Hertfordshire Partnership University NHS Foundation Trust Board of Directors PUBLIC

DaVinci Suite

30 March 2023 10:30 - 30 March 2023 13:30

INDEX

BOARD OF DIRECTORS

A PUBLIC Meeting of the Board of Directors

Date: **Thursday 30 March 2023**
Da Vinci
Time: **10.30am – 13:30pm**

	A G E N D A				
	Shared Experience				
	SUBJECT	**BY**	**ACTION**	**ENCLOSED**	**TIMINGS**
1.	**Welcome and Apologies for Absence**	Chair			11:00
2.	**Declarations of Interest**	Chair	**Note**	Attached	
3.	**Minutes of Meeting held 2 February 2023**	Chair	**Approve**	Attached	11:05
4.	**Matters Arising Schedule**	Helen Edmondson	**Review & Update**	Attached	
5.	**CEO Brief**	Karen Taylor	**Receive**	Attached	11:10
6.	**Chair's Report**	Chair	**Receive**	Verbal	
	QUALITY				
7.	**Report from Integrated Governance Committee: 16 March 2023**	Jacky Vincent	**Receive**	Attached	11:30
	a) Quarter 3: Integrated Safety Report	Jacky Vincent	**Receive**	Attached	
	b) Month 10 People & OD Report	Janet Lynch	**Receive**	Attached	
	OPERATIONAL AND PERFORMANCE				
8.	**Report from Finance and Investment Committee: 28 February and 23 March 2023**	Paul Ronald	**Receive**	Attached	11:50
9.	**Finance Report 2022/23**	Paul Ronald	**Receive**	Attached	
10.	**Annual Plan 2023/24**	Sandra Brookes	**Approve**	Attached	
11.	**Financial Plan 2023/24 (Draft)**	Paul Ronald	**Approve**	Attached	
12.	**Capital Plan 2023/24**	Paul Ronald	**Approve**	Attached	
13.	**Annual Staff Survey**	Janet Lynch	**Receive**	Attached	12:15
14.	**Gender Pay Gap**	Janet Lynch	**Receive**	Attached	12:20
15.	**Equality Delivery System**	Janet Lynch	**Receive**	Attached	
	STRATEGY				

16.	**Strategy Development**	Karen Taylor	**Receive**	Attached	12:30
17.	**ICS Strategy**	Simon Pattison	**Receive**	Attached	12:40
	GOVERNANCE AND REGULATORY				
18.	**Trust Risk Register**	Jacky Vincent	**Receive**	Attached	12:50
19.	**Board Assurance Framework**	Helen Edmondson	**Approve**	Attached	
20.	**Code of Governance**	Helen Edmondson	**Receive**	Attached	13:00
21.	**Report from Audit Committee held on 9 February 2023**	Helen Edmondson	**Receive**	Attached	13:10
22.	**Report from Nominations and Remuneration Committee**	Chair	**Receive**	Attached	13:15
23.	**Audit Committee Terms of Reference**	Helen Edmondson	**Approve**	Attached	13:20
24.	**Any Other Business**	Chair			13:25
25.	**QUESTIONS FROM THE PUBLIC**	Chair			
Date and Time of Next Public Meeting: Thursday 4 May 2023					

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

30 March 2023

Members	Title	Declaration of Interest
Hakan Akozek	Director, Innovation and Digital Transformation	Shareholder in Go2Healthcare Limited Wife is an Executive Partner in South Street Surgery, Bishop's Stortford
David Atkinson	Non-Executive Director	Trustee of Papworth Trust (resigning 31 March 2023) Independent NED Mizuho Accredited Humanist funeral celebrant RNLI crew member NED Board of the Pension Protection Fund
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 Independent member of Audit & Risk Committee Latymer Foundation of Hammersmith (2 x schools) Independent member of Queen Mary University of London Finance & Investment Committee
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
Carolan Davidge	Non-Executive Director	Trustee, Arthur Rank Hospice Charity Independent Board Member, Samphire Homes Company Director, Carolan Davidge Ltd (trading as Carolan Davidge Coaching)
Helen Edmondson	Head of Corporate Affairs & Company Secretary	Nil Return
David Evans	Director Strategy & Partnerships	Nil Return
Diane Herbert	Non-Executive Director	NED designate at the North East London ICB
Janet Lynch	Interim Director People & OD	Harpenden MacMillan Fundraising Committee Member
Paul Ronald	Interim Director Finance & Estates	Chair Mind in mid Herts
Karen Taylor	Chief Executive Officer	Nil Return
Andrew van Doorn	Non-Executive Director	Chief Executive and Company Secretary, HACT (Housing Associations Charitable Trust) Chief Executive and Company Secretary of HACT Housing Action Ltd. A fully owned trading subsidiary of HACT
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	Trustee on Board of homelessness charity: 'Accumulate' (1170009) |
		Member of Green Angel Syndicate
		Independent Board Member of the University of Hertfordshire
		Shareholder of Farr Brew Limited
Asif Zia	Director, Quality & Medical Leadership	Nil Return

Minutes of the: PUBLIC Board of Directors
Date: 2 February 2023
Venue: The Colonnades

MINUTES	
NON-EXECUTIVE DIRECTORS	**DESIGNATION**
Sarah Betteley	SBe	Chair
Andrew van Doorn	AvD	Non-Executive Director
Jon Walmsley	JW	Non-Executive Director & SID
Tim Bryson	TB	Non-Executive Director
Anne Barnard	AB	Non-Executive Director
Diane Herbert	DH	Non-Executive Director
Carolan Davidge	CD	Non-Executive Director
DIRECTORS	
Karen Taylor	KT	Chief Executive Officer
Prof Asif Zia	AZ	Director, Quality & Medical Leadership
Janet Lynch	JL	Interim Director People and OD
Hakan Akozek	HA	Director Innovation & Digital Transformation
David Evans	DE	Director Strategy & Partnerships
Sandra Brookes	SBr	Deputy CEO and Chief Operating Officer
IN ATTENDANCE	
Kathryn Wickham	KW	PA to Chair & Company Secretary (Minute Taker)
Helen Edmondson	HE	Head of Corporate Affairs & Company Secretary
Rob Croot	RC	Deputy Director Finance & Estates
Laura Knill-Jones	LKJ	HPFT Graduate Trainee
Maria Watkins	MW	Lead Governor
APOLOGIES	
Paul Ronald	PR	Director Finance & Estates
David Atkinson	DA	Non-Executive Director
Jacky Vincent	JV	Director, Quality and Safety & Chief Nurse

Item	Subject	Action
001/23	**Welcome and Apologies for Absence** SBe welcomed all to the meeting with an extended welcome to RC who was deputising for PR. Apologies were received from Paul Ronald, David Atkinson and Jacky Vincent.	
002/23	**Declarations of Interest** The Declarations of Interest Register was noted. **NOTED**	
003/23	**SU Experience** JN shared her story about ACMHS and New Leaf College. JN was accompanied by Katie Dyson. An action was agreed for SBr to contact JN to have her input into the community transformation programme.	SBr

004/23	**Minutes of Meetings held 24 November 2022** The minutes were reviewed and subject to some amendments approved as an accurate account of the meeting. **APPROVE** **The Board APPROVED the minutes**	
005/23	**Matters Arising Schedule** The Matters Arising Schedule was reviewed and updated.	
006/23	**CEO Report** KT presented the CEO Report to the Board which was taken as read. Headline messages of note to the Board were: The National Planning Guidance had been published with key priorities identified relating to recovery, urgent care, improving patient flow and increasing capacity. NHS England had also published guidance for Integrated Care Boards (ICBs), with KT commenting we would bring further detail to the Board in due course. As a Trust we were also developing our local plans with the Board being kept briefed accordingly. In terms of the finances, initial indications provided areas which were positive along with some challenges. As a Trust achievement of the financial plan in-year had required both additional unplanned non recurrent income and support from the balance sheet, neither of which were available for future years so there was a need to demonstrate we could live within our financial means. The NHS had continued to experience high demand and significant pressure over the winter months with KT making acknowledgement to our own operational teams who had managed the situation well. KT reported the national guidance on Urgent and Emergency Care (UEC) had been published which set out the expectations for next year. SBr would lead the Trust's response. The National Review of Quality of Inpatient Care had been launched with KT commenting we welcomed the review. The Hewitt Review had been launched with a draft report expected by the end of January 2023, again we welcomed this. The Joint Committee on the Draft Mental Health Bill had published a report outlining recommendations. Industrial Action was very much at the fore with KT confirming that staff did not currently have a mandate to strike locally, KT acknowledged the strong relationship with our Unions. It was noted that the result of the Junior Doctor ballot was awaited. Locally, the ICB had met as a Board on the 27 January 2023 with attention on the implementation of its' Strategy. There was a large focus on the voluntary sector.	

	The East of England Provider Collaborative was making good progress with HPFT the lead provider for CAMHS, and KT stating Eating Disorders continued to be a key focus. Work was also underway for the Collaborative to lead on Perinatal. As a Trust we were making good progress with our Annual Plan. In terms of performance, we continued our journey of recovery with 'green shoots 'beginning to show. KT advised she was confident that by March the vast majority of services would be where we wanted them to be. The CQC continued its' activities which were in line with their focused inspection approach. The final report for Forest House had been received and acknowledged the progress made. The CQC had also visited Victoria Court, and although it had not been re-rated, we received very positive feedback, with KT making acknowledgement to the staff. Finally, the CQC had also undertaken a focused inspection on Warren Court with the Trust currently undergoing the Factual Accuracy process following receipt of the draft report. The Board were being kept briefed. KT advised she was pleased with the net increase in recruitment also noting that our turnover rate had decreased in quarter three. We had commenced our engagement on the Trust's strategy, KT noted that to date we had received over 1000 comments and a Board workshop would be held in February to provide an opportunity for detailed discussions. KT concluded the update reporting we were on track with our financial plan for 2022/23. Questions were invited. In response to TB's query regarding Out of Area Placement beds (now known as surge beds) KT stated there was a mixed perception around the lack of provision also stating that if we did not receive the funding for the new hospital in Stevenage, we would need an alternative plan. **RECEIVED** **The Board RECEIVED the CEO Brief**	
007/23	**Chairs Report** SBe provided Board members with a verbal update on the work undertaken since the last Board meeting. SBe reported that she had spent time catching up with the NED's and also with Maria Watkins the Lead Governor. SBe had also had an induction meeting with the newly appointed Governor Councillor Tom Plater, SBe along with HE had met with Odgers and had launched the recruitment process for an Associate NED. SBe had attended the East & North Herts Chairs meeting where the focus had been on strategic priorities. SBe had held a useful one to one with Paul Burstow who had been keen to hear our feedback. They had also talked about holding some joint	

	workshops. SBe regularly attends the Mental Health weekly calls and NHS Provider events which more recently included a webinar deep dive on race equality. SBe had attended a Good Governance Institute (GGI) event on Board Assurance in the post pandemic NHS. SBe was holding a number of visits with MPs, the first was on Friday with Sir Charles Walker. SBe concluded the update reporting she had attended some excellent site visits including Holly Lodge and Lexden. An action was drawn to hold a Board discussion regarding Learning Disability service and future model No further questions were put forward. **RECEIVE** **The Board RECEIVED the verbal update**	**SBr**
	QUALITY & PATIENT SAFETY	
008/23	**CQC: Victoria Court** AZ introduced the report which informed the Board of the CQC inspection process at Victoria Court. The report was taken as read with the below points drawn out. The CQC undertook a focused inspection process of Victoria Court in November 2022. The inspection process focused on the safe, caring, and well-led domains. Following a further visit the inspection team found the Trust had completed all the required actions with positive practice noted in the report. Following the Factual Accuracy process, the CQC published their final inspection process report on 11 January 2023. **RECEIVE** **The Board RECEIVED the report**	
009/23	**Report of the Integrated Governance Committee** HE presented the report which provided an overview of the work undertaken by the Integrated Governance Committee (IGC) at its most recent meeting held 19 January 2023. The report was taken as read, noting a number of the items discussed were covered later on the agenda. The below points were drawn out for attention. The Committee had welcomed the introduction of SPC charts in the reports it received. The Committee received and considered a number of items which had provided them with assurance.	

