe working delivers a presentation at each junior doctor induction to ensure that the trainees are aware of exception reporting process. All junior doctors including Trust doctors have the ability to submit exception reports.
- Medical staffing have undertaken a piece of work to ensure all Clinical Supervisors have access to Allocate system to ensure prompt resolution of exception reports.

2) Time allocation for Guardian of Safe Working Role

- Amount of time available in job plan for guardian to do the role: 2 PA's
- Admin support provided to the Guardian (if any): Medical Staffing
- Amount of job-planned time for clinical supervisors: 0.25 PAs per trainee

3) High level data for Junior Doctor posts

- Data below gives the number of trainees of different grade working for the organisation. There are separate arrangements between HPFT and local trusts around core trainees rotating through psychiatric posts in Buckinghamshire, Norfolk and Essex.
- All training posts (junior doctor posts) except trust doctor posts are part funded by the Deanery and the Regional Post Graduate Dean, Health Education East of England has oversight of their training and education.

- There are currently 97 doctors of different grades in training in the trust. Most of the trainee posts are in Hertfordshire. Trust Doctors posts have been recruited from overseas against posts that were left vacant after national recruitment however the number of Trust doctors have reduced due to increase in trainee doctors.
- The time that each grade spends within the trust varies considerably. Core psychiatric trainees and Specialist trainees are training grades for psychiatrist and spend between 3-6 years respectively completing their psychiatrist training. Other grades work for up to 4 months in psychiatry and then rotate between different hospitals/ specialties and primary care.

October 2021

No. of Trainees	Hertfordshire	Buckinghamshire	Norfolk	Essex	Number of Doctors on 2016 contract
Core trainees	30	1	0	0	31
Specialist Registrars	20	0	0	1	21
FY2 trainees	9	0	0	0	8
FY1 trainees	8	0	0	0	9
GPST	15	0	0	0	15
Innovative GPST	2	0	0	0	2
Integrated GPST	5	0	0	0	5
Trust	4	1	1	1	7
Total	93	2	1	2	98

November 2021

No. of Trainees	Hertfordshire	Buckinghamshire	Norfolk	Essex	Number of Doctors on 2016 contract
Core trainees	30	1	0	0	31
Specialist Registrars	20	0	0	1	21

FY2 trainees	9	0	0	0	8
FY1 trainees	8	0	0	0	9
GPST	15	0	0	0	15
Innovative GPST	2	0	0	0	2
Integrated GPST	5	0	0	0	5
Trust	4	1	1	1	7
Total	93	2	1	2	98

December 2021

No. of Trainees	Hertfordshire	Buckinghamshire	Norfolk	Essex	Number of Doctors on 2016 contract
Core trainees	29	1	0	0	30
Specialist Registrars	20	0	0	1	21
FY2 trainees	9	0	0	0	9
FY1 trainees	8	0	0	0	8
GPST	15	0	0	0	15
Innovative GPST	2	0	0	0	2
Integrated GPST	5	0	0	0	5
Trust	4	1	1	1	7
Total	92	2	1	2	97

Number of doctors in training on 2016 TCS (total):

October 2021 – 98 Junior doctors (including Trainees/ LTFT/ Trust doctors)

November 2021- 98 Junior doctors (including Trainees/ LTFT/ Trust doctors)

December 2021- 97 Junior doctors (including Trainees/LTFT/ Trust doctors)

4) Vacancies

- Junior Doctor vacancy stats are as follows:

- October 2021**

- 1 Specialty Trainee (Saffron Ground)
- 1 Specialty Trainee (Buckinghamshire)
- 1 Trust Doctor- Norfolk

- **November 2021**

- 1 Specialty Trainee (Saffron Ground)
- 1 Specialty Trainee (Buckinghamshire)
- 1 Trust Doctor- (Norfolk)

- **December 2021**

- 1 Specialty Trainee (Saffron Ground)
- 1 Specialty Trainee (Buckinghamshire)
- 1 Trust Doctor- (Norfolk)
- 1 GPST (Seward Lodge)
- 1 Core Trainee (Colne House)

- As well as existing vacancies we also received 1 GPST gap which the Deanery were unable to appoint to as well as 1 Core trainee gap due to trainee withdrawing from training post.

5) Exception reports (in regards to working hours)

- As part of Junior Doctor Contract review process, in 2016, DoH and BMA agreed that junior doctors who are asked to work outside their work schedule (e.g. Work carried out after working hours) and or when asked to cover additional work (e.g. cover for sickness or rota gaps) would be able to raise an Exception report. A secure electronic portal system was set up for the reporting purposes and role of Guardian of Safe Working was established to monitor and report to the trust Board on number of exception reports being raised.
- Of note there were 4 exception report raised by the junior doctors in this Quarter. Below tables provide the breakdown by department and grade of junior doctors.

Exception reports by department				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
General adult psychiatry	0	4	4	0
Learning disability and forensic	0	0	0	0
Old age psychiatry	0	0	0	0

Child and adolescent psychiatry	0	0	0	0
Total	0	4	4	0

Exception reports by grade				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
F1/F2	0	4	4	0
GPST	0	0	0	0
CT1-3	0	0	0	0
ST4-6	0	0	0	0
Trust	0	0	0	0

- The main themes for the above exception reports were due to staff shortages on ward and natural breaks.
- All exception reports from previous quarters have been reviewed by the Guardian of Safe Working.
- HPFT has one of the lowest numbers of exception reports in the region.

6) Work schedule reviews

- During this quarter there were no recorded requests for work schedule reviews by either trainees or clinical supervisors.

7) Fines

- No fines were issued during this period.

8) Locum spend

- During this quarter the total cost for bank & agency locums for the 1st on call rota was £29,988 and £10,626 for the 2nd on-call rota.
- There was an increase of £3,669 on the cost of locum spend for the 1st and 2nd on call rota (combined) since last report.
- There were 8 cases of self-isolating/ positive COVID results within this quarter as well as 20 ad hoc sickness absence cases.

- There were 3 long term absences across the 2nd on call rota due to long term sickness absence and OH restriction resulting in on call vacancies.
- There were 2 cases of compassionate leave in November 2021 as well 2 cases of pregnancy related restrictions which resulted in gaps on the rota within this quarter also.
- Rota gaps increased slightly from previous quarter to this quarter which is reflected in the increase in locum spend along with increase to short notice 2nd on call payment.
- Out of a total of 131 gaps on the rota, 84 were successfully covered by using locum bank & 1 Agency locums, 43 were covered by cross covering with other on-call doctors and there were 3 instances where step down was required.
- All doctors doing locums completed the 48 hour opting out declarations.

9) Locum work by HPFT doctors for other NHS Trusts

(Did any HPFT doctors do locum shifts for other organisations?)

There were no other shifts that we are aware of declared at different organisations.

Summary

- This quarterly report provides data on the safe working hours for junior doctors.
- The 1st on call rotas frequencies were all 1 in 12 and 1 in 13.
- The 2nd on call rota was 1 in 15 with 4 SAS underpinning the rota, this will reduce in February 2022 to 1 in 13 with 4 SAS underpinning.
- There has been 4 exception report in this quarter which have been resolved.
- In relation to sickness absence Medical staffing have a robust system in place to ensure accurate reporting as well as return to work interviews are taking place. Covid19 risk assessments are also being completed to ensure junior doctors are supported.
- Most of the gaps have been covered by Bank locums/ cross cover.
- The Guardian of Safer working co-chairs a monthly Junior doctor forum that is run virtually. In addition, there is also a weekly meeting held with Junior Doctor Reps, Guardian of Safe working, DME's and Medical Staffing in order for any concerns or questions to be raised and resolved in a timely manner.

Dr Snehita Joshi

Board of Directors PUBLIC

Meeting Date:	27 January 2022	Agenda Item: 9c
Subject:	Quarter 3 Safer Staffing Report	For Publication:
Author:	Jinu Joseph, eRoster SafeCare Lead Bina Jumnoodoo, Deputy Director of Nursing and Quality	Approved by: Jacky Vincent, Executive Director of Quality and Safety (Chief Nurse)
Presented by:	Jacky Vincent, Executive Director of Quality and Safety (Chief Nurse)	

Purpose of the report:

To give assurance to the Board in relation to Safer staffing requirements for 2021/22

Action required:

To RECEIVE this report and its recommendations for 2021/22

For Assurance: To appraise the Board that controls, and assurances are in place.

Summary and recommendations to the Committee:

This report informs the Board with a quarter 3 2021/22 update on the safe staffing across all SBUs within the Trust.

There has been a significant increase in staffing levels across services, due to acuity and complexity of service users and an increase in the number of service users on safe and supportive observations. During this quarter, there was clear evidence of scrutiny and escalation process of staffing across SBUs.

The avoidable costs have seen an increase in all the SBUs except Essex and IAPT, where a decrease of total avoidable cost is observed compared to the previous quarter.

All SBUs participate in Continuous Quality Improvement (CQI) focussing on the management of violence and aggression during personal care, with an aim to make wards Safer.

An increase of staff unavailability has been observed across the SBUs, with an increase in staff sickness due to work related injuries in Essex and IAPT.

The number of safer staffing related incidents indicates a huge change in December; 58 incidents reported across the SBUs, where the numbers were 35 in November.

Some staffing data and cost information is not provided for December 2021, due to inability to extract from HealthRoster and BankStaff application until the monthly payroll is completed.

Relationship with the Business Plan & Assurance Framework:Relation to the Trust Risk Register:

Workforce: The Trust is unable to retain enough staff in key posts to be able to deliver safe services (Risk 657).

Workforce: The Trust is unable to recruit enough staff to be able to deliver safe services due to national shortages of key staff (Risk 215).

Relation to the BAF:

1. We will provide safe services, so that people feel safe and are protected from avoidable harm.
2. We will attract, retain, and develop people with the right skills and values to deliver consistently great care, support and treatment.

Summary of Implications for:

This report is primarily about staffing but also incorporate the financial implications

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

There are no implications arising from this report.

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

IGC 20 January 2022

Quarter 3 Safer Staffing Report 2021/22

1. Introduction

- 1.1** This report provides the required assurance that Hertfordshire Partnership NHS University Foundation NHS Trust (the Trust) had safe nurse staffing levels across all in-patient ward areas and appropriate systems in place to manage the demand.
- 1.2** This report covers the reporting period for quarter 3 (October 2021 – December 2021). The report also includes measures to ensure preparedness and the health and well-being of staff throughout the pandemic.
- 1.3** This report serves to provide an analysis of safe staffing, financial ramifications and forecasting against bank and agency usage and e-rostering across the Trust.
- 1.4** The Trust is required to consider staffing capacity and capability and to meet the National Quality Board (NQB) guidance, *‘Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time: Safe, sustainable and productive staffing (2016)’*. The 2016 guidance provides a set of expectations for nursing and midwifery care staff, and an expectation that Trusts measure and improve patient outcomes, people productivity and financial sustainability.

2. Trust’s Expectation

- 2.1** The Trust’s expectation is that the planned number of staff to cover the ward demand and acuity level, would closely match with the actual number of staff who would work, as this should reflect the complexity of needs of the service users.
- 2.2** Where the skill mix and the numbers of staff who work is lower than planned, this may indicate a safety concern. There is an agreed escalation process for reporting any safety concerns associated with nurse staffing. If a shift remained unfilled, this is reported to the Heads of Nursing and recorded as a safety incident on Datix.
- 2.3** Staffing cover is often mitigated by an increase of staff from a different band, cross cover from co-located services and by the Team Leaders and Matrons.
- 2.4** Although all efforts are made to ensure the right skill mix, staff sometimes prefer to work with a regular Healthcare Assistant (HCA) to ensure continuity of care rather than seek a Registered Nurse (RN) through the Bank Bureau office or as agency.
- 2.5** Outliers (wards with fill rates below 80% and in excess of 120%) continue to be discussed at the Safe Staffing meeting and also the Strategic Business Unit’s (SBU) governance meetings.

3. Summary of Findings for Quarter 3 – nurse staffing data

- 3.1** Care Hours Per Patient Day (CHPPD) data submitted by the Trust, reflects the increased staffing utilised in many of the services as a result of increased acuity and also the standalone wards where CHPPD is high.
- 3.2** There are some wards where the CHPPD is more than 120% for the period, both for Nurses (Registered Staff) and for Care Staff (Unregistered), due to the increase in service user acuity and more 1:1 care.
- 3.3** The CHPPD hours for the RNs have been below 80% and above 120% only on few occasions, which is again linked to patient acuity - see details on CHPPD data below. The Heads of Nursing are continuing to focus their weekly scrutiny meetings on ensuring close monitoring and management of the skill mix and staffing levels.

4. Safer Staffing Across the SBUs

- 4.1 West SBU** have reported an increase in acuity, which is continuing to be a challenge, with a period of high activity resulting in increased spending in many areas. Adequate staffing (minimum staffing numbers) was maintained across all services; an afternoon call to evaluate the staffing at the inpatient areas was reinstated. Compliance in the Respect training has increased, with increased dates available for outstanding staff requiring training. Service user acuity and staff sickness continues to be the main reasons for creating additional shifts in HealthRoster. There were 45 incidents reported regarding safer staffing, higher than the 42 reported in the previous quarter. Incidents of aggression on staff continue to be high; a Continuous Quality Improvement (CQI) project on aggression, including racial abuse, is to commence in quarter 4.

Priorities for Quarter 4:

- Actions on CQI projects regarding SafeWards, admission process and reviewing reporting systems with Finance and with clinical and operational managers
- Management of sickness absence, including improved communication and documentation
- Weekly scrutiny meetings to increase focus on Key Performance Indicators (KPI) and unfilled shifts
- Revised daily safe staffing meeting
- Ensure timely production of rosters
- Ensure daily review of all safe and supportive observations (SASO)
- Support staff to reduce and manage incidents of aggression including SWARMS, reflection sessions, huddles.

- 4.2 East and North SBU** have reported a sustained high level of acuity across all inpatient services, with an increase in the number of bank and agency shifts in the inpatient areas.

High levels of SASO and staff sickness remain the main reasons for the additional shifts being created on most of the units, impacting on the fill rate.

A Task and Finish Group has been commissioned on reintroducing systems and processes and developing new ways of working, more robust supervision structure and supporting staff to engage in the reflective practice sessions.

The number of reported safer staffing incidents shows a reduction of 2; an increase in reported incidents of violence and aggression from service users has increased.

The CQI project focussing on the management of violence and aggression during personal care will be completed in quarter 4.

Respect training remains a challenge, with additional dates being offered.

Priorities for Quarter 4:

- Promote clinical discussions regarding safer staffing and not an administrative function
- Re-evaluate the staffing levels on the wards and the associated ward establishments, given the increased acuity
- Ongoing recruitment of bands 2 and 3 and RNs
- Redeployment of staff into wards to meet increased demand
- Ensure adherence to the Trust's Sickness Policy with HR and in consideration of Covid-19 changing guidance
- Models of care work - review ward processes, zonal engagement opportunities, and assessment of falls risks.

4.3 Essex and IAPT continued to report high acuity within the inpatient services and challenges with RN recruitment across the services, exacerbated with levels of SASO and staff sickness. Contingency planning enabled back fill into inpatients from community services and senior nurses met daily to review the staffing.

The total avoidable costs have decreased, following 2 discharges during October and November who were supported on 2:1 and 4:1 SASO.

Agency spend was recovered from Suffolk CCG, having supported an individual service user on 4:1 SASO.

Levels of reported violence and aggression has decreased since the above discharge (with 73 reported in October, 114 in November and 8 in December). There were 2 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) as a result of a physical assault.

The SBU continues to link with the recruitment team to look at innovative ways to recruit to RNs and there is an upcoming Recruitment Event to held on 31st January 2022.

- Continue to work in partnership with Social Care colleagues and Commissioners to progress discharges in a timely manner
- Continue to safe staffing three times a week with the overall aim of reducing staffing numbers on shift when safe to do so
- Participation in the Trust wide SASO CQI project
- Develop a rolling programme of Healthcare Support Workers (HCSW) attend the Trainee Nurse Associates (TNA) course
- Continue to action recruitment processes and initiatives.

- 4.4 Learning Disability and Forensic SBU** have also continued to report high acuity within the inpatient services and a continual challenge regarding recruitment of RNs, particularly in the Norfolk services. There has been an impact on staffing levels owing to the levels of SASO.

Within some areas of the SBU, sickness has remained low throughout October, however, there has been an increase in November and December. However, overall, there has been an improvement in sickness absence across the SBU with the total hours reduced to 150 hours from 328 in the previous quarter.

In response to SafeCare, there has been an increase in Team Leaders and Matrons stepping into the numbers, particularly at Warren court and Dove and in December.

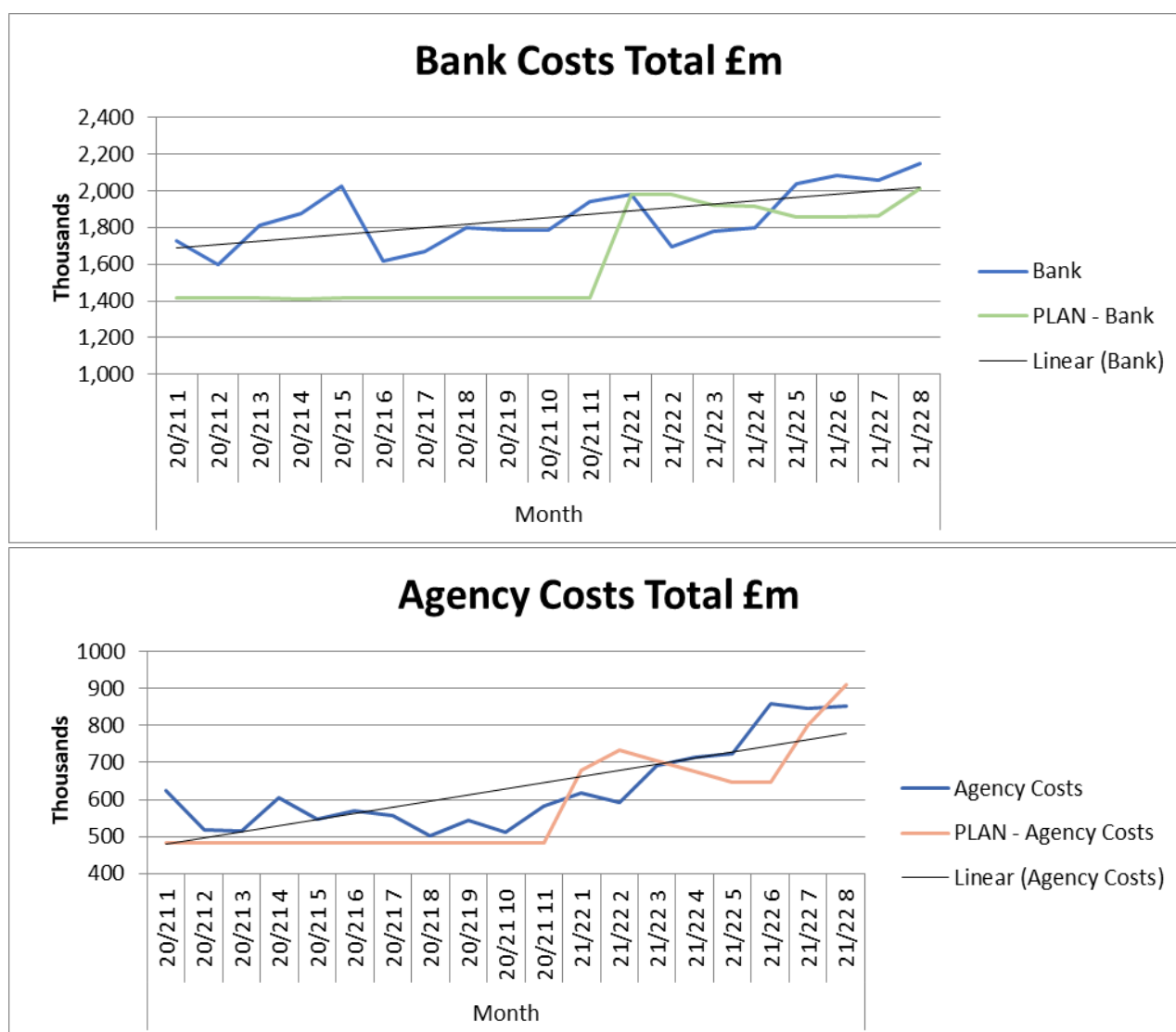
5. Finance

- 5.1** Pay spend has continued to increase from bank and agency usage, due to increasing demand and acuity. Work continues to ensure that this usage of temporary staffing represents the most efficient use of resources.

- 5.2** Data from the Model Health System is now available in relation to pay costs, and this benchmarks the Trust as significantly above the peer median for temporary staffing usage, at 15.6% versus 11.7% median. A comparison using East of England only, which may be more typical, puts the median at 12.9%, with the Trust benchmark above. The data available via the Model Hospital is reflective of the period up to and including June 2021.

Organisations	Temporary Staffing Percentage	Number of Organisations Compared against
HPFT	15.60%	
Within STP footprint	15.60%	5
EoE Region median	12.90%	24
MH Sector median	11.70%	54
CQC Outstanding Trusts	10.80%	27

- 5.3** The graphs below provide comparison between planned changes in temporary staffing and actuals over the previous 19 months, which shows the use of temporary staffing above the planned usage and, whilst the planned figures were reset for the 2021/22 financial year, the Trust continues to have a high reliance on bank and agency.



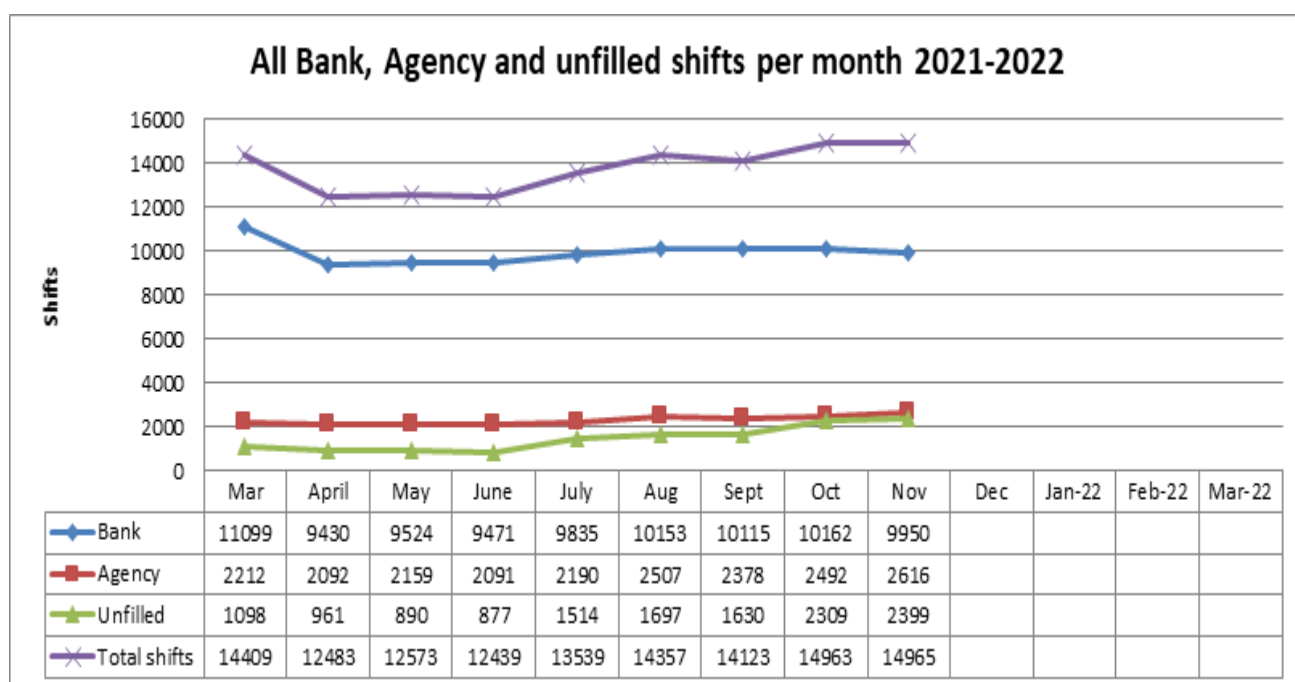
- 5.4 Currently just over 5% of pay costs (as at month 8) are related to agency, higher than the average of nearer 3.5% in 2020/21, but remaining lower than when the NHSEI “Cap” was brought in. Hotspot cost centres with an agency % of 10% or higher for the year to date, have not changed significantly since month 5, with Child and Adolescent Mental Health Services (CAMHS) the highest, followed by Oak, Lexden and Albany Lodge.
- 5.5 The SASO CQI project is seen as a key enabler to bring down temporary staffing costs. Other key enablers for action include:
- Scrutiny of e-roster shift patterns and the number of staff on shift being appropriate for the acuity of service users to continually be challenged through the weekly scrutiny meetings
 - Reporting of hotspot areas of bank and agency usage to individual SBU Safer Staffing meetings
 - Ensuring all substantive staff have their hours allocated before any bank or agency use

- Ensuring any owed hours by substantive staff are used before any bank or agency use
- Annual leave is planned and covered within substantive staff before any bank or agency usage
- Agreed levels of SASO are covered within the approved establishment before bank and agency usage
- All recruitment translates to reductions in bank and agency, including the cancellation of future rostered bank and agency shifts following recruitment
- Budget levels for inpatient wards are reviewed to ensure appropriate levels and this will be reflected in the 2022/23 budgets.

5.6 Future recruitment, and its relationship with current bank and agency usage, needs to be clearly aligned. The development of reporting requirements at individual SBU Safer Staffing will continue to progress to identify the most appropriate and accessible information. This will look to inform hotspot areas for future focus and the reasons listed for the bank and agency use. The efficiency of rosters and use of staff needs to continue to be a key focus to ensure staff and service user safety in the most cost-effective manner.

6 Bank and agency

- 6.1 The overall requested number of Nursing, Social Working, Corporate (administrative), Allied Health Professionals (AHP) and Courier Drivers shifts for November 2021 was a total of 12,328, which is an overall decrease across all areas of 234 requested shifts across this period.
- 6.2 Bank shifts saw a total of 10,160 covered and an overall increase of bank shifts worked from September to November. Agency shifts saw a total of 1,439 shifts covered with an overall decrease of 939 agency shifts, compared to September. Unfilled shifts or shifts not authorised to go to agency was 729 for November, with an overall decrease of 901 shifts from September 2021, as detailed in the graph below.
- 6.3 The Temporary Staffing Office is working in conjunction with NHSP Rapid Response during the pandemic and has continued to advise NHSP as to the shifts available.



7. Recruitment and retention

- 7.1 There are several forums where Recruitment Retentions are discussed, and some wards have over established to reflect the acuity and complexity on the wards, employing the newly qualified RNs.
- 7.2 There are currently a total of 30.7 RNs in the pipeline at the time of this report, and 30.3 HCSWs as detailed in **Appendix 3**.
- 7.3 **Appendix 2** shows the recruitment profile and status of RNs and HCSWs across the Trust as of 30th November 2021. The Trust has supported HCSWs recruitment with Health Education England (HEE) funding and will continue to support them with OSCE preparation and to take their OSCE.
- 7.4 The overall RN vacancy is currently at 21.97% across the Trust for November; however, this is lower than the October vacancy rate of 23.17%. The vacancy rate for HCSW also showing a dip in November 2021, compared to October where the rates reduced from 17.84% to 16.79%.
- 7.5 The SBUs and Trust-wide continue to hold recruitment campaigns, with a focus on key posts and service areas.

8. Conclusion

- 8.1 This quarter has continued to see high levels of acuity and complexity across the service areas, and increased numbers of prescribed SASO, exacerbating the need for bank and agency usage.

- 8.2 Quarter 4 will focus on the following key areas, to ensure the safe and effective management of staffing:
- All SBUs to participate in the CQI project of Safer Wards and focus on management of violence
 - The eRostering processes to be reviewed, considering the staff onboarding process as part of a CQI project
 - Establishment reviews to ascertain if the existing establishment meet the need of the service delivery
 - Team based rostering to be implemented across all inpatient wards
 - Increased focus on the CHPPD hours for the inpatient wards.
- 8.3 Some December data is not included in this report, owing to information not able to be extracted from HealthRoster and BankStaff application until the monthly payroll is completed.
- 8.4 The IGC are asked to note the content of this report.