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	The Committee had reviewed its terms of reference and these were recommended to the Board for approval. HE concluded the update reporting the Committee had reviewed the results of its self-assessment which had overall been positive. HE invited questions. KT referenced item 3.3 which reported on the 2022 General Medical Council (GMC) Trainer and Trainee survey results which had set out that the Trust had seen an improvement in 17 of 19 domains compared to last year. The Board noted the positive results. TB made a comment around the Patient Safety Incident Response framework, flagging to the Board we needed to reflect on this with further discussion to be held by the IGC around benchmarking. KT concurred. HE confirmed that the action plan following the medicines management internal audit did include consideration of digital solutions. **RECEIVE** **The Board RECEIVED the report**	
010/23	**Quarter Three Integrated Safety Report** AZ presented the headline quarter three data with a high-level overview of safety, including trends, themes and identified learning. A further quarter three Integrated Safety Report would be presented to the next Integrated Governance Committee once all data had been collated and full analysis completed. The report was taken as read. The number of reported incidents was comparable to quarter three 2021/22. A Suicide Bereavement Support Service had been launched. There had been a reduction in Violence and Aggression incidents. An increase in medication incidents was reported. Seclusion incidents were comparable to the previous quarter. Safety alerts had been issued following incidents to aid learning. Focus for the quarter was on racism, AWOLS. Section 17 leave, and e-obs. AZ invited questions. In response to AvD reflection of themes from learning AZ provided assurance with KT adding that it was important we ensured themes come through from Private Board into Public. An action was drawn to consider how to link themes and learning included in board report (quality, experience, people) JV/JL/SBr **NOTE**	 **JV/JL/S Br**

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	The Board NOTED the report	
011/23	**Quarter Three Guardian of Safe Working** AZ presented the paper which gave the Board an update in regard to the Guardian of Safe Working Hours Quarterly Report and had been presented to the IGC at its most recent meeting. The report was taken as read. During this quarter there were three exception reports raised by our Junior Doctors with AZ making recognition of the low numbers which were benchmarked against other Trusts. Overall, there had been a slight increase in bank locum spend which was a result of doctors having to self-isolate and both ad hoc and long-term sickness absence which we were looking to address. No questions were put forward. **NOTE** **The Board NOTED the report**	
012/23	**Quarter Three Safer Staffing** AZ introduced the report which provided the Board with assurance in relation to safer staffing requirements for 2022/23. The report was taken as read following full discussion at the IGC. Increased scrutiny of rosters and agency spend for the West SBU were taking place with weekly oversight from JV. There had been pockets of recruitment improvements, particularly with regard to Health Care Support Workers (HCSW). Recruitment for Registered Nurses (RNs) remained a challenge, however we were exploring options with alternative funding to support the workforce in registered nurse associate's (RNAs) and RNs. Vacancy rates remained the main reason for agency use. **NOTE** **The Board NOTED the report**	
013/23	**Quarter Three Experience Report** SBr introduced the report which provided information to the Board on feedback received from service users and carers during Quarter three 2022-23. The report had been received and discussed at the IGC and was taken as read. Key points of note were: Compliments received in the quarter had increased. There had been an increase in complaints, in particular from MPs. New pathways had been put in place for ADHD Adult and CAMHS to aid improvement to access. Recovery Plans were in place to address backlog. SBr noted the two local surveys which were carried out in the quarter highlighting concern around inpatients feeling safe. In the regular Have Your Say (HYS) survey we were working hard to ensure areas of focus were addressed.	

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	SBr invited questions.	
	In response to CD's query around correlation of themes and insights from the three surveys, SBr advised that currently we did but would also include the Staff Survey.	
	RECEIVE **The Board RECEIVED the report**	
	PERFORMANCE	
014/23	**Incident Management - winter** SBr presented the report which updated the Board on progress against winter planning activity including funded schemes. It also provided a look back on how Christmas and New Year Bank Holiday planning was managed. The report was taken as read and the below messages drawn out. SBr reported that all rotas throughout Christmas and New Year had been covered and there had been no issues of concern raised despite the intense levels of activity across the NHS. Incident management remained in place and we were able to flex this up and down as required. The Trust daily bed management and escalation framework was working very effectively along with the new Safety Huddles across the system. System winter funding had been made available with a number of schemes being implemented. The discharge of service users had been challenging and continued to be monitored with SBr commenting there were issues with inconsistency and a fragile workforce. Questions were invited. In response to JW's question around reflections since the ICS had been implemented SBr confirmed there was a better framework. In response to AvD query around the evaluation from the cost effectiveness of the ICS SBr confirmed that yes this would be monitored. **RECEIVED** **The Board RECEIVED the report**	
115/23	**Community Survey** SBr presented the report which provided the Board with a summary of the results from the 2022 National Community Mental Health Survey and an update on the action plan developed in response. The report was taken as read and the below points highlighted. SBr reported that the national Community Mental Health Survey had been in place for some years and was a source of data for the Care Quality Commission (CQC). It was expected we would see a change to the format of the survey in the coming years.	

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	Overall, there had been little difference from the 2021 results, noting there had been a small deterioration. SBr highlighted that it was difficult to see the impact of improvements made following actions in a single year. There were seven key actions being worked on with SBr noting a new co-production group had been established to build on the actions. We would be taking a different approach to the survey next year, noting that we had contacted organisations who had achieved good results. We also had a more robust action plan. **RECEIVE** **The Board RECEIVED the report**	
016/23	**Report of the Finance & Investment Committee** DE presented the report which provided an overview of the work undertaken by the Finance & Investment Committee (FIC) at its most recent meeting held 27 January 2023. The report was taken as read and the key headlines drawn out for attention. The Committee noted the good progress being made against performance and the Annual Plan targets, despite the challenging position for our services. The Committee received a deep dive into the work under way to prepare for year end 2022/23 and also received a report which updated the Committee on the Delivering Value work and Capital Plan. The Committee were updated that work was underway to finalise the Financial Plan for 2023/24. The Committee reviewed the results of its self-assessment, noting it had given a positive result and would discuss the development from this at the March meeting. The Committee reviewed it terms of reference and recommended to the Board for approval. **RECEIVE** **The Board RECEIVED the report**	
017/23	**Performance - Quarter Three Annual Plan Report** DE introduced the report which provided an overview of the progress during Quarter three and the projected outcomes for the objectives at the end of the year. The report was taken as read and the below points highlighted. DE reported the Trust had delivered 70% against most milestones for the quarter against significant pressure particularly with out of area placements, demand and acuity and were now moving into a transformational space. In quarter four focus would be given to Strategic Objectives (SO) 2 and 5, with DE noting that in particular SO5 would look at our green agenda. Overall, the position was positive with KT echoing this was a strong position but noting there was still work to do.	

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	No questions were put forward.	
	RECEIVE **The Board RECEIVED the report**	
018/23	**Performance – Quarter Three Performance Report** HA presented the report which provided the Board with an overview of the Trust's performance for Quarter three. The report was taken as read. Quarter three had been a challenging period with demand continuing. There had been improvement seen in our performance indicators with 62% (38/61) of our Key Performance Indicators (KPIs) either fully met or almost met, an improvement on the previous quarter. HA noted a number of key areas of focus where there were significant challenges, detail set out in the body of the report. The Trust continued to perform well in the below areas: • Assessing people in A&E and acute hospital wards within 1 hour and 24-hour targets • Access to Adult Crisis services within 4 hours of referral • Access to the Learning Disabilities Pathway within 28 days of referral • Carers reporting that they feel valued by our staff • Starting treatment for psychosis within 14 days of first diagnosis • Service users presenting in crisis and referred for inpatient admission are assessed by the Gatekeeping Team to ensure that there is no better alternative than an inpatient admission Questions were invited. Board members were provided with assurances around a number of points raised in relation to the KPI's. KT noted it was an improving position but still improvement to be made and there may be some deterioration in quarter four as the backlogs were cleared. **RECEIVE** **The Board RCEIVED the report**	
019/23	**Finance Report Month Nine** RC introduced the report which presented the financial position for month nine. The report was taken as read and key points drawn out below: The financial plan recognised a challenging position for 2022/23 and had forecast a £10m deficit which was subsequently reduced with £7m of non-recurrent income from Commissioners. The Trust were confident it could manage the remaining £3m and submitted a balanced plan, however a number of risks were identified (detail in the report). The month nine position reports a deficit of £1.36m. There had been an improved position in month circa £140k due to a reduction of out of area placements (OOA). SBr thanked RC for the update commenting we would continue to focus on	

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	our financial recovery but were on track for a breakeven position. **RECEIVE** **The Board RECEIVED the report**	
020/23	**Year End 2022/23** RC introduced the report which set out details to the Board of the planning and progress made in relation to the meeting of the key financial duties for the year 2022/23. The report was taken as read. The Trust Capital Resource Limit was expected to be met in full by the 31 March 2023. We were robustly managing a number of issues and risks, as detailed in paragraph 3.4. We had a comprehensive accounts close down timetable, informed by the recommendation of the internal review and we were in regular dialogue with external auditors. RC reported that we were confident we would meet year end timetable and accounting requirements. AB added assurance noting that the Finance & Investment Committee (FIC) were fully briefed and any issues had been discussed and were comfortable with the year end processes for 2022/23. HE further added an additional FIC would be held to hold on to strong oversight. No questions were put forward. **RECEIVE** **The Board RECEIVED the report**	
021/23	**Quarter Three People & OD Report** JL presented the report which set out the progress against the People and OD KPIs for month nine and quarter three for 2022/23. The report was taken as read having received in depth discussion at the Integrated Governance Committee. Key headlines were noted as: The report now incorporated Statistical Process Control (SPC) charts to help identify statistical trends. We continued to have successful recruitment activity and our unplanned turnover rate had improved. Our establishment had increased along with our vacancy rate, with high levels of recruitment and better retention. Overall, the planned actions were making a difference however it was recognised there were still challenges. In response to TB's question JL confirmed that the Trust would continue to increase the number and range of apprenticeships. Board members discussed the current position with regard to employment relation cases and reasons for the increase. DH reported that the Integrated Governance Committee had also considered information of the	

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	ethnicity for staff involved. **RECEIVE** **The Board RECEIVED the report**	
STRATEGY		

022/23	**Planning Guidance 2023/24**
	DE provided a presentation to the Board which updated on the national planning guidance for 2023/24.
	