APPENDIX 1

Oct 2021		Day				Night			
SBU	Service	RN Fill Rate	NRN Fill Rate	RNA Fill Rate	NRNA Fill Rate	RN Fill Rate	NRN Fill Rate	RNA Fill Rate	NRNA Fill Rate
LD&F	Gainsford House	102%	101%	-	-	98%	100%	-	-
	Hampden House	99%	100%	-	-	100%	100%	-	-
	Astley Court	74%	169%	-	-	80%	131%	-	-
	Warren Court	88%	132%	100%	100%	85%	125%	100%	100%
	4 Bowlers Green	77%	109%	-	-	100%	100%	-	-
	Beech	104%	101%	-	-	103%	125%	-	-
	Dove	107%	117%	-	-	81%	139%	-	-
	The Beacon	99%	155%	100%	-	100%	307%	100%	-
	Broadland Clinic	87%	118%	100%	-	104%	138%	-	-
	SRS	93%	92%	100%	-	98%	104%	100%	-
West	Albany Lodge	112%	194%	-	100%	100%	201%	-	-
	Aston	121%	400%	100%	-	101%	355%	100%	-
	Swift	106%	166%	100%	-	98%	270%	100%	-
	Robin	165%	152%	-	-	100%	212%	-	-
	Owl	99%	122%	100%	100%	103%	129%	-	-
	Oak	93%	229%	-	-	90%	235%	-	-
	Thumbswood	179%	115%	-	-	100%	130%	-	-
Essex & IAPT	Lexden	98%	220%	100%	100%	137%	149%	-	-
East & North	Logandene	94%	102%	100%	-	92%	173%	-	-
	Wren	88%	104%	-	-	97%	156%	-	-
	Lambourn	119%	90%	-	100%	108%	129%	-	100%
	Seward Lodge	99%	99%	-	-	101%	141%	-	-
	Forest House	116%	180%	-	-	129%	268%	-	-
	Victoria Court	100%	103%	-	-	92%	104%	-	-

Nov 2021		Day				Night			
SBU	Service	RN Fill Rate	NRN Fill Rate	RNA Fill Rate	NRNA Fill Rate	RN Fill Rate	NRN Fill Rate	RNA Fill Rate	NRNA Fill Rate
LD&F	Gainsford House	103%	107%	-	-	101%	109%	-	-
	Hampden House	99%	103%	-	-	100%	100%	-	-
	Astley Court	81%	156%	-	-	90%	128%	-	-
	Warren Court	85%	113%	100%	100%	82%	122%	100%	100%
	4 Bowlers Green	92%	101%	-	-	100%	100%	-	-
	Beech	115%	106%	-	-	99%	122%	-	-
	Dove	100%	120%	-	-	85%	148%	-	-
	The Beacon	100%	154%	100%	-	97%	306%	100%	-
	Broadland Clinic	95%	106%	100%	100%	106%	143%	-	-
	SRS	92%	94%	100%	100%	98%	110%	100%	100%
West	Albany Lodge	118%	210%	-	100%	97%	195%	-	-
	Aston	109%	427%	100%	-	111%	401%	100%	-
	Swift	117%	184%	100%	-	96%	280%	-	-
	Robin	189%	145%	-	-	97%	235%	-	-
	Owl	93%	107%	100%	100%	102%	112%	-	-
	Oak	85%	162%	-	-	87%	205%	-	-
	Thumbswood	170%	121%	-	-	100%	137%	-	-
Essex & IAPT	Lexden	104%	183%	100%	-	102%	137%	-	-
East & North	Logandene	89%	104%	100%	-	93%	144%	100%	-
	Wren	97%	102%	-	-	98%	139%	-	-
	Lambourn Grove	130%	87%	-	100%	104%	133%	-	100%
	Seward Lodge	100%	94%	-	-	98%	142%	-	-
	Forest House	131%	234%	-	-	135%	300%	-	-
	Victoria Court	95%	107%	-	-	98%	107%	-	-

Dec 2021		Day				Night			
SBU	Service	RN Fill Rate	NRN Fill Rate	RNA Fill Rate	NRNA Fill Rate	RN Fill Rate	NRN Fill Rate	RNA Fill Rate	NRNA Fill Rate
LD&F	Gainsford House	102%	105%	-	-	98%	110%	-	-
	Hampden House	99%	112%	-	-	100%	106%	-	-
	Astley Court	82%	145%	-	-	103%	122%	-	-
	Warren Court	96%	120%	100%	100%	85%	116%	100%	100%
	4 Bowlers Green	95%	81%	-	-	103%	97%	-	-
	Beech	102%	93%	-	-	101%	105%	-	-
	Dove	106%	127%	-	-	80%	176%	-	-
	The Beacon	102%	148%	100%	-	99%	303%	-	-
	Broadland Clinic	94%	95%	100%	-	102%	128%	-	-
	SRS	86%	92%	100%	100%	98%	102%	-	100%
West	Albany Lodge	118%	149%	-	100%	103%	155%	-	100%
	Aston	112%	318%	100%	-	112%	306%	100%	-
	Swift	112%	175%	100%	-	95%	254%	100%	-
	Robin	167%	177%	-	-	116%	215%	-	-
	Owl	97%	108%	100%	-	100%	106%	-	-
	Oak	93%	224%	-	-	83%	254%	-	-
	Thumbswood	137%	140%	-	-	100%	147%	-	-
Essex & IAPT	Lexden	92%	108%	100%	-	97%	110%	-	100%
East & North	Logandene	80%	112%	100%	-	96%	157%	100%	-
	Wren	94%	99%	-	-	81%	178%	-	-
	Lambourn	107%	93%	100%	100%	105%	127%	100%	100%
	Seward Lodge	100%	101%	-	-	88%	151%	-	-
	Forest House	119%	158%	-	100%	129%	245%	-	-
	Victoria Court	77%	104%	-	-	85%	102%	-	-

APPENDIX 2

NOVEMBER 2021

SBU	Sum of Position FTE	Sum of Actual FTE	Sum of FTE Variance	% Vacancy
Registered Nursing				
Essex & IAPT	69.41	49.31	20.10	28.97%
Learning Disability & Forensic	210.61	170.52	40.09	19.04%
East & North	303.95	239.08	64.87	21.34%
West	307.82	235.32	72.50	23.55%
Total	924.02	721.03	202.99	21.97%
Unregistered Nursing				
Essex & IAPT	31.36	33.84	-2.48	-7.91%
Learning Disability & Forensic	193.81	163.02	30.79	15.89%
East & North SBU	237.74	195.42	42.32	17.80%
West SBU	172.35	136.98	35.37	20.52%
Total	637.26	530.26	107.00	16.79%

OCTOBER 2021

SBU	Sum of Position FTE	Sum of Actual FTE	Sum of FTE Variance	% Vacancy
Registered Nursing				
Essex & IAPT	69.41	50.81	18.60	26.80%
Learning Disability & Forensic	210.61	163.12	47.49	22.55%
East & North	306.95	236.38	70.57	22.99%
West	311.02	235.45	75.57	24.30%
Total	926.22	711.58	214.64	23.17%
Unregistered Nursing				
Essex & IAPT	31.36	29.20	2.16	6.89%
Learning Disability & Forensic	193.81	165.35	28.46	14.68%
East & North SBU	237.74	194.50	43.24	18.19%

West SBU	173.35	134.31	39.04	22.52%
Total	638.26	524.37	113.89	17.84%

OVERALL VACANCY RATES FOR INPATIENT AREAS – DECEMBER 2021				
Team	Position Budgeted FTE	Actual FTE In Post	Sum of Vacant FTE	Vacancy Rate %
367 NE Inpatient Unit (P50020)	33.40	29.71	3.69	11.04%
367 4 Bowlers Green LSU (P57800)	20.02	18.36	1.66	8.29%
367 Beech Ward (P80202)	32.20	32.88	-0.68	-2.13%
367 Dove Ward (P52502)	32.09	27.55	4.54	14.16%
367 SRS Bungalows (P55075)	74.12	54.56	19.56	26.39%
367 Gainsford House (P25802)	16.87	15.60	1.27	7.53%
367 Hampden House (P25702)	16.45	14.00	2.45	14.89%
367 The Beacon R&T Service (P81502)	21.46	19.54	1.92	8.93%
367 Broadland Clinic (P51020)	86.45	62.02	24.43	28.26%
367 LPH Astley Court (P51200)	31.70	29.75	1.95	6.16%
367 Forest House Adolescent Unit (P40020)	56.59	30.64	25.95	45.85%
367 Lambourn Grove Inpatient MHSOP (P81102)	46.06	38.10	7.96	17.29%
367 Logandene Inpatient MHSOP (P80402)	41.02	36.80	4.22	10.28%
367 Seward Lodge (P29602)	36.13	36.45	-0.32	-0.90%
367 Victoria Court (P27702)	49.69	40.35	9.34	18.79%
367 Wren Ward (P84020)	33.94	27.55	6.39	18.82%
367 Albany Lodge (P80802)	41.65	33.10	8.55	20.53%
367 Aston Ward (P25502)	32.08	27.60	4.48	13.97%
367 KC 136 Suite (P84040)	20.00	18.80	1.20	6.00%
367 Oak Ward (P80102)	34.10	19.34	14.76	43.29%
367 Owl Ward (P84022)	33.49	27.33	6.16	18.38%

367 Robin Ward (P84023)	33.83	26.27	7.56	22.36%
367 Swift Ward (P84021)	36.90	28.10	8.80	23.84%
367 Thumbswood Mother & Baby Unit (P28502)	18.32	15.07	3.25	17.76%

APPENDIX 3

Staff Group / Ward	Offer: Pending	Offer: Conditional	Offer: Ready-For StartDate	Starting: StartDate Booked	Grand Total
Nursing and Midwifery	3	9.5	8.2	10	30.7
Albany Lodge (P80802)			1	2	3
AMH Comm Services Cygnet House (P22170)		1			1
AMH Comm Services Saffron Ground (P26170)		1		1	2
AMH Comm Services SW Herts Watford (P20190)			0.6		0.6
AMH Community Services Oxford House (P22180)			1		1
Broadland Clinic (P51020)		2		1	3
Community Eating Disorder Day Service (P25040)				1	1
NE Community Services East (P50445)		0.5	1	1	2.5
NE Community Services West (P50425)		1			1
NE Inpatient Unit (P50020)	1				1
Nursing Support Services (P64510)			0.6	1	1.6
Oak Ward (P80102)				1	1
Owl Ward (P84022)				1	1
SLDS Community A&T Team Bucks (P53250)	1				1
SMHTOP East Herts (P22025)	1			1	2
SRS Bungalows (P55075)		1	4		5
Victoria Court (P27702)		1			1
Wren Ward (P84020)		2			2

HCSW	8.53	14	6.13	1.6	30.26
Broadland Clinic (P51020)	2	1	2		5
Forest House Adolescent Unit (P40020)		1	1		2
Lambourn Grove Inpatient MHSOP (P81102)	5.53	1	1.53		8.06
Logandene Inpatient MHSOP (P80402)	1	2			3
LPH Astley Court (P51200)		2			2
Mid Essex Integrated Primary & Community Care (P88203)		1	1		2
MSU - Inpatient Unit (P57020)		2			2
Oak Ward (P80102)		3			3
Owl Ward (P84022)				1	1
Robin Ward (P84023)		1			1
Thumbswood Mother & Baby Unit (P28502)			0.6	0.6	1.2
Grand Total	11.53	23.5	14.33	11.6	60.96

VACANCIES

	Sum of FTE Variance	Sum of FTE Actual	Sum of FTE Budgeted
Additional Clinical Services	116.77	524.49	641.26
367 4 Bowlers Green LSU (P57800)	1.10	9.92	11.02
367 Albany Lodge (P80802)	0.55	20.40	20.95
367 AMH Comm Services Centenary & Jubilee (P26180)	1.20	0.80	2.00
367 AMH Comm Services Cygnet House (P22170)	1.80	1.00	2.80
367 AMH Comm Services Holly Lodge (P22190)	0.01	3.15	3.16
367 AMH Comm Services NW Herts Dacorum(P83190)	-0.31	1.00	0.69
367 AMH Comm Services NW Herts St Albans (P83180)	0.00	0.80	0.80
367 AMH Comm Services Saffron Ground (P26170)	-0.85	2.85	2.00

367 AMH Comm Services SW Herts (P20170)	0.40	1.60	2.00
367 AMH Community Services Oxford House (P22180)	1.04	0.80	1.84
367 AMH Community Services Rosanne House (P26190)	1.00	3.00	4.00
367 Aston Ward (P25502)	0.48	14.60	15.08
367 Beech Ward (P80202)	1.32	12.68	14.00
367 Broadland Clinic (P51020)	12.32	27.28	39.60
367 CAMHS East Herts (P40010)	2.00	1.00	3.00
367 CAMHS Home Treatment Team (P40030)	2.47	7.00	9.47
367 CAMHS North Herts (P40011)	1.00	2.00	3.00
367 CAMHS South Herts (P40007)	1.00	1.00	2.00
367 CAMHS West Herts (P40009)	1.80	1.20	3.00
367 C-CATT (P40024)	2.00	1.00	3.00
367 Community Eating Disorder Day Service (P25040)	0.11	1.22	1.33
367 CRHTT - East Herts (P28300)	0.00	3.00	3.00
367 CRHTT North Herts (P26300)	0.89	1.00	1.89
367 CRHTT North West (P87702)	1.04	1.96	3.00
367 CRHTT South East Herts (P22300)	0.08	1.92	2.00
367 CRHTT South West Herts (P20300)	2.01	1.59	3.60
367 CRHTT The Glaxo (P25242)	0.00	2.00	2.00
367 CRHTT The Orchards (P20242)	0.27	2.00	2.27
367 Criminal Justice & Forensic (P83508)	0.80	0.00	0.80
367 Dove Ward (P52502)	1.08	12.81	13.89
367 Eating Disorder CAMHS Community (P40029)	2.80	3.00	5.80
367 Eating Disorders Service (P25020)	1.20	2.00	3.20
367 Enhanced Primary Care Watford- (P20192)	1.00	4.00	5.00
367 EROS Enhanced Rehab (P81505)	1.12	2.68	3.80
367 First Response Trustwide (P20302)	2.50	6.00	8.50
367 Forest House Adolescent Unit (P40020)	10.50	13.00	23.50

367 Integrated Care (P64645)	1.00	0.00	1.00
367 KC 136 Suite (P84040)	0.20	12.80	13.00
367 Lambourn Grove Inpatient MHSOP (P81102)	11.59	20.03	31.62
367 LD SLDS North Team (P54225)	2.00	1.00	3.00
367 Logandene Inpatient MHSOP (P80402)	3.09	22.63	25.72
367 LPH Astley Court (P51200)	1.29	12.61	13.90
367 LPH Enhanced A&T Service (P51250)	0.00	2.00	2.00
367 Mental Health Liaison Lister (P28600)	1.00	0.00	1.00
367 Mental Health Liaison Watford (P20600)	0.36	0.60	0.96
367 MHSOP Crisis Function East Herts (P28267)	0.56	4.00	4.56
367 MHSOP Crisis Function North Herts (P25267)	0.00	3.00	3.00
367 MHSOP Crisis Function NW Herts (P83267)	0.00	4.00	4.00
367 MHSOP Crisis Function South West Herts (P20267)	0.00	3.00	3.00
367 MHSOP SMHTOP South West (P20260)	0.27	5.33	5.60
367 MSU - Inpatient Unit (P57020)	6.00	27.00	33.00
367 NE Community Services East (P50445)	3.40	4.60	8.00
367 NE Community Services West (P50425)	-2.63	9.19	6.56
367 NE Inpatient Unit (P50020)	-1.00	17.80	16.80
367 Nursing Support Services (P64510)	0.00	1.00	1.00
367 Oak Ward (P80102)	3.98	13.62	17.60
367 Owl Ward (P84022)	4.72	14.53	19.25
367 PATH Arms Hertswide (P20100)	2.00	0.00	2.00
367 Robin Ward (P84023)	7.56	13.67	21.23
367 Seward Lodge (P29602)	0.58	21.55	22.13
367 SLDS Community A&T Team Bucks (P53250)	0.68	6.52	7.20
367 SLDS Community A&T Team West (P52250)	1.60	4.00	5.60
367 SMHTOP East Herts (P22025)	-0.56	7.16	6.60
367 SMHTOP North Herts & Stevenage (P27020)	2.20	4.80	7.00

367 SMHTOP North West (P83202)	-2.01	7.60	5.59
367 SRS Bungalows (P55075)	5.02	38.98	44.00
367 Swift Ward (P84021)	3.30	12.10	15.40
367 The Beacon R&T Service (P81502)	0.00	2.00	2.00
367 Thumbswood Mother & Baby Unit (P28502)	2.29	5.31	7.60
367 Victoria Court (P27702)	4.69	29.86	34.55
367 Wren Ward (P84020)	1.85	16.95	18.80
Nursing and Midwifery Registered	212.84	717.98	930.82
367 247 Pathway (P83430)	0.00	3.50	3.50
367 4 Bowlers Green LSU (P57800)	0.56	8.44	9.00
367 Albany Lodge (P80802)	7.00	7.50	14.50
367 AMH Comm Services Centenary & Jubilee (P26180)	1.59	12.51	14.10
367 AMH Comm Services Cygnet House (P22170)	3.50	5.60	9.10
367 AMH Comm Services Holly Lodge (P22190)	-0.40	6.40	6.00
367 AMH Comm Services NW Herts Dacorum(P83190)	-0.40	8.60	8.20
367 AMH Comm Services NW Herts St Albans (P83180)	0.75	7.73	8.48
367 AMH Comm Services Saffron Ground (P26170)	5.94	3.80	9.74
367 AMH Comm Services SW Herts (P20170)	0.40	1.00	1.40
367 AMH Comm Services SW Herts Borehamwood(P20180)	3.10	4.00	7.10
367 AMH Comm Services SW Herts Watford (P20190)	3.61	6.60	10.21
367 AMH Community Services Oxford House (P22180)	1.00	2.00	3.00
367 AMH Community Services Rosanne House (P26190)	2.40	8.60	11.00
367 AMH West Modern Matrons (P83400)	1.00	4.00	5.00
367 Aston Ward (P25502)	3.00	12.00	15.00
367 Bed Manager (P83420)	0.00	4.00	4.00
367 Beech Ward (P80202)	1.40	12.80	14.20
367 Broadland Clinic (P51020)	5.69	19.01	24.70

367 CAMH Services Management (P40025)	4.00	2.00	6.00
367 CAMHS DBT Team (P40032)	-0.20	4.00	3.80
367 CAMHS East Herts (P40010)	1.41	0.00	1.41
367 CAMHS Forensics (P40022)	0.00	2.00	2.00
367 CAMHS Home Treatment Team (P40030)	0.70	5.80	6.50
367 CAMHS South Herts (P40007)	0.00	1.67	1.67
367 CAMHS Trailblazer (P40033)	8.00	2.00	10.00
367 CAMHS West Herts (P40009)	-0.60	1.60	1.00
367 C-CATT (P40024)	7.42	9.80	17.22
367 Chief Executive (P64480)	0.00	1.00	1.00
367 Community Eating Disorder Day Service (P25040)	1.00	1.00	2.00
367 Community Perinatal (P28505)	1.90	5.50	7.40
367 Community Services E & SE Herts (P28170)	-0.50	3.00	2.50
367 Continuing Care and Placement Team (P70500)	0.60	2.00	2.60
367 COVID 19 (P64020)	0.00	0.60	0.60
367 CRHTT - East Herts (P28300)	1.45	6.60	8.05
367 CRHTT North Herts (P26300)	0.20	9.08	9.28
367 CRHTT North West (P87702)	4.06	13.34	17.40
367 CRHTT South East Herts (P22300)	1.52	6.84	8.36
367 CRHTT South West Herts (P20300)	2.20	9.84	12.04
367 CRHTT The Glaxo (P25242)	1.40	2.60	4.00
367 CRHTT The Orchards (P20242)	0.40	3.60	4.00
367 Criminal Justice Mental Health (P20250)	2.00	6.50	8.50
367 Crisis Resolution Home Treatment Service (P20310)	4.26	0.00	4.26
367 Dove Ward (P52502)	0.87	11.13	12.00
367 E&N Care Home Liaison Team (P84027)	1.00	1.00	2.00
367 E&N Continuing Health Care Team (P84026)	0.77	2.60	3.37
367 E&N Out of Hours Clinical Leads (P84025)	-0.20	3.60	3.40

367 East & North AMPH (P27100)	1.00	0.00	1.00
367 Eating Disorder CAMHS Community (P40029)	3.51	11.20	14.71
367 Eating Disorders Service (P25020)	2.20	5.80	8.00
367 ECT Suite Kingfisher Court (P84024)	0.44	2.28	2.72
367 Electronic Staff Rostering (P64936)	0.00	1.00	1.00
367 EMDASS East Herts (P22035)	0.50	6.00	6.50
367 EMDASS North Herts (P27030)	0.00	4.00	4.00
367 EMDASS North West (P89603)	-0.90	5.40	4.50
367 EMDASS South West (P20030)	-0.30	4.30	4.00
367 Enhanced Primary Care Watford- (P20192)	0.00	1.00	1.00
367 EROS Enhanced Rehab (P81505)	2.00	1.80	3.80
367 ESU Management (P57001)	-2.00	4.00	2.00
367 ESU Recovery Team (P57090)	0.00	1.00	1.00
367 Family Safeguarding Team (P28200)	-0.47	2.00	1.53
367 First Response Trustwide (P20302)	1.44	6.96	8.40
367 Forest House Adolescent Unit (P40020)	5.36	8.64	14.00
367 Gainsford House (P25802)	0.40	10.40	10.80
367 Hampden House (P25702)	1.80	9.00	10.80
367 Head of Social Work & Safeguarding (P64519)	-1.20	3.00	1.80
367 Health & Care Academy (P64545)	0.00	0.80	0.80
367 Here For You (P88303)	1.00	0.00	1.00
367 Integrated Care Team (P27460)	-2.60	13.00	10.40
367 KC 136 Suite (P84040)	0.00	5.00	5.00
367 Lambourn Grove Inpatient MHSOP (P81102)	-0.73	11.77	11.04
367 LD Essex Way In (P50040)	4.63	1.37	6.00
367 LD SLDS North Team (P54225)	1.40	6.60	8.00
367 Learning & Development (P64502)	0.80	0.80	1.60
367 Learning Disability & Forensic SBU (P31300)	1.10	2.00	3.10

367 Logandene Inpatient MHSOP (P80402)	1.13	10.88	12.01
367 LPH Astley Court (P51200)	3.97	11.53	15.50
367 LPH Enhanced A&T Service (P51250)	-1.00	5.40	4.40
367 LPH Management & Administration (P51001)	0.00	0.80	0.80
367 Mental Health Liaison Lister (P28600)	2.00	9.84	11.84
367 Mental Health Liaison Watford (P20600)	3.36	10.53	13.89
367 MHSOP Admin & Modern Matrons (P27420)	2.20	3.00	5.20
367 MHSOP Crisis Function East Herts (P28267)	0.00	4.00	4.00
367 MHSOP Crisis Function North Herts (P25267)	1.00	3.00	4.00
367 MHSOP Crisis Function NW Herts (P83267)	-0.60	3.80	3.20
367 MHSOP Crisis Function South West Herts (P20267)	-0.29	4.89	4.60
367 MHSOP SMHTOP South West (P20260)	2.19	8.80	10.99
367 Mid Essex Integrated Primary & Community Care (P88203)	-1.00	1.00	0.00
367 MSU - Inpatient Unit (P57020)	9.00	19.00	28.00
367 NE Community Services East (P50445)	4.68	18.32	23.00
367 NE Community Services West (P50425)	6.06	16.85	22.91
367 NE Forensic Team (P50470)	1.05	1.45	2.50
367 NE Inpatient Unit (P50020)	4.69	8.31	13.00
367 NE LD Management (P50550)	0.00	1.00	1.00
367 NMC- Provider Collaboratives (P64525)	4.00	0.00	4.00
367 NMET Funding (P64522)	-1.00	4.00	3.00
367 Nursing Associates (P64540)	2.00	0.00	2.00
367 Nursing Support Services (P64510)	3.83	8.40	12.23
367 Oak Ward (P80102)	9.78	4.82	14.60
367 Owl Ward (P84022)	2.00	9.00	11.00
367 PATH Arms Hertswide (P20100)	2.00	0.00	2.00
367 PATH East & North Herts (P23100)	0.60	7.00	7.60

367 PATH West Herts (P83100)	0.40	7.60	8.00
367 Placement Support (P64511)	-0.20	2.20	2.00
367 Professional Heads (P64509)	0.00	2.00	2.00
367 Robin Ward (P84023)	0.00	11.60	11.60
367 Safer Care & Standards (P64512)	-2.00	3.00	1.00
367 SBU Essex & IAPT (P31400)	2.00	0.00	2.00
367 Seward Lodge (P29602)	-0.40	12.40	12.00
367 Single Point of Access (P83040)	9.10	14.75	23.85
367 SLDS Community A&T Team Bucks (P53250)	3.10	10.00	13.10
367 SLDS Community A&T Team West (P52250)	2.00	7.00	9.00
367 SMHTOP East Herts (P22025)	3.60	10.40	14.00
367 SMHTOP North Herts & Stevenage (P27020)	0.02	7.98	8.00
367 SMHTOP North West (P83202)	2.28	9.40	11.68
367 SRS Bungalows (P55075)	9.15	8.85	18.00
367 Street Triage (P26301)	0.02	1.45	1.47
367 Swift Ward (P84021)	5.00	13.00	18.00
367 The Beacon R&T Service (P81502)	2.07	9.24	11.31
367 Thumbswood Mother & Baby Unit (P28502)	1.07	6.60	7.67
367 Trailblazers Wave 4 (P40034)	2.00	0.00	2.00
367 Trailblazers Wave 5 (P40035)	1.00	3.00	4.00
367 Victoria Court (P27702)	3.68	8.96	12.64
367 Wren Ward (P84020)	4.17	6.97	11.14
Grand Total	329.61	1242.47	1572.08

Board of Directors PUBLIC

Meeting Date:	27 January 2021	Agenda Item: 10
Subject:	Financial Position for Month 9 2021/22	For Publication: Yes
Author:	David Flint, Head of Financial Planning & Reporting	Approved by: Rob Croot, Deputy Director of Finance
Presented by:	Maria Wheeler, Executive Director of Finance	

Purpose of the report:

This report sets out the Trust's financial position to 31 December 2021, month 9 2021/22.

Action required:

To note the financial position for Month 9, the forecast financial outturn and **deficit monthly expenditure run-rate**. To note the remedial actions in progress and to consider any additional actions necessary address this run-rate deficit.

Summary and recommendations

Overview

- The Trust is on track to deliver against the revised financial plan of a breakeven financial out turn, **but** only after the release of additional, unplanned, balance sheet flexibilities of c£360k
- As at 31 December, the Trust reports a break-even position in line with plan for the month of December and for the year to date.

Overall income and expenditure figures are shown below:

Financial Position to 31 December 2021 £000	December Plan	December Actuals	December Variance	YTD Plan	YTD Actuals	YTD Variance
Income incl. COVID-19	24,840	26,478	1,638	217,961	218,609	648
Expenditure	24,840	26,478	(1,638)	217,961	218,609	(648)
Surplus / (Deficit)	0	0		0	0	

*NB the Income and Expenditure for the Provider Collaborative are not included in the above and is identified separately below

Both income and expenditure are above Plan for the month and above plan for the year to date, for the following reasons:

- Income is above Plan due to the release of income deferred from 2020/21 and income associated with transformation schemes, which is released in line with associated spend. This is expected to continue for the remainder of the year as the planned expansion of services and transformation schemes accelerate in delivery.
- The spend on Secondary Commissioning remains high in month, (£3.4m) and circa £0.8m per month higher than in month 4. This is the principal driver of the in-month run rate deficit. Overall spend is above Plan by £1.45m for the year to date. This expenditure primarily relates to Acute,

PICU and Older Adult out of area placements all of which exceed activity volumes seen in previous years.

- The year-to-date variance on Pay reflects an increased level of staffing due to the levels of acuity and complexity experienced along with increased demand for HPFT services. Covid funding has been used to support these additional costs during the year.
- Overheads and other Non-Pay are below Plan for the year to date, reflecting the fact that the Trust reserves built up during months 1 to 4 have now been fully utilised.

Monthly Run-rate deficit

- The monthly expenditure run rate has remained in line with November during December (M9), however, but has been off-set by additional income via the Herts CCG contract with an underlying deficit run rate of £550k, (M8 £750k). This is being off-set by the planned release of £2.7m of income deferred from 2020/21 during H2.
- If this continues unchanged for the remainder of the year, £350k will be required to be released from balance sheet flexibility, (in addition to that included in the H2 plan) to deliver a balanced year-end outturn.
- The deficit run rate is in large part driven by the increased use of secondary commissioned beds during the year. The Trust has seen an increase in the average number of Acute Adult placements from 9 in month 3 to 33 in month 9. This is in addition to other type of external placement made by the Trust. Further detail is provided below.
- Prior to the current Pandemic, the Trust typically had between 15 and 20 service users in placements out of area, across all services. The Trust is not commissioned, (outside of Pandemic measures) for the current volume of placements above this historic baseline.

Actions Required

- This deficit of monthly expenditure over income can be managed in year, as above, but is not sustainable into 2022/23 and must be addressed through (i) an increase in commissioning income, or (ii) a reduction in spending, (e.g. On OOAPs or an increase in delivering value savings) or a combination of the two.
- Non-recurrent spending, (e.g. On agreed short term funding schemes or winter plans) must cease as planned when funding has been exhausted, **unless** additional new funding is secured.

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

Financial Plan for 2021/22

Summary of Financial, IT, Staffing & Legal Implications:

Achievement of Financial Control Total

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

N/A

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

Financial Management

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

Trust Executive 12 January 2022
Finance & Investment Committee 18 January 2022

1. Summary

1.1. As at 31 December, the Trust reports a break-even position in line with plan for the month of December and for the year to date. However, this position has required the release of additional balance sheet flexibility, in excess of that planned for H2.

1.2. If this current level of expenditure were to continue for the remainder of 2021/22 then an additional £350k would be required, from balance sheet flexibility to deliver a break-even outturn. Whilst this level of expenditure can be sustained in 2021/22, it is not sustainable into 2022/23 and must be addressed by all budget holders.

1.3. Actions to address this position are set out in section 9 below.

Financial Position to 31 December 2021 £000	December Plan	December Actuals	December Variance	YTD Plan	YTD Actuals	YTD Variance
Income incl. COVID-19	24,840	26,478	1,638	217,961	218,609	648
Pay	16,623	16,397	226	145,286	145,378	(92)
Sec Comm.	3,413	3,399	14	26,937	28,383	(1,446)
Non-Pay & Overheads	4,804	6,681	(1,877)	45,738	44,849	889
Total Expenditure	24,840	26,478	(1,638)	217,961	218,609	(648)
Surplus / (Deficit)	0	0	0	0	0	0

1.4. The table above shows a break-even position in month and for the year to date, with individual variances to Plan as follows:

- Income is above plan by £1.6m in month. This is due to the release of deferred income in month in line with actual spend in month on non-pay and overheads (c£1.6m).
- Pay costs are behind Plan in month due to the delay in implementation of some expected investments in Half 2; but above plan for the year to date as a consequence of H1 expenditure, related to the high acuity and demand for services reflected in an increase in temporary staffing.
- Secondary commissioning costs remain above Plan for the year to date by £1.45m due in large part to exceptionally high demand for services. Plans are in place to reduce this spend, but demand remains a significant pressure.
- Non-pay and Overheads remain below Plan by £0.9m for the year to date, where non-pay costs associated with service expansion and transformation initiatives have been delayed; but are above plan in month largely as a result of the establishment of the budget for the local MH/LD Collaborative.

Further detail on these areas is set out in Section 3 below.

2. Monthly Run-rate deficit

- 2.1. The monthly deficit run rate (excess of expenditure over income in month) has remained in line with November during December but has been off-set by additional income via the Herts CCG contract to leave an deficit run rate at month 9 of £550k, (M8 £750k). This is being off-set by the planned release of £2.7m of income deferred from 2020/21 during H2.
- 2.2. If this level of expenditure continues unchanged for the remainder of the year, an additional £350k will be required to be released from balance sheet flexibility, (in addition to that included in the H2 plan) to deliver a balanced year-end outturn.
- 2.3. The Trust's deficit run rate is in large part driven by the increased use of secondary commissioned beds during the year. The Trust has seen an increase in the average number of Acute Adult placements from 9 in month 3 to 33 in month 9.
- 2.4. Prior to the current Pandemic, the Trust typically had between 15 and 20 service users in placements out of area, across all services, during month 9 an average of 42 service users were in placements out of area. The Trust is not commissioned, (outside of Pandemic measures) for the current volume of out of area placements.

3. Expenditure Position including Key Variances

Pay

- 3.1. Pay reports below Plan by £92k for the year to 31 December:
 - Substantive Pay is below Plan by c. £2.3m for the year to date, this reflects slippage in the transformation schemes and service investments as well as difficulty in recruiting to clinical posts.
 - Bank Pay is above Plan by £1.2m for the year to date and Agency Pay similarly by £1.2m, due to exceptionally high levels of demand and acuity and difficulty in recruitment to service user facing roles.
 - Temporary staffing (Bank and Agency) reflected 18% of the pay spend in December, an increase from 15% in Q1 and Q2.
- 3.2. Recruitment continues on a proactive basis with currently c180 individuals having start dates or offers awaiting confirmation of start date. The recruitment team has been boosted in numbers in order to increase throughput and ensure start dates are booked as soon as possible. A current CQI project is looking at the best way to run recruitment campaigns in order to deal with these peaks in demand.

Secondary Commissioning

- 3.3. Secondary Commissioning expenditure reports above Plan for the year to date by £1.45m, and on plan in month. There has sustained increase in recent months due to exceptional demand for Acute, PICU and Older Adult external placements and high acuity requiring high levels of observation, at additional cost. Other areas are more stable with some reduction in Social Care spend in line with the Connected Lives programme, but these are also experiencing demand pressures.
- 3.4. Secondary Commissioning is the main driver of the Trusts run rate deficit. A small reduction in out of area placements during November has reversed in December. This area of spend must reduce for the Trust to return to a balanced monthly run-rate.

Overheads and Non-Pay

- 3.5. Other Non-pay costs and Overheads are below Plan by £0.9m for the year, this is due to slippage on non-pay costs associated with new and expanded services. There has been the release of deferred income in month that is directly offset with expenditure relating to a number of provisions being made that reflect a future risk from present decisions. There has also been backdated expenditure (£186k) relating to an undetected water leak at the Lexden site that has been identified. This is currently being remedied.

4. Provider Collaborative

- 4.1. The Provider Collaborative (PC) was established at Month 4 and continues to report a break-even position in month and for the year to date. However, this represents a financial risk, both in terms of the Trust's own position, and its shared responsibility for the overall position of the Collaborative. This reflects significant pressures on the availability of NHS CAMHS beds. Provider Collaborative income and Expenditure for HPFT are as follows:

£'000s	December	Year to Date
Income	(5,542)	(23,333)
Expenditure	5,542	23,333
Variance	0	0

- 4.2. The Regional TACT team are currently forecasting a deficit of £549k for the year to be split between the 6 providers. There is, however, a real risk that the end of year deficit on the Regional Provider Collaborative could be between £500k - £1m for each of the partners.

- 4.3. There has been the income and expenditure in month related to the issuing of £1.6m of transformation spend with Collaborative Partners. This is expected to ensure Collaborative Partners can fulfil their transformation plans for the year.

5. Transformation Funding

- 5.1. The position reported above, in terms of both income and expenditure reflects the Trust's investment of £2.5m to date, in Transformation schemes agreed with Commissioners. This investment is summarised below:

Project	Spend
Community – Enhanced P Care &PD	£1.6m
Community – ED Day	£0.3m
MHST	£1.2m
Total	£3.1m

- 5.2. The forecast outturn position reflects the investment - in full - of the £3.6m investment made by Commissioners for this Transformation. Similarly, the Trust has plans/commitments to invest its SR investment funding of £3.5m in full.

6. Delivering Value Programme

- 6.1. The Trust's original Financial Plan incorporated a target of £7.0m efficiency savings for 2021/22. This efficiency requirement has reduced in-year as a consequence of Planning Guidance, to £4.6m.
- 6.2. Savings of c£3.55m have been released to December, with a forecast outturn of c£5m for the full year. This is more than the required value but is lower than previously expected due to the exceptional demand currently faced by the Trust. These demand pressures have led to the removal or delay in several DV programmes including, the planned reduction in secondary commissioned beds and a reduction in agency costs associated with the planned reduction in service user observation levels.
- 6.3. Quality Impact Assessments have been completed and approved for all 2021/22 schemes.
- 6.4. Focus continues on delivery this year and on plans for 2022/23; many of the current DV schemes are multi-year, with the potential to deliver significant value in the future. A Delivering Value workshop will take place on the 25th January to ensure the Trust has sufficient schemes to deliver the 22/23 target.

7. Capital

- 7.1. The Trust's capital allocation for 21/22 was confirmed at £16.1m as part of the HWE ICS total allocation of £69.5m. During the year a further bid was submitted for additional investment in Digital & IT which has now been successful and bring the Trust's capital investment limit for 21/22 to £16.8m.
- 7.2. All capital schemes are now reviewed on a two weekly basis to ensure that expenditure plans are delivered in full by the year end.
- 7.3. At the end of December capital expenditure totalled £9.2m, representing 55% of the expenditure planned for the full year. There is significant spend in Q4, primarily on Phase 2 of the Safety Suites project, Forest House HDU, Albany Lodge Refurbishment, Lexden A&T Upgrade, Fire Compliance, replacement of end of life laptops. CCTV and KFC windows.
- 7.4. Capital spend is being accelerated wherever possible to mitigate any potential delays due to Covid or materials shortages. No material delays due to Covid have been experience so far, although a Covid isolation on Albany Lodge cause a slight delay to ongoing works here.
- 7.5. Heads of terms on the disposal of the Stewarts have also been agreed with sale proceeds of £2.1m agreed.
- 7.6. The Trust is forecasting to meet its capital investment limit of £16.8m for the year to 31 March 2022.

8. **Forecast Outturn**

- 8.1. The following table sets out a break-even forecast outturn for the year to 31 March 2022. As set out above, this position reflects the release of an additional £1.0m from balance sheet flexibility, in addition to the pro-active investment of £2.7m as part of the Financial Plan for H2.

Financial Position to 31 December 2021 £000	Year to Date			Full Year		
	Plan	Expected	Variance	Plan	Forecast	Variance
	£'000	Actual		£'000	Outturn	
	£'000	£'000	£'000	£'000	£'000	£'000
Income incl. COVID-19	217,961	216,601	-1,361	293,229	294,622	1,393
Income - Provider Collaborative	9,882	17,791	7,909	28,875	28,875	0
Pay	145,286	145,290	-4	196,250	198,350	-2,100
Secondary Commissioning	26,937	28,443	-1,506	36,873	38,188	-1,315
Provider Collaborative	9,882	17,791	-7,909	28,875	29,275	-400
Non Pay	16,890	16,371	519	22,487	22,487	0
Overheads	28,849	26,497	2,352	37,619	35,197	2,422
Surplus / (Deficit)	-	-	-	-	-	-

- 8.2. This position reflects significant additional income which is offset by increasing pay costs, particularly bank and agency, and continued pressure against

secondary commissioning costs, particularly external acute placements, including the 15 beds commissioned at Kneesworth Hospital.

9. Conclusion and Actions Required

- 9.1. The Trust is forecasting to deliver a break-even revenue position and to apply its capital allocation of £16.8m in full by 31 March 2022. However, this forecast requires the release of an additional £350k revenue from balance sheet flexibility, in addition to investment planned as part of the Financial Plan for H2.
- 9.2. The current deficit of monthly expenditure over income can be managed in year but is not sustainable into 2022/23 and must be addressed through (i) an increase in commissioning income, or (ii) a reduction in spending, (e.g. On OOAPs or an increase in delivering value savings) or a combination of the two.
- 9.3. Non-recurrent spending, (e.g. On transformation or winter plans) must cease as planned when funding has been exhausted, unless additional new funding is secured.
- 9.4. All budget holders are reminded to ensure that robust budget management processes are followed for all expenditure.

Board of Directors PUBLIC

Meeting Date:	27 January 2022	Agenda Item: 11
Subject:	Report from Finance & Investment Committees – held on 18 January 2022	For Publication: Yes
Author:	Helen Edmondson, Head of Corporate Affairs and Company Secretary	Approved by: David Atkinson, Non-Executive Director, Chair – Finance & Investment Committee
Presented by:	David Atkinson, Non-Executive Director Chair – Finance & Investment Committee	

Purpose of the report:

This paper provides a summary report of the items discussed at the Finance & Investment Committee meetings on 18 January 2022.

Action required:

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

To note the three items for approval by the Board.

Summary and recommendations:

Summary

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

To receive and note the report.

Recommendations

To note that three items were escalated to the Board for approval:

- a) Disposal of Stewarts.
- b) Reviewed Terms of Reference.
- c) Green Plan.

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

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

Summary of Financial, IT, Staffing & Legal Implications:

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

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

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

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

Finance and Investment Committee 18 January 2022.

1. Introduction

The Finance and Investment Committee (FIC) has met once since the last report to the Board, on 18 January 2022, they met in accordance with its terms of reference and were quorate. In line with national guidance to reduce the burden and support the organisation's ability to respond to Omicron the agenda for the meeting was streamlined and focused on the key issues for the Trust.

2. Deep Dive – End of Year 2021/22

The Committee received a presentation on the likely end of year financial position for the Trust. It was noted that the Trust was forecasting break even at year end, a position that was supported by planned release of deferred income. The presentation provided a run rate analysis for the year and set out the plans for how to establish a sustainable run rate. The Committee noted the planned approach to the year with regard to IFRS15 and preparing for IFRS16 which will be in place from 1 April 2022. The Committee discussed the work underway with external audit to prepare for the interim audit in February and the plans with regard to deferred income and provisions.

In response to Catherine Dugmore's question Maria Wheeler confirmed that discussions had started with commissioners with regard to the increased demand and acuity the Trust is experiencing. It was reported that work is underway to transform acute pathways which will support the aim to reduce the number of out of area placements. The importance of including the impact on quality of any changes to funding was noted. The Committee were also updated with regard to new requirement to report nationally on delayed transfers of care and that this was likely to part of a regular reporting.

Maria Wheeler confirmed that the impact of IFRS 16 on CDEL limits had been raised with the national team but no changes in approach had been indicated.

3. Operational

3.1 Performance Headlines.

The Committee received and considered a report that set out the summary of performance during quarter three against the national, regional and local indicators. It was noted that there had been a challenging period for the Trust, reflecting the wider NHS position at a local, regional, and national level. Pressures had come from continued high demand and acuity, the ongoing COVID-19 Pandemic, and the emergence of Omicron variant. Overall performance against KPIs has returned to quarter one levels with access standards in Adult and CAMHS services accounting for the change in performance from previous quarter.

It was noted that all services remained open to referrals and admissions and Feedback from service users stating that they feel safe in our inpatient wards and would recommend our services to friends and family members if they needed them. It was reported that workforce remains a key area of focus for the Trust. Feedback from our staff through pulse surveys, team meetings, and Executive Listening events tells us that whilst they are feeling under pressure, they also feel listened too and supported.

In terms of the financial position, it was reported that the Trust is on track to deliver the reforecast year-end position of breakeven. This position is supported in-year by short term COVID 19 funding, winter pressure money, and transformation funding.

Particular areas of strong for improved performance in the quarter were: Friends and Family Test; Service User Engagement; 18 Week Standard; access to crisis services; IAPT and recovery and access to assessment by specialist community learning disabilities services.

The Committee discussed areas of concern and focus noted in the report namely: Adults 28-day assessment; 48 hour follow-up post discharge; vacancy and turnover rates; increase in inappropriate Out of Area Placements; the rate of service users with an up to date risk assessment and Adults 28 Day Assessment performance. The Committee also considered the actions in place to improve the position in each of these areas.

It was noted that the Trust still continued to deliver against a range of targets. Janet Lynch provided some feedback on analysis of Trust data on staff experience noting the positive findings. Paul Ronald added that the Trust transformation programme would be aligned with the Annual Plan and planning requirements. It was noted that the February Board would receive the full quarter three performance report.

3.2 East of England Collaborative

The Committee considered a report that provided an update on the progress to date in relation to the Provider Collaborative. With regard to the Trust being the lead provider for Child & Adolescent Tier 4 Services, it was reported that there continues to be a high number of beds closed, but it was noted there are now plans in place for a number of units to reopen to admissions. Unfortunately, the recent COVID19 wave has meant that some wards have closed to admission due to the management of outbreaks, nevertheless it was noted that flow across the bed capacity was improving.

Each Trust has identified two clinical leads who will support the patient flow hub and planned reviews of young people who are waiting for an admission with a length of stay longer than 100 days. It was reported that there had been limited progress in term of transformation as the focus has been on the reopening of beds.

It was reported that good progress is continuing in both secure and adult eating disorder services in the mobilisation of their transformation initiatives. It was noted that recruitment was underway and services are expected to go live in quarter four if the relevant posts are filled.

The Committee noted the report on the Patient Flow Hub for all services, for which the Trust is responsible. The hub is currently only operational for CAMHS bed management. There are systems in place to undertake regular reviews of the waiting list, prioritise referrals and monitor planned discharge. It was noted that the hub has the overview of all beds and referrals but it currently only manages all referrals for HPFT and the North and Suffolk Trust. This will be expanded to cover Central and North West London Trust and East London Trust from the end of January and then Essex Partnership Trust and Cambridge and Peterborough Trust in February. It was noted that it is starting to see the positive impact of the hub in the form of improved information, improved flow and the joint approach to prioritisation across the collaborative.

The report provided an update on the current financial position noting that the CAMHS poses the most significant financial risk. The Committee considered the projected end of year deficit noting the work better understand the position and develop an accurate end of year forecast. The Committee discussed the impact on the Trust's end of year position as part of the year end item.

In response to Anne Barnard's question Sandra Brookes outlined that CAMHS services in the Collaborative had started to recognise the need to change their service model so there was less reliance on inpatient beds. In response to Jon Walmsley's question Sandra Brookes outlined the next phase for the patient flow hub was to consider how to harness digital innovation.

3.3 Disposal of The Stewarts

The Committee considered the proposal to dispose of The Stewarts. It was reported that the proposal is that the Trust sell the building to Hertfordshire County Council. The property will then be refurbished for use as an intensive enablement service, managed by HPFT and sub-contracted by a service provider. The Committee noted that the The Stewarts is an unused property with no other internal use and identified as surplus as part of the agreed capital programme for the Trust.

The report set out that the Trust had engaged external advisor to support the sale and that all due process and NHS Estate code practice had been followed. The Committee noted the conditions for the sale as set out in the report and the details relating to the sale price, net book value of the property and other financial details, all of which had been set out in agreed heads of terms of the sales contract. The target was for a simultaneous exchange and completion date in March 2022.

The Committee approved the proposal as set out in the report, recommending the proposal for approval by the Trust Board.

4. Governance

4.1 Results of Committee self-assessment

The Committee noted the outcome of the Committee's self-assessment. It was noted it was a very positive report with small number of development areas and agreed actions. It was noted that the Committee terms of reference would be amended to clarify its role with regard to Investment strategy and policy.

4.2 Review of Terms of Reference

The Committee reviewed its Terms of Reference in line with good governance and to reflect any learning from the self- assessment. It was noted that the recent self-assessment demonstrated that the Committee is working effectively and in line with its Terms of Reference.

The proposal was for two changes, one relating to Director of Innovation and Digital Transformation being added to the membership and secondly clarification of the role of the Committee with regard to investment strategy. The Committee agreed the amendments and recommended updated Terms of Reference to the Trust Board for approval.

5. Strategic

5.1 Annual Plan 20/21 – Update

The Committee received a presentation which provided an overview of draft forecast position with regard to quarter three Annual Plan performance. The Committee

welcomed the early opportunity to consider the forecast noting that a detailed report would be considered by the Board at its meeting in January 2022.

5.2 Planning Update 2022/23

The Committee considered a report that provided the details of the work undertaken to date to develop the Annual Plan 2022-23 priorities in line with the Trust's strategic priorities. Noting the work planned to undertake further coproduction and engagement.

It was noted that the NHS planning and priorities guidance had been published at the end of December and had proposed additional processes to be undertaken in the development of this year's Trust Annual Plan. It was noted that the guidance requires a significant system wide response that will be co-ordinated by joint Council and CCGs specialist commissioning team and expected inputs from MHL D Collaborative. In addition, the guidance signals an enhanced scrutiny and expectation of accelerated progress being achieved around both the mental health, Learning Disabilities and social care transformation and digital investment programme. The Committee were updated on the ten national priorities four of which were of particular relevance to the Trust.

The Committee noted the enhanced processes in relation to a stocktake and triangulation of key issues and the requirement to prepare system responses around key areas of the plan by the end of February, March and April 2022. Noting that the draft Annual Plan will be considered at the March FIC meeting.

The Committee supported the plan to review the proposed actions in the draft Annual Plan for 2022/23 to ensure that they align with the planning guidance and their impact is clearly quantified. It was noted that the March Committee would be considering the next iteration of the Annual Plan.

5.3 Financial Planning 2022-23

The Committee received an update on financial planning for 2022/23. It was noted that although the planning Guidance had been issued the technical guidance, (which includes the detailed financial planning requirements) and national allocations for both revenue and capital resources was been delayed until January 2022.

It was noted that there had been some indication of the likely planning parameters, but the draft financial plan considered by the Committee will be subject to revision following the publication of national technical guidance and negotiations with commissioners. It was noted that the final plan will be considered by the March FIC and Board meetings.

The Committee were taken through the high-level financial plan including the key assumptions, which reflect information shared to date by NHSE, organisational assumptions and the Trust's forecast outturn position. It was noted that budget-setting has started but has been impacted by recent operational pressures.

It was reported that an outlined Delivering Value plan was being developed to meet an increased target for 2022/23. It was noted that the primary focus of programme will be the reduction of Out of Area bed usage and spend on temporary staffing. It was noted that the capital allocations will continue to be issued to the system and Trust expects to receive capital resource similar to that received in 2021-22 and the Trust is developing a three-year capital programme.

It was reported that a national consultation is underway in respect of the national tariff for 2022-23 and the standard form NHS Contract for 2022-23. There are not expected to be any significant changes and preparation is underway for a return to contract negotiations for 2022-23.

It was noted that this plan was work in progress and that the final plan would be considered at the March Committee meeting.

5.4 Green Plan

The Committee reviewed the Trust Green Plan which has been produce in line with NHS England's Published directive from August 2021 and once approved would be incorporated into the HWE ICS Green Plan which was, due to be signed off by 31 March 2022.

It was reported that the Trust Green Plan has been produced with engagement from Staff, Service User Representatives and colleagues from NHS England and the HWE ICS System, although the levels of engagement originally planned have been impacted by the recent wave of the COVID pandemic. The Committee noted the commitment to continue to seek involvement from Staff and Service User Representatives to co-produce Trust's sustainable future.

The Committee noted that the NHS has set two clear and feasible targets for the NHS net zero commitment, based on the scale of the challenge posed by climate change, current knowledge and the interventions and assumptions that underpin this analysis. Namely: for the emissions the Trust control directly (the NHS Carbon Footprint), net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032 and for the emissions the Trust can influence from the Trusts suppliers (our NHS Carbon Footprint Plus), net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.

It was noted that the plan will clearly describe how we are going to reduce our environmental impact as individuals and as an organisation, but without affecting the great care and outcomes we provide; encourage and support our people to think about the impact they and their teams have on the environment and encourage everyone connected to HPFT to play their part in making the services we provide sustainable into the future. It was noted that the Trust has commissioned sustainability specialists to baseline the Trust's overall carbon footprint, undertake site energy surveys and to develop the trust's Green Plan and Net Zero Roadmap.

The Committee noted the areas of focus of the Plan. The Committee supported the suggestion that a clear road map is developed to ensure delivery of the plan. It was identified that important for Committees of the Trust to debate the plan and consider how best to ensure delivery.

The Committee recommended the Green Plan for approval by the Board.

6. **Items to Note**

6.1 Finance Report – Month nine

The Committee noted the report that set out the Trust's financial position to 31 December 2021, recognising that a detailed discussion had taken place during the Deep Dive. It was noted that the Trust is on track to deliver against the revised financial plan of a breakeven financial out turn, and that this is possible with the release of additional, unplanned, balance sheet flexibilities. The Committee noted

the release of deferred income and high areas of spend, variance on pay and non-pay.

6.2 Commercial Update

The Committee noted an update on commercial activity. It was noted that the Trust is well advanced in identifying and costing the “Investment” pressures needed to support discussions with commissioners, including responding to increased demand; introduction of new national waiting time standards for mental health; Mental Health Practitioners in Primary Care Networks and social care savings.

The Committee noted that the Norfolk LD partnership has been given permission to focus on developing proposals in the areas of: development of Positive Behaviour Support service pilot; enhanced Intensive support at home service; moving forward the Community Forensics services and reducing the current use of out of area placements though the development of appropriate service capacity managed by the provider partnership. The Committee also noted the work underway to facilitate coming to an agreement on the partnership development.

Paul Wood updated the Committee to report that the proposed Business Case for Enhanced IAPT (SMI Psychology) service in Mid Essex, detailed in the report had recently been approved by the Executive Team and would now be taken forward with the commissioner.

6.3 Committee Planner

The Committee noted the update planner

7. Recommendations

7.1 To receive and note the report.

7.2 To note that three items were escalated to the Board for approval:

- d) Disposal of Stewarts.
- e) Reviewed Terms of Reference.
- f) Green Plan.

Board of Directors PUBLIC

Meeting Date:	27 January 2022	Agenda Item: 11a
Subject:	Annual Plan 2021/22 - Quarter 3 Report	For Publication: Yes
Author:	Michael Thorpe, Deputy Director of Improvement & Innovation Sophia Mody, CQI lead	Approved by: Paul Ronald, Director of Performance Improvement
Presented by:	Paul Ronald, Director of Performance Improvement	

Purpose of the report:

This report both updates the performance against the Annual Plan milestones for Q3 and reviews and updates the projected performance for year-end. Outcomes are based upon an assessment of the impact of the milestones achieved the expected further progress and considering changes in the expected future operating environment.

Action required:

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

Summary and recommendations:

About the Annual Plan

The Annual Plan comprises of seven objectives across the four themes of the Trust's 'Good to Great' strategy. It describes the actions the Trust needs to take and the milestones we plan to achieve, by quarter, to deliver the Trust's agreed outcomes for the year. In setting the current year's Annual Plan in March it was recognised that there was a much higher level of uncertainty due to the ongoing pandemic and related government policy actions. In response to this level of risk the planning process included a mid-year review of the outcomes set.

At the end of each quarter each objective receives two RAG ratings which indicate:

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

Q3 Summary

Quarter 3 has been a challenging period for the Trust, in line with the challenges faced in the NHS at a local, regional, and national level, with continued demand (+6%) and acuity pressures, the ongoing Covid-19 Pandemic and the emergence of Omicron variant.

Pressures are apparent across the system with the NHS overall impacted by record demand levels and high staff absence rates. In response to these increased pressures the Trust re-established its Incident Command approach at an early point and this has been key in being able to continue to prioritise maintaining safe, effective, and timely care for our most vulnerable service users. Importantly all services continued to remain open during the quarter, including the festive period when the acuity of demand and system pressures were at their peak.

We continue to work closely with our system partners across Hertfordshire, Essex, Buckinghamshire and Norfolk, and have achieved most of our milestones for the quarter and are on track to meet most of our year end outcomes.

The Table below shows overall performance by Strategic Objective – demonstrating outcomes at the end of Quarter 3 against the milestones set, and progress towards the end of year outcomes. At the end of Quarter 3:

- four out of seven objectives met the milestones for the quarter
- four out of the seven objectives are projected to meet the end of year outcomes.

Q3 Annual Plan Performance

Q3 Milestone RAG rating	Objective		End of Year RAG projection
	1	We will provide safe services, so that people feel safe and are protected from avoidable harm	
	2	We will deliver a great experience of our services, so that those who need to receive our support feel positively about their experience	
	3	We will improve the health of our service users through the delivery of effective evidence-based practice	
	4	We will attract, retain and develop people with the right skills and values to deliver consistently great care, support and treatment	
	5	We will improve, innovate and transform our services to provide the most effective, productive and high-quality care	
	6	We will deliver joined up care to meet the needs of our service users across mental, physical and social care services in conjunction with our partners	
	7	We will shape and influence the future development and delivery of health and social care to achieve better outcomes for our population(s)	

Mid-year review

It was clear at the half-way point of the year that the targets for objective 4, turnover and vacancy rates, were too ambitious given the operating environment. The national and regional trends are increasing for turnover and vacancies across the regional and national system; therefore, we revised our year end outcome target to maintain our vacancy and turnover levels at 20-21 levels which shows that HPFT at or below the median level for mental health trusts nationally. This change remains a challenging target to aim for over the quarter, given the current COVID-19 Omicron wave and the wider NHS system workforce pressures.

Conclusion

Continuing progress has been made across all seven Strategic Objectives. At the end of Quarter 3, 61% of year end outcomes are on track to be fully delivered (34/56 outcomes). 39% (22 outcomes) are not currently on target, however actions are being taken during Quarter 4 to mitigate this and improve the position in most areas.

End of year forecasts are reviewed and agreed with Executive SROs for each objective. These reviews take account of progress to date, current pressures, and the continuing impact of the Covid - 19 pandemic during this period and make up our best estimate outcomes at the end of Q4.

To support a strong end of year performance we will undertake a monthly review of progress with SROs with a view to providing support and encouragement to complete plans and meet our objectives. The key areas of focus currently being improving our recruitment and retention rates; increased IAPT access; a reduction in out of area placements; implementation of personalised social care plans; and continuing to support the wellbeing of our people.

Recommendation

The Trust Board is asked to receive the Q3 Annual Plan Report, noting delivery against the plan to date and projections for the remainder of 2021/22.

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

Summarises progress against Annual Plan (all objectives)

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

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

Equality & Diversity and Public & Patient Involvement Implications:

None noted

Last seen by:

N/A

TRUST ANNUAL PLAN 2021/22

QUARTER 3 PROGRESS REPORT

1. Quarter 3 - Progress against End of Year Outcomes

Significant work has taken place during Quarter 3 to support the Trust to achieve the year end outcomes and the detail in Appendix 1 demonstrates this. At the end of Quarter 3, four (out of seven) objectives are on track to fully deliver the planned end of year outcomes (RAG rated Green).

At the end of Quarter 3 overall 61% of year end outcomes are on track to be fully delivered (34/56 outcomes). 39% (22 outcomes) are either not on track/or at risk of not being fully achieved. The Covid19 pandemic continues to affect our ability to deliver plans and will continue to do so for the remainder of 2021/22. This ongoing impact has been considered in forecasting the EoY outcome but there remains a level of unpredictability in our forecasts as new variants emerge.

Table 1 End of Year RAG outcome- as at Q3

Objective		Q3 RAG rating
1	We will provide safe services, so that people feel safe and are protected from avoidable harm	2/8 (25%)
2	We will deliver a great experience of our services, so that those who need to receive our support feel positively about their experience	5/8 (63%)
3	We will improve the health of our service users through the delivery of effective evidence-based practice	2/5 (40%)
4	We will attract, retain and develop people with the right skills and values to deliver consistently great care, support and treatment	5/7 (71%)
5	We will improve, innovate and transform our services to provide the most effective, productive and high-quality care	4/5 (80%)
6	We will deliver joined up care to meet the needs of our service users across mental, physical and social care services in conjunction with our partners	7/9 (78%)
7	We will shape and influence the future development and delivery of health and social care to achieve better outcomes for our population(s)	9/13 (69%)

The Amber rated objectives are as follows:

Objective 1 – Safety

This objective is rated Amber due to the high number of unexpected deaths and incidents of violence and aggression during the quarter. We try to learn from each incident and strive for best ways to help keep our service users safe. We are defining and implementing a suicide prevention pathway based on best practice from around the world. We are delivering new solutions to improve safety planning, and we are using our simulation suite for training and education for HPFT staff and system partners. This work continues into Q4 and onto next year.

Objective 3 – Effectiveness

This objective is rated Amber due to the slower than planned progress made in implementing the personalised care plans, physical health checks, and reduction of re-admissions into inpatient services, from those on the Personality Disorder pathway.

Objective 4 – Workforce

This objective is rated Amber despite revising the target at the end of Q2 to 'maintain our vacancy and turnover levels at 20-21 levels.' Unplanned staff turnover remains high, and the national shortage of mental health and LD staff has left a net recruitment deficit for the year to-date.

4. Performance against Quarter 3 Milestones

At the end of Quarter 3, four out of seven objectives met most key milestones.

Table 2 – Q3 milestones RAG rating

Objective		Q3 RAG rating
1	We will provide safe services, so that people feel safe and are protected from avoidable harm	12/14 (86%)
2	We will deliver a great experience of our services, so that those who need to receive our support feel positively about their experience	7/12 (58%)
3	We will improve the health of our service users through the delivery of effective evidence-based practice	10/18 (56 %)
4	We will attract, retain and develop people with the right skills and values to deliver consistently great care, support and treatment	8/16 (50%)
5	We will improve, innovate and transform our services to provide the most effective, productive and high-quality care	11/12 (92%)
6	We will deliver joined up care to meet the needs of our service users across mental, physical and social care services in conjunction with our partners	9/13 (69%)
7	We will shape and influence the future development and delivery of health and social care to achieve better outcomes for our population(s)	5/8 (63%)

Objective 2 – Experience

This objective is rated Amber due to slower than planned progress in our connected lives programme, continued reduced IAPT access rate and continuing levels of out of area placements. However this is expected to improve during Q4 as connective lives gathers pace and the effects of the additional beds at Kneesworth Priory provide the ability to repatriate service users closer to home.