	It was noted that the guidance had a significant focus on elective care recovery, access to primary care and urgent and emergency care.
	
	The presentation provided an overview of the following areas:
	  • Mental Health priorities
	  • Learning Disability priorities
	  • Other related elements of the guidance
	  • Planning and contracting timescales
	  • Initial thoughts – including risks and opportunities for the Trust and the system
	
	The Board discussed the guidance and the need for the Trust to continue to advocate for mental health services users and those with a Learning Disability and Autism. It was noted that the planning discusses the focus on reducing inequalities.
	
	It was noted that the Board would, at a future date, receive a briefing on planning and financial plan for 2023/24.
	
	RECEIVE
	The Board RECEIVED the report	

023/23	**Mental Health, Learning Disability Autism Health & Care Partnership** DE introduced the report which provided an update on the development and activity of the Hertfordshire Mental Health, Learning Disabilities and Autism Health and Care Partnership. The report was taken as read. DE advised that on 1 December 2022, the MHLDA Collaborative had changed its branding and title and was now known as the Hertfordshire Mental Health, Learning Disabilities and Autism Health & Care Partnership (MHLDA HCP). It had also developed its remit, reach and capacity and was making good progress, with the Trust fully supporting the developments. Since the last update to the Board there had been a number of key achievements. Detail set out in the body of the report. Continuing forward we would want to build upon the leadership we had shown and consider how best to reflect the role and the opportunities presented by the MHLDA HCP into our strategic planning for the next five years. SBe thanked DE for the update and welcomed the report. **RECEIVE**	

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	The Board RECEIVED the presentation	

GOVERNANCE AND REGULATORY		
024/23	**Report of the Audit Committee** HE presented the report which provided an overview of the work undertaken by the Audit Committee at its most recent meeting held 1 December 2022. The report was taken as read and the below points were drawn out for attention. The Committee held a detailed deep dive into the procurement function. The Committee received and discussed a number of reports relating to preparations for year end. The Committee received updates from external and internal audit. The Committee discussed the feedback from its self-assessment and noted the areas for improvement. No questions were put forward. **RECEIVE** **The Board RECEIVED the presentation**	
025//23	**Finance & Investment Committee Terms of Reference** HE presented the Finance and Investment Committee (FIC) Terms of Reference stating that these had been reviewed and approved by the FIC at its meeting on 27 January 2023. There were a number of material changes agreed by the FIC, and these were set out in the paper and shown as tracked. In response to SBe's question HE confirmed that the Committee would have responsibility for the Board Assurance Framework. The Finance and Investment Committee asked the Board to review and approve the updated Terms of Reference. All in attendance provided their approval. **APPROVE** **The Board APPROVED the Terms of Reference**	
026/23	**Integrated Governance Terms of Reference** HE presented the Integrated Governance Committee (IGC) Terms of Reference reporting that they had been reviewed and approved by the IGC at their meeting held 19 January 2023. There were a number of changes made and these were shown as tracked on the report. The Integrated Governance Committee asked the Board to review and approve the updated Terms of Reference. All in attendance provided their approval.	

	APPROVE **The Board APPROVED the Terms of Reference**	
027/23	**Chairs Action** SBe presented the report which informed the Board and sought agreement for Chair's action to be taken to approve Maria Watkins to Chair MHA Hearings and for Sheila Tinto-Walker and Annette Grunberg to act as MHA Panel Chairs. Sheila and Annette had attended the new chairs training module and had also completed three panels. Maria Watkins had also successfully completed the required training. All in attendance provided their approval. **APPROVE** **The Board APPROVED the Chairs Action**	
028/23	**Any Other Business** **Service User Experience** The Board reflected on the benefit of receiving the service user experience at the start of the meeting. It was confirmed that issues were picked up by the relevant Director. No further business was put forward.	
029/23	**Questions from the Public** No questions were put forward.	
Date of Next Meeting Thursday 30 March 2023		

Close of Meeting

Committee Meeting: PUBLIC Board of Directors

MATTERS ARISING SCHEDULE - March 2023

Matters Arising from meeting held on: 2 February 2023					
Minute Ref.	**Subject**	**By**	**Action**	**Due Date/ Update**	**RAG**
003/23	**SU Experience**	**SBr**	Contact service user have her input into community transformation programme	February 2023	**A**
007/23	**Chairs Report**	**SBr**	Schedule Board discussion regarding Learning Disability service and future model	To be confirmed	**A**
010/23	**Quarter Three Integrated Safety Report**	**JV/JL/ SBr**	Consider how to link themes and learning included in board report (quality, experience, people)	March 2023	**A**
023/23	**Mental Health, Learning Disability Autism Health & Care Partnership**	**DE**	CORE20PLUS5 – consider how update Board on work underway to support this	March 2023	**G**
025/026 /23	**FIC and IGC Terms of Reference**	**HE**	Update FIC and IGC ToR based on feedback and then finalise	February 2023	**G**
028/23	**AOB**	**SBr**	Ensure Board receive review of Shared Experiences they have received	May 2023	**A**
Matters Arising from meeting held on: 29 September 2022					
13	**Winter and UEC Preparedness**	**SBr**	Board to receive Forensic Female LD Business Case	tbc	**A**

PUBLIC Board of Directors

Meeting Date:	30 March 2023	Agenda Item: 5
Subject:	CEO Briefing	
Presented by:	Karen Taylor, Chief Executive Officer	

National update
The national activity is summarised below:

Industrial action
Since the last report to the Board there have been significant developments in discussions with a number of unions regarding pay. Talks involving the Secretary of State for Health and Social Care, trade unions and NHS Employers have concluded and an 'offer in principle' was announced on 16 March relating to staff on Agenda for Change (AfC) terms and conditions. The offer includes a revised pay offer for 2022/23 and a proposal for a headline recurrent pay award uplift for 2023/24. The AfC trade unions will now consult with their members.

However, this offer does not relate to doctors and since the Board last met Junior doctors took industrial action on 13-15 March 2023. The Trust implemented its plans to manage the walk out, no issues of concern were escalated, and services continued to care for service users. Following this the British Medical Association (BMA) entered talks with the Secretary of State. These talks have not resolved the outstanding issues and a further period of industrial action by Junior doctors is planned for 11-15 April 2023.

It is reported by the BMA that more than 17,000 NHS consultants in England have voted for strike action in a consultative ballot. The ballot asked senior hospital doctors if they would be prepared to strike over the failure to address the ongoing pensions crisis and cuts to their pay. The turnout was 61% and 86% voted in favour of strike action. The consultative ballot does not provide a legal mandate for strike action. The BMA have indicated that they would proceed to a statutory ballot of consultants in England around the 17 April.

Spring Budget
On 15 March the Chancellor delivered his Spring Budget described by as a "budget for growth". It focused on the four pillars of the government's industrial strategy – "Enterprise, Employment, Education, Everywhere". There was a strong focus on improving labour market activity and getting people back into work. Although not explicitly aimed at the NHS the Chancellor highlighted that expected the changes to pension and expansion of child care was expected to have a positive impact. In order to address the concerns regarding the increasing numbers of economically inactive members of the population the Chancellor announced expansion of childcare provision, referring to it as a "childcare revolution" and a number of reforms to the pensions system.

There was limited information on new policy announcements affecting health and social care. Both 2022/23 Department of Health and Social Care (DHSC) revenue and capital budgets have been updated against the Autumn Statement forecast to reflect the projected outturn position to include some adjustments for additional expenditure, predominantly on Covid-19 related items.

The government reiterated its commitment to improving urgent and emergency care and highlighted further details will be published with regards to primary care in due course. The government reaffirmed its commitment to the long-term workforce plan in the Budget and has confirmed this will be published "shortly" but gave no detail on funding for this.

Integrated Care Boards (ICBs)

NHS England has set out that they need to review overall spending on management costs. In NHS England this has involved implementation of changes to significantly reduce the size of regional teams and national programmes, and to transfer staff and functions from regional teams to ICBs. They have also reported that they need to ensure that ICBs are operating at their optimal size to deliver their strategic functions and to prioritise resources for front line care.

NHS England have confirmed the changes to the Running Cost Allowance (RCA) for the next three years, noting that the reduction required is significant but deliverable. There is no intention to drive changes to Integrated Care Systems (ICS) footprints through this work but rather to ensure that collaboration is strengthened to enable efficiency requirements to be delivered.

The draft report from the Hewitt review is expected by the end of March 2023.

National Report on Safety and Wellbeing reviews

As part of the NHS response to the safeguarding adults review concerning the deaths of Joanna, Jon and Ben at Cawston Park, a national review has been undertaken to check the safety and wellbeing of all people with a learning disability and autistic people who are being cared for in a mental health inpatient setting NHS England » Safe and wellbeing reviews: thematic review and lessons learned . The report sets out the themes emerging from the review findings. These findings have helped inform the work of NHS England's Quality Transformation Programme.

The key findings indicate that, for many people, their care and treatment in hospital was appropriate, and that the care they were receiving was safe and in line with expected standards. However, in some cases the reviews indicated that people were not receiving enough support to stay physically healthy, and that people did not have enough to do during the day, which impacted on their mental health and well-being. There was some evidence of high levels of restrictive practice and people's medication not always being reviewed in a timely way. Nearly half of the people reviewed had needs that could be met outside of hospital, and some people did not have clear plans in place for their care or treatment, or for their journey out of their current hospital setting. The reviews indicated that not enough was being done to support people to maintain links with friends and family, or to access support from an independent advocate. A very small number of people (3% of people reviewed) required a safeguarding referral. The Trust is considering the findings of the review to ensure it implements any learning.

Report on Children's mental health

Earlier in March a report that collates and analyses published evidence about the wellbeing of children and young people over the academic year September 2021 to July 2022 was published. It set out the statistics on the personal wellbeing of children and young people in England and the UK. State of the nation 2022: children and young people's wellbeing - GOV.UK (www.gov.uk) The report highlighted that the impact of the coronavirus (COVID-19) pandemic had further emphasised the importance of supporting our children and young people's wellbeing. The report focuses on trends in mental health and wellbeing over the 2021/22 academic year. The trends presented in this report indicate that children and young people's subjective wellbeing, measured annually, appears to have dipped in 2020 and recovered close to pre-pandemic levels by 2021, remaining at similar levels in 2022. The percentage of children and young people reporting low happiness with their health appears to have increased in recent years. Rates of probable mental disorders and eating problems remain at elevated levels compared to before the COVID-19 pandemic. Based on parent/carer reports in a different data source, children's behavioural and attentional difficulties had, on average, remained relatively stable between July 2021 and March 2022, while children's emotional difficulties had increased since during this period.