Objective 3- Effectiveness

This is rated Amber due to missing key milestones in the roll out of personalised wellbeing care plans, mobilising the integrated CYP crisis service, and development of evidence-based pathways.

Objective 4- People






















This is rated amber due to falling behind our staffing and recruitment targets. Plans are in place to continue to strengthen our recruitment activity and improve our turnover rates. We continue to build upon our established staff wellbeing and support programmes.

5. **Conclusion**

Progress continues across all seven Strategic Objectives and we expect to deliver most of our planned year-end outcomes. At the end of Quarter 3, 61% of year end outcomes are on track to be fully delivered (34/56 outcomes). 39% (22 outcomes) are either not on track/or at risk of not being fully achieved.



Quarter 4 will continue to be challenging, however as the current covid-19 surge subsides we will seek to recover performance and continue to work towards improvement and transformation. We are optimistic that we will end the year well.

Appendix 1 – Annual Plan - Outcomes


	Objective	Predicted			EOY	Year End Outcomes Commentary
		Q1	Q2	Q3	Q4	
1	We will provide safe services, so that people feel safe and are protected from avoidable harm					There have been 17 suspected suicides between October and December 2021. Each is being investigated individually and thematically to understand what we can learn to prevent deaths in the future. We continue to work across the system to prevent suicide with initiatives including 'Spot the Signs,' 'Stay Alive' and through social media to reach vulnerable individuals. Levels of harm as a result of violence and aggression in inpatient services are slightly higher however the number of incidents is improving as a result of training and focus on safety at the start of every shift.
2	We will deliver a great experience of our services, so that those who need to receive our support feel positively about their experience					Building refurbishments for Forest house, Oak, Albany Lodge are progressing and the business case for Lexden is being reviewed to ensure best value for the investment. Co-production plan is agreed with delivery plan established and Having Your Say survey result show improved engagement activity in Q3. IAPT volumes are behind commissioned targets. The number of social care placements have not reduced in Q3; however, our Connected Lives programme is reporting good progress and confidence we will meet our 2021/22 commitments.
3	We will improve the health of service users through the delivery of effective evidence-based practice					Progress for physical health has been accelerated throughout Q3 with checks completed for all service users on the SMI register, and further innovation through the Blue box project roll out. Training in the simulation suites is progressing well. Research strategy launched and progressing well. However, progress around greater psychological awareness in services, and social care and wellbeing plans are improving but behind target.
4	We will attract, retain and develop people with the right skills and values to deliver consistently great care, support and treatment					Staff support through Wellbeing services has been further strengthened in Q3 with the 'Here for You' service and Winter wellbeing programme. Wellbeing Champions roles now in place. Vacancy rates target was not met for Q3. Staff retention & vacancy rates have made slow progress in Q3 against pre-COVID baselines; however, we have not achieved all our workforce targets for Q3. Work is underway to improve this in Q4.
5	We will improve, innovate and transform our services to provide the most effective, productive and high-quality care					We continue to see an acceleration of innovation and improvement across the trust in 2021/22. CQI methodology and coproduction of improvement is progressing well. There is greater level of digital interaction with service users, our internal and external collaboration capability, automation, & improvements to data & information systems. We on target automate clinical outcomes and key BI dashboards in SPIKE.
6	We will deliver joined up care to meet the needs of our service users across mental, physical and social care services in conjunction with partners					Good progress made in Q3, with the foundations in place for a strong end to the year. Coproduction work in progressing. We have seen modest reductions in the number of inpatient admissions and length of stay in Q3 and we have good plans in place to improve out of area placements and delayed transfers of care which will need to be implemented to meet targets in Q4.
7	We will shape and influence the future development & delivery of health and social care to achieve better outcomes for our population(s)					The MHL Collaborative continues to develop and lead transformation across Herts. During quarter 1-3 partners have been working together to review the underpinning governance in line with the ICS development. The EOE Collaborative continues to focus on improving care and beginning to mobilise the new clinical pathways. CAMHS bed management has progressed well during Q3.


Appendix 2 – Annual Plan 2021/22 - Quarter 3


Commentary against Milestones and Outcomes


Strategic Objective 1 (Owner JV)	Q3 Key Actions / Milestones	Q3 Milestones Rating
<p>We will provide safe services, so that people feel safe and are protected from avoidable harm</p> <p>Key Priorities</p> <ul style="list-style-type: none"> • We will continue to work with system partners to prevent suicides • We will keep service users and staff physically and mentally safe, reducing the avoidable harm they experience • We will ensure the least restrictive practice is appropriately used to support service user recovery • We will implement and follow best practice infection prevention & control practice across our services 	<ul style="list-style-type: none"> • Work continues with partner agencies to develop a Suicide prevention Pathway -Gold Coast model • System wide suicide awareness training being developed with Wave 4 national funding • Delivery of Simulation Training with suicide risk case scenarios for front facing acute teams • Joint initiative with Samaritans in final stages of going live in identified Pilot teams • Setting up of Real Time Surveillance in Hertfordshire which will ensure early warning to all agencies of a suspected suicide, monitoring of potential clusters with immediate system response • Resolution policy including just culture guide now ratified. Respectful resolution pathway launched, and training delivered to managers. Speaking Up Safely e-learning module launched on discovery • Launch EAHSN SIP focusing on reducing restrictive practice • Safety Suites to go live in Dove Ward, Astley Ct, 4 Bowlers Green & Warren Ct • Ensure rigorous application of existing Infection Prevention & Control (IPC) policies and training • Non-compliance with IPC training followed up with reports to the matrons and Heads of Nursing • IPC audits completed with quarterly meeting to highlight non-compliance • Provide IPC advice for any new builds or refurbishments and review IPC risk assessment • Follow up the "To dip or not to dip" campaign in MHSOP to avoid inappropriate diagnosis of UTI • SASO Policy updated reflecting outcome of the SASO CQI project <p>Commentary:</p> <ul style="list-style-type: none"> • Tools and e-learning to support respectful resolution is now ready and shared with teams. • Reducing restrictive practice CQI now underway at Astley court with safety crosses baseline data collected for 3 months. • SASO policy view is underway including a brief overview training module developed. • All IPC policies have been updated in line with new national guidance and reviewed by CPAC. • MHSOP to dip or not to dip delayed to February 2022 launch due to Covid 19 demands on IPC team. 	
Summary:	Key Outcomes at Year End	Year End Outcomes Projection
<p>There have been 17 suspected suicides between October and December 2021. Each is being investigated individually and thematically to understand what we can learn to prevent deaths in the future. We continue to work across the system to prevent suicide with initiatives including 'Spot the Signs,' 'Stay Alive' and through social media to reach vulnerable individuals. Levels of harm as a result of violence and aggression in inpatient services are slightly higher however the number of incidents is</p>	<ul style="list-style-type: none"> • 10% reduction suspected suicides Baseline < 40 for year (29+ Q3= 17) • Suicides relative to total Contacts with HPFT. Baseline 4.75⁻⁴ (in Q3) • 85% service users report feeling safe across adult & CAMHS inpatients (87.6% in Q3) • < service user to staff moderate - severe harm through violence & aggression (<2.3% -Q3:3.38% 14/401) • < service user to service user moderate - severe harm through violence & aggression (<2.3% - Q3 2.85% 3/105) • 98% SI action plans - Day 60 post SI (64% Q3) • 95% SI actions implemented by date set in action Plan (64% Q3) • > % staff reporting feeling safe (82% baseline) (88% in Q2) 	


improving as a result of training and focus on safety at the start of every shift.		
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Strategic Objective 2 (Owner SB)	Q 3 Key Actions / Milestones	Q3 milestones Rating
<p>We will deliver a great experience of our services, so that those who need to receive our support feel positively about their experience</p> <p>Key Priorities</p> <ul style="list-style-type: none"> We will improve service user experience of accessing our services and receiving treatment We will involve our service users and carers in the design and delivery of services and their care We will provide safe, high quality environments where our service users are cared for and our staff work 	<ul style="list-style-type: none"> Reach out to BAME and disadvantaged communities to ensure they have needs led access Respond to the changing demand post Covid to ensure timely access to our services. IAPT services: review existing integration and joint working with Long Covid clinics Service user involvement in the development/evaluation of IAPT digital innovations/improvements Increase access to psychological therapies, developing a 'psychologically minded' workforce Oak ward & Forest House development. Albany Lodge refurbishments target completion April 2022 Coproduce a new trust-wide approach to service user and carer engagement strategy Increase the number of carers assessments undertaken across the Trust The design of MHSOP (including hospital locations and bed numbers) coproduced with Experts by Experience and system partners. Lexden refurbishment started Implement our approach to recovery and personalisation through our 'connected lives' programme supporting service users to live as independently as possible Bring care closer to home by eliminating inappropriate out of area placements 	
<p>Commentary:</p> <ul style="list-style-type: none"> 2 new post recruited in IAPT services to implement initiatives to address individual health inequalities. Staff guidance for working with Neurodiversity developed. ELDP website developed in collaboration with ICE and HACs. Launched in September 2021 with easy read information. Community psychology LD team in Buckinghamshire have reviewed their core assessment to release clinical time Service users and carers are involved in CQI projects e.g. depression pathway, SASO, Trauma informed care etc. 300 staff training in Q4 to increase carers assessments. Carers involvement CQI continues to progress in West SBU Lexden A&T at risk as returned tenders exceed the business case value, scheme currently being value engineered. 		
Summary:	Key Outcomes at Year End	Year End Outcomes Projection


Building refurbishments for Forest house, Oak, Albany Lodge are progressing and the business case for Lexden is being reviewed to ensure best value for the investment. Co-production plan is agreed with delivery plan established and Having Your Say survey result show improved engagement activity in Q3. IAPT volumes are behind commissioned targets. The number of social care placements have not reduced in Q3; however, our Connected Lives programme is reporting good progress and confidence we will meet our 2021/22 commitments.	<ul style="list-style-type: none"> • HYS survey results for Service users 88% baseline (Q3=91%) • Forest House development • Oak & Albany Lodge upgrade progressed • E&N Herts bed provision outline business case approved • Lexden refurbishment progressing • Carer's awareness training carried out • IAPT access KPI (5349 Target 8319) • Reduction in the number of social care placements made • Reduction Out of area placements (2355 in Q3) 	
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Strategic Objective 3 (Owner AZ)	3 Key Actions / Milestones	Q3 Milestones Rating
<p>We will improve the health of our service users through the delivery of effective evidence-based practice</p> <p>Key Priorities</p> <ul style="list-style-type: none"> • We will improve the care, support and outcomes for service users who need additional support or at risk of admission • We will support our service users to be physically healthy by improving the physical health support, intervention and care available • We will support our service users to live their lives as independently as possible 	<ul style="list-style-type: none"> • Established high-risk formulation meeting with ACMH, Crisis and acute services in all areas • Define and describe Frequent Attender pathway in ACMH and Admission and Treatment pathway in Essex • ELDP Inpatient Bed Review - Development and sign off for Strategic Outline Case Future • Implement Integrated Physical Health model pilot in Community Teams • Development of strategy to link in with newly formed PCNs. Frailty and Health Coordination SOPs in 2CCG • Physical health team roles recruited and develop bitesize training in clinical areas • Simulation suites now live with teams accessing the experience • Recruit additional employment specialists to reach LTP target • Expansion of membership of ELDP governance arrangements to include Experts by Experience • Launch research strategy in October 2021 and Research Board is operational • Implement a new integrated CYP crisis service, mobilise new service • Pilot Community rehab offer to avoid re- admission in one locality • IAPT is integrated into condition specific LTC pathways to ensure core pathways are robustly set up • Increase number of blue boxes offered in MHSOP community and start in adult community and Herts LD • Classroom based Physical health support training courses being delivered • Widen availability of nicotine products including e-cigarette available free and targeted support from CCG • Continue roll out of personalised wellbeing care plan as part of community transformation • Smoke free site publicised strongly <p>Commentary:</p> <ul style="list-style-type: none"> • High risk panel meeting protocols now agreed. Coproduction of Pathway development continues with SOP agreed • Recruitment campaign for new CYP Crisis team is underway with recruitment challenges alongside demand pressures. • Lexden site has been agreed for 15 bed ATU at Lexden Hospital and full business case will be completed. • Physical health wellbeing wheel currently being piloted • Physical health continues to progress with training offer accelerated in Q2. Community transformation testing is completed with mental health equality steering group set up. EPMHS clinic received Herts valley CCG award for "Team Making a Difference in Primary care". Outpatient model defined and evidence-based care Depression pathway standard 1-3 codeveloped 	


Summary:	Key Outcomes at Year End	Year End Outcomes Projection
Progress for physical health has been accelerated throughout Q3 with checks completed for all service users on the SMI register, and further innovation through the Blue box project roll out. Training in the simulation suites is progressing well. However, progress around greater psychological awareness in services, and social care and wellbeing plans are improving but behind target.	<ul style="list-style-type: none"> • Training programme in place for Inpatient and for Community Services • Demonstrate improved outcomes on new pathways for service users • Social care and wellbeing plans in place and outcomes recorded (target is 81% Q3 77.9%) • 95% CPA physical health checks (Q3 – 67.6%, improving steadily) • Reduction in readmission for service users with PD (Base 11% Q3 13%) 	


Strategic Objective 4 (Owner JL)	Q3 Key Actions / Milestones	Q3 Milestones Rating
<p>We will attract, retain and develop people with the right skills and values to deliver consistently great care, support and treatment</p> <p>Key Priorities</p> <ul style="list-style-type: none"> • We will improve the employment experience of our people, including support to improve their health & wellbeing and to help them to rest and recover post Covid 19 • We will ensure all our people feel valued, included and able to fulfil their potential through the development of our just & inclusive culture • We will develop our collective leadership culture to support all of our staff to feel empowered and engaged 	<ul style="list-style-type: none"> • Review learning from our flexible rostering pilot received in July • Develop our Programme of wellbeing support in line with people's emerging needs • Monitoring of feedback from staff who leave and their reasons for leaving, ensuring plans to act on their feedback to continually improve experience • Launch Wellbeing Guardian, Wellbeing Champions and Mental Health First Aiders. • Exploring technological solutions to enhance our talent management practices • Implementing the People Recovery Plan and Staff Survey Action Plan, to address the experience of bullying, harassment, abuse, and discrimination • Implementing our just and inclusive culture Programme of work and develop BAME leadership development and talent management. Refresh our leadership development offer. • Review existing staff benefits in collaboration with staff. • Implementing our Trust workforce plan and monitoring progress with developing at SBU level • Refresh our engagement strategy. Launch our Q2 pulse survey and ensure high engagement • People recovery and staff survey action plans and act on feedback from our pulse surveys • Refreshing our, marketing, recruitment, and attraction approaches • Implement regular check in conversations with new staff • Relaunching our long service awards • Refresh our Equality, Diversity, and Inclusion Strategy • Refreshing our team development approach in line with our Great Teams model and relaunch <p>Commentary:</p> <ul style="list-style-type: none"> • Winter Wellbeing Festival underway and Here for Your support to staff. • Action plan for You said Together we did created for implementation. 20 Wellbeing champions and 43 MHFA trained with plans for all HCA MHFA trained • Inclusion BAME ambassador scheme launched including ICS level BAME leadership programme • Final testing of appraisal app and to be launched in Q4 	



Summary:	Key Outcomes at Year End	Year End Outcomes
Staff support through Wellbeing services has been further strengthened in Q3 with the 'Here for You' service and Winter wellbeing programme. Wellbeing Champions roles now in place. Vacancy rates target was not met for Q3. Staff retention & vacancy rates have made slow progress in Q3 against pre-COVID baselines; however, we have not achieved all our workforce targets for Q3. Work is underway to improve this in Q4.	<ul style="list-style-type: none"> • Health and Wellbeing score >6.6 • < Reduction in staff reporting bullying/harassment by manager • Develop our Just and Inclusive Culture across the Trust • Significant improvement in the experience of our BAME staff and staff with a disability. • Big & Little Listen events • <10.5 % vacancy rate by year end (Q3 – 14.51%) • < 9% unplanned turnover rate by year end (Q3: 12.80%) 	

Strategic Objective 5 (Owner MW/PR)	Q3 Key Actions / Milestones	Q3 Milestones Rating
<p>We will improve, innovate and transform our services to provide the most effective, productive and high-quality care</p> <p>Key Priorities</p> <ul style="list-style-type: none"> • We will support, enable & encourage our people to continuously improve the care and services we provide • We will continue to introduce new digital capabilities that will enable teams to innovate and improve service user, carer & staff experience as well as the safety and effectiveness of our services • We will continue to release time to care by supporting staff to work more effectively and flexibly, including providing better and simpler access to information 	<ul style="list-style-type: none"> • CQI Leaders programme for 10 Expert by Experience • Progress of Life QI usage with improvement in our 6 focus areas demonstrated on Life QI • QI external event • Deployment of Office 365 completed • At least four administrative processes have been automated or digitised. • Supervision recording now digitised into a supervision app • Controls implemented for agreed datasets across Paris, ledger, ESR and Datix • Digital Forms: Enabling certain assessments such as PROMs to be carried out online which saves time doing these on paper and then adding them to the EPR • Service User Portal and Hybrid Mail contract is agreed and Single Sign On initiated • Single Sign on and Single person view • Virtual Visits platform has been developed on MS teams and migration started • 45 staff trained in CQI <p>Commentary:</p> <ul style="list-style-type: none"> • 102 of 135 target staff trained in CQI by end of Q3 and maintained over 30% of staff represented from BAME background. 130+staff signed on Life QI and 110+ active projects on Life QI covering 6 focus area. • CQI forum and sandpit sessions is supporting local teams to learn and share together including coaching • Wider CQI training and support events with system partners • Flu vaccination booking, recording results and reporting results to NIVS now digitised into Flu App. COVID Vaccination Proof – digitised into a new app that will go live on 19th December • AMOH referral closures is automated (this on its own saved around 112 hours of staff time) • Digital outcome measure live in 3 services (community perinatal, adult eating disorder & Thumbswood) • First pilot of hybrid mail commenced and single sign on trialled at SPA and Dove ward. 	

Summary:	Key Outcomes at Year End	Year End Outcomes Projection
We continue to see an acceleration of innovation and improvement across the trust in 2021/22. CQI methodology and coproduction of improvement is progressing well. There is greater level of digital interaction with service users, our internal and external collaboration capability, automation, & improvements to data & information systems. We on target automate clinical outcomes and key BI dashboards in SPIKE.	<ul style="list-style-type: none"> Digital Strategy finalised – focus for the next 5 years Streamline & develop Electronic Patient Record system to support delivery of care and system interoperability 180 staff trained in CQI 20 EBE trained in CQI West and E&N CQI hubs established 	

Strategic Objective 6 (Owner PW/SB)	Q3 Key Actions / Milestones	Q3 Milestones Rating
<p>We will deliver joined up care to meet the needs of our service users across mental, physical and social care services in conjunction with our partners</p> <p>Key Priorities</p> <ul style="list-style-type: none"> We will Improve community adult and older peoples' services and care aligned with Primary Care Networks We will improve access and delivery of care for those people with a learning disability across the Trust We will improve the range and access to crisis services in conjunction with Hertfordshire partners We will work with partners across Hertfordshire to deliver earlier intervention and support for Children and Young People 	<ul style="list-style-type: none"> Continue to develop our Primary Mental Health model with PCNs Continue transformation of Essex LD Services including the potential bed reconfiguration Work with partners to review & improve Assessment & Treatment LD pathways Specialist Residential Services consultation- co-produce future care with service users, their families and commissioners to meet ongoing care needs. Develop a new approach to LD Services in Norfolk in conjunction with partners Broaden the range of crisis interventions available and evaluate their impact Evaluation of the remodelled crisis services against the CORE Fidelity Standards Ensure Mental Health Support Teams in schools are fully operational Pilot and evaluate, a new community model for adult & older people (Watford & Lower Lea Valley) to inform the future community model for the Trust Implementation of an integrated discharge model with an emphasis on patient flow Develop an integrated crisis model in conjunction with system partners Coproduce and remodel our CAMHS community services to offer earlier intervention/support <p>Commentary:</p> <ul style="list-style-type: none"> PMH model is expanded to include ARRs implementation with developing governance and service specification Development of ELDP website and Way In branding to include easy read information. Lexden has been agreed as the preferred site for ELDP beds expansion. Close links established with Essex social care to develop an integrated health and social care plan for ELDP Herts system partners in social care and commissioning jointly review DToCs to improve flow at Dove ward and jointly use DSR to identify those at risk for admission Continued involvement with system partners and commissioners to redesign CYPMH 	
Summary:	Key Outcomes at Year End	Year End Outcomes

<p>Good progress made in Q3, with the foundations in place for a strong end to the year. Coproduction work in progressing. We have seen modest reductions in the number of inpatient admissions and length of stay in Q3 and we have good plans in place to improve out of area placements and delayed transfers of care which will need to be implemented to meet targets in Q4.</p>	<ul style="list-style-type: none"> • Essex Local integrated teams established, and access improved by 'Way in' service • >Improved service user and carer experience (88% in Q3 of baseline 88%) • <inpatient admissions – baseline 365 (294 in Q3) • <LOS • <crisis presentations (513 in Q3 of baseline 902) • 95% CAMHS access <28 day (97% in Q3) • CAMHS Crisis Business case approved • Adult < reduced time to treatment and ongoing care • < out of area placements (2355 in Q3) 	
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Strategic Objective 7 (Owner PW)	Q3 Key Actions / Milestones	Q3 Milestones Rating
<p>We will shape and influence the future development and delivery of health and social care to achieve better outcomes for our population(s)</p> <p>Key Priorities</p> <ul style="list-style-type: none"> We will lead the development of the Hertfordshire Mental Health & Learning Disabilities Integrated Care Partnership (MH & LD ICP) We will advocate for and ensure mental health & learning disability services are developed across populations we serve We will work with regional partners to develop and deliver New Models of Care for those with specialist mental health and learning disabilities 	<ul style="list-style-type: none"> Governance Structure tested in shadow form Shadow board in place to test: - Partnership Agreement, Financial Model and Commissioning Review Transformation programme in view of Strategy Continue Delivery on transformation milestones Continued implementation of accelerated transformation plans MHD 5yr Strategy Implementation Lead/contribute to Clinical Design Group scoping for 2022-23 transformation plans across all specialisms CAMHS workforce engagement and development strategy in place <p>Commentary:</p> <ul style="list-style-type: none"> Hertfordshire MHL Collaborative.: Recent appointment of MHL Collaborative Development Director in collaboration with interim Director of Strategy and integration, there will be a process of resetting both the medium- and short-term programme required around this strategic objective. There has been delays in the ICS development and the consultation on the 5-year mental health strategy. East of England Provider Collaborative: CAMHS Operational and clinical Oversight group set up. CAMHS Workforce continues to be an issue. 	
Summary:	Key Outcomes at Year End	Year End Outcomes
<p>The MHL Collaborative continues to develop and lead transformation across Herts. During quarter 1-3 partners have been working together to review the underpinning governance in line with the ICS development. The EOE Collaborative continues to focus on improving care and beginning to mobilise the new clinical pathways. CAMHS bed management has progressed well during Q3. Reducing the number of inpatient stays for Eating Disorders remains challenging.</p>	<ul style="list-style-type: none"> Transformation programme in place with partners engaged HWE ICS continues to prioritise & invest MH & LD HWE ICS population health model continues to develop Mental Health Investment Standard is met within 2020/21 MH & LD is overtly prioritised within the ICS strategy and delivery Place based ICPs focusing on, and including MH & LD in future delivery model East of England (EOE) Provider Collaborative established LTP/operating commitments delivered for 2020/21 Out of area placements for service users requiring specialist beds Delivery of new crisis pathway & CAMHS pathways with partners Delivery new Community model including PCNs Plans for development of services across EOE under development Number of inpatient stays for an Eating Disorder 	

Board of Directors – Public

Meeting Date:	27 January 2022	Agenda Item: 12b
Subject:	Annual Plan 2022-23 Development Update Report	For Publication: Yes
Author:	Paul Wood Interim Director of Strategy and Integration	Approved by: Karen Taylor Chief Executive
Presented by:	Paul Wood Interim Director of Strategy and Integration	

Purpose of the report:

This paper provides

- An update on the 2022/23 annual planning process and key work to date ;
- A summary of the key themes that are associated with the national guidance and the system wide planning asks;
- Proposed Trust plan development approach in view of the national planning guidance and system planning ask;
- An update on the initial 2022-23 priorities emerging, from the planning work to date that will be reviewed in the context of the Trusts internal stocktake and system wide planning process;
- Planned next steps around completing the draft Annual Plan, and the development of future action plans

Action required:

The Trust Board is asked to receive and note the annual planning processes and subsequently focus that 22/23 Annual plan will need to have given the both the national and wider system / Trust joint priorities for 22/23 year will have on commit to the draft priorities.

Summary and recommendations to the Board:

Summary

We have commenced the development of the annual planning process using the Trust existing strategic objectives framework and review progress achieved against 20/21 annual plan. The initial priorities within these strategic objectives have been formulated with the engagement of SRO leads, Business Unit leads and another stakeholder engagement

With the publication of the 22/23 national planning guidance and articulation of the expected System planning ask for this planning process, Board members should note that we are building in several new processes to the 22/23 annual planning process that will assist with the alignment of both system ask and continuation of the completion of the Trust annual plan.

These proposed additional processes are outlined in the attached report alongside the proposed engagement processes with various service users' groups and other stakeholders.

Board members should note that system wide planning processes are working within the following timeline milestones.

- An Initial submission of SDF funded transformation programmes associated Mental Health and LD plans for 22/23 by January 28th with the aim of agreeing plans and investments

before commencement of the 22/23 year

- Development of draft system plans with Trust inputs in line with guidance by 17th March.
- Review iterations and further development – triangulation processes associated with finance, service activity, transformation investment and workforce plan from Mid March thorough to mid-April
- Finalisation and approval of the system wide plan by end of April
- Finalisation of the Mental health system 2-year plan by end of June

It is proposed to continue in tandem with the internal Trust plan development but take into full consideration the main themes around the national guidance namely.

- Mental Health service improvement delivery plan that is part of the system wide recovery plan for these services to address specific issues around key waiting times backlog, response times, suppressed demand trends and other specific service capacity recovery issues.
- Investment and reform of MHLD workforce – with the expected development of a system wide 2-year workforce development plan.
- Acceleration of the mental health and LD long term plan ambitions across the various transformation programmes and supporting key enabling strategies (e.g. technology,)
- Re- alignment of the Financial envelope (expected partial release of COVID 19 funding) and reset focus on improving the use of our resources

In response to the national planning ask and system wide planning process, some additional stocktake and review processes are planned to take place in the next 2 months, with the aim of developing a draft annual plan by mid-March that takes into consideration the system wide planning milestones. Further refinement is expected in April with a proposed final plan for review and approval by the end of April

Next Steps

The enclosed report outlines a proposed timetable around the proposed work programme that is feasible within the timescales available and the required triangulation and review of the various plan components.

This is targeted to be undertaken in line with system wide planning processes and prepare a draft annual plan by mid-March with further refinement if required on the back of the completed system wide plan processes by end of April.

Recommendations

The Trust Board is asked to:

- To note the ongoing progress in developing the Trust's Annual Plan for 2022-23 and the required system wide planning processes with the further coproduction and engagement work scheduled for the next 3 months
- To note the additional work programme and stocktake processes built into this year plan development
- To note the initial work already undertaken around the trusts Strategic objectives and proposed key priorities and suggested action plans. These will be refreshed based additional stocktake work and the development of impact improvement metrics, where applicable, and

the subsequent action plans

- To note the expectation that interim draft plan will be presented for further review at FIC Committee in March and a finalisation plan will be presented for review and approval at the April Trust board
- To note the ongoing process of developing the associated delivery plan and performance measures, with appropriate Executive Leads

Relationship with the Business Plan & Assurance Framework:

This paper outlines the proposed approach to developing the 2022-23 Trust Annual Plan

Summary of Implications for:

1. Finance – Financial, IT and workforce implications will be scoped as the 2022-23 Annual Plan develops.
2. IT – As above
3. Staffing - As above
4. NHS Constitution – N/A
5. Carbon Footprint – N/A
6. Legal – N/A

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

N/A

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

N/A

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

N/A

Annual Plan 2022/23 Update Report

1. Introduction

The Annual Plan 2022-23 is a key element of the Trust's successful governance framework and provides us with a robust mechanism to align short term objectives with strategic goals. Next year's Annual Plan will be particularly relevant for us during this time of significant change.

This paper provides the Trust Board with details of the:

- Strategic context and national planning guidance ask around the 22/23 annual plan.
- Overall timelines we propose to work with given the system wide planning processes
- A summary of the work to date and development of priorities
- Planned next steps around completing the Annual Plan, with the context of the system wide plan development process

2. Background

National planning guidance

Despite national incident planning context, NHS outline planning guidance was released on 24th December but with a revised timeline for ICS designate system wide responses and agreement of plans by end of April 2022 rather than end of March. As expected, the guidance reflects the ongoing development of a system wide planning approach to take forward and deliver both the national set priorities and local plans.

The planning asks for mental health and learning disabilities and autism services is an integral part of the ten national priorities.

The guidance reflects the increasing importance and priority around these services and wider population health management issues with inclusion of many opportunities/ permissions for enhanced system wide working but within the overall challenge of increasing expectations of delivery across the NHS long term plan aspirations and impact.

The guidance presented incorporates many existing priorities and as outlined with the return of focus on the mental health NHS long term plan and other policy initiatives.

The ten national priorities outlined in the guidance can be summarised into six key drivers for Trust annual plan and the Trusts contribution to the system wide plans. These are

- Recovery plans focus on improving service access levels and addressing some of the high growth demand trends and operational service pressures in known hotspots.
- Investment in and transformation of MHLD workforce

- Acceleration of the expected value to be derived from the various transformation programmes.
- Re- alignment of the financial envelope for NHS and pursuing the fair shares allocation policy.
- Establishment of integrated care system architecture and supporting place-based partnerships and collaboratives.
- Expected focus of Integrated care systems on population health management and improving population health outcomes and working with system partners and communities on addressing major health inequalities.

The guidance also highlights future signals of priorities and development expected around the following.

- On going development of population health management and preventative focus.
- Acceleration of new workforce roles or existing roles redesign associated changes in models of care.
- Pending health and social care integration white paper backing up the social care service and workforce reform agenda.
- Focus on outcomes improvement for key services
- Digitisation and use of technology agenda

Timelines associated with system wide planning ask

The planning process has now a significant system wide planning ask and the proposed timeline roadmap is summarised below.

- Development and system review of SDF funded transformation programmes and national approval for systems by end of February
- Submission of draft System wide plan by 17th March for review and triangulation with NHS E.
- Finalisation and agreement of the system wide plan by end of April
- Finalisation of the system 2-year mental health workforce development plan by end of June

As outlined, upfront submission work around transformation programmes has been undertaken to facilitate early release of funding before start of 22/23 to enable systems to accelerate the investment and transformation work

The system wide plan development and the required triangulation with financial planning and workforce change assumptions is targeted to be completed by end of April with interim milestones set for Mid-March.

The national ask also includes the development of a system wide 2-year mental health workforce plan that given the scale of the expected baseline collection and assessing the impact of both recovery and transformation programmes being developed will require a longer time. The target date set is the end of June.

Proposed changes to Trusts annual plan processes

In reviewing system wide planning asks and the internal work undertaken to date, it is proposed to develop the Trust annual plan and the system wide planning asks in tandem through the following workstream activities.

- Assessment and development of Mental Health and LD improvement delivery plan focused on addressing the key backlogs in waiting times for key services, scale of out of area placements and rate of current and projected growth of suppressed demand being experienced across all service settings with stepped change improvement plans.
- Transformation programmes stocktake around impact achieved to date, lessons learnt and assessing future focus given changes in demand and the scale of operational service delivery pressures.
- Workforce gap assessment given current trends on staffing levels, retention levels alongside the proposed investment and workforce redesign changes required to support service transformation
- Senior leadership forum engagement in setting future ambitions of the senior leadership in view of these stocktake processes
- Re- alignment of the Financial envelope and the delivery of proposed value programme.
- Triangulation of Recovery / Transformation / Financial improvement and workforce change plans intentions

The proposed timelines for these workstreams to inform both systems ask submissions, and the Trust planning processes are summarised below.

Table 1 – Proposed Workstreams

Workstream Group	Executive Responsibility lead	Timelines Target for completion
Mental Health and LD recovery plan	Paul Ronald	Interim outputs– end of February Completion – End of March
Transformation programme and enablers stocktake review	Paul Ronald Sandra Brookes Hakan Akozek	By end of February
Workforce plans development	Janet Lynch and BSU leads	Interim – End of March Final – End of June
Financial plans update and supporting improvement programme	Maria Wheeler	Mid-March
Senior leadership forum engagement- Ambition setting	Paul Wood	Ongoing process during February to end of April
Triangulation of plans and review of priorities/ action plans	Executive group led by Paul Wood	Mid-March Mid-April – system wide plan development
On going Action plan	All SROs and supporting	End of April

development	teams	
Draft Annual plan presentation FIC committee Trust board	Paul Wood (paul Ronald)	Draft plans – March Final plan – April
2 year Trusts Workforce plan	Janet Lynch	End of June

Board members should note the Trust team have already undertaken a considerable amount of work to date . These stocktake and challenge/ triangulation processes are building upon the existing work to ensure the plan reflects the expected focus of system wide work on the expected delivery improvements and service recovery measures , acceleration of the transformation work and the need to plan ahead on addressing the major workforce challenges

3. Work to date

The Trust annual planning process commenced in October and has followed previous years approaches using the Trust seven strategic objective framework . A large programme of engagement has taken place with both Business Unit and corporate teams and other key stakeholders. A number of experts by experience, service users and carers have also been involved in reviewing the draft priorities and actions, and co-producing the outcomes they would like the plan to deliver.

Further engagement is taking during January with key groups such as Youth Council ,Carers council and the SU council

The SRO leads and supporting teams have reviewed the progress made around existing seven strategic objectives and commence the process of formulating priority action areas through consideration of ; .

- Ambitions around the delivery of the Long-Term Plan and Mental Health Implementation Plan;
- Trust demand and service access trends with the increasing levels of demand and acuity currently seen by services, and the implications for service user experience, safety, and quality
- Workforce planning requirements to underpin our transformation programme, including recruitment and retention and the focus on staff wellbeing
- Expected development of local system architecture intentions; ICSs and provider collaboratives

The process has also taken note of the Chief Executive and wider leadership team aspiration to ensure for 22/ 23 the Trust starts to progress work in the areas of

- Addressing inequalities for our service users and carers
- Enhanced Inclusion strategy and belonging for our people
- Harnessing innovation culture across our organisation
- Enhanced further our collaborative working with our partners

The key outputs from that process have been the development of an initial set of priorities and proposed action plan development . These are summarised in next section and have been presented to Executive Directors group and FIC Committee

4. Priorities and Initial Draft Action plan areas

A summary of the draft Annual Plan priorities and actions to be taken is provided below.

4.1 Strategic Objective 1 - Safety SRO Lead - Jackie Vincent

We will continue working towards the delivery of our zero suicide ambition. Specifically, we will be engaging with our system partners to build suicide prevention capacity and capability. Due to the high numbers of people presenting to our services for the first time, we will also be focusing on earlier identification and intervention.

A new area of focus for us will be around the proactive management of self harm, recognising this as a potential indicator for suicide risk.

We will continue to research areas of best practice around managing violence and aggression, and restrictive practices, ensuring our staff feel safe and equipped to support the increasing acuity of our service users. We will also place an emphasis on engaging with our service users and carers to support us with this work

The table below provides a high level summary of the priority areas and draft actions to be taken during 2022-23 for this objective.

Priorities	Draft Actions to Be Taken
Zero Suicide Ambition	Implement Suicide Prevention Strategy Coproduct Suicide Prevention Pathway Introduce Enhanced Risk Assessments Systemwide engagement Care planning - crisis management and relapse
Reducing violence and aggression	Extension of peer experience listeners Sourcing evidence-based practice Management of Self Harm Delivery of Transforming Care and LeDeR Programme
Restrictive practice	Evaluation of MOSStogether strategy Service User and Carer engagement on units New safety suites

4.2 Strategic Objective 2 - Experience

SRO Lead - Sandra Brookes

The proposed priorities reflect the ongoing delivery of our Long Term Plan commitments and our associated transformation programmes. It is important to recognise the significant level of change and expansion our services and staff are currently undertaking.

During 2022-23 we will coproduce a Service User engagement plan, with a particular focus on ensuring our services are inclusive and accessible to all the diverse communities that we service.

We will also coproduce a Carers Engagement Plan that acknowledges the essential role they have in supporting the recovery of their loved ones, but also recognises their needs as individuals.

The table below provides a high level summary of the priority areas and draft actions identified to date during 2022-23 for this objective.

Priorities	Draft Actions to Be Taken
Improve SU and Carer access experience and outcomes	<ul style="list-style-type: none">- Deliver LTP commitments- Embed psychologically informed care approach- Undertake SPA Review / CAMHS Front Door- Implement Connected Lives programme (reablement)- Develop Adult Acute Pathway
Engagement with service users & carers	<ul style="list-style-type: none">- Coproduced SU and Carers engagement plans- Provision of inclusive services- Accessible feedback methods- Enhanced Carer Support and Experience- Personalised care and support planning – ACMH
Safe, high quality environments	<ul style="list-style-type: none">- Implement Capital Programme

4.3 Strategic Objective 3 - Effectiveness

SRO Lead - Dr Asif Zia

We recognise that the physical health of our service users, along with a range of social determinants, has a significant impact on their outcomes and their opportunity to lead meaningful lives. Our Annual Plan will be focusing on the actions we can take to reduce the inequalities faced by our service users, carers and the wider diverse communities we serve.

We will prioritise the delivery of our research strategy, ensuring that we evaluate the impact on service users and carers of all pathways that we implement and publicise our outcomes for peer review. Being a centre of excellence for research will enable us to attract talented individuals to join the Trust.

The table below provides a high level summary of the priority areas and draft actions suggested so during 2022-23 for this objective.

Priorities	Draft Actions to Be Taken
Improve care, support & outcomes	<ul style="list-style-type: none"> - Implement and evaluate Depression pathway - Develop All age Eating Disorder pathway - Evaluating and publishing pathway outcomes - CAMHS inpatient - to be defined
Physical Health Care	<ul style="list-style-type: none"> - Physical health interventions - Workforce competencies - Recognising PH deterioration - Preventing ill health - smoking cessation, weight management
Independent Lives	<ul style="list-style-type: none"> - Personalised Care and Support planning - Implement Connected Lives programme

4.4 Strategic Objective 4 - People SRO Lead Janet Lynch

The draft priorities reflect our commitment to looking after our workforce, ensuring that every member of staff feels included and that they belong with Trust. Next year we will develop and begin the implementation of our new Equality, Diversity and Inclusion strategy, engaging with all our staff and ensuring that they have an equitable opportunity to develop and thrive.

This focus on providing a great employment experience will place us in a strong position to attract new talent and retain our staff. Moving into 2022-23 we recognise that currently recruitment and retention are particular challenges for us, and the success of our transformation programme is wholly dependent on our ability to think differently develop and expand our workforce.

The table below provides a high level summary of the priority areas and draft actions to be taken during 2022-23 for this objective.

Priorities	Draft Actions to Be Taken
Improving Staff Wellbeing & Support	<ul style="list-style-type: none"> - Co-produced wellbeing and support programme and initiatives
Great Employment Experience	<ul style="list-style-type: none"> - Introduce new reward and recognition initiatives - Staff engagement - all voices heard
Compassionate and Inclusive Culture	<ul style="list-style-type: none"> - Finalise Equality, Diversity and Inclusion Strategy and implement Yr1 - Review recruitment and promotion processes - Equip staff for positive & constructive conversations

Developing the workforce and harnessing talent	<ul style="list-style-type: none"> - Individual and team development - Expanding leadership capability - Introducing representative talent pipeline - Agile workforce development
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4.5 Strategic Objective 5 - Innovation and Transformation

SRO Leads - Hakan Akozek

We will continue to implement our Digital Strategy and use digital innovations to support the transformation of services and release time to care. A particular focus for the plan will be around digital inclusion to ensure that we maximise the number of service users and carers who are able to benefit from these digital developments.

Over the past two years we have developed CQI capacity and capability across our services and next year we will focus on embedding a culture of CQI within the Trust, so that it is seen as part of operational improvement and transformation activities. The priorities will also need to reflect the stocktake of our current transformation activity, the expected impact trajectories of the system wide plans and impact this realising on improving service access to key services and management of the significant demand growth .

We have added a new priority around our contribution to the NHS target of new zero carbon emissions by 2028, and we will commence the implementation of our new Green Plan.

The table below provides a high level summary of the priority areas and draft actions to be taken during 2022-23 for this objective.

Priorities	Draft Actions to Be Taken
Digital Capability	<ul style="list-style-type: none"> - Digital Strategy implementation – infrastructure, information sharing, - SU/carers communication and feedback - Increasing digital Inclusion
Time to Care	<ul style="list-style-type: none"> - Delivering Value Programme - Digital Innovations - Financial sustainability
Continuous Improvement	<ul style="list-style-type: none"> - CQI Coaching Capacity - Evaluating impact and outcomes - Sharing our learning - Embedding a CQI culture - Delivering our Transformation Programmes
Net Zero NHS	-Delivering Yr 1 of our Green Plan

4.6 Strategic Objective 6 - Joint Working SRO Lead Sandra Brookes

The service developments outlined below represent the ongoing delivery of a number of transformation programmes that are being undertaken in collaboration with local partners. Of particular note for next year will be the intended primary care MH and community CYP investment and transformation activity that will increase capacity within the system, and enable us to provide earlier intervention and deliver better outcomes.

The table below provides a high level summary of the priority areas and draft actions to be taken during 2022-23 for this objective.

Priorities	Draft Actions to Be Taken
Primary Care MH Transformation (Adults and older Adults)	<ul style="list-style-type: none"> - EPCMH model, integrating IAPT services - Additional Roles Reimbursement Scheme - Evaluate and roll out Primary Care Dementia Pathway
LD Transformation	<ul style="list-style-type: none"> - Essex LD - Way in Team and Inpatient Service - Norfolk LD - Intensive Support and Inpatient Services - Herts Specialist Residential Services
Crisis Service	<ul style="list-style-type: none"> - OLDER PEOPLE - to be defined - Paediatric liaison Service
CYP Transformation	<ul style="list-style-type: none"> - Mental Health in Schools Team Wave 5 - Eating Disorder Services - Implement Community CYP Transformation

4.7 Strategic Objective 7 - System Influence SRO Lead - Paul Wood

This year we have focused on working with our partners to commence the development the new system architecture that will formally come into place from July 2022 . Despite these delays . 2022-23 we will plan to deliver an enhanced lead role within the Mental Health, Learning Disability and Autism Collaborative and position ourselves to play a proactive development of the place based partnerships and their focus .

We also intend to take a lead across all our four localities, supporting system partners work together to transform models of care and address targeted areas of inequalities we know that people with a learning disability experience.

The table below provides a high level summary of the priority areas and draft actions to be taken during 2022-23 for this objective.

Priorities	Draft Actions to Be Taken
Mental Health, Learning Disability and Autism Collaborative	<ul style="list-style-type: none"> - Embedding governance inc. co-production - Develop and agree future roles with ICS / ICP operating model; - Development of agreed areas of collaboration. on service transformation and agreed areas of quick wins ; - initial development of Population Health management plans associated with agreed targeted priorities at a place and ICS level aimed at reducing specific inequalities and implementing specific PHM interventions
Herts and West Essex ICS	<ul style="list-style-type: none"> - System influence on future operating ICS model through development of MHLD Collaborative - MH & LD Representation on ICS and ICP Boards
System leadership - LD service transformation	<ul style="list-style-type: none"> - Development and agreement of Norfolk MCP provider leadership and delivery model to take forward clinical service model - Agreed provider for agreed areas of service development within the existing Essex LD Partnership - Herts and Bucks enhanced integrated working in target areas
EOE Provider Collaborative	<ul style="list-style-type: none"> - Embedding governance arrangements - Delivery of an agreed Regional CAMHS T4 & Forensic LD transformation partners plan that commences to address the key workforce and supply side capacity gaps - Further development and delivery of the Patient Flow Bed Management System - Development of HPFT led “alternatives to admission” pilots

5. Next Steps

The current draft Annual Plan 2022-23 is attached as Appendix 2. Further work is required to refine the wording and articulate our commitments, ensuring we are clear about the actions we will take next year.

5.1 Stakeholder Engagement

The engagement and co-production work that has been undertaken to date has been positive, and the priorities and actions to be taken for 2022-23 have been well received. The carers have provided useful particularly useful feedback, along with a number of actions that could be included in the delivery plan for next year to improve outcomes and experience. Advice has also been received around how to ensure the Annual Plan is clear to any internal and external stakeholders who reads it.

Further co-production and engagement with the Youth Council, Service Users Council and Carers Council is planned during early January, ahead of presenting this draft to Trust Board on 27th January 2022.

Wider engagement with system partners will also be scheduled during February / March to ensure our Annual plan remains aligned with system wide priorities.

5.2 Development of the Milestone Plans and Trajectories

Whilst the Annual Plan will describe our priorities and the actions we will take during 2022-23, it is imperative that all agreed actions are underpinned by clearly articulated delivery plans.

These delivery plans will be progressed to outline quarterly milestones, enabling us to monitor achievement throughout the year and to develop mitigating actions if there is any risk in the delivery of the plan outcomes.

The Executive Directors will be taking overall lead for each of their Strategic Objective priorities and develop the leadership arrangements lead for the key actions by end of March .

These leads will be responsible for the following:

- Developing the quarterly milestones plans that will ensure delivery of the identified actions and associated performance thresholds
- Prioritising the activities to be undertaken during the year, and identifying any associated resource implications
- Engaging with any corporate, clinical and operational colleagues required for the successful delivery of the area when developing their quarterly milestone plans, to ensure shared accountability
- Ensuring that delivery plans are appropriately co-produced and that staff, carers and staff remain engaged during implementation to ensure the expected outcomes are achieved

The Annual Plan action delivery plans will be developed in period March to May after the finalisation of the priority areas

It should be noted that the identified leads will also be responsible for reporting against their action plans and quarterly milestones throughout the year in line with the Annual Plan monitoring mechanisms. This will include evidencing achievement against the milestones and RAG rating progress.

5.3 Development of the Performance Measures

In addition to the tracking of the milestones, it will be important for us to monitor a range of quantitative performance measures to assure ourselves that our actions are positively impacting on our service users, carers and staff.

The measures will be developed by the identified Priority / Action leads and Deputy Director of Improvement & Innovation ensuring that they are relevant and reportable.

Additionally, we will source examples of best practice from other organisations and use available benchmarking information to inform our Annual Plan performance thresholds. This will also enable us to demonstrate our level of ambition to key stakeholders.

The performance measures and associated thresholds will require sign off by the responsible Executive Directors. It is proposed to

Alignment with other supporting plans

To avoid duplication, these delivery plans will be informed by, and align with a number Trust plans and strategies, that are either in place or under development. These include:

- SBU Business Plans
- Digital Strategy
- Equality, Diversity and Inclusion Strategy
- Research Strategy
- Capital Programme
- Workforce development and OD plan
- Green Plan

6. Recommendations

The Trust Executive is asked to:

- To note the ongoing progress in developing the Trust's Annual Plan for 2022-23 and the further work programme required, and engagement work scheduled for the new year
- To note the system wide planning processes and the expectation that a system 2-year wide workforce plan will be developed as part of this process
- To note the expected reset and development of priorities and action plans development because of the process
- To present a further update in March with the final plan presented in April Trust Board.

APPENDIX 1

DRAFT ANNUAL PLAN 2022-23

PRIORITIES, ACTIONS TO BE TAKEN AND OUTCOMES



Strategic Objective 1 - We will provide safe services, so that people feel safe and are protected from avoidable harm

What are the key priorities?	Actions we will take (what we will do)	Outcome (what will be different for our service users, carers and staff)
Engage with our wider systems' stakeholders and partners to achieve our zero suicide ambition	<ul style="list-style-type: none"> • Work with public health & our partners to deliver the system Suicide Prevention Strategy • Coproduce and implement a standardised Suicide Prevention Pathway and enhanced assessment process to ensure earlier intervention • Increase suicide prevention capability within the wider system workforce, ensuring we collectively make every contact with service users count • Strengthen care plans using shared decision making with service users and carers and plans for crisis management and relapse prevention 	<ul style="list-style-type: none"> • Service users will not feel that suicide is their only option • Service users, and their carers, will know how to access support when they need it • Service users will feel more confident about their recovery • Staff will feel confident in assessing and managing risk
Keep service users, carers and staff physically and mentally safe, reducing the harm they experience	<ul style="list-style-type: none"> • Embed our Just and Learning Culture principles to support our teams • Extend the engagement of peer experience listeners across all our inpatient and community based services • Proactively identify and implement the best evidence based approaches to managing violence and aggression • Introduce new approaches to support our service users to manage and reduce their levels of self harm • Implement the learning from the Transforming Care and LeDeR programmes to keep our service users with a learning disability safe 	<ul style="list-style-type: none"> • Service users and carers will feel safe, supported and informed when they use our services • Service users and staff will experience less incidents of violence and aggression on our wards • Staff will feel safe when they are working on our wards • Staff feel confident to speak up when things go wrong, rather than fearing blame
Ensure the least restrictive practice is appropriately used to support	<ul style="list-style-type: none"> • Review our MOSStogether strategy and evaluate its impact on service users, carers and staff, across our inpatient and community services • Engage with service users and carers, to ensure the appropriate, 	<ul style="list-style-type: none"> • Service users and carers will feel informed and engaged about our restrictive practices • Service users supported with the least restrictive practice to recover & move quickly & safely out of

service user recovery	least restrictive practice, inc pilot of HOPE model. <ul style="list-style-type: none"> • Continue to upgrade our inpatient facilities, opening new best in class seclusion/safety suites 	seclusion <ul style="list-style-type: none"> • Staff have capability & confidence to enable & use least restrictive practice
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Strategic Objective 2 - We will deliver a great experience of our services, so that those who need to receive our support feel positively about their experience

What are the key priorities?	Actions we will take (what we will do)	Outcome (what will be different for our service users, carers and staff)
Improve service user and carer experience of accessing our services and receiving treatment	<ul style="list-style-type: none"> • Identify and address any health inequalities experienced by service users and carers in accessing our services • Adapt our services and interventions to respond to the changing clinical presentations of our service users and the needs of their carers • Review the experience our service users and carers have of accessing our services to inform future developments • Develop our services in line with local, regional and national investment plans to improve access • Expand our approach to recovery based practice, reablement and personalisation through our 'connected lives' programme across all services • Evaluate and embed the Trust's psychologically informed care approach • Introduce and evaluate a new model of care for our adult acute pathway 	<ul style="list-style-type: none"> • Service users will have improved outcomes and less reliance on crisis services • More people who need our services will be able to access EIP, Community Perinatal and IAPT services • Those who have found it difficult to get the services they need will increasingly find them easier to find and access • Fewer service users will receive care provided away from where they live
Involve our service users and carers in the design and delivery of services and their care	<ul style="list-style-type: none"> • Coproduce and implement new trust-wide service user and carer engagement plans • Increase engagement with our local communities to ensure the provision of inclusive services • Evaluate and expand our methods of receiving feedback to ensure these are accessible to all our service users and carers • Improve the experience for carers when they are engaged and involved with our services • Embed personalised care and support planning within Adult Community MH transformation programme 	<ul style="list-style-type: none"> • All service users and carers will be able to provide feedback in a way that is best for them • Service users will feel informed, safer and have a better experience • Carers will feel their needs have been assessed and that they are supported • Service users and carers will be able to ensure that care plans meet their needs

Provide safe, high quality environments where our service users are cared for and our staff work	<ul style="list-style-type: none"> • Continue the upgrade of our inpatient facilities including Oak Ward, Forest House, Albany Lodge and Lexden • Re-provision of adult acute beds for E&N Herts [decision pending] 	<ul style="list-style-type: none"> • Staff able to access the clinical space needed to work effectively • Service users will have a better experience of their care environment
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Strategic Objective 3 - We will improve the health of our service users through the delivery of effective evidence based practice

What are the key priorities?	Actions we will take (what we will do)	Outcome (what will be different for our service users, carers and staff)
Improve the care, support and outcomes for service users who are in need of additional support or at risk of admission	<ul style="list-style-type: none"> • Implement our Depression Pathway, evaluate the outcomes for our service users and carers and publicise our findings • Strategically lead the coproduction of evidence based, integrated specialised MH pathways [all age ED pathway] • Publicise our research, audit, CQI and pathway reviews to facilitate peer evaluation and to share learning with partners • Embed the Personalised Care Planning approach across all services to ensure the early identification and proactive management of risk • CAMHS Inpatient to be defined 	<ul style="list-style-type: none"> • Service users and carers will have an improved and more consistent experience of high quality care • Children and young people will have improved access to the care they need when in crisis • Staff will use consistent pathways
Support our service users to be physically healthy by improving the physical health support, intervention and care available.	<ul style="list-style-type: none"> • Ensure all service users are offered physical health checks and receive interventions appropriate to their protected characteristics, co-morbidities, and medications • Embed physical health competencies across our workforce to ensure delivery of consistent high standards of care • Prevent avoidable acute trust attendances / admissions by recognising and responding to physical health acuity and deterioration <p>Empower our services users to optimise their physical health and to prevent ill-health (weight management, smoking, exercise)</p>	<ul style="list-style-type: none"> • Service users are supported to work towards their own physical health goals • Service users will experience improved quality and consistency of physical care • Our staff will have the support and skills to better care for the physical health needs of our service users

Support our service users to live their lives as independently as possible	<ul style="list-style-type: none"> • Work with partners to support service users to gain employment & accommodation to support their recovery [steps towards employment , education training volunteering] • Use our new social care and wellbeing plans to enable better planning and shared decision making with service users 	<ul style="list-style-type: none"> • Service users will feel better supported in their recovery journey • Carers will feel informed and fully engaged in the care planning process • Staff will be enabled to support service users in their recovery
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Strategic Objective 4 - We will attract, retain & develop people with the right skills and values to deliver consistently great care & treatment

What are the key priorities?	Actions we will take (what we will do)	Outcome (what will be different for our service users, carers and staff)
Provide our people with access to health and wellbeing support that meets the diverse needs in our workforce	<ul style="list-style-type: none"> • Continue to coproduce and provide an extensive range of wellbeing activities & approaches accessible to all our staff 	<ul style="list-style-type: none"> • Our staff will feel refreshed and ready to continue improving the care we provide and the outcomes we achieve for our service users
Deliver a great employment experience for our people to attract talented individuals and retain our workforce	<ul style="list-style-type: none"> • Attract talented individuals to the Trust, and reward and recognise our staff • Embed a culture of coproduction and engagement to continuously improve the employment experience of our staff 	<ul style="list-style-type: none"> • People will actively want to join the Trust & will choose to stay working in the Trust • Our staff will recommend HPFT as a great place to work and develop • Our staff will know they are valued and that all voices are heard
Ensure all our people feel valued, included and able to thrive through the development of our just & inclusive culture	<ul style="list-style-type: none"> • Codesign and implement our Equality, Diversity and Inclusion workforce and organisational development strategy • Consistently capture workforce data for all staff, using this to identify and target our continuous improvement • Review our recruitment and promotion practices to eliminate discrimination • Equip our staff with the skills to have positive/ constructive conversations, in line with our values 	<ul style="list-style-type: none"> • Our staff with protected characteristics will report an equitable positive employment experience within the Trust • Our staff will feel they belong with the Trust • Our staff will not experience discrimination or bullying and harassment at work
Develop our people, teams and leaders, and harness their talents to enable the delivery of great care and great outcomes	<ul style="list-style-type: none"> • Increase our opportunities for career development and personal growth to attract and retain our staff • Adopt a flexible and innovative approach to recruitment and role design, increasing our agility to respond to the local talent pool • Establish a representative talent pipeline through the implementation of a succession planning framework 	<ul style="list-style-type: none"> • Our staff feel the Trust is the place they can develop their career • Our staff will be able to make recruitment & development choices • Our staff will have more opportunities for flexible and agile working

	<ul style="list-style-type: none">• Expand our leadership capability to support our staff drive forward improvement, innovation and change	
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Strategic Objective 5 - We will improve, innovate and transform our services to provide the most effective, productive and high quality care

What are the key priorities?	Actions we will take (what we will do)	Outcome (what will be different for our service users, carers and staff)
Embed a culture of continuous improvement and innovation across the services we provide	<ul style="list-style-type: none"> • Collate and monitor all our CQI and innovation initiatives and evaluate their impact and the outcomes for our service users, carers and staff • Promote our CQI programme and share our innovations and learning with stakeholders and partners • Increase the CQI coaching capacity in all localities to provide ongoing support for our leaders and teams to improve and innovate their services 	<ul style="list-style-type: none"> • Our people will feel supported to develop their CQI skills and knowledge • Our people will be supported to generate & test improvement ideas • Improved safety, outcomes, effectiveness of interventions, timeliness to access service
Continue to introduce new digital capabilities that will enable teams to innovate and improve service user, carer & staff experience as well as the safety and effectiveness of our services	<ul style="list-style-type: none"> • Use electronic communications & real time online feedback to empower service users & carers • Implement digital solutions to improve effectiveness, safety & experience including video consultations, ePrescribing and Medicines Administration (ePMA) in inpatient services, • Continue to improve infrastructure, software & access controls to support our workforce including Office 365 deployment • Enable information sharing for care professionals working with our partners 	<ul style="list-style-type: none"> • Service users & carers will receive correspondence more quickly in the format they prefer • Outcomes reported by service users & carers will guide care • Staff will notice improved speed and ease of access to information • Staff will have more time to care and a better experience of work
Release time to care by supporting staff to work more effectively and flexibly, including providing better and simpler access to information	<ul style="list-style-type: none"> • <i>Further develop demand, activity & capacity modelling capacity across the Trust</i> • <i>Implement a Trust productivity, quality and pathway dashboards</i> • <i>Deliver our 'Time to Care' programme</i> • <i>Design and implement the 'corporate services' transformation programme</i> 	<ul style="list-style-type: none"> • Staff will more easily identify opportunities to improve productivity • Staff will have more time for direct service user care • Corporate services demonstrate best practice & support to frontline

Reduce our carbon emissions & contribute to the delivery of a net zero NHS by 2028	<ul style="list-style-type: none"> • Commence implementation of Yr 1 the new Trust Green Plan 	<ul style="list-style-type: none"> •
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Strategic Objective 6 - We will deliver joined up care to meet the needs of our service users across mental, physical and social care services in conjunction with our partners

What are the key priorities?	Actions we will take (what we will do)	Outcome (what will be different for our service users, carers and staff)
Work with Primary Care partners to improve community services and the care of adults and older people	<ul style="list-style-type: none"> Finalise and mobilise our Enhanced Primary Care Mental Health model with PCNs, incorporating IAPT service Evaluate and roll out the Additional Roles Reimbursement Scheme Implement the Primary Care Dementia Pathway following evaluation of the pilot FRAILITY - to be defined 	<ul style="list-style-type: none"> Service users able to access the right care and support at the right time, in the right place to support recovery GPs and other primary care workers will feel able to support service users Staff will feel able to deliver great care
Improve access and delivery of care for those people with a learning disability and/or autism across the Trust	<ul style="list-style-type: none"> Evaluate the impact of the new Essex LD Partnership Way In Team and commence the development of inpatient services Implement the Herts Specialist Residential Services future delivery plans following the formal consultation Enhance intensive support and inpatient services in Norfolk in conjunction with local partners and stakeholders 	<ul style="list-style-type: none"> Service users and carers will have easier access to services and support Service users will experience more joined up care across providers Service users will have high quality care and better outcomes Staff will feel involved in improving services and empowered to do so
Ensure children, young people, adults and older people in crisis are able to access support when they need it	<ul style="list-style-type: none"> Work with our system partners to further develop the range of crisis interventions offered, including our Paediatric Liaison Team OLDER PEOPLE - to be defined Virtual Hospital Model 	<ul style="list-style-type: none"> Service users will have improved access to local services & improved outcomes Service users will experience reduced waiting times to access crisis support
Work with partners across Hertfordshire to deliver earlier intervention and	<ul style="list-style-type: none"> Evaluate the impact of Mental Health Support Teams in schools and continue with the roll out (Wave 5) Implement an integrated Eating Disorder model in conjunction with system partners 	<ul style="list-style-type: none"> Children & Young people (CYP) will have earlier access to services CYP will report being satisfied with the services available

support for Children and Young People	<ul style="list-style-type: none"> • Coproduce and remodel our CAMHS community services to offer earlier intervention and support wider system integration 	<ul style="list-style-type: none"> • Staff will report being able to make improvements & provide high quality services as part of a CAMHS system
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Strategic Objective 7 - We will shape and influence the future development and delivery of health and social care to achieve better outcomes for our population(s)

What are the key priorities?	Actions we will take (what we will do)	Outcome (what will be different for our service users, carers and staff)
Facilitate further development of the Hertfordshire Mental Health, Learning Disabilities and Autism collaborative in conjunction with Hertfordshire County Council and system partners	<ul style="list-style-type: none"> • Implement and embed the new governance and organisational structures, with co-production central to these arrangements • Develop relationships with other sectors and networks to improve the reach of the Collaborative and to develop practical interventions • Identify, and develop plans to eliminate any inequalities in access and outcomes experienced by our different communities • Develop plans with our local businesses to strengthen employment support for people with an SMI • Development of agreed areas of collaboration: service transformation and “quick wins” • initial development of Population Health Management plans associated with agreed targeted priorities at a place and ICS level aimed at reducing specific inequalities and implementing specific PHM interventions • 	<ul style="list-style-type: none"> • Service users and carers will experience more joined up care and better outcomes • Service users and carers will feel involved and able to contribute to service developments • Staff will feel motivated and able to deliver great care
Advocate for and ensure mental health & learning disability services are developed across populations we serve	<ul style="list-style-type: none"> • Represent MH and LD services at all levels within the emerging system architecture (ICB / ICP) • System influence on future operating ICS model through development of MHL D Collaborative • Ensure the needs of those with mental illness & learning disabilities are included within system plans and developments 	<ul style="list-style-type: none"> • Service users and carers will experience more joined up care • Service users will receive care that meets their needs • Staff will feel able to contribute to service developments • Service users will have access to service that meet

	<ul style="list-style-type: none"> • Continue to lead the ICS mental health and LD work stream by actively engaging with other place based parts of the Herts and West Essex local system 	their needs
Lead the transformation of services for people with a learning disability and their carers across Herts, Bucks, Norfolk and Essex	<ul style="list-style-type: none"> • Evaluate the impact of our Essex LD Partnership transformation programme on service users, carers and staff • Development and agreement of Norfolk MCP provider leadership and service delivery model to take forward clinical service transformation plans • Develop and implement a specialist LD Service transformation programme with Herts / Bucks system partners 	<ul style="list-style-type: none"> • Service users and carers will experience more joined up care and better outcomes • Service users and carers will feel involved and able to contribute to service developments • Staff will feel motivated and able to deliver great care
Work with regional partners to develop and deliver new models of care for those with specialist mental health and learning disabilities	<ul style="list-style-type: none"> • Embed the East of England provider collaborative governance arrangements • Delivery of an agreed Regional CAMHS T4 and Forensic LD transformation plans, to address the key workforce and supply side capacity gaps • Further development and delivery of the regional Patient Flow Bed Management System • Implement and evaluate our Adult ED and Community Forensic “alternatives to admission” pilots 	<ul style="list-style-type: none"> • Service users will have increased local choice and provision to support them at home and in their community • Service users and carers will have a better experience and improved outcomes • Staff will be involved and feel able to shape improvements in care

Board of Directors PUBLIC

Meeting Date:	27 January 2022	Agenda Item: 12b
Subject:	Initial Draft Financial Plan 2022-23	For Publication: Yes
Author:	Rob Croot, Deputy Director of Finance	Approved by: Maria Wheeler Executive - Director of Finance
Presented by:	Maria Wheeler - Executive Director of Finance	

Purpose of the report:

This report sets out an initial high level draft financial plan for 2022-23.