Serenity Integrated Mentoring (SIM)

NHS England has published its position on Serenity Integrated Mentoring (SIM) and similar models following consideration of responses to review of models. NHS England have stated that SIM or similar models must no longer be used in NHS mental health services. More specifically, the following three elements, which were all included within SIM but were not exclusive to it, must be eradicated from mental health services, namely: police involvement in the delivery of therapeutic interventions in planned, non-emergency, community mental health care; use of sanctions (criminal or otherwise), withholding care and

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otherwise punitive approaches, as clarified in [National Institute for Health and Care Excellence (NICE) guidance](#) and discriminatory practices and attitudes towards patients who express self-harm behaviours, suicidality and/or those who are deemed 'high intensity users'. The Trust do not have a SIM, similar models or any elements described above in place.

Regional and System update

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

Hertfordshire & West Essex (HWE) Integrated Care System (ICS)

The ICS has been focussing on manging the financial position for the year ending 22/23 and planning for 2023/24. The Board meeting on 24 March considered the operational and financial planning position for 2023/24, current performance as well as considering the ICB's clinical priorities, which were approved. A meeting is taking place on 28 March 2023 to consider future development of the four HCPs across the ICS.

Hertfordshire Mental Health, Learning Disability and Autism (Health and Care Partnership (MHLDA) (HCP)

The MHLDA HCP continues to drive activity and transformation across the system. Over the course of February, the HCP has convened a series of multi-agency events and activities to support the delivery of its transformation priorities. This includes bringing together health and care partners to broaden the scope of existing Autistic Spectrum Disorder/Attention Deficit Hyperactive Disorder work, to hosting a county-wide event to provide the partnership foundations for our Dementia Strategy.

Since the last update the HCP have: publicly launched the Hertfordshire Dementia Strategy and brought together a wider coalition of partners and organisations to support its delivery; involved partners in reviewing and resetting expectations around the work of the Crisis Care Partnership; supported a partnership bid, led by Hertfordshire Constabulary for Economic and Social Research Council (ESRC) funding for Hertfordshire. The HCP, along with our partners in Essex, is supporting the development of the Herts and West Essex Integrated Care Board's (ICB) Joint Forward Plan and helping to populate the delivery plan for the Herts and West Essex Integrated Care Strategy.

Norfolk - Healthwatch

On 23 February 2023 Healthwatch Norfolk carried out an Enter and View visit at the Broadland Clinic under the powers of the Local Government and Public Involvement in Health Act 2007. The visit was part of a project called 'My Views Matter', which is seeking to gather the views of people in Norfolk with learning disabilities about their residential care, in order to identify instances of best practice and make recommendations for improvements.

When they visited Healthwatch met with the staff and with any service users who wished to speak with them and senior leaders on site. Informal feedback from the visit was positive and they have indicated that they would like to visit Astley Court to ensure they consider the full range of services provided. We anticipate that Healthwatch will produce a short report that will include good practice and recommendations and it is the practice of Healthwatch Norfolk to follow up on recommendations after an appropriate time.

Norfolk – Learning Disability Services Contract

Norfolk ICB have published an Expression of Interest for the provision of specialist Learning Disability (LD) services, including eight Assessment and Treatment Beds; Enhanced Assessment and Treatment Service (intensive support)

The EOI closes at 12pm on 30 March and the Trust will be submitting a response. The Norfolk ICB has agreed to extend our current contract by six months to 1 October 2023, with an option of a further 6-month extension whilst the process is completed.

Local Authority Children's Services- Outstanding

We are delighted to report that following an inspection of Hertfordshire Children's Services they have been awarded Outstanding. Ofsted noted that since the previous inspection (four years ago), when services were judged as good the Local Authority has continued to strengthen services for children. The final report notes that "Children in Hertfordshire benefit from consistently high-quality and effective support. Hertfordshire's early help service and family safeguarding teams make a positive difference for children, identifying and tackling need early on and reducing the number of children who need to come into care. When children do need to come into care, they benefit from excellent care and support".

East of England Provider Collaborative

At the last Collaborative Board meeting it considered and accepted the offer from NHS England with regard to exceptional packages of care. It also reviewed the forecast year end surplus and how it would be used to transform services in the future. The meeting also considered the draft Operational Financial Plan for 2023/24.

The meeting also noted progress with regard to quality monitoring by the appointment of an expert by experience. It was noted that TACT were undertaking a number of face to face as well as virtual visits to units to ensure that relevant processes are followed.

The Collaborative Board noted across all clinical pathways there is sustained improvement in the monitoring of admission. Adult Eating Disorders are not currently using out of area beds and CAMHS continues to manage the waiting list well. All groups are holding events to look at bed capacity going forward, in terms of use, number in each specialty etc. This will be critical for the Collaborative and individual organisations going forward. The position with regard to the number of closed CAMHS beds is improving and the new Evergreen unit is now open to admissions.

Finally, the Board reviewed the Child and Young People; s Commissioning strategy, noting that there was further work to be undertaken.

Trust-wide update

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

Operational update

During March, demand into the acute beds has stabilised and flow has improved. We continue to have a number of service users who are requiring high level of observations and present a number of challenges to identify alternative care settings. The numbers of service users clinically ready for discharge have increased particularly across Older People's and Learning Disability services. This is due to a lack of providers able to provide appropriate care. We are working with partners and commissioners to look at alternative options to providing care

A recent evaluation of the Enhanced Rehabilitation Outreach Service has shown a significant impact on a specific cohort of service users requiring intensive support. The model has a number of aspects which have been particularly successful and are being shared across other services.

Performance has once again improved, in particular we are seeing a shift in the adult 28-day position. Work is underway to further develop demand and capacity modelling to support the management of treatment waits and to ongoing high levels of demand into adult community services.

Tactical command was stood up to support our business continuity during the periods of industrial action to good effect, with very little impact on operational services.

Care Quality Commission

The Trust has submitted the Factual Accuracy submissions in response to the draft reports for Oak Ward and Warren Court and is awaiting the publication of the final reports. The Trust already has detailed actions plans in place which are closely monitored.

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Our People

On 9 March, our annual staff survey results were published, which showed us to be the joint third best mental health trusts to work for in the country. We celebrated achieving some of the best scores nationally for our compassionate culture, staff engagement and motivation, our safety culture, wellbeing support and that our people rated us highly as a successful learning organisation. Our results include a national best score for people feeling that their role makes a difference to our service users. Our focus for action as a result of the survey will be to support people who are working long hours in demanding roles, reducing violence and aggression and making sure that everyone has a positive experience, regardless of who they are or where they work. A report later on the agenda will provide further detail.

Our continuing high levels of recruitment activity have seen our staff in post increase once again. Against a backdrop of our establishment increasing by 5.8% we have reduced our vacancy rates to 12.5%. In addition, our unplanned turnover rates have reduced to 12.2%.

Our appraisal rates remain at 85% and our mandatory training compliance continues to achieve above our target. In February we tested our new Appraisal App, which has now been finalised and was launched in March. The App is enabling us to record appraisal compliance in real time and better support succession planning and talent management.

As part of our retention work, we continue to provide a comprehensive health and wellbeing offer to our staff, including financial wellbeing. During February, we launched our new 'Holiday of a Lifetime' scheme, which enables people to 'bank' annual leave to save up for an extended paid holiday. We have also launched our new selling of annual leave scheme and new bus travel and childcare discounts for staff. Our menopause awareness sessions continued and specific sessions for men were also launched.

During February and March, we have commemorated LGBT+ History Month, International Women's Day, Neurodiversity Celebration Week and International Day for the Elimination of Racial Discrimination.

Looking Forward Together - Trust Strategy Development

The 'Looking Forward Together' – Our Next 5 Years 2023-2028 engagement work has continued to progress over the past month. We have now received over 3000 responses. Key themes we have heard back from staff, service users and carers are focussed on areas including pride in working for the organisation, value and hope for the future. The strategy will place service users and carer outcomes with recovery, experience and co-production at the centre of all we do with core areas of focus on quality, people, equity/addressing inequality, collaboration, innovation and improvement.

We will be pulling together all of the feedback we have received to co-create the new HPFT strategy for sign off to Board on 4 May 2023. A report later on the agenda will provide further detail.

Financial Position 2022/23

As previously reported the Trust is expected to report a break-even position for the year. Whilst we do have an underlying deficit run rate (discussed further below). The Trust has seen a stabilisation and improvement of the position through the securing of additional income, a steady reduction in Out of Area bed use and a continuing positive net recruitment position. The one outstanding consideration is the recent announcement on the pay award and the 22/23 element and how that is accounted for and funded. A report later on the agenda will provide further detail. We have also seen an improvement in the ICS position with it now forecasting a breakeven position for the year.

Financial Plan 2023/24

The financial position across the NHS is significantly challenged for 23/24 with the first submission showing a £6.7bn deficit in total with all Regions and ICBs reporting substantial deficits. For Herts and West Essex ICS, the initial draft submission was £107m deficit with the Trust submitting a £25m deficit plan. A second (and potentially final) submission is due on 30 March when revised plans will be submitted. Nationally this does not see the ICB and the Trust as outliers in relation to deficits being reported, therefore it is expected that the planning timetable will be further extended.

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As previously reported and discussed in detail there has been a step change in level of demand and service need in the last two years at the Trust which means that financial income needs to be reset. The clearest example of this is in adult acute beds where the inpatient bed requirement and additional care costs are £15m p.a. The move to system allocations does allow the ICB to reallocate income across services and they have recognised the need to invest further in HPFT to address this issue. These discussions are still ongoing but will require to be concluded positively to enable a balanced plan to be achieved. A report later on the agenda will provide further detail.

Inquest
A three-day Inquest has concluded into the deaths of 20-year-old Zaiga and 19-year-old Charlie who were found sadly deceased by use of ligature in woodland on 5 November 2017. The Coroner concluded that both Zaiga and Charlie died by Suicide and that the problems in care identified in the reviews and highlighted in evidence did not, on the balance of probabilities, contribute to their deaths. The Coroner was satisfied that the Trust had made sufficient improvements since 2017 and therefore did not issue a Prevention of Future Deaths report. However, as a learning organisation, the conclusion of the inquest and the Coroner's findings provide an opportunity for the Trust to refresh and review again our practice in relation to the areas highlighted by the Coroner – and this is being taken forward.

Executive Team update
The March Board will be Janet Lynch's, Interim Executive Director People and OD and Paul Ronald's, Interim Executive Director of Finance last Board meeting. I would like to offer my sincere thanks for everything they have both done during their time at the Trust. I know the Board will join me in welcoming Jo Humphries and Phil Cave as the new Chief People Office and Chief Financial Officer when they start at the Trust on 3 April 2023.

Karen Taylor
Chief Executive Officer

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Meeting Date:	30 March 2023	**Agenda Item:** 7
Subject:	Report of the Integrated Governance Committee held on 16 March 2023	**For Publication:** Yes
Author:	Helen Edmondson, Head of Corporate Affairs & Company Secretary	**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 an overview of the work undertaken by the Integrated Governance Committee at its most recent meeting on 16 March 2023.

Action required:

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

Summary and recommendations to the Board:

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

The Board are asked to note that:
- the Committee reviewed the results of its self-assessment.

Recommendation
There was one item for escalation to the Board, namely that the Committee is recommending its revised terms of reference for approval to the Board, which will be the subject of a separate report.

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.