Action required:

To consider and comment on the Draft Financial Plan for 2022-23 and the further steps to finalise financial planning for the next financial year.

Summary:

Planning Guidance for 2022-23 was issued on 24 December 2021, however, publication of technical guidance, (which includes the detailed financial planning requirements) and national allocations for both revenue and capital resources has been delayed until January 2023.

At this stage some indication of the likely planning parameters has been shared by NHSE, such as the minimum organisational efficiency requirement, but the full detail of financial planning requirements is, as yet, unknown. As such, the draft financial plan set out below remains subject to revision following the publication of national technical guidance.

The high level financial plan set out below is therefore based upon a number of key assumptions, which reflect information shared by NHSE to date as well as a number of organisational assumptions.

Methodology

The draft financial plan reflects the Trust's forecast outturn position for 2021-22 (a breakeven position for the full year). The outturn position has then been adjusted to reflect those items, both income and expenditure, that were one-off in nature and are not expected to recur in 2022-23. This adjusted position reflects the Trust's underlying or recurrent exit position from the financial year 2021-22.

The subsequent adjustments reflect the expected additional investment anticipated for 2022-23 (positive values) and the disinvestment or efficiency required.

Key Assumptions

The plan below is based upon the following key assumptions:

- Covid income to be reduced by 50%, (c£5.3m reduction for HPFT)
- Return to pre-pandemic contracting arrangements and detail
- Minimum efficiency requirement of 1.1% for all NHS organisations, (c£3.4% for HPFT) potentially higher for overspending Systems
- MHIS continues ahead of national funding growth
- SDF investments continue to advance the LTP
- Capital funding expected via Systems to be similar to 2021-22, (£16.1m for HPFT)
- Delivering value programme at £10.3m to encompass expected reduction in covid funding, efficiency requirement and establishment of contingency reserve at 0.5% of turnover, (£1.6m)
- Plan will be required to demonstrate break-even
- Impact of any delay in the establishment of ICBs and the organisational duty to support System break-even is assumed to have no impact on this plan
- PPE continues to be centrally provided

Delivering Value

An outline plan is in development for 2022-23. To date identified schemes have a projected value of £5.5m and a comprehensive workshop is planned for later this month at which all SBUs and corporate departments will seek to identify additional schemes to meet the planning requirement of £10.3m. The primary focus of the Delivering Value program will be the reduction of Out of Area bed usage and spend on temporary staffing.

Growth and Investments

At this stage the level of growth and investment funding is unknown, as this will form part of the national technical guidance and be reflected in System funding allocations. For the purposes of this draft plan it has been assumed that growth, investment and non-recurrent funding for 2022-23 will be broadly in line with that received in 2021-22, subject to the reductions identified above.

Capital Programme

Capital allocations will continue to be issued to Systems as for 2021-22. The Trust expects to receive capital resource similar to that received in 2021-22 of £16.1m. There is however, an expectation that capital allocations will be published for the next three years, with a similar planning horizon. The Trust is developing a three-year capital programme, with greater detail for year 1 (2022/23) and higher level detail for subsequent years.

Financial Risk

As the financial environment is widely expected to become more challenging post-Covid, the Trust is seeking to establish a Contingency Reserve, at 0.5% of planned turnover, (£1.6m) for 2022-23 in order to mitigate in-year pressures. This will of course be subject to both the detail of planning guidance and contract negotiations with Commissioners.

Budget Setting

The Trust began a process of budget setting for 2022-23 in November 2021. This process has been slowed by the focus on operational service pressures during late December and early January, but continues to take shape. A comprehensive process is planned with the aim of reaching a conclusion with the sign off of all budgets by the identified budget holder.

Draft Financial Plan 2022-23

The following table presents the high level, draft financial plan for 2022-23.

	Full Year Forecast Outturn 21-22 £'000	Less: Non- recurring items £'000	Underlying exit position £'000	add: Growth, FYE and Investments £'000	Less: Efficiency and reduced covid funding £'000	Draft Plan 22-23 £'000
Income incl. COVID-19	294,622	(4,631)	289,991	10,500	(10,300)	290,191
Income - Provider Collaborative	28,875		28,875	14,499		43,374
Income total	323,497	(4,631)	318,866	24,999	(10,300)	333,565
Pay	198,350	(2,803)	195,547	6,700	(2,090)	200,157
Secondary Commissioning	38,188		38,188		(7,212)	30,976
Provider Collaborative	29,275		29,275	14,499	(400)	43,374
Non Pay	22,487	(891)	21,596	1,600	(522)	22,674
Contingency	0		0	600	1,000	1,600
Overheads	35,197	(937)	34,260	1,600	(1,076)	34,784
Total Expenditure	323,497	(4,631)	318,866	24,999	(10,300)	333,565
Surplus / (Deficit)	0	0	0	0	0	0

Next Steps

The above plan will be refreshed following the publication of national technical planning guidance, expected shortly as well as in response to any amendments agreed via the Executive Team or FIC, prior to final submission to the Trust Board in March 2022.

A national consultation is underway in respect of both the national tariff for 2022-23 and the standard form NHS Contract for 2022-23. As in previous years it is not expected that significant changes will be made to either as a result of these consultations.

Preparation is well underway for a return to contract negotiations for 2022-23 and initial meetings have been held with key Commissioners.

The expected delay in the establishment of ICBs will not impact on the 2022-23 planning process and full year plans will be developed with Commissioners subject to national submissions in draft – March 2022 – and final – April 2022.

Relationship with the Business Plan & Assurance Framework:

Reflects the financial consequences of the NHS England H1 and H2 planning guidance

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**

Executive Team 12 January 2022
Finance & Investment Committee 18 January 2022

Board of Directors PUBLIC

Meeting Date:	27 January 2022	Agenda Item: 13
Subject:	System and Collaboration Update	For Publication: Yes
Author:	Paul Wood Interim Director of Strategy and Partnerships	Approved by: Karen Taylor Chief Executive
Presented by:	Paul Wood, Interim Director Strategy and Partnerships	

Purpose of the report:

The report provides an update to the Board members of the key activities relating to the System, Partnerships and Collaboratives.

Action required:

Board members are asked to note the update.

Summary and recommendations to the Board:

Summary

The paper outlines the current position and key activities relating to the System, Partnerships and Collaborative.

The Trust is working closely with a range of partners in the System to support development of the new ICS architecture and to ensure the needs of service users with Mental Health and Learning Disability are met.

The paper also provides a detailed briefing on the White Paper on social care reform

Relationship with the Business Plan & Assurance Framework:

N/A

Summary of Implications for:

N/ A

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

N/A

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

N/A

Seen by the following committee(s) on date:

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

Executive systems update reviews

Commercial developments approved and noted by Finance and Investment Committee

System and Collaboration Update

1. Introduction

1.1 This paper outlines an update on:

- a) Integrated Care System (ICS) development
- b) Key policy change - Social Care reform
- c) Hertfordshire and West Essex Healthcare Partnerships
- d) Mental Health, Learning Disability and Autism Collaborative
- e) Other partnerships – East of England Collaborative, Norfolk Provider Partnership and Essex LD Partnership

2. ICS Development

2.1 In response to the national incident Level 4 linked with the Omicron variant and to allow sufficient time for parliamentary legislative changes to be fully completed, a revised target date for the official establishment nationally of ICS systems was announced in December of 1 July 2022.

2.2 A revised implementation plan in line with the new date is currently being prepared. This will enable the handover of statutory arrangements to take effect and for Integrated Care Boards (ICBs) to be legally and operationally established. In the meantime, CCGs will continue to legally operate until end of June 2022. There are indications that due to different stages of readiness of systems there may be a phased implementation of ICS system architecture arrangements. The final approach will be confirmed in the next two months.

2.3 Guidance with regard to the membership of ICBs (Integrated Care Boards) continues to be developed and the Trust is working closely with the ICS to ensure the voice of Mental Health, Learning Disability and Autism is clearly represented, and to consider HPFT's role as a provider partner within the system.

3. Task and Finish Groups – ICS Development

3.1 The work of the ICS development task and finish groups was predominantly paused during late December and early January, in line with the guidance on supporting the national incident level 4. However, the pace of work is expected to accelerate over the next two months.

3.2 One of the groups will be undertaking the design work linked with the Target Operating Model (TOM) of the ICS and will link with the work being undertaken in the shadow healthcare partnerships and the MHLDA Collaborative.

3.3 An initial meeting was held of the Operating Model task and finish group, where the principles of delegated authority to a future HCP or equivalent, such as MH LDA Collaborative were explored. The ICS transition team are awaiting further guidance to take forward parts of the proposed service architecture developments.

4. ICB System Governance and Leadership

4.1 Other areas of focus have been :

- NHS EI review of the proposed constitution where suggested improvements are being considered with a further final review in March 2022
- Commencement of the selection process for ICS senior leadership team posts
- Commencement of the recruitment and appointment process for three new Non Executive positions identified for the ICB Board

4.2 These processes are expected to run thorough to mid-March 2022.

5. Health and Social Care Bill

5.1 The Bill's legislation clauses are currently being reviewed by the House of Lords. Key amendments are being considered that relate to Mental Health and Learning Disability services and the need to future NHS revenue growth to be provided to these services.

5.2 In addition, amendments with regard to strengthening engagement of patients or the service user voice / representatives have also been proposed.

6. Social Care Reform White Paper

6.1 The social care reform White paper was published in December 2021, with the expectation that a health and social care integration white paper will follow early in 2022.

6.2 The ICS Partnership Board recently received a comprehensive overview summary of the reform implications associated the social care investment and supporting reform proposals. A copy of the paper is attached in Appendix A

6.3 As a social care provider, there are some key opportunities and challenges to the proposed reforms. We are committed to working collaboratively with local authorities and other potential providers to ensure we are prepared for the changes and clear on the possible impact on our service users.

6.4 The key implications that have been noted are:

- Given the contributions caps levels, the expected additional demand growth for Local authorities from previous self funders who were not previous eligible for support social care across Hertfordshire given the cap contributions from future self funders.
- Developing new models of care and access to innovation seed funding for new ways of working that provide opportunity to consider new services design, personalised care and new partnerships with voluntary sector.
- Proposed workforce reform – the development of career pathways, skills framework, carers financial support and new role design.
- Technology developments in the provision of enhanced digital enabled care over time.

6.5 The key challenges from these reforms are also considered to be:

- Availability of funding compared to expected growth in demand in the system given likely impact of the proposed self funders care contributions caps - and likely significant issue for Hertfordshire County Council.
- Preparation and readiness for CQC regulation of our social care services alongside local authority, due to the fact that HPFT being a delegated recognised provider for adult mental health population
- Need to develop both national and local initiatives to deliver an enhance workforce supply and attract more people into the sector

6.6 A more detailed assessment of the likely implications of these reforms will be undertaken in partnership with our Local Authority which will inform the actions required to be undertaken. This assessment will be considered by Executive Team and taken forward within relevant partnerships.

7. Hertfordshire and West Essex Placed Based Partnerships

7.1 The key area of work for Partnerships has been the development of future operating model proposals. This is being done in the context of their shadow status and the emerging ICB governance arrangements.

7.2 In addition, priorities around place based service pathway transformation and integration opportunities have been identified and taken forward by the Partnerships.

7.3 Overall, there are a growing number of opportunities in coming years to work collaboratively in these partnerships and join up the physical and mental health support offer to our local population.

8. East and North Hertfordshire Healthcare Partnership

8.1 A suggested operating model proposal has been developed, seeing the establishment of shadow governance groups.

8.3 The Partnership has identified ten priority areas for transformation, many of which are recommended as high impact areas for patients, with improvement outcomes associated with cardiovascular, respiratory and Frailty co-morbidities. Within this priority list, opportunities for pathway improvement for patients with an SMI illness that are presenting at Emergency Departments and who are at risk of acute admission will also be explored.

8.4 The Health Inequalities Group in this locality will be focusing on obtaining detailed analysis of the health needs of SMI presenting patients and their other long term condition co-morbidities. The MHLDA Collaborative and the HCP will work together on this population health management work, helping the co-design of a number of targeted population health interventions.

9. South and West Hertfordshire Healthcare Partnership

9.1 This Partnership has focussed on the development of shadow operating model proposals, including:

- Leadership and governance arrangements
- Approach to undertaking transformation work
- Co-production approach

- Performance and risk management of any future areas delegated for partnership management
 - Communication approach to partnership work
 - Supporting infrastructure requirements
 - Systems working behaviour framework
- 9.2 The proposals are being further refined in response to feedback from partners and due to a deeper understanding of how to improve the potential effectiveness of this partnership work and therefore make a difference to particular population health groups.
- 9.4 The Partnership has decided to adopt a targeted approach around service pathway development and service transformation work intentions and HPFT is working particularly on the following workstreams:
- Virtual hospital pathway development for patients presenting with SMI and LD conditions
 - Frailty patients' pathway development that includes older people with dementia and other mental health conditions

10. Mental Health, Learning Disability and Autism Collaborative

- 10.1 The last month as seen Collaborative Development Director start and a process of engagement with all members, alongside a re- setting of the remit of the Collaborative.
- 10.2 The Collaborative Partnership meeting on 21 January 2022 presented the proposed focus areas for the first 3-4 months of 2022, these will include:
- Contributing to aspects of the system wide mental health and learning disability service planning work for FY 22/23.
 - Engagement with wider range of partners on developing targeted work around specific health inequalities issues
 - Development of the Collaborative role in undertaking on behalf of the system future ICS planning and population health management work.
 - Defining areas of the Mental Health and Learning Disabilities service transformation or re-design of models of care or enhanced service integration work that requires an enhanced co production approach with various partners
 - Commence to develop some supporting infrastructure focused on supporting the MHLCD Collaborative work e.g. communication and programme management
- 10.3 A future targeted work programme with clear set of objectives is expected to be agreed in the next month. This is likely to include areas where immediate focus should provide improvements and give the opportunity for partners to co-produce proposals and implement together.

11. East of England Collaborative

- 11.1 The key areas of progress in recent months relate to the patient flow hub-management service for CAMHS, improving service capacity several services (eg eating disorder services.
- 11.2 Recruitment continues to develop the Norfolk Community Forensic service offer as well as continuing to the feasibility of establishing a designated female secure LD service.

11.3 The partners have agreed that the Collaborative strategic focus should be on the joint development of forward looking workforce plans, covering both new roles and consideration of shared recruitment solutions.

11.4 Additionally, there is a proposed review of the transformation programmes to assess how we can collectively increase their overall impact and focus on the right areas given the increasing demand and challenging workforce retention and recruitment issues .

12. Norfolk Learning Disability - Most Capable Provider

12.1 The local Norfolk and Waveney commissioner have recently decided to commission following developments which will be part of the future long term clinical model, these include:

- the development and investment into the Learning Disabilities enhanced intensive support at home team
- the establishment of a Community Forensics service model that will cover multi counties but include Norfolk and Waveney

12.2 The commissioners are involving the Trust team in reviewing options to reduce the scale of out of area placements in LD services and options with regard to other admission avoidance schemes.

12.3 The underpinning MCP development work, that includes reaching a consensus with the provider alliance around the future provider form to support the proposed clinical service model is underway.

13. Conclusion

13.1 This paper has provided an overview of key system and partnership activities. The first quarter of 2022 is likely to see the publication of detailed guidance on future operating model of ICS systems and will see the continuation of the development of Healthcare Partnerships and Collaboratives.

13.2 The appointment of the ICS leadership team and development of supporting infrastructure plans are expected to progress quickly in readiness for the July transition date.

Appendix A Enclosure Adult social care reform briefing paper – Hertfordshire County Council

Adult Social Care Reform White Paper “People at the Heart of Care”

December 2021

White Paper: [People at the Heart of Care: adult social care reform white paper - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/white-papers/people-at-the-heart-of-care)

Social Care Reform Web Site: [Social Care Reform \(dhsc.gov.uk\)](https://www.dhsc.gov.uk/social-care-reform)

Build Back Better charging reforms: [Build Back Better: Our Plan for Health and Social Care - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/white-papers/build-back-better-our-plan-for-health-and-social-care)

On 1 December the Government published a White Paper setting out a 10 year vision for reform of adult social care. The vision of People at the Heart of Care has three objectives:

- People have choice, control and support to live independent lives
- People can access outstanding quality and tailored care and support
- People find adult social care fair and accessible.

The proposals are backed by the Health & Care Levy announced in September, of which £5.4 billion will be invested in adult social care over the next three years. After that an increasing share of the Levy will be spent on social care. The Spending Review made clear that £3.6 billion will be used to fund reforms to the charging framework while £1.7 billion would be for social care improvements. The main funding announcements in the White Paper are:

Improvement Funding	£70 million to increase the support offer to local authorities to strengthen market shaping and commissioning and improve support and care options.
Innovative Models of Care programme	£30 million for new programme. Early priority to improve the information and advice offer.
Information and Advice	New national website plus £5 million to pilot new ways to help people understand and access care and support.
Housing and adaptations	<ul style="list-style-type: none"> • £300 million over 3 years to integrate housing into local health and care strategies, with a focus on increasing the supply of supported housing. • Maintain £210 million investment over 3 years in Care & Support Specialised Housing Fund (CASSH) • A further £570 million per year for 3 years via Disabled Facilities Grant and consult on increasing the upper funding limit. • New practical support service to make minor housing repairs and adaptations
Technology and digitisation	£150 million in a digital transformation programme.
Unpaid carers	Up to £25 million to improve support for unpaid carers.
Learning Disability & Autism	DWP to pilot Local Supported Employment scheme with 20 local authorities and trial new Access to Work Plus scheme of enhanced employment support.
Workforce	£500 million for workforce training and wellbeing

Market shaping and commissioning

Reform of the framework of charging for adult social care is intended to make the system fairer and protect people from excessive costs. Part of this is that self-funders should no longer have to pay more than local authorities for the same service. From October 2023 self-funders will have the right to ask local authorities to arrange their care for them. This will have a significant impact on the structure of the care market. The Government also wants a more sustainable and diverse care market with a wider range of personalised support options.

To achieve this the White Paper includes proposals to strengthen local authority market shaping and commissioning. Improvement funding of **£70 million** will include specific support to enable local authorities to manage market changes and implement fair rates of care. It will also include investment in commissioning and contract management capability and professional development for commissioners.

New assurance framework

The White Paper provides further details of the new Assurance Framework for adult social care. The main elements of this are CQC assessment of local authorities; an enhanced sector-led improvement offer and mechanisms for intervention in failing authorities.

Independent assessment of local authorities by the CQC	<p>The Health and Care Bill creates a new duty for CQC to assess the performance of LAs in delivering adult social care functions. Regulations will specify the functions that will form the basis of assessment which will launch no sooner than April 2023.</p> <p>The Government wants the CQC to assess how well local authorities meet individual's needs and assessments will include insights from people who receive care and support and unpaid carers. A new single assessment framework for local authorities, ICSs and providers will combine aspects of the existing provider assessment with Think Local Act Personal personalisation statements.</p>
Enhanced sector-led improvement support	<p>The Government will begin rolling out its improvement offer during 2022-23. It will include a universal offer (guidance, toolkits and resources, training and collaboration opportunities) alongside more bespoke support to tackle particular problems. Improvement funding will be targeted using data, intelligence and the views of people drawing on care and support.</p>
Mechanisms to intervene if a local authority is failing	<p>Where data, intelligence and CQC assessment identifies a serious and persistent risk to people's safety, the Government will offer <i>directed support</i>. The LA will be asked to produce and implement an improvement plan</p> <p>If a LA is unable to tackle sustained problems, the Health and Care Bill will provide the Secretary of State for Health and Social Care with new powers to intervene. These powers would only be used where CQC identifies a serious and persistent risk to people's safety and where other forms of support are insufficient to drive improvement. LAs will have a legal right to make representations before statutory intervention.</p>
Data	<p>The Health and Social Care Data Strategy includes a number of commitments to enhance data about adult social care. The Government will:</p> <ul style="list-style-type: none"> • By spring 2022, establish an adult social care data framework setting out what data the sector needs to collect, its purpose and standards. • By autumn 2022: update the Adult Social Care Outcomes Framework • Over the next 3 years, move away from collecting aggregate data to using (anonymised) client level data. This will bring social care collections into line with NHS collections, using the NHS number to enable data to be linked and address data gaps. This will move to a mandatory collection from April 2023. • Agree a core provider data set for the sector. • Revise the Survey of Adult Carers and the Adult Social Care Survey by spring 2022 • Develop an easily accessible data-sharing solution with LAs and providers to support real time decision making at local, regional and national levels. To build on lessons learned from the pandemic.

Housing

The Government wants to integrate housing more with health and care services and increase the supply of supported housing. Planning and decisions about care and support will need to address housing. Their ambition is for everyone to have choice over their housing arrangements and access to adaptations or technologies to enable them to live well with care and support centred around their home. Specific proposals include:

- **£300 million investment over three years (2022/23 to 2025/26)** to connect housing with health and care and boost supply of specialised housing. Integrated Care Partnerships will be expected to embed housing in health and care strategies and drive innovation in delivery of services alongside housing.
- Maintain investment (**£210 million over 2022/23 to 2025/26**) in the Care and Support Specialised Housing Fund to incentivise the supply of specialised housing for older and disabled people.
- Fund a **new service** to make minor repairs and changes in people's homes
- Consult on raising the upper limit of the **Disabled Facilities Grant**

Technology

The White Paper sets out a 10 year vision for a digitally-enabled social care system. This includes use of digital social care records to facilitate holistic person-centred care in any setting; integration of technology into care and support models and raising workforce and provider skills in using technology. To achieve this the Government will invest at least **£150 million** in a digital transformation programme that will include:

- a new scheme to test and develop Caretech ideas with an initial priority of falls prevention
- By March 2024, ensure that 80% of social care providers have a digitised care record in place that can connect to a shared care record (currently 40%)
- Fibre broadband upgrades to care homes with poor connectivity and ensuring that home care providers have the right infrastructure
- A digital learning offer to build the skills of the social care workforce

New Models of Care

The Government will invest up to **£30 million** in a new Innovative Models of Care programme to address barriers to “mainstreaming” innovation. The Programme will provide a vehicle for areas to come together to trial new schemes to address key priorities. It will support local authorities and providers to develop, commission and deliver new models of care for people in non-residential settings. Alongside this the Government will provide risk-sharing funding to a number of local authorities to mitigate the cost of system change as well as business development support to care providers to build capacity.

Improving information and advice

A package of measures aim to improve the information and advice offer so that everyone is aware of basic information about adult social care and has access to personalised advice when they need it. This is one of the areas that will be subject to the new local authority assurance framework. Proposals include:

- A new national website providing information and simple explainers about adult social care for the public: [Social Care Reform \(dhsc.gov.uk\)](https://www.dhsc.gov.uk/social-care-reform)
- Investment of **£5 million over three years** to pilot new ways to provide personalised advice to help people navigate local systems
- Providing people with basic information to compare providers, including fees, feedback on services and other information about quality

Unpaid carers

Building upon 2018’s Carer’s Action Plan, there is a package of measures to improve support for unpaid carers. Integrated Care Boards will have a duty to involve carers when exercising commissioning functions. The new assurance framework will assess how local authorities meet the needs of unpaid carers. Other proposals:

- Up to **£25 million** to test new and existing interventions (including different models of respite) and ways of combining these to identify what works and stimulate development.
- Increase the use of markers in NHS electronic health records to identify unpaid carers
- Measures to increase flexible working and raise Carer’s Allowance

Supported employment for people with learning disability or autism

The Department for Work and Pensions will fund a Local Supported Employment Scheme with 20 local authorities in 2022. In addition a new proof of concept, Access to Work Plus, will test enhanced support for disabled people with high in-work support needs, to see if this will open up new job opportunities.

Social Care Workforce Strategy

The Government will invest **£500 million in workforce training and wellbeing**. This includes development of a universal Knowledge and Skills Framework (KSF) that will define the knowledge and skills required for all roles and pathways for career progression. There will be options to embed the KSF across the sector as a benchmark for all roles.

New training delivery standards will facilitate portable Care Certificates with a long term aim for the Care Certificate to be a requirement for all care workers. A new skills passport will address issues of portability of staff training and development. There will also be funding for leadership development and support for registered managers.

The Government will provide support to identify best recruitment practice and identify how government can support local recruitment campaigns.

The White Paper sets out a wellbeing and occupational health offer that includes counselling, peer support, helpline, mental health training, coaching, a workplace wellbeing fund and an occupational health portal. A new care workforce hub will provide a digital platform to provide care workers with resources to support their careers. The hub and the skills passport will initially be voluntary but may provide a basis for registration of care staff in future.

Next steps

- Further development and implementation of aspects of the White Paper will include:
 - Work with local authorities, housing providers etc to agree how new investment in housing will be targeted and to design the Innovative Models of Care Programme
 - Consultation on changes to the upper limit of the Disabled Facilities Grant
 - Publication of a social care technology blueprint
 - A series of stakeholder workshops in early 2022 to develop funded proposals for unpaid carers
 - Workforce strategy: co-development of new career pathways, national knowledge and skills framework; investment in training and policies on wellbeing, occupational health and recruitment.
- A separate Integration White Paper will follow in early 2022
- A standalone Dementia Strategy will be delivered in 2022.

The White Paper is linked to the national Autism Strategy and the National Disability Strategy (both July 2021). Its focus on strengthening community-based support will also contribute to transformation of community mental health support for people with mental illness which supports the NHS Long Term Plan and the Mental Health Act White Paper.

Board of Directors PUBLIC

Meeting Date:	27 January 2022	Agenda Item: 14
Subject:	HPFT Green Plan	For Publication: Yes
Author:	Nathan Wellington	Approved by: Maria Wheeler Executive Director of Finance
Presented by:	Maria Wheeler, Executive Director of Finance	

Purpose of the report:

To Provide the Trust Board the HPFT Green Plan for review and approval, following a detailed discussion at the Finance and Investment Committee which made a recommendation to the Trust board for approval.