Report from Integrated Governance Committee held on 16 March 2023

1.   Introduction

1.1   This paper provides the Board with a summarised report highlighting key Committee business and themes arising from the meeting.

1.2   Since the last Integrated Governance Committee (the Committee) report to the Trust Board in Public, the Committee held a meeting on 16 March 2023 in accordance with its terms of reference and was quorate.   Diane Herbert, Non-Executive Director, chaired the Committee.

1.4   The Committee received and considered a number of items to provide assurance. *Appendix 1* details the agenda for the meeting. Detailed below are the key areas to be highlighted to the Board and areas that the Committee discussed.

2.   Our People

2.1   The Committee received a deep dive presentation into the recently published Staff Survey results for 2022. The Committee were updated on a very positive set of results, which
put the Trust in top five mental health trusts in England. The Committee heard that the national picture was one of the pressures in the NHS and dissatisfaction with pay.

2.2   It was reported that the Trust scored highest in always learning and staff engagement. The Committee received information on the response to the question linked with the Friend and Family Test which showed strong performance when recommending the Trust as a place to work but noted in line with the national picture a deterioration in recommending services to family or friends.

2.3   The Committee also considered the results regarding Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) data. It was noted that the WRES data remained static and there had been improvement in the WDES data. The Committee were updated on the areas of focus, around belonging and inclusion, self-care and reducing violence and aggression and experience of discrimination.

2.4   The Committee received a report which provided the headlines on the people performance metrics fore month ten.   The Committee noted the continued improvement in vacancy, unplanned turnover, and staff in post figures. It was noted that the actions in place would continue with the expectation that work on the marketing of the trust and promotion of the Trust following the positive staff survey results would have a positive impact.

2.5   The Committee received the annual report on the gender pay gap for the period ending 31 March 2022. It was noted that the mean gender pay gap had decreased slightly and the mean gender bonus gap had increased significantly. The Committee discussed the finding and noted that an amended report would be considered by the Board at its March meeting.

3. Quality of services

3.1 The Committee considered a number of reports relating to the quality of services. In particular, the Committee received an update on CQC regulatory activity at the Trust relating to Oak ward and Warren Court. The Committee noted that feedback had been provided to the draft reports and that the final reports had not yet been published.

3.2 The Committee was updated on the work underway to prepare the Trust for the introduction of the Patient Safety Incident Response Framework (PSIRF). It was noted that PSIRF would build on the good governance processes already in place at the Trust but would be key in linking together the learning and themes from the different sources of data available that cover safety.

3.3 The Committee supported the proposal to involve service users and ensure that safety champions were recruited. The importance of the PSIRF profile, and how this will be used to guide the work of the Committee and, in turn, the areas of risk that the Trust concentrates on was noted. The Committee is scheduled to receive an update on profile and implementation plan later in the year.

3.4 The Committee also considered the full quarter three Integrated Safety report, noting the slight decrease in the number of incidents, but that violence and aggression remained a concern.

3.5 The Committee considered detail with regard to the increase in medicines management incidents, noting that there had also been a discussion at the last Committee regarding the Medicines Management internal audit earlier in the year. The Committee were updated on the series of actions in place to address the issues highlighted in the audit and agreed to receive an update in September 2023, to allow time for the planned actions to be embedded.

3.6 Two reports covering Astley Court and The Broadland Clinic were discussed. The reports provided an overview of the current quality, safety and workforce position and the governance and reporting arrangements which are in place to ensure there is effective oversight, grip and assurance.

3.7 It was noted that Healthwatch Norfolk had recently visited the Broadland Clinic as part of their review of Learning Disability services following the closure of Cawston Park. It was noted that they would also be visiting Astley Court. The Committee asked that consideration be given to Healthwatch being asked to present their findings the Trust Board.

3.8 The Committee discussed the work underway to develop the relationship with commissioners in Norfolk. It was noted that it was important to have these positive working relationships to ensure there is a clear understanding of learning disability services and platform to resolve issues, such as delays in discharges and the challenges of securing suitable placements.

4. Risk

4.1 The Committee considered the latest Trust Risk Register. The Committee discussed the proposed changes to risks and the risk scores. The Committee identified that further detail on the rationale for the proposed changes would be needed in the report due to the Board.

4.2 The Committee agreed that the next meeting would have a deep dive into risk management, including the link between Trust Risk Register and the Board Assurance Framework, assessment of compliance of actions to mitigate risks and risk appetite.

5. Experience

5.1 The Committee considered the Trust Patient Led Assessments of the Care Environment (PLACE) assessment. It was noted that NHS Digital were currently collating and were due to publish the nationwide date in the next month. The Committee noted and welcomed the positive results.

5.2 The Committee received an update on the Patient and Carer Race Equality Framework (PCREF) noting that it is part of the NHSE Advancing Mental Health Equities Strategy and is one of the recommendations of the Independent Mental Health Act Review 2018.

5.3 The Committee noted that the PCREF is focused on reducing ethnic inequalities in mental health. From 2023/24, NHS Mental Health Trusts will use PCREF to support the elimination of racial disparity in the access, experience, and outcomes of Black, Asian and minority ethnic communities, and so significantly improve their trust and confidence in mental health services. It was noted that the questions would need to be adapted for each service and that there was a need to continue to improve the quality of the data.

6. Matters for Escalation to the Board

6.1 The Committee noted that the Board would be updated on the work with Commissioners in Norfolk in particular to reduce number of delayed discharges.

6.2 The Committee noted that an updated Trust Risk Register based on the amendments suggested by the Committee would be considered by the Board at its meeting on 30 March 2023.

Appendix One: Integrated Governance 16 March 2023, agenda items

SUBJECT
Welcome and opening meeting
▪ Apologies for absence ▪ Declarations of Interests
Minutes and matters arising
▪ Minutes of meeting held on 19 January 2023 ▪ Action Schedule
DEEP DIVE
Staff Survey
QUALITY SAFETY
Patient Safety Incident Response Framework
CQC Update
Quarter Three Integrated Safety Report
Astley Court and Broadland Clinic
Respect Training Update
PEOPLE
People & Organisational Development Report
Gender Pay Gap Report
EXPERIENCE
PLACE Report
Patient and Carer Race Equality Framework
GOVERNANCE
Trust Risk Register
TO NOTE **Reports taken as read and only questions to be taken**
Report from Quality and Risk Management Committee February 2023
Report from People and Organisational Development Group February 2023
Report from Information Management Governance March 2023
Q3 Freedom to Speak Up Guardian Report
Integrated Governance Committee Planner
ANY OTHER BUSINESS
Any Other Business
Matters for escalation
Date and time of future meetings: 25 May 2023 13:30-16:00

PUBLIC Board of Directors

Meeting Date:	30 March 2023	Agenda Item: 7a	
Subject:	Quarter 3 2022/23 Integrated Safety Report	For Publication: Yes	
Authors:	Bina Jumnoodoo Deputy Director, Nursing and Quality	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:

This paper is presented to the Public Trust Board to provide assurance on actions taken in response to safety related incidents, themes, learning in keeping with the Quality Strategy, CQC regulations, and the commitments set out in the Annual Plan.

Action required:

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

Summary and recommendations:

This report provides an overview of safety including incidents, mortality, harm free care, restrictive practice and safeguarding. It also provides a review of trends, themes and identified learning setting priorities for the work in subsequent quarters.

This quarter has seen a slight reduction in the number of reported incidents and with a decrease in those categorised as resulting in moderate harm; there was also one less RIDDOR.

Violence and aggression remain a concern in the service areas; a review of the Respect training and learning from reported incidents aims to ensure staff have the confidence as well as skill and competence to respond to incidents, with a revised focus on de-escalation skills. The violence and aggression CQI project, led by the Head of Patient Safety, aims to address this, with service users, carers, staff side, front line workers, police and other stakeholder involvement.

A live quality and safety dashboard has been devised which the SBUs hold oversight of, reviewing weekly and analysing data to improve safety, with a progress report presented to the Executive team monthly.

Planning to widely adopt the Trauma Informed Approach, piloted on Robin ward, is in place and the CQI on Safe and Supportive Observation has enabled changes to policy, identifying further actions in planning and progress.

Responses to and management of reported racial abuse includes working closely with the police, the development of an anti-racism strategy and robust and timely support to individuals.

Increased oversight for Oak ward, Warren Court and Norfolk inpatient services, led by the Executive Director, Quality and Safety (Chief Nurse) and reporting to the Executive Team, ensures governance and scrutiny over areas of concern following CQC inspection visits and data identified by the aforementioned dashboard, for example.

There has been a continual focus on ensuring the least restrictive practice across the service areas, including the Eastern Academic Health Science Network Reducing Restrictive Practice CQI project in

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Lexden, Dove ward and Forest House, following a pilot in Astley Court. Close scrutiny and monitoring of all LTS and seclusion incidents continues, with an increase of seclusion incidents noted this quarter.

An AWOL task and finish group, led by the West unplanned care SBU, is focusing on data, learning themes, policy and practice around the leave process. Robust risk assessments are carried at the time of the service user going on leave.

20 Serious Incidents external to the Trust were reported, of which 15 were unexpected or avoidable deaths.
The quarter has seen a 24% increase in reported medication incidents, including from community services; 98% resulted of those incidents resulted in no harm. A learning event has been planned in quarter 4.

In preparation for the PSIRF by 30 September 2023, work has continued between the Trust and the ICB to close completed Serious Incidents on StEIS, and progress continues to prepare the Trust for the revised framework.

A coproduced Charter regarding sexual safety on the wards has been developed to raise awareness of the Trust's action to ensure individuals feel sexually safe in the wards.

Future reporting
To update the Board on the work to review and redesign the Integrated Safety Report. This will include increased use of SPC to report the data and a focus on themes, trends, learning and areas for escalation and assurance.

Board members feedback will form part of the review process, via the Integrated Governance Committee.

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

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

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

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

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

There are no implications arising from this report.

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

This report sets out actions taken in quarter 3 2022/23 as part of the Care Quality Commission Key Lines of Enquiry.

Seen by the following committee(s) on date:

Executive Team 7 March 2023; IGC 16 March 2023

Part A – Governance and Assurance

1.   Introduction

1.1   This section provides details on Safety Alerts, CQC inspections and the CQC Insight Report.

2   Safety Alerts

2.1   There were 25 Central Alerting System (CAS) Alerts received, which have been reviewed and the learning and actions taken forward, disseminating to the relevant services, and accompanied by changes to policy and practice, where required.

2.2   The one alert applicable to the Trust is:
- NatPSA/2022/009/MHRA Prenoxad 1mg/ml Solution for Injection in a pre-filled syringe, Macarthys Laboratories, (Aurum Pharmaceuticals Ltd), caution due to potential missing needles in sealed kits. An action plan was implemented. Batches received by Pharmacy and stocked have been inspected for the correct number of needles. Communications were sent to the community teams, Enhanced Rehabilitation Outreach Service (EROS) and Pharmacy team and Medicines Optimisation Team. The Alert was published in HPFT News and added to The Hive.

2.3   There were seven Internal Safety Alerts issued by the Trust, following learning from incidents either within the Trust or externally as follows:
- HPFT/2022/017 - AWOL Window Risk
- HPFT/2022/018 - AWOL - Astro Turf Trainers
- HPFT/2022/019 - Cigarette Smoking and Drug Interactions
- HPFT/2022/020 - AWOL Incidents
- HPFT/2022/021 - Ligature Risk: Blu Tac and Chewing Gum
- HPFT/2022/022 - Safe and Supportive Observations
- HPFT/2022/023 - Neuroleptic Malignant Syndrome.

3.   Care Quality Commission (CQC) Inspections

3.1   **Forest House**

Following the re-inspection at Forest House in July 2022, the final report was published on Friday 11 November 2022. Forest House ratings improved in the *safe* and *well-led* domains, and the overall, rating to *requires improvement*. The leadership team continue to hold oversight, scrutiny, and governance of the Service Improvement Action Plan (SIAP) reporting to the Executive Team monthly, noting improvements in the service provision and experience.

3.2   **Oak Ward**

The CQC undertook a risk based focused inspection in October 2022, following anonymous concerns and allegations made regarding practice and the use of restrictive practice. At the time of this report, the Trust has received the draft inspection report and is completing the Factual Accuracy process.

3.3   **Victoria Court**

The CQC undertook a risk based focused inspection in November 2022, following an anonymous concern. Following the Factual Accuracy process, the CQC published its final report in January 2023, and identified the following areas for improvement
- Action the Trust MUST take to improve:

4

- o The Trust must ensure that blind spots are mitigated on both Tiger and Flower wards.
  - Action the trust SHOULD take to improve:
    - o The Trust should ensure all observation records are validated at the end of each shift
    - o The Trust should ensure that staff are mindful of the impact of body position when assisting patients to eat
    - o The Trust should ensure that all signage is as clear as possible for patients on Tiger ward
    - o The Trust should consider a dedicated activity area on Flower ward.

3.4 Warren Court

The CQC undertook a risk based focused inspection in November 2022, following concerns raised anonymously. The draft report was received in January 2023, and, at the time of this report, the Trust is waiting the final inspection report having submitted its Factual Accuracy response.

4. CQC Insight Report

There were no CQC insight reports provided by the CQC; the Trust is awaiting a further update as to when the CQC will have a timescale for sharing CQC Insight again.

Part B- Incidents, including Serious Incidents

1. Introduction

1.1 Part B considers incidents, including Serious Incidents (SI), with an overview of reporting trends and themes, as well as severity of harm. It also includes how the Trust meets its reporting requirements in relation to Duty of Candour, Learning from Deaths, suicide rates and Never Events.

2. Incidents

2.1 The number of incidents reported is 4,147 (*figure 1*), an increase of 2% on the same period last year. It should be noted that the number of suspected/confirmed Covid19 cases reported on Datix will influence quarterly incident data and can cause fluctuations over time as can be seen below (*figure 2*).

2.2 Incidents categorised as *moderate harm* continued to decrease from 74 to 59; there were two incidents categorised as *severe harm*. The weekly Moderate Harm Panel continues to review incidents resulting in moderate harm and above to establish facts, identify and disseminate any immediate learning, monitor themes, and identify those incidents that are reportable SIs.
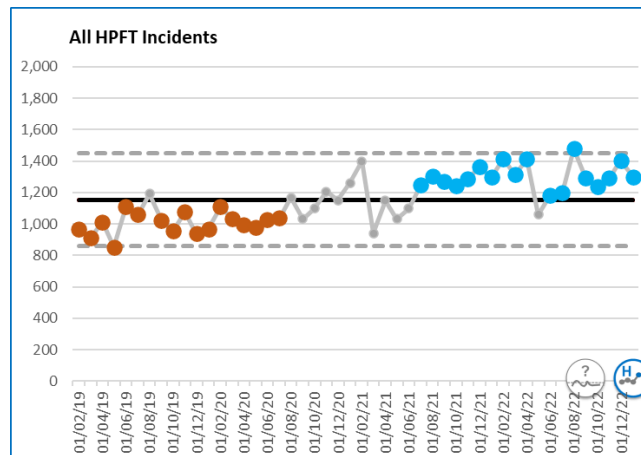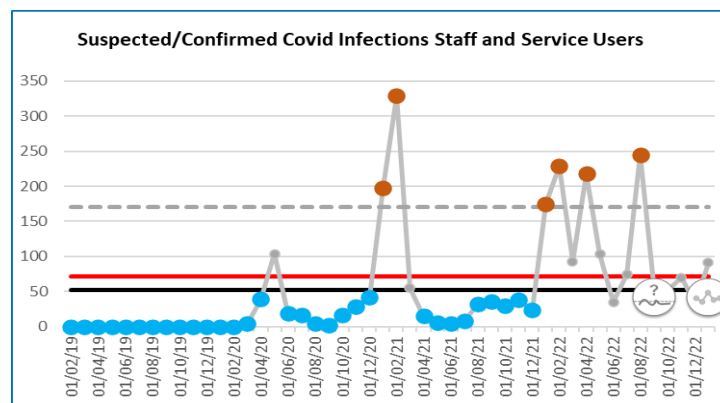
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Figure 1

Figure 2

Never Events

2.3   There were no incidents that would meet Never Events reporting criteria.

Eliminating Mixed Sex Accommodation (EMSA)

2.4   There were no reported breaches.

Medicines Safety

2.5   There were 250 reported medication incidents, an increase of 24%. 216 were internal to the Trust, 210 (97%) resulted in *no harm,* six (3%) resulted in *low harm*. No incidents were classified as *moderate harm*. 49 medication incidents were external and reported to the Trust, for example a medication error in a care home.

2.6   Administration incidents remained the top sub-category of those reported (105 incidents) (*figure 3*).

2.7   A task and finish group has been analysing Clozapine incidents and taking actions to ensure safe processes are in place to manage this high-risk medicine. Senior pharmacists are working with inpatient teams, to reduce blank administration box incidents.
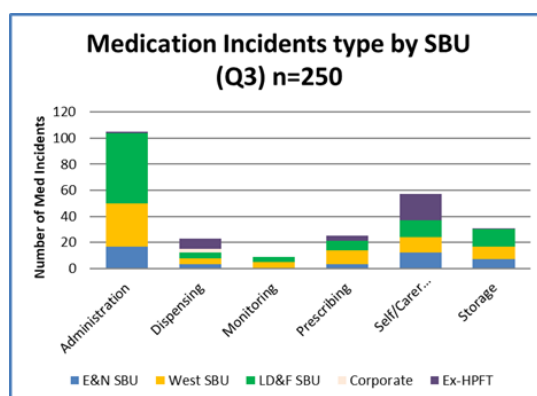
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Figure 3

Serious Incidents

2.7 20 SIs were reported external to the Trust on the NHS Strategic Executive Information System (StEIS) (*figure 4*), a reduction from the previous quarter. 15 were Unexpected or avoidable deaths.

Category	Q2 2022/23	Q3 2022/23
Unexpected or avoidable deaths	19	15
Disruptive, aggressive or violent behaviour	2	1
Apparent, actual or suspected self-inflicted harm	6	2
Accident	0	1
Apparent, actual or suspected homicide	0	0
Practice/Clinical care	0	1
TOTAL	27	20

Figure 4

2.8 30 SI reports were completed and submitted to Trust Commissioners, with actions plans to address key learning points. Meetings are held with each SBU and Datix dashboards are in place to enable recording of progress with implementation of learning supported by the Safer Care Team. Learning has informed the Safe and Supportive Observations (SASO), Risk Assessment, and Carers Continuous Quality Improvement (CQI) projects. The East and North SBU have recruited additional Practice Governance staff to support implementation and embedding of learning.

2.9 In preparation for the transition to the Patient Safety Incident Response Framework (PSIRF) within the next 12 months, work has been undertaken with Herts and West Essex Integrated Care Board (ICB) to close Serious Incidents on StEIS. The Trust/ICBs are now in real time with ICB feedback discussed at monthly panels facilitating timely closure.

3. Mortality

3.1 All deaths reported continue to be screened each week and those that meet red flag criteria undergo a Structured Judgement Review (SJR). There were 49 deaths in October, 37 in November and 53 in December, a higher average of 47 deaths per month, which is greater than the average pre-pandemic levels.

7

3.2 The Cause of Death for most of the deaths were not available at the time of reporting to provide a breakdown, therefore the reasons for the high levels in deaths is unclear. This is likely to be partly due to better reporting of deaths from the Spike indicator on 'possible deaths', however it is not possible to attribute the total increase to this. Some deaths are for people who died soon after being referred, therefore were not receiving care by the Trust at the time of their death. These will be reported separately from the next quarter.

3.3 To support the management of SJRs, the initial screening of deaths was prioritised. At the time of this report all deaths in Q3 have been screened.

3.4 141 deaths were reported (*figure 5*), an increase of 11%. The highest numbers of deaths were in the East and North SBU, which includes older age adult services. There were two Covid-19 confirmed or suspected deaths, in October.

	21/22 Q3	21/22 Q4	22/23 Q1	22/23 Q2	22/23 Q3
East and North Hertfordshire Strategic Business Unit	102	105	91	76	61
Essex & IAPT SBU	14	17	13	16	5
Learning Disabilities & Forensic Strategic Business Unit	18	12	14	10	32
West Hertfordshire Strategic Business Unit	26	29	22	24	43
Total	160	163	140	126	141

Figure 5

Structured Judgement Reviews

3.5 Training was delivered by the Mortality Governance Lead Consultant to five Consultant Psychiatrists to support with SJRs. There were 17 SJRs completed, which included SJRs for deaths that occurred outside of this reporting period.

3.6 Key learning themes identified include documentation surrounding death and confirmation of death, physical health – returning from medical ward, nutrition and recording of alerts and allergies. Details of learning themes are disseminated through governance structures within the SBUs and the Physical Health Committee. Mortality Governance was incorporated into the monthly medical continuing professional development (CPD) programme.

3.7 Good Practice in Record keeping virtual sessions were held jointly with the Nursing and Midwifery Council (NMC) and the Mortality Governance Lead, which attracted over 200 nursing staff. The session included learning from SJRs on documentation.

3.8 The Learning from Deaths Group was re-established and meets bimonthly, overseeing actions taken in response to the recommendations, actions planned and an assessment of the impact of actions taken by the SBUs, as a result of the learning identified

Learning Disability Mortality Review

3.9 There were 16 deaths of service users known to the Trust's learning disability services reported to the national Learning Disability Mortality Review (LeDeR) programme.

3.10 The Trust is supporting a strategic objective from the Hertfordshire LeDeR Steering Group to provide training through e-learning on pain assessment in people with a learning disability, including those who have dementia. This follows a CQI initiative led by the Trust's physical health nurse.

8

3.11 Training needs in epilepsy have been explored following learning from LeDeR and a suite of resources are now offered to staff with good attendance from nursing staff in the Learning Disability and Forensic SBU.