Action required:

To Review and recommend to the Trust Board for approval

Summary and recommendations:

The Trust are required to produce a Green Plan in line with NHS England's Published directive in August 2021. Following approval by the Trust Board the Plan will be incorporated into the HWE ICS Green Plan to be signed off by 31st March 2022.

The HPFT Green Plan has been produced with engagement from Staff, Service User Representatives and colleagues from NHS England and the HWE ICS System.

The latest wave of the pandemic has limited the levels of engagement originally planned. However the development of a sustainable future will be an iterative process, and therefore the attached Green plan should be viewed as a work in progress. The Trust will continue to seek involvement from Staff and Service User Representatives to co-produce HPFT's sustainable future.

The Green Plan

Actions to tackle climate change and reduce carbon footprints and impacts will last for the whole of our lifetimes and the lifetimes of future generations. In 2019, the UK became the first major economy to implement a legally binding net zero target, recognising the risks that we and other countries face. This commitment was further supported by the recent Environment Act published in late 2021. As a major service provider and employer in the UK, the NHS has a significant part to play in our collective efforts to reduce our impact on the climate. It has set two clear and feasible targets for the NHS net zero commitment, based on the scale of the challenge posed by climate change, current knowledge and the interventions and assumptions that underpin this analysis:

- For the emissions the Trust control directly (the NHS Carbon Footprint), net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032
- For the emissions the Trust can influence from the Trusts suppliers (our NHS Carbon Footprint Plus), net zero by 2045, with an ambition to reach an 80% reduction by 2036 to

Climate change will be tackled through a mixture of small, individual actions that we can all take – for example, being careful to recycle materials whenever possible and reducing how far and how often we travel - alongside more significant actions which we will take as a Trust, such as installing renewable energy and water systems in our buildings and making it possible for our teams to work in a more environmentally sustainable way.

- We want to be able to clearly describe how we are going to reduce our environmental impact as individuals and as an organisation, but without affecting the great care and outcomes we provide
- We want to encourage and support our people to think about the impact they and their teams have on the environment and how, through simple actions, we can all play our part and make a difference
- We want to encourage everyone connected to HPFT to play their part in making the services we provide sustainable into the future.

The Trust has commissioned sustainability specialists Carbon Architecture to baseline the Trust's overall carbon footprint, undertake site energy surveys and to develop the trust's Green Plan and Net Zero Roadmap. The Trust has created a Sustainability Steering Group comprising of key stakeholders within the Trust. The main purpose of the Steering Group will be to oversee the development of the Green Plan and the implementation of sustainability projects and schemes.

The key areas of focus are as follows;

1. Workforce and system leadership
2. Sustainable models of care, e.g., Provision of care closer to home
3. Digital transformation, e.g., Expanding the use of telemedicine to deliver some care remotely
4. Travel and transport, e.g., increasing levels of active travel and public transport
5. Estates and Facilities, e.g., Improving energy efficiency and reducing energy usage
6. Medicines, e.g., Medicine's optimisation and reducing waste
7. Supply chain and procurement, e.g., Lower carbon alternative supplies
8. Food and nutrition, e.g., Reducing overall food waste
9. Adaptation, e.g., Plans to mitigate the effects of flooding or heatwaves

The Trust have identified leads for all the above areas

Capital investment

The need for a ringfenced capital budget for sustainability interventions will be key to the Trust achieving carbon net zero through various efficiency projects across all workstreams – which will provide the resource needed to fund the schemes and projects to meet the ambition of net-zero

carbon by 2040. NCZ road map will identify the individual actions that the Trust needs to take across each work area to reduce its emissions.

Recommendations

The Trust board are asked to review and approve The HPFT Green Plan.

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

Hertfordshire Partnership University NHS Foundation Trust

Green Plan

2022-2025

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1 Introduction

1.1 About Us - Hertfordshire Partnership University NHS Foundation Trust

We provide health and social care for over 400,000 people with mental ill health, physical ill health and learning disabilities across Hertfordshire, Buckinghamshire, Norfolk and North Essex. We employ over 3,500 staff who deliver these services within the community as well inpatient settings.

We also deliver a range of nationally commissioned specialist services including Tier 4 services for children and young people, perinatal services and medium and low secure learning disabilities services.

We have operated as a NHS Foundation Trust since our authorisation in August 2007. This gives us opportunities to further build upon and improve the services for our community. Benefits include a stronger involvement with local communities through our members and Council of Governors and the ability to borrow finance to support our capital investment programme.

Our work is driven by a very strong set of values. We provide services which make a positive difference to the lives of patients, service users and their carers, underpinned by choice, independence and equality.

We offer a high quality service and are one of just five mental health trusts to achieve an overall rating of 'Outstanding' from the Care Quality Commission (CQC).

In our last staff survey we were particularly delighted to say that the Trust achieved highly for the theme of safety culture. Increasing numbers of our staff said that the values of the organisation were discussed as part of the appraisal process and once again we scored highly on staff recommending the Trust as a place to work and as a place to receive care.

Our partnerships with other organisations are very important to the way in which we work. We play a full part in the local health and social care economies by promoting greater integration between mental and physical health and social care. These include:

- Local authorities and commissioners - We work closely with our local commissioners. Our largest contract involves working with East and North Herts CCG, Herts Valley CCG and Hertfordshire County Council to deliver integrated health and social care services.
- Being a University Trust, with close links to the University of Hertfordshire. This provides excellent learning and development opportunities for staff, as well as strengthening clinical research.
- Our participation in the Hertfordshire and West Essex Integrated Care System (ICS) - enabling us to work more closely with our partner organisations to improve the services we provide by managing people's health and social care needs together.
- Our regulators – NHS England and the Care Quality Commission.

1.2 Green Plan Importance

With the clear goals set by the NHS as a whole within Delivering a 'Net Zero' National Health Service [1], the next step is for each individual Trust and ICS to investigate and plan for their route to net zero. Within the Hertfordshire and West Essex Integrated Care System (HWE ICS) each organisation has been tasked with developing their own green plan. These plans will then be brought together to form a single ICS Green Plan.

HPFT's Green Plan outlines the opportunities and projects that have already been undertaken to make us more environmentally sustainable and friendly. This has involved multiple stakeholders, from staff, department heads, executives and our board members to incorporate everyone's thoughts and vision for the next three years.

In addition to this green plan, which as Figure 1 shows, covers the next three-year period, the Trust has also commissioned the creation of a Net Zero Carbon Roadmap, NZCR, which will provide more detail on the challenges faced and potential options currently available to reduce and ultimately reach net zero on the 'Carbon Footprint' portion of emissions which result from direct Trust activity. The NZCR will cover a much longer period of time, and will incorporate the NHS' wider ambitions for net zero, as outlined in section 2.3 below.

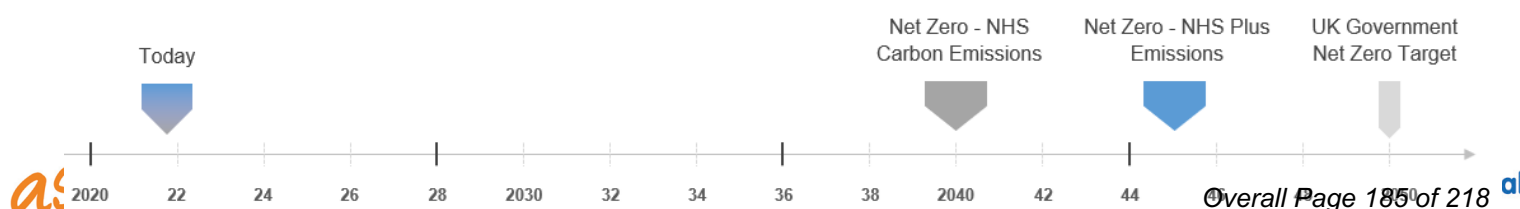


Figure 1: Timelines associated with the Green Plan and NZCR documents

1.3 HPFT's vision and values

1.3.1 Our Vision

Our conversations with service users, carers, staff, commissioners and the wider communities we serve have informed a simple but ambitious vision:

"Delivering great care, achieving great outcomes - together"

We will achieve our vision by:

- Putting the people who need our care, support and treatment at the heart of everything we do - always.
- Consistently achieving the outcomes that matter to the individuals who use our services, their families and carers, by working in partnership with them and others who support them.
- Providing the very best experience of joined-up care in line with what service users and carers have told us makes 'Great Care'.

1.3.2 Our Values

We worked closely with service users, carers and staff to co-produce a values and behaviours framework. The five values chosen to represent the Trust are Welcoming, kind, Positive, Respectful and Professional.

We expect all our staff to adopt these values and demonstrate them in their attitude and behaviour towards our service users, carers and their colleagues. The values form a key part of our recruitment, staff induction and appraisal processes.

Our values & commitments	Our customer care standards
We are welcoming so you feel valued as an individual	<ul style="list-style-type: none"> Everyone is welcoming and approachable We will be polite, courteous and friendly We always see the whole person We value diversity and difference Seeking and giving feedback is important to us
We are kind so you can feel cared for	<ul style="list-style-type: none"> We offer empathy and compassion Kindness and understanding are central to our way of working We are timely and responsive We are helpful and attentive to your needs We value and appreciate one another
We are positive so you can feel supported and included	<ul style="list-style-type: none"> We have a positive, encouraging, 'can do' attitude You will get clear explanations and information We involve people as equals By sharing ideas, choices and decisions we achieve more together You will find us supportive and flexible

Figure 2: HPFTs values & commitments

2 Carbon Emissions

2.1 Calculation Methodology

With clear evidence that climate change is happening now, for example with 17 of the warmest years on record occurring since the turn of the century, rising sea levels of approximately 20cm in the last century or human related impacts, on health, increasing poverty and the impact on the ecosystems us humans rely on [1], action must be taken now to start addressing these issues. There is also clear evidence regarding the cause of climate change; carbon dioxide and other greenhouse gases (GHG), which cause the entrapment of the Sun's energy within the Earth's atmosphere [1], leading to warmer temperatures and the effects outlined above.

The first stage to affecting change in climate change is through the understanding of our current GHG emissions, which provides a benchmark to measure progress over time. The image below provides the scope of the various elements within the wider NHS's carbon footprint, which includes the major emissions produced and the two broad categorisations of emissions of the NHS Carbon Footprint and Footprint Plus.

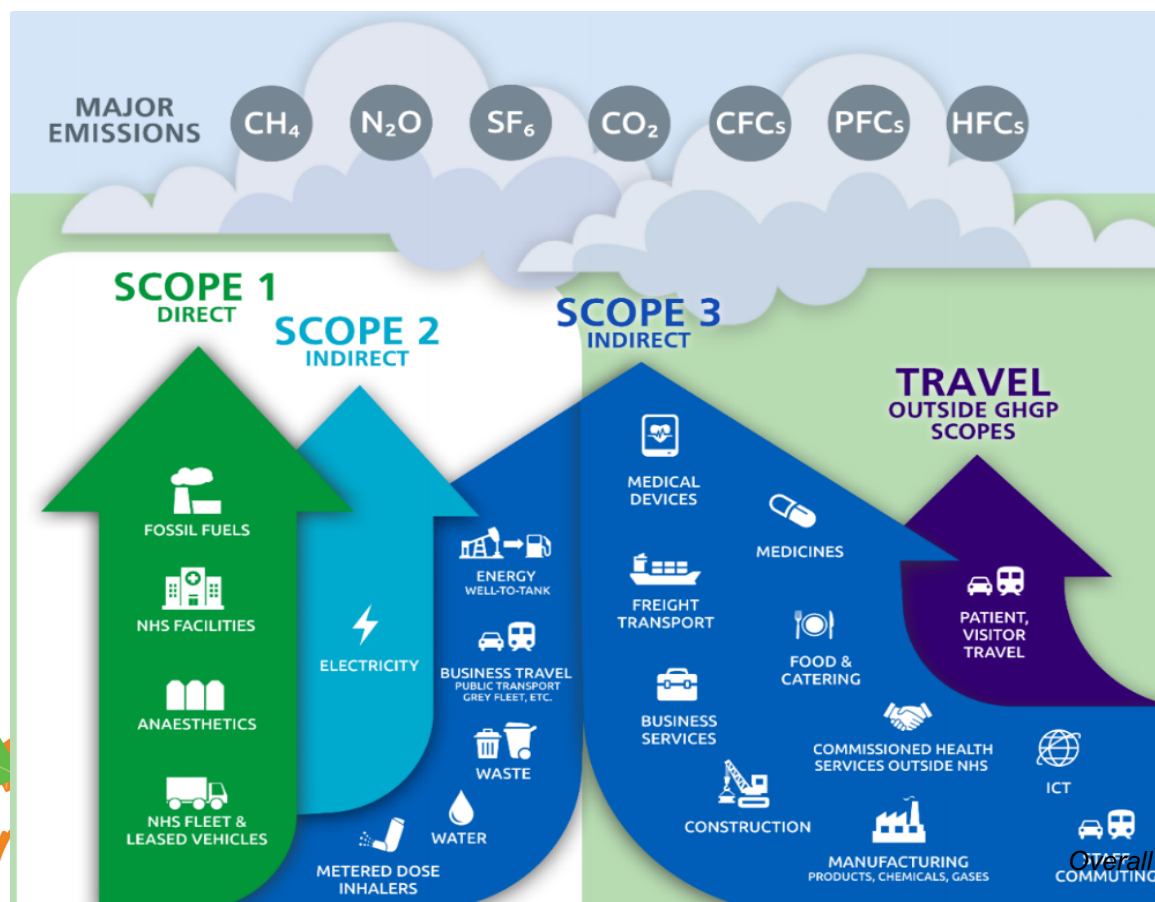


Figure 3: Carbon emissions in the context of the NHS [2]

Utilising the categories outlined within Figure 3, the NHS Delivering a 'Net Zero' National Health Service report [2] evaluated the quantity of carbon emissions associated with each category. This NHS wide average is outlined in Figure 4.

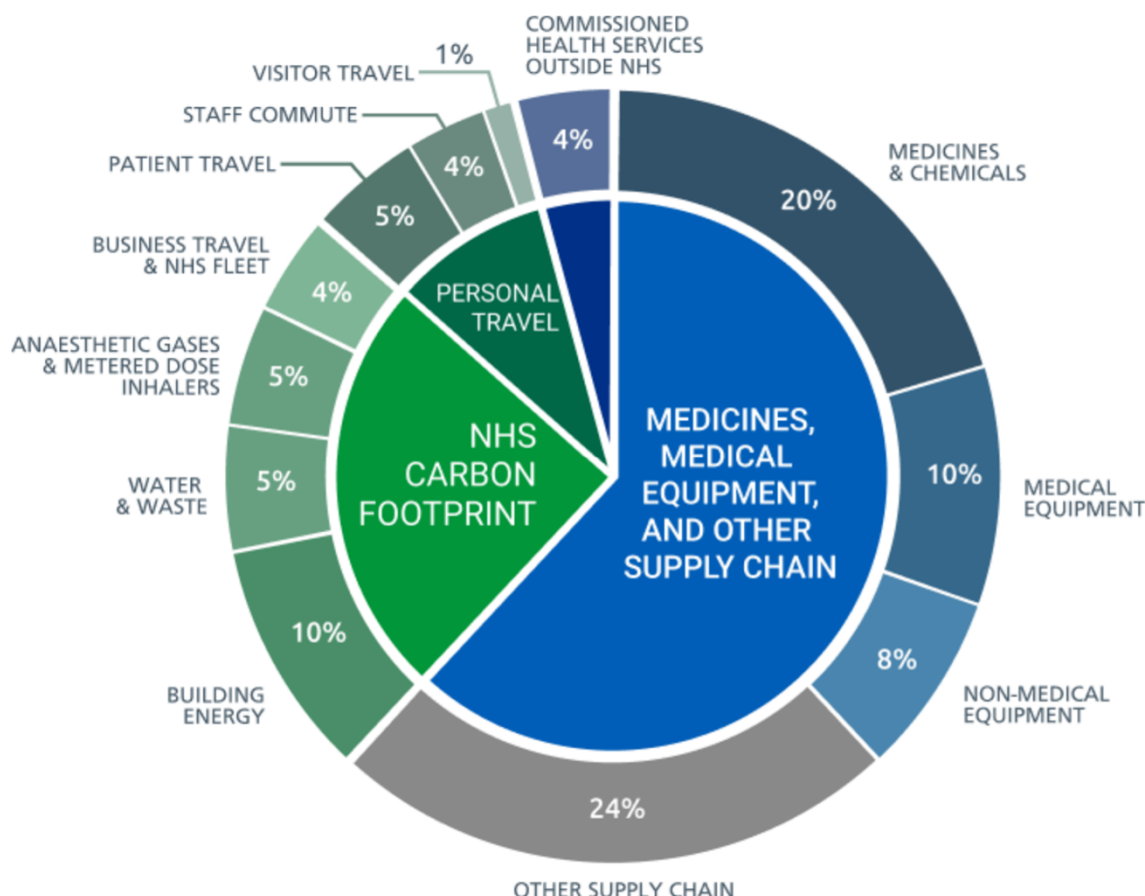


Figure 4: Sources of carbon emissions by proportion of NHS Carbon Footprint [2]

2.2 Carbon Emissions Breakdown

HPFTs 'NHS Carbon Footprint' and 'NHS Carbon Footprint Plus', as defined in Figure 3, have been calculated for the 2020/2021 year and are outlined in Figure 5. The total emissions for this carbon pie have been calculated through the combination of consumption data of utilities like natural gas and electricity, plus operating spend data, which are then combined with UK government and NHS SDU emission factors to calculate the carbon footprint of the Trust.

The total emissions for the Trust have been calculated at 19,920 tCO₂e, with the direct emissions, as defined by 'Carbon Footprint', being calculated to be 5,431 tCO₂e. As can be seen, the proportion of emission associated with commissioned health services outside the NHS is a much larger portion of HPFT's carbon pie, this is due to the nature of services

provided by the Trust, resulting in the large quantity of operational spending within this broad category.

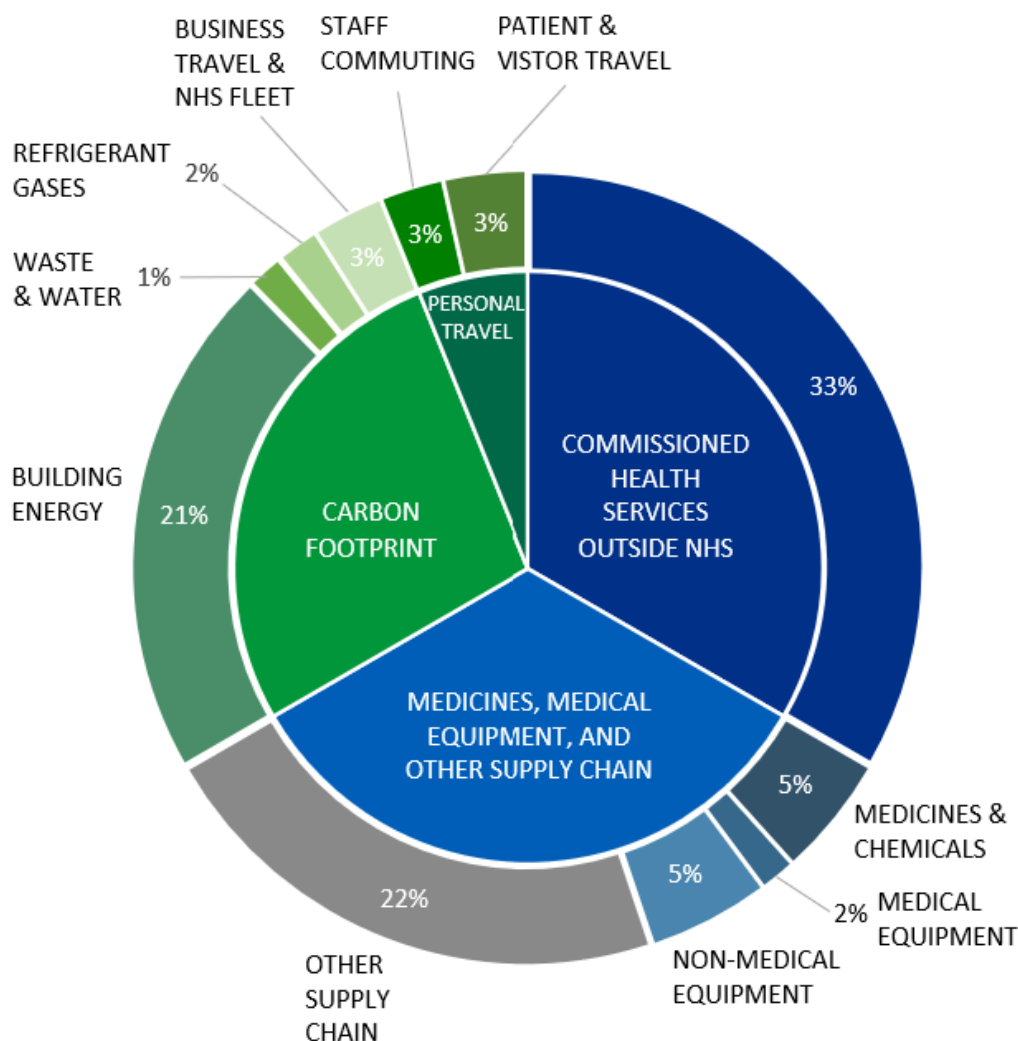


Figure 5: HPFT Carbon Footprint & Carbon Footprint Plus breakdown, 2020/21 year

2.3 Carbon Emission Reduction Targets

Within the document set out by the NHS “Delivering a ‘Net Zero’ National Health Service”^[1], this outlines a number of aims that all Trust’s should have which relate to the speed of net zero carbon ambitions for both Carbon Footprint and Footprint Plus sections. These targets are:

- For direct emissions, ‘NHS Carbon Footprint’, HPFT will endeavour to reach net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032;
- For indirect emissions, ‘NHS Carbon Footprint Plus’, HPFT will endeavour to reach net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.

Further work will be required to quantify the progress in pursuit of the 80% reduction targets as they are to be based against a baseline from the year 1990. The data required to calculate this figure with reasonable certainty is not currently available for the Trust. Because of this lack of data for a 1990 baseline, the Trust has not currently set targets for within this green plan period, but will endeavour to set overarching targets as well as for individual areas, for example waste, transport etc.

3 Areas of focus

This section outlines the areas focused on for the reduction of our carbon footprint and our impact on the environment. Each section will identify the activities already undertaken, contained within the “Previous Works” sections, as well as HPFTs plans for further improvement within the three-year timeframe of this Green Plan, within the “Green Plan Actions” sections.

3.1 Workforce and System Leadership

Overview

Workforce and system leadership is at the forefront of a successful green plan. This is centred around engaging and supporting our workforce while providing the systems that aid delivery of our sustainability goals by ensuring that the necessary skills and equipment are available within the Trust.

We recognise that training will be required, which will vary dependent on job type. For example, the estates and facilities team will require an in a depth understanding of the direct carbon emissions associated with the operation and maintenance of our sites, while clinical staff could support by reducing consumption at point of use by turning off lights or reducing waste associated with their activities.

We also recognise that to motivate support from management and board is essential, and is why this Green Plan has utilised input from all personnel within the Trust, from staff through to executives and the board of directors.

Previous Works

- The possibility of having a sustainability committee in under review
- As stated in our carer plan 2019-2021 we will continue to support our staff through the delivery of the green plan by continually improving in the quality and provision of support.

Green Plan Actions

- Assign a net zero lead at board level.
- Formalise a network of Green Champions, to help drive emission reduction projects.
- Development of a communication plan to showcase and encourage the work carried out by staff in the aid of net zero targets.
- Review implementation methods for climate change awareness training, through initiatives like event days.

3.2 Sustainable Models of Care

Overview

In 2019, HPFT were recognised as one of only five mental health and learning disabilities NHS trusts in England to be rated outstanding by the Care Quality Commission (CQC). As we continue to build on this achievement, we are developing the way in which we care and are

increasing our focus on our impact on the environment without disrupting the quality of care provided.

Previous Works

- Supporting service users sooner rather than later: single Point of Access (SPA) 24/7 Mental Health Helpline and NHS 111 and select option 2 for mental health services. This ensures they get the care they need and recover sooner – ensuring efficient use of resources.
- Supporting the “Host Families scheme” which aims to prevent admission in the first instance or where this is not possible, allowing our service users to return home as soon as possible. This enables more efficient use of resources, therefore ensuring that we can care for more within our community.
- Working closely with Herts & West Essex ICS plus local GPs to bring care closer to the home so our service users don’t have to travel as far to receive the care that they need.
- Through recognition of aging buildings within the Trust, we are Investing in a new, purpose built 54 bed unit that will serve both the east and west of Hertfordshire.

Green Plan Actions

- Review how care is delivered and develop plans following this review that embed carbon reduction principles within our care delivery strategies.
- Review our current offering of digitally enabled care and create a strategy to utilise available best practice and technology that will increase the efficiency of our operations.
- Provide information on lower carbon interventions and promote this to our service users where clinically relevant.

3.3 Digital transformation

Overview

The Trust has made significant progress in our use of digital technology however we acknowledge that to continue the provision of outstanding care we must further the adoption and utilisation of new methods of care which utilise digital technology. This strategy will comprise one major tool in our aspiration to maintain person centred care and will take advice from NHSX’s “What Good Looks Like” framework [4].

Previous Works

- Through the release of our digital strategy in 2019, we outlined our vision for the utilisation of digital technology within the Trust.
- We have empowered our service users and carers through;

- Offering digital consultations as an alternative to face-to-face consultation via messaging, telephone or video consultations. This minimises travel, therefore reducing carbon emissions and travel time wastage as a result.
- Offering Interactive Care Plans and Records that are co-produced and utilised by our service providers, carers and care professionals. This helps maximise the use of resources so our service user can get obtain the care required as soon as possible.
- We have invested in software and incorporated them within our ways of working, which has significantly reduced the amount of physical paperwork and travel time through initiatives like remote working.

Green Plan Actions

- Continue the Trust's efforts in utilisation of electronic communications when sending reports or appointments to patients and GPs etc rather than using paper methods. This will be conducted where possible, with paper options utilised where the patient requires it.
- Instil best practice for staff meetings and trainings as remote first, to minimise waste in areas like time and travel.
- Progress the adoption of digital services for service user video conferencing, as well as with our staff when conducting training or meetings online where possible.

3.4 Travel and Transport

Overview

About 3.5% of all road travel in England can be linked to the NHS: business travel, patient and visitor travel, staff commute and supplier travel. The use of traditional road travel by petrol or diesel driven vehicles produces carbon emissions as well as harmful air pollution. By encouraging the use of low carbon alternatives, we can reduce our impact on both carbon emissions and air pollution.

The NHS released a document in August 2021 titled "Improving non-emergency patient transport services" [3], which detailed the findings of a review into the transportation utilised outside of ambulatory services. Within the document, a new national framework for non-emergency patient transport has been outlined, with one section dedicated to a net zero NHS patient transport sector. This acknowledges the role decarbonising transport will have in the NHS commitment to be net zero by 2040.

Table 1 outlines the targets set within this document to support in achieving this target.

Date	Vehicle emissions targets
From 2021	No immediate changes
From 2023	50% of vehicles used to deliver the contract are of the latest emission standards, ultra-low emission vehicles (ULEV) or zero emission vehicles (ZEV)

From 2026	75% of vehicles used to deliver the contract are ULEV or ZEV, including minimum 20% ZEV
From 2030	100% of vehicles used to deliver the contract are ULEV or ZEV, including minimum 20% ZEV
2035	100% of vehicles used to deliver the contract are ZEV

Table 1: Non-emergency Patient Transport Vehicle Decarbonisation Timeline [3]

Previous Works

- In an attempt to start introducing low emission vehicles into the leased fleet, two fully electric vehicles are part of this fleet, with a charging station installed at one of our sites to service these vehicles.
- An investigation has been conducted into the type of vehicles leased by the Trust, looking at the age, carbon emissions and suitability of our vehicles. This found;
 - With some of our vehicles being in service for 16 years ('05 plates), and update to the age of the fleet is required
 - Due to the nature of requirements of the vehicles within our fleet, including long ranges due to multiple patient visits per day and wheelchair access provisions, the switch to electric vehicles of these specifications is not currently feasible as these vehicles are not widely available, therefore a move to modern LEV and ULEV diesel vehicles is planned in the short term. These vehicles are due for delivery in 2022.

Green Plan Actions

- Investigate, alongside the estates department, the feasibility of installing charging points at more of our buildings, so enable electric vehicle charging at a wider number of sites.
- Continue development of a Trust-wide fleet programme, including research into potential of suitable electric vehicles for the fleet's specific demands, to meet the timeframes outlined in Table 1.
- Investigate the possibility of utilising other low carbon forms of transport within the Trust, for example electric bicycle provision.
- Provision of only ULEVs and ZEVs within staff car salary sacrifice schemes.
- Appointment of a Trust "cycle-to-work" lead, to aid in the uptake of this zero-carbon transport method.
- Implementation of a staff salary sacrifice cycle-to-work scheme.
- Development of a plan outlining the Trust's approach to improving air quality, through supporting active travel and participation in the anti-idling cleaner air hospital framework.

3.5 Estates and facilities

Overview

One of the major challenges facing the UK in its journey towards decarbonisation, including the NHS, is in the way in which we heat our buildings. This is in part due to the number of older buildings which contain poor levels of insulation, as well as our reliance on fossil fuels to provide this heat. Building energy accounted for 21% of the total 2020/21 carbon pie, with 10% of that resulting from natural gas consumption to produce heat.

Whilst the UK is decarbonising electricity rapidly this alone is not enough to support our target of 80% reduction by 2032 as well as the NHS's net zero target of 2040, and therefore targeting the use of fossil fuels for heating and hot water is critical.

Previous Works

- Part of the Trust's capital budget has been allocated for utilisation by the estates department on building infrastructure and fabric improvement related projects.
- The estates department has been merged with Hertfordshire Community Trust, to allow cross-Trust knowledge and resource sharing.
- The Trust has outlined a zero waste to landfill ambition, with reductions in the quantity of waste to landfill reducing significantly over recent years.
- Introduction of low carbon building standards. The new 54 bed building within the Trust is being constructed with electrified heating via air source heat pumps, therefore no natural gas heating.
- Increased monitoring of the consumption of electricity, gas, water and waste has resulted in understanding of consumption and the reduction of waste.
- When old gas boilers reach their end of life, the replacement boilers fitted have grade A efficiency ratings and have been connected into the existing BMS systems.