Suicide

3.12 There were 14 deaths thought to be as a result of suicide (*figures 6 and 7*), a decrease of three compared to the same reporting period last year. These figures are before the coroner has determined whether there was evidence on the balance of probability that deaths were as a result of suicide. To date, none of these deaths has been heard at inquest.
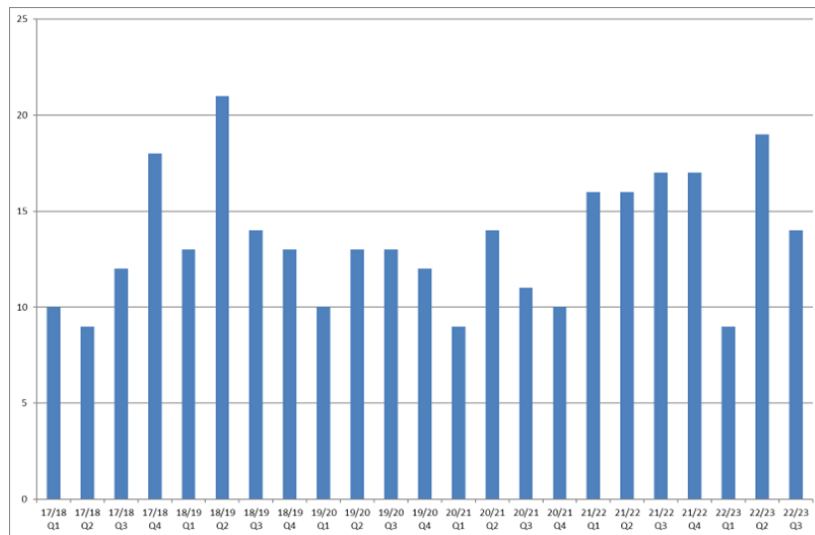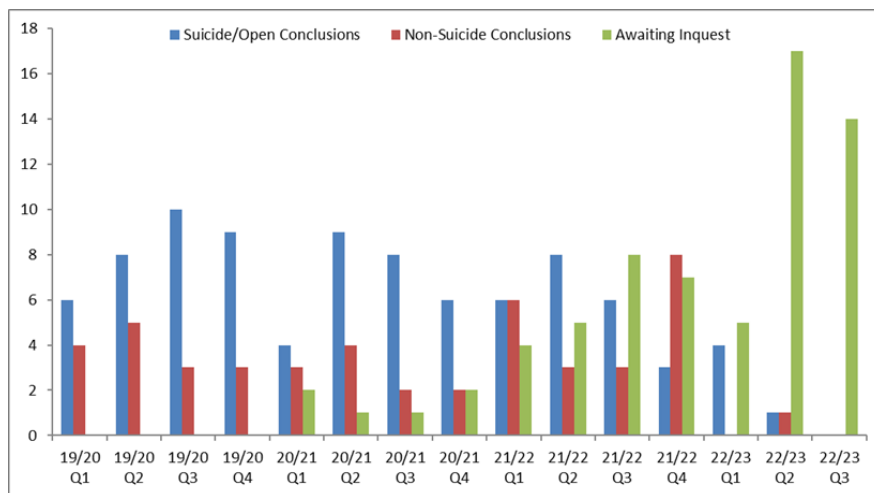

Figure 6

Figure 7

Prevention of Future Deaths (PFD)

3.13 PFD notifications resumed after a gap when the Judiciary paused publication and dissemination whilst they upgraded their website. Learning from PFD reports continue to be discussed at the Trust's Safety Committee and cascaded through the SBU Quality and Risk meetings. PFD reports also inform the Trust and wider system partners in suicide prevention work streams as well simulation and safeguarding training.

9

3.14 Learning themes from the PFDs this quarter included responding to a cardiopulmonary resuscitation (CPR) in a pressured environment and a communication between mental health and physical health teams

4 **Least Restrictive Practice**
   Restraint

4.1 *Figure 8* provides data regarding the use of restraint over the past four years. During this quarter, the data can be attributed to individual service users with complex needs at Forest House (148), Astley Court (121) and Lexden (66) and further exacerbated by the need for specialised services nationally.

4.2 As result, safety huddles are fully embedded to review and effectively manage risk. There is also an establishment review taking place across services to determine an effective workforce for each ward. Further support is provided by the Respect team on the ward.

4.3 A new sensory room at Lexden promotes therapeutic engagement and a CQI on restrictive practice is set up on Dove ward, with a view to reduce the number of restraints. Post incidents debriefs and SWARMs are taking place across all services.
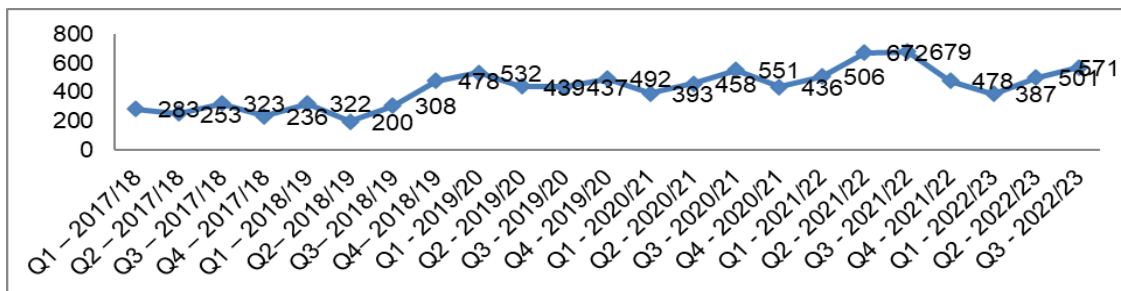

Figure 8

4.4 *Figure 9* provides data of all prone restraints. Although prone restraint is not taught as part of the restraint teaching methodology, the data includes the use by the police and incidental incidents whereby the service user either falling or placing themselves into a prone position before being repositioned into a supine position, in keeping with the Trust's training techniques.

4.5 Hathor ward reported four incidents, Olive ward one incident, and Albany Lodge one incident. The four incidents on Hathor ward involved an individual service user with complex needs and places themselves in the prone position.
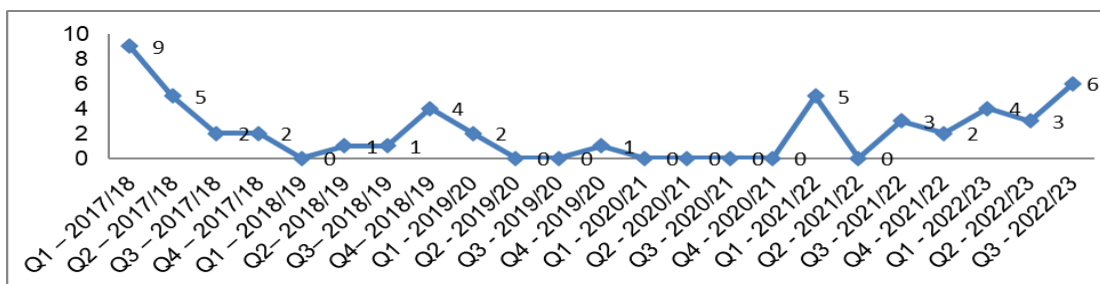

Figure 9

   Seclusion

4.6 Following a decrease in the past two quarters, there has been a slight increase (*figure 10*), with 90 (83%) of the incidents occurred within the Learning Disability and Forensic

10

SBU. This data reflects the earlier restraint data, attributed to individual service users, owing to their complex needs and the need for specialised beds.
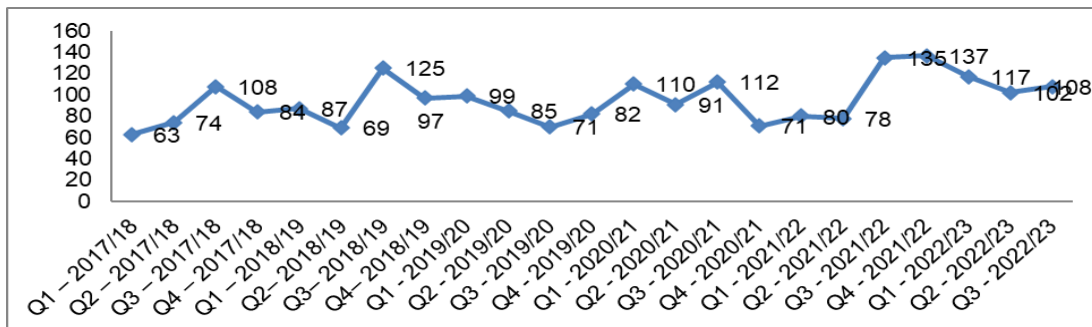

Figure 10

4.7 A task and finish group commissioned to focus on the practice of seclusion and adherence with the Mental Health Act (MHA) Code of Practice (CoP) will report back in quarter 4 with findings and proposals.

Long Term Segregation

4.8 *Figure 11* provides data regarding the numbers of individuals cared for under the LTS framework, with four applications this period; one individual was successfully discharged into a bespoke community placement.

4.9 There is a robust system in place to ensure all service users in LTS are reviewed, as per policy. There are further discussion taking place on a regular basis with commissioners regarding service users who need specialist services.

4.10 The Barriers for Change Check has been used, as part of the HOPE(s) model, and a focus on positive and proactive approaches to reduce the level of restrictive practice.

Unit	Section	Start Date	End Date
Lexden	3	18 06 2021	
Warren Court	37/41	30 09 2021	
Robin ward	3	17 02 2022	
Astley Court	3	23 02 2022	
Dove ward	3	22 07 2022	
Swift ward	3	07 09 2022	14 11 2022
Hathor ward	3	02 09 2022	
Beech ward*	3	14 09 2022	30 11 2022
Oak Ward*	3	30 12 2022	

*Same Service User

Figure 11

Rapid Tranquilisation

4.11 *Figure 12* provides data over the past four years and an increase in this period regarding the use of Rapid Tranquilisation (RT). Of the total incidents, 69 were at Forest House, 18 at Aston ward and 14 at Dove ward. Two service users within Forest House accounted for 55/139 (40%) and six service users across the three identified areas accounted for 89/139 (64%), owing to their clinical presentation.

4.12 There is further training led by Occupational Therapy (OT) lead on therapeutic engagement. Senior leadership continues to work with NHS England (NHSE) and commissioners, to establish specialist placement for some of the service users.
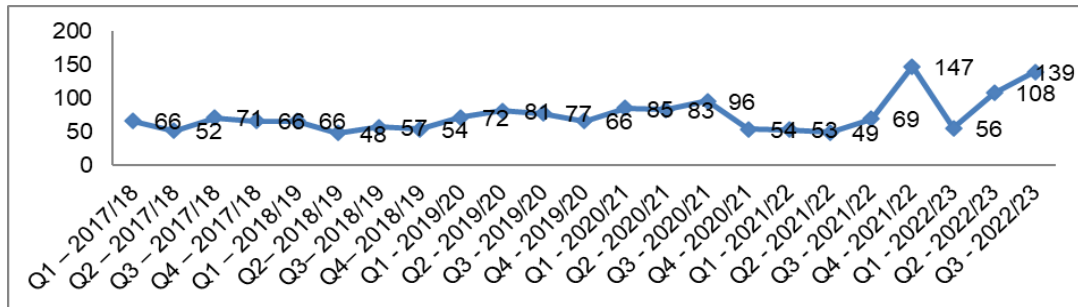
11

Figure 12

4.13 The multi-disciplinary team (MDT) continue to ensure individuals are proactively supported and with proportional least restrictive practice. Associated work relating to the introduction of the National Early Warning Score (NEWS2) and the use of soft measures has supported post incident review after Rapid Tranquilisation as well as the use of Positive Behavioural Support (PBS) plans and pre-planned interventions.