Green Plan Actions

- Invest in further expertise within the Trust, through the potential appointment of a head of sustainability.
- The existing estates strategy will be updated to reflect the changes that have occurred during and post the COVID-19 pandemic.
- Determine additional energy consumption reduction and optimisation projects throughout the Trust, for example the electrification of heat through heat pumps, or the replacement of old lighting with LED fixtures.
- The Trust will aim to purchase electricity from 100% renewable sources by April 2022.
- Engage waste, maintenance and other suppliers to engage with low carbon policies and support them in the realisation of these policies.
- Working alongside the ICS procurement department, engage suppliers to reduce their single use plastic packaging, to support the zero waste to landfill ambition.
- Creation of an estates plan which aligns deliverables to those within the Estates Delivery Plan published on FutureNHS in 2021. The actions contained within will include replacing lights with LED, renewable energy generation and others, including the installation of solar photovoltaic panels on the roof space of the new 54 bed building.

3.6 Medicines

Overview

Medicines are an area of significant challenge to the whole NHS, not only through their direct use but also the emissions associated with their manufacture, shipment and other supply chain factors. Across the whole NHS, medicines account for 25% of emissions; 2% for anaesthetic gases, 3% for inhalers and 20% of emissions within the supply chain [2].

At HPFT, the emissions related to medicines are comparatively smaller than the NHS average, a major reason is that we are a smaller organisation compared to large Acute trusts. The Trust has a low consumption of anaesthetics and when utilised, no desflurane is consumed. However, we have a footprint associated with the prescription of inhalers, the majority of which are not the low carbon option. This is largely due to this being a physical health medicine which is initiated by the GP or a respiratory specialist. Therefore, as a Trust we continue care on their current prescription as the Trust prescribers are not respiratory specialists. Changing inhalers to low carbon alternatives needs to be a shared decision-making process between the GP/ Respiratory specialist and the patient.

Previous Works

- Delivery of Clozapine has been moved to an external agency, this has allowed the Trusts' pharmacy and medicines optimisation team streamline efficiencies, with more time spent on other more complex tasks.
- Creation of a procurement role supporting the department, who will be tasked with investigating ways in which waste within the supply chain can be reduced.
- Improved methods have been put into place to reduce the number of expired medicines in the dispensary and on the wards and therefore reduce wastage.
- Sevoflurane is used in the small number of instances where anaesthetics are required.

Green Plan Actions

- Carry out an investigation into the quantity of medicine waste within the Trust, to quantify waste via examples like unused medicines and unnecessary dispensing, to understand our current situation and how best to reduce this wastage.
- With the planned introduction of EPMA across the Trust this will support the reduction of medicines wastage and provide more efficient processes for ordering medicines from the dispensary.
- By assessing re-order levels on the pharmacy system, the aim is to reduce, where possible, the number of deliveries of medicines from certain wholesalers/suppliers.
- Engage suppliers to understand their net zero policies.

3.7 Supply chain and procurement

Overview

With the vast majority of emissions associated with HPFT coming within the wider scope 3 area of supply chain related emissions, significant focus will be given to this area of operations. Broadly, there are three ways of reducing emissions from the supply chain: efficient use of supplies; utilisation of low carbon alternatives and product innovations; and through engaging suppliers to ensure they understand their emissions and support them in ways in which they can reduce them [2].

Previous Works

- In August 2021, HPFT merged its procurement department with three other local Trusts. The Hertfordshire and West Essex ICS NHS Procurement Service, hosted by West Hertfordshire Hospitals NHS Trust, providing transactional, tactical, strategic and materials management services to the Trusts.

- The merger of the four Trusts procurement teams will enable increased buying power and a wider reach on sustainability topics with the suppliers.
- HPFT now purchases only 100% recycled paper.

Green Plan Actions

- Continue supporting the new procurement service in establishing new internal structures, procedures and policies.
- Conduct further work into understanding the emissions and waste, including single use plastics, from our supply chain.
- Support suppliers with the development of their net zero policies and the projects they carry out to achieve waste and emission reductions.
- Inform suppliers and adhere to the commitments in the supply chain roadmap announced at the NHSE/I Sept 2021 board, which includes the inclusion of a 10% minimum social value weighting from April 2022.

3.8 Food and nutrition

Overview

Food production and consumption is a significant contributor to the UK's carbon footprint, accounting for approximately 25% [5]. HPFT acknowledges the importance of this area and the need to reduce our impact through food consumption, which has resulted in significant focus and progress in recent years, with more improvements to come.

Previous Works

- The Trust ensures that all meals served at least meet if not exceed the relevant NHS guidance regarding nutritional value.
- The implementation of digital meal ordering, combined with a seasonal menu, has significantly reduced food waste as well as minimising the carbon emissions associated with meal delivery.

Green Plan Actions

- Further focus on food waste reduction, through the supply chain, preparation and consumption by the service user.
- Continue to maintain all standards regarding nutritional criteria for all meals served, and look at exceeding to ensure best practice where possible.
- Develop low carbon menus, which include healthier low carbon choices and with emission figures provided for each meal option.
- Minimise and ultimately eliminate single use plastic within delivered meals.

3.9 Adaptation

Overview

Adapting current working spaces to incorporate green spaces is a key part of HPFTs Green Plan. This conclusion is made through widely available data regarding the health benefits which include reduced stress levels, promotion of an increased rate of physical recovery for patients, social advantages through the creation of green spaces, environmental benefits through creating wildlife habitats and the sequestration of carbon, financial benefits through reduced maintenance bills and the improvement in staff moral and well-being which is ultimately reflected in reduced absenteeism [6].

Previous Works

- HPFT conducted a review in 2013, which at the time, major incidents and business continuity plans made reference to and planned for risks outlined at the time based on the available evidence.
- This review involved the creation of plans for each individual Trust site.

Green Plan Actions

- HPFT aims to name an adaptation lead by April 2022.
- The Trust will review the risk register to ensure the inclusion of mitigations for the risks and effects of climate change and severe weather conditions on its business and functions.
- This will include specific plans on mitigating flooding and heatwave effects on HPFTs infrastructure, patients, and staff where sites are identified as being at risk.
- Engage the local council, public and private sector bodies to encourage plans to improve local biodiversity and green space creation.
- Update the overall Trust and individual site major incident and business continuity plans.

4 Green Plan Governance

The creation of this Green Plan has been conducted in line with NHS England guidance [7] and going forward it will also follow this guidance in relation to the updating of actions contained within each focus area, resulting in an annual update and refresh of the document.

The process by which that the initial creation, approval and release of this document followed is outlined in Figure 6 below. Not only has the initial development of the Green Plan has followed this process, each update of this document will also follow this same structure. The Trust will aim to update this document annually ahead of the final re-release at the end of the three-year period this document covers.

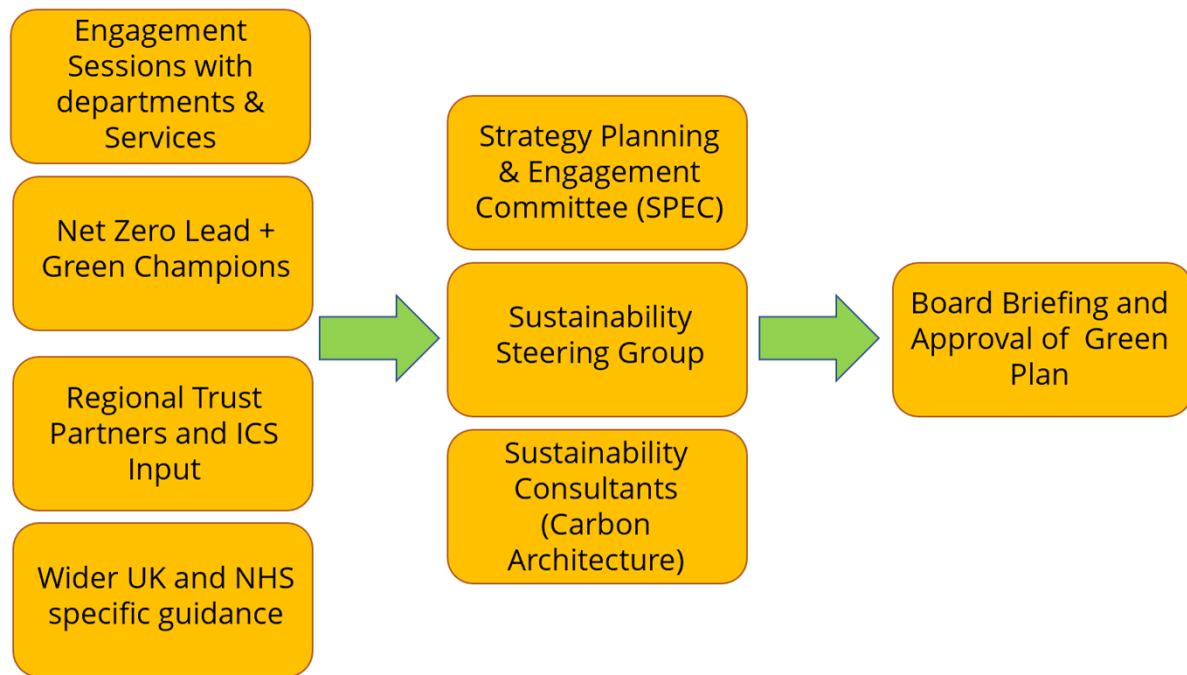


Figure 6: Green Plan creation and approval pathway

5 References

- [1] - HM Government. [Climate change explained](#). 2014
- [2] - Delivering a 'Net Zero' National Health Service; <https://www.england.nhs.uk/greenernhs/wp-content/uploads/sites/51/2020/10/delivering-a-net-zero-national-health-service.pdf>
- [3] – NHS- Improving non-emergency patient transport services
- [4] – [What Good Looks Like - NHSX](#)
- [5] - [NHS England » Food and nutrition](#)
- [6] - [Benefits | NHS Forest](#)
- [7] – How to produce a Green Plan: <https://www.england.nhs.uk/greenernhs/wp-content/uploads/sites/51/2021/06/B0507-how-to-produce-a-green-plan-three-year-strategy-towards-net-zero-june-2021.pdf>

Board of Directors PUBLIC

Meeting Date:	27 January 2022	Agenda Item: 15
Subject:	Report of the Audit Committee – 2 December 2021	For Publication: Yes
Author:	Helen Edmondson, Head of Corporate Affairs & Company Secretary	Approved by: Catherine Dugmore, Non-Executive Director, SID & Audit Committee Chair
Presented by:	Catherine Dugmore, Non-Executive Director, SID & Audit Committee Chair	

Purpose of the report:

To provide the Board with an overview of the work undertaken by the Audit Committee at its most recent meeting held on the 2 December 2021.

Action required:

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

Summary and recommendations to the Board:

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

Matters of Escalation

The Board are asked to note the recommendation to the Council of Governor to extend the external audit contract with KPMG for one year. (The Council of Governors when it met in December approved the extension of the contract with KPMG).

The Board is asked to note that the Committee approved the awarding of contract for internal audit and counter fraud services to RSM.

Relationship with the Business Plan & Assurance Framework:

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

Summary of Implications for:

None

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

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

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

Seen by the following committee(s) on date:

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

Not applicable.

1. Introduction

The Audit Committee was held on the 2 December 2021 in accordance with its terms of reference and was quorate.

2. Risk Topic Presentation – People

Audit Committee received a comprehensive presentation looking at the different elements of the work underway in People and OD; Janet Lynch set out the current position, a summary of the controls and assurance process in place and a look at the broader challenges. The presentation set out the position with regard to the workforce metrics, including sickness, recruitment and retention.

The Committee noted that workforce and associated issues remain on the Trust Risk Register as they are crucial to the delivery of the Trust's Annual Plan and Strategic Objectives.

The Committee noted the assurance that had been provided and welcomed the work underway to future proof the organisation. It was also noted of the work underway across the system. Audit Committee discussed the longer-term solutions considering the likely impact of increased demand.

In response to Tim Bryson's question Janet Lynch confirmed that analysis of data was being undertaken to identify hot spots and need for High Impact changes.

3. Risk/Governance Matters

3.1. Information Governance Breaches

Audit Committee received an update on the management of personal data breaches reported by Trust staff in the second quarter of 2021/22. A very small number of the reported data incidents were classified as a breach, and none were graded as causing any harm or injury and did not require reporting to the Commissioner. It was noted that the largest number of incidents reported related to disclosure of personal data in error with emails. The Committee were updated on the technological solutions being considered to mitigate against this risk.

The Committee were updated on the measures in place to reduce the breaches relating to the Single Point of Access (SPA), these included allocating additional staff as well as introducing changes to PARIS. It was noted that SPA has also re-engaged with NHS Digital to implement the NHS e-Referral service to digitise GP referrals in order to reduce human errors.

3.2 Finance actions from ISA 260 report

The Committee received an update on the progress relating to audit actions arising from the final accounts for 2020/21. Key progress was highlighted with regard to: assessment of income under IFRS15 and asset valuation. The Committee noted the good progress being made and how this will support the planning for 21/22 final accounts. The Committee welcomed the continued close work with KPMG.

In response to David Atkinson's question Sam Garrett confirmed that the finance team were fully established and were not expecting any absences.

3.3 Gifts and Hospitality Register and Compliance with Standards of Business Conduct – Declarations of Interest

The Committee received an update on the progress of compliance against the Standards of Business Conduct. It was reported that the annual process of updating the Register of Interests had been completed and the Trust has now received 100% of completed required paperwork.

A six-month report on Gifts and Hospitality was presented. The Committee considered the small number of submissions noting the work underway to increase the profile and requirement to do this.

3.4 Clinical Excellence Awards Update

It was reported that the remedying of the errors in the payment process for the Clinical Excellence Awards in 2021 were complete and that the recovery of overpayments was underway. It was noted that a further report will be presented to the Audit Committee in February 2022 following completion of the advisory internal audit.

It was confirmed that the Local Negotiating Committee (LNC) for Doctors was aware of the issues and were supportive along with the BMA of the corrective action being taken.

4. External Reports

4.1 Internal Audit Progress Report

It was reported that there was good progress with the delivery of the Internal Audit plan for 2021/22 and that there were currently no factors likely to affect the Head of Audit Opinion for 2021/22. It was noted that three audit reports had been finalised since the last Audit Committee, all with positive opinions.

In response to Tim Bryson's question relating to the Quality Impact Assessments (QIA), he was advised that there is a policy in place when QIA's need to be adopted but there could be more clarity and streamlining.

4.2 Internal Audit Action Tracker Exception Report

The Committee received the Audit Action Tracker Exception Report which detailed the progress made. It was noted that a number of actions had been closed, and a small number remained, Internal Audit noted that this was a positive report.

4.3 Counter Fraud Progress Report

The Local Counter Fraud Progress report was presented which provided an update on the work undertaken over the past two months. In particular a significant amount of training had been undertaken with the Trust teams which had been positively received and generated enquiries from staff. The Committee noted that all actions are expected to be completed by year-end.

The Committee noted that the Trust had participated in the NHSCFA procurement exercise working with RSM staff to ensure submission within the given timescales. It was reported that RSM will share any findings from the exercise once they have been received.

4.4 External Audit Progress Report

The Committee received a report that set out that external audit work is progressing well and is largely consistent with previous periods. The Committee received a brief Technical Update noting key changes relating to: the requirement to report the year on year percentage change in each of the components of salary (salary, performance related pay and taxable benefits) for the highest paid director; the requirement to do the above for each component of salary for the average of all employees as a whole as well as changes to calculation of the median pay ratio. It was noted that IFR16 would come in for 2021/22 and finance team were working with KPMG to ensure the Trust is compliant.

It was reported that detail on the year-end position and planning would be provided to the Finance and Investment Committee in January and that the NEDs would also be briefed in detail.

5. Other Matters

5.1 Clinical Audit Progress Report

Audit Committee received the Clinical Audit Progress report which provided an update on the work that is being completed across the Trust since Quarter one. A number of audits have been approved by PAIG and some were going through the process of being finalised and shared with QRMC and IGC.

The Committee considered the findings and the RAG rating of the audits. It was reported that areas of concern would be re-audited and supplemented by local audits. It was agreed that a future meeting would receive a report that would highlight the gaps and how any cross-cutting issues were being pulled together.

5.2 Quality Accounts – Update 21/22

The Committee received a report detailing the progress made against the 2021/22 Quality Account Priority Indicators targets. It was noted the ten areas have been identified as areas of quality to focus on in the financial year. There was particular focus on: the percentage of service users who are followed up within 48 hours after discharge from psychiatric inpatient care; reduction in the rate and percentage of service user safety incidents that result in moderate or severe harm and the number of service users who have had a completed risk assessment within the last 12 months.

Audit Committee noted that two out of three indicators in the Clinical Effectiveness domain did not reach the expected milestone in Quarter two. It was noted that the position with regard to 48-hour follow up and out of area placements had been discussed at Finance and Investment Committee and Board.

5.3 Committee Effectiveness Self Assessment

The Committee considered and agreed the proposal with regard to the self-assessment process for 2021. It was noted that the results would be feedback to the February 2022 Committee meeting.

5.4 Anti-Bribery Policy and Anti Fraud Policy

The reviewed and updated Anti-Bribery and Anti-Fraud policies were considered by the Committee. They were approved subject to amendments relating to minor changes to wording relating to favouritism and nepotism and consistency of

description of the target audience. It was noted that the policies had been reviewed by the Counter Fraud Specialist.

6. Any Other Business

No other matters were discussed and members of the Committee were asked to note items listed below.

7. Items Noted

7.1 Presentation of Minutes from Other Committees

The Committee received the notes from the Finance and Investment Committee meeting held on 22 September 2021. The Committee received the notes of the Integrated Governance Committee meeting held on 16 September 2021.

7.2 Reports from Committees

The Committee received the six monthly reports for the first half of 2021/21 from the Finance and Investment Committee and Integrated Governance Committees.

7.3 Committee Forward Planner 2022

The rolling forward planner was noted. The deep dive at the next meeting will focus on end of year planning.

8. Other Matters

At this point Internal and External Auditors left the meeting as they were conflicted with regard to the following two items.

8.1 Review of External Audit Contract

Audit Committee considered and noted the outcomes from the evaluation of the services provided by the appointed External Auditors. The Committee approved a recommendation be made to the Council of Governors for the extension of the current External Audit contract with KPMG for one year.

8.2 Internal Audit and Counter Fraud Contract Award

Audit Committee were updated on progress of the procurement for Internal Audit and Counter Fraud services. It was noted that a comprehensive procurement process has been undertaken and the evaluation panel's recommendation was to appoint RSM.

The Committee approved the awarding of the contract to RSM for an initial period of two years with an option to extend for a further two.

9. Matters of Escalation

The Board are asked to note the recommendation to the Council of Governor to extend the external audit contract with KPMG for one year. (The Council of Governors when it met in December approved the extension of the contract with KPMG).

The Board is asked to note that the Committee approved the awarding of contract for internal audit and counter fraud services to RSM.

Board of Directors PUBLIC

Meeting Date:	27 January 2022	Agenda Item: 16
Subject:	Finance and Investment Committee Terms of Reference	For Publication: Yes
Author:	Helen Edmondson, Head of Corporate Affairs and Company Secretary	Approved by: David Atkinson, Non-Executive Director
Presented by:	Helen Edmondson, Head of Corporate Affairs and Company Secretary	

Purpose of the report:

The purpose of this report is to present the Terms of Reference for approval by the Board following review by the Finance and Investment Committee. These were previously reviewed in March 2021.

Action required:

The Board is asked to review and approved revised Terms of Reference.

Summary and recommendations to the Board:

Summary

Each year the Finance and Investment Committee is required to review its Terms of Reference and suggest any updates it wishes to make. The recent FIC self-assessment demonstrated that the Committee is working effectively and in line with its Terms of Reference.

Two changes have been made to the Terms of Reference following a review by the Committee: addition of Director of Innovation and Digital Transformation as a member and clarification of Committee's role with regard to the Treasury Investment Strategy and policy.

Recommendation

The Board review the Terms of Reference and approve the revised Terms of Reference.

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

Committee provides assurance across risk described in the BAF

Summary of Financial, IT, Staffing & Legal Implications:

None

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

N/A

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

Evidence for Independent and CQC well led review

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

FIC 18 January 2022

TERMS OF REFERENCE

Finance and Investment Committee

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



1. Remit

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

1.2 The remit of the Group is to:

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

2. Accountability

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

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

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

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

3. Responsibilities & Duties

3.1 Financial Policy, Management and Reporting

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

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

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

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

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

3.1.6 To commission and receive the results of in-depth reviews of key financial issues affecting the Trust.

3.1.7 To maintain an oversight of, and receive assurances on, the robustness of the Trust's key income sources and contractual safeguards.

- 3.1.8 To oversee and receive assurance on the financial plans of significant programmes.
- 3.1.9 To consider the Trust's tax strategy.
- 3.1.10 To annually review the financial and accounting policies of the Trust and make appropriate recommendations to the Audit Committee Board of Directors.

3.2 Investment Policy, Management and Reporting

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

3.3 Performance Monitoring and Reporting

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

3.4 Other

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

4. Other Matters

The Committee shall be supported administratively by the Head of Corporate Affairs and Company Secretary, whose duties in this respect will include:

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

5. Monitoring of Effectiveness

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

Terms of Reference agreed by FIC: 18 January 2022

Terms of Reference agreed by Board: XX

Date of Review: January 2023

Board of Directors PUBLIC

Meeting Date:	27 January 2022	Agenda Item: 17
Subject:	Integrated Governance Committee Terms of Reference	For Publication: Yes
Author:	Helen Edmondson, Head of Corporate Affairs and Company Secretary	Approved by: Diane Herbert, Non-Executive Director
Presented by:	Helen Edmondson, Head of Corporate Affairs and Company Secretary	

Purpose of the report:

The purpose of this report is to present the Terms of Reference for approval by the Board following review by the Integrated Governance Committee.

Action required:

The Board is asked to review and approved revised Terms of Reference.

Summary and recommendations to the Board:

Summary

Each year the Integrated Governance Committee is required to review its Terms of Reference and suggest any updates it wishes to make. The recent Committee self-assessment demonstrated that the Committee is working effectively and in line with its Terms of Reference.

Four changes have been made to the Terms of Reference following a review by the Committee:

- a) amendment to quoracy
- b) addition of details of the Committee's responsibility with regard to People
- c) Inclusion of information on Committee's role with regard to compliance with CQC requirements.
- d) Clarity of Committee's role with regard to Experience

Recommendation

The Board review the Terms of Reference and approve the revised Terms of Reference.

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

Committee provides assurance across risk described in the BAF

Summary of Financial, IT, Staffing & Legal Implications:

None

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

N/A

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

Evidence for Independent and CQC well led review

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

IGC 20 January 2022

TERMS OF REFERENCE

Integrated Governance Committee (IGC)

Status: The *Integrated Governance Committee* is a locally appointed sub-committee of the Trust Board and reports into the Board itself with strong relationship with the Audit Committee, a statutory committee of the Board, to which it sends reports for review and recommendations. The Executive Director Lead for the Committee is the Director of Quality Safety and the administrative lead is the Company Secretary.

1.0 Accountability

- 1.1 A report will be made by the Chair to the Trust Board following each committee meeting. The report will contain:
- A note of all the items discussed by the committee
 - Matters for noting by the Board
 - Recommendations to the Board regarding decisions to be taken by the Board on governance matters
 - Matters for escalation to the Board from the committee
 - Any other issues as agreed by the Chair and Head Corporate Affairs & Company Secretary.
- 1.2 The minutes of the Committee's meetings shall be formally recorded by the Head of Corporate Affairs and Company Secretary and submitted to the Board and Audit Committee.
- 1.3 A six monthly report from the Committee shall be submitted to the Audit Committee.

Chair: **Non – Executive Director**

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

Non-Executive Directors (x4 including Committee Chair)
Executive Director Quality and Safety (or Deputy)
Executive Director, Delivery and Service User Experience
Executive Director Quality & Medical Leadership
Executive Director, People & Organisational Development
Executive Director of Finance

In attendance:

Deputy Director Nursing and Partnerships
Deputy Director of Nursing and Quality
Chair of Medical Staff Committee
Head of Corporate Affairs Company Secretary

Frequency of Meetings:	A minimum of six (6) meetings per annum
Frequency of Attendance:	Members will be expected to attend all meetings. If members miss two consecutive meetings, membership will be reconsidered by the Committee Chair (subject to exceptional circumstances).
Quorum:	A quorum shall be five members including at least two Executive Director and two Non-Executive Director plus the Chair or a NED acting for the Chair in their absence.

2.0. Remit

2.1 The IGC is a locally appointed sub committee of the Board.

2.2 The remit of the Group is to:

“To lead on the development and monitoring of quality and risk systems within the Trust, to ensure that quality, patient safety and risk management are key components of all activities of the Trust. To ensure that strategies are in place to make the Trust both the best place to work and the best place to receive care.”

3.0 Organisational Relationships

3.1 Reports will be received from the Executive Director Chairs of the following Sub-Groups/Sub-committees:

- Quality & Risk Management Committee
- People & Organisational Development Group
- Information Management and Governance Sub-Committee (IMGS)

3.2 Key Interfaces & Relationships:
There is an interface between this Committee and the following:

- Trust Board
- Audit Committee
- Trust Management Group
- Care Quality Commission
- Hertfordshire County Council
- Others to be advised by membership

4.0 Responsibilities & Duties

4.1 Assure adherence to CQC and other relevant regulatory requirements for quality and safety and receive reports from all relevant quality and safety groups.

4.2 Receive minutes, reports, action plans and risk registers from the following standing sub-committees of the IGC:

- Quality & Risk Management Committee
- People & Organisational Development Group
- Information Management and Governance Sub-Committee (IMGS)

4.3 Supervise, monitor and review the Trust-wide Risk Register and make recommendations for improvement.

- 4.4 Scrutinise and provide assurance to the Trust Board through providing regular reports on governance, quality, people and risk issues and to escalate any risks to the BAF or concerns as appropriate where assurance is not adequate. Reports should also be sent to the Audit Committee for scrutiny and recommendations.
- 4.5 Set standards for the Trust Governance systems in order to meet:
- Performance targets,
 - Core and developmental standards
 - Risk management
- 4.6 Recommend to the Trust Board necessary resources needed for the IGC to undertake its work.
- 4.7 Advise on the production and content of the *Annual Governance Statement* and make recommendations to the Chief Executive as necessary prior to its review at Audit Committee, its approval at the Board and subsequent inclusion in the Annual Report.
- 4.8 Advise on the content, format and production of an *Assurance Framework* for the Trust Board and monitor its ongoing suitability and make recommendations to the Audit Committee and the Board as necessary.
- 4.9 Advise on the content, format and production of the annual *Quality Accounts*
- 4.10 Approve *Terms of Reference* and work plan of the sub-groups reporting into the Committee.
- 4.11 Ensure that appropriate risk management processes are in place that provide the Board with assurance that action is being taken to identify risks and manage identified risks within the Trust.
- 4.12 Responsible for developing systems and processes for ensuring that the Trust implements and monitors compliance with its registration requirements of the Care Quality Commission.
- 4.13 Provide assurance that the Trust monitors and complies with the actions identified following visits and requests from the CQC.
- 4.14 Oversee the establishment of appropriate systems for ensuring that effective practice governance arrangements are in place throughout the Trust.
- 4.15 Ensure that the learning from inquiries carried out in respect of Serious Incidents (SIs) is shared across the Trust and implemented through policies and procedures as necessary.
- 4.16 Ensure that services and treatments provided to service users are appropriate, reflect best practice and represent value for money.
- 4.17 Ensure the Trust delivers the Quality Strategy encompassing Safety, Effectiveness and Experience and also supports the inclusion of service users and staff.
- 4.18 Ensure progress against all elements of the Experience work plan.
- 4.19 Ensure that the environments in which services are provided are appropriate, safe and therapeutic.
- 4.20 Ensure that the organisation is engaged in the public health programme and this is modelled throughout the services we provide.
- 4.21 Provide assurance that the Trust is delivering all elements of the People and Organisational Development strategies making it a great place to work.

4.22 Ensure progress against the People and OD targets as set out in the Annual Plan.

5.0 Other Matters

5.1 The Committee shall be supported administratively by the Head of Corporate Affairs and Company Secretary whose duties in this respect will include:

- prepare, in conjunction with the Chair and the Executive Director of Quality & Safety and Executive Director of People and OD an Annual Business Cycle of Activities to ensure all of the Committee's business is captured and inform the Agenda for each meeting.
- support the Chair in ensuring that all papers to the Committee are submitted on time, of the right quality and format and distributed to members and attendees not less than seven (7) days before the meeting.
- agreement of agenda with the Chair and attendees and collation of papers.
- taking the minutes & keeping a record of matters arising and issues to be carried forward.
- advising the Committee on pertinent areas of governance and the regulatory framework.

6. Monitoring of Effectiveness

6.1 The Committee will undertake an annual review of its own performance to ensure that it is operating at maximum effectiveness. A report on the review should be sent to the Board of Directors for assurance.

Terms of Reference to be ratified by: Reviewed and approved by the Integrated Governance Committee and ratified by the Board.

Date of Approval by IGC: 20 January 2022

Date of Ratification by Board: XX

Review Date XX

Board of Directors PUBLIC

Meeting Date:	27 January 2022	Agenda Item: 18
Subject:	Chair's Action	For Publication: Yes
Author:	Sarah Betteley, Chair	Approved by: n/a
Presented by:	Sarah Betteley, Chair	

Purpose of the report:

To inform and seek agreement for Chairs action to be carried out for Maria Watkins to become an MHA Manager.

Action required:

To approve the Chair's action.

Summary and recommendations to the Board:

Maria Watkins

Maria has successfully completed her three training hearings with positive feedback.

The Board are asked to approve the Chairs action for appointing Maria Watkins as an MHA Manager.

Relationship with the Business Plan & Assurance Framework:

N/A

Summary of Implications for:

N/A

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

N/A

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

N/A

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

N/A