4.14 As part of the ongoing governance procedures, all clinical areas receive a clinical visit from a pharmacist who monitor RT prescriptions as part of their routine work. RT is included in the POMH-UK audit cycle.

5. Harm Free Mental Health Care

5.1 The Trust continues aiming to provide care where service user, staff and carers do not come to harm. In order to understand this and respond ligature incidents, Absent Without Leave (AWOL) incidents and violence and aggression incidents are considered.

Ligature Incidents

5.2 There has been an increase in reported incidents within Forest House 45 (46%) and a general overall increase amongst several area across the Trust, as detailed in *figure 13*. As a result, Forest House's MDT have introduced 'communication cards' for individual young people to communicate their emotions; this will also be a useful tool for all staff on how to support individuals when leading up to an incident.

5.3 The Forest House team continues to debrief with the young people and staff – which has included a Friday check out with the team/bespoke MDT.
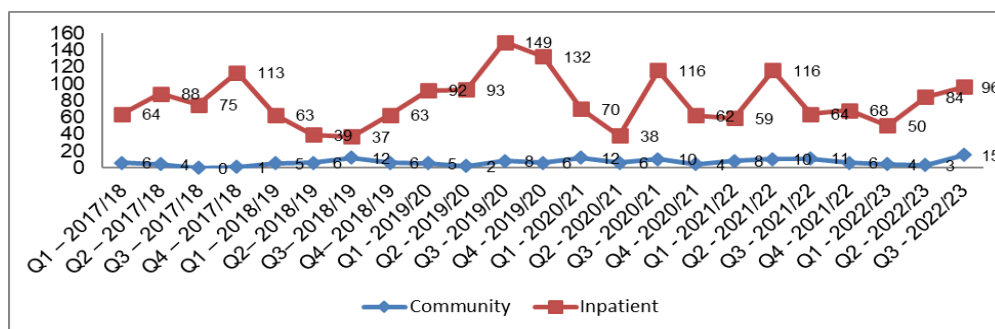

Figure 13

5.4 There were four attempted anchor point ligature incidents at Hathor ward, Albany Lodge, Aston ward and the Marlowes. Anti-tamper screws were reported as missing in a window cover Aston ward, which were replaced.

12

5.5 The incident on Hathor ward involved a service user removing a shoelace and placed the ligature around their neck, attempting to suspend himself from the LTS room door. Staff quickly intervened and removed the ligature without the need of ligature cutters or any physical restraint of the service user.

5.6 At the Marlowes, a service user went into disabled toilet and locked herself in it, tying a scarf around their neck and used the support bar as an anchor point. Staff intervened and there was no harm. A community ligature risk assessment was completed, and the management of appointments strengthened, with all disabled toilet keys made available at reception and responders to incidents reviewed.

5.7 Ligature incidents using clothing remains the category with the highest number of incidents. An internal safety alert has been disseminated to remind staff of the need to remain vigilant around potential risk relating to ligatures using clothing. The Trust has received a new supply of ligature cutters which include cordage cutters, wire cutters and cutters for sheets.

5.8 ANT, the review of environmental risk has further developed to improve assurance and evidence of reviews. This includes breaking the weekly audits down by SBU, so each area takes responsibility for their environment, with a lead, overseen by the Trust's Health and Safety Manager. An alternative electronic form is being introduced, allowing storage of all local weekly walk arounds and is also being applied to community units on a monthly basis.

Absence Without Leave (AWOL) and Missing Persons

5.9 There has been an increase by one to 42 incidents of AWOL and Missing Persons incidents *(figure 14)*. There has also been an increase from 28 to 36 incidents whereby a detained service user either absconded or failed to return from section 17 leave.
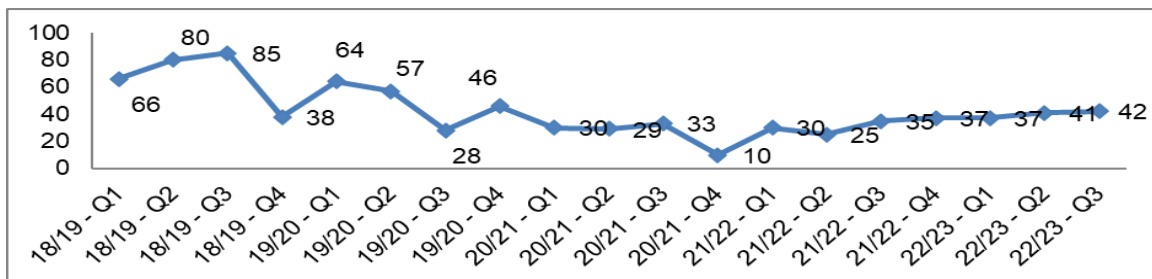
Figure 14

5.10 An AWOL Task and Finish group, led by the West SBU. The group has responsibility for overseeing the reviewing of the AWOL Policy, AWOL data and identify themes to inform updates on guidance, ensure we are adhering to the CoP under the MHA, provide guidance on reporting to the CQC for secure relevant secure units and improve our practice regarding reducing and managing AWOLS.

6.   Violence and aggression
Service User to Staff Assaults

6.1 *Figure 15* shows an increase in the service user to staff assaults increasing year on year and data in *figure 16* shows a correlation with restrictive practice data, as previously discussed.

13
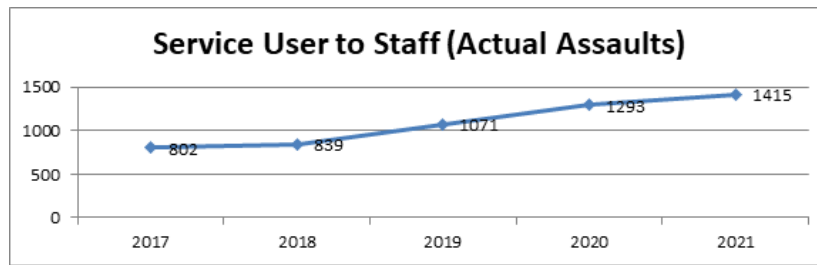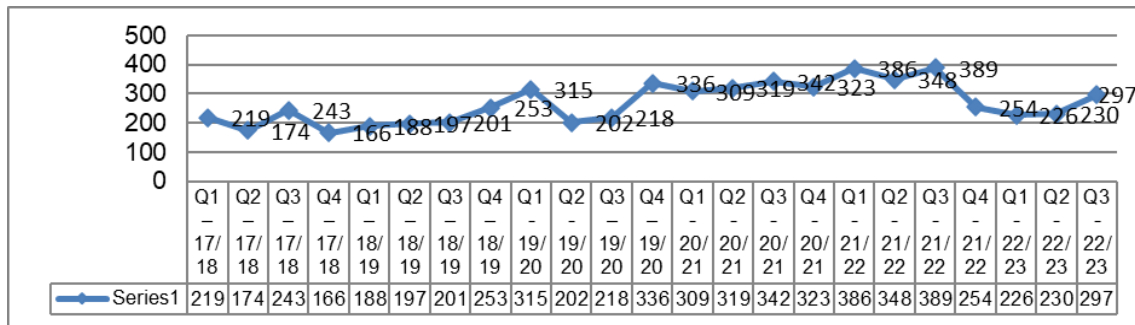
Figure 15

Figure 16

6.2 Two Service User on Staff violence and aggression incidents resulted in moderate harm. Support was provided, fact find reports completed and Swarm debrief sessions held. The learning was for all staff to undertake the five-day Respect training, including agency staff, and has also informed the work of the Violence and Aggression CQI project.

Service User to Service User Assaults

6.3 Following a steady decline in incidents, an increase to 103 has been reported in Service User to Service User assaults, of which 34% occurred within the Acute Mental Health Service, 34% Mental Health Service for Older People and the 32% in the Learning Disability and Forensic SBU *(figure 17)*.
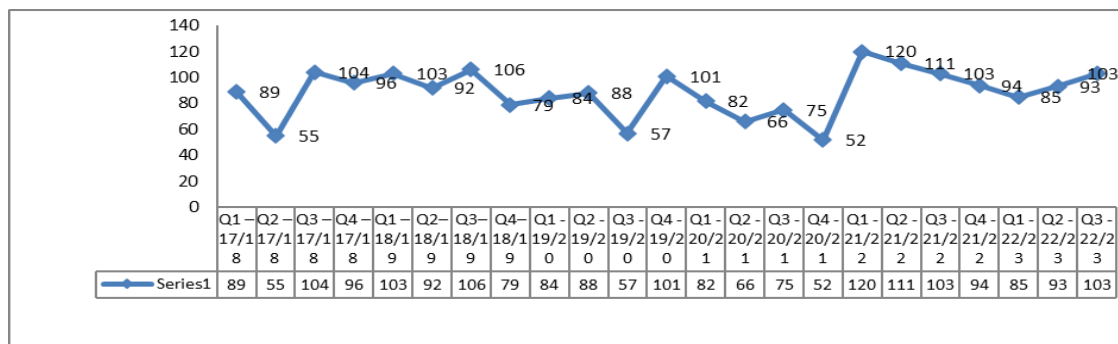
Figure 17

6.4 There was no reported Service User to Service User Assault incidents resulting in moderate or severe harm.

Reporting of Injuries, Diseases and Dangerous Occurrences

6.5 There were four incidents reported under RIDDOR, a decrease of one. One was attributable to Violence and Aggression, two to Slips, Trips and Falls, and one of which was a specified injury (fractured radius). There was one inpatient-specified injury reported from Wren ward; following the service user's fall, an internal alert was issued.

7. Personal Accidents

14

7.1 There have been 24 Health and Safety related personal accidents to staff, which is a decrease of six.

Moving and Handling

7.2 There have been two incidents in relation to moving and handling; both involving the moving and handling inanimate object and which were followed up by the Moving and Handling Advisor.

Needle stick injuries

7.3 There were two needlestick injuries reported, with advice provided by Occupational Health. One was a sewing needle that was on a stool and staff member sat on it. The other incident was a staff member had a prick while unsheathing a needle and staff. A reflective session held with staff member supported to develop confidence with injection technique.

Staff Slips Trips and Falls

7.4 Nine staff and visitor slips, trips and fall incidents were reported. Six involved staff falling from a level surface, one of which was reported under RIDDOR. Learning identified was the need for improved gritting of outside areas and a mop drying on busy corridors. One was following a fall from a chair and staff were reminded of the internal alert and use of correct castors (wheels) on chairs.

Security Incidents

7.5 *Figure 19* provides data regarding security incidents; a majority were discovering an inappropriate item and a breach of security. Included under breach of security is AWOL and Missing Persons, as discussed earlier.

	Breach of security entrance/exit	Broken item compromising security of building	Discovery of inappropriate item/object on a ward/unit	Inappropriate item brought onto ward by service user	Inappropriate use/access to keys
22/23 Q1	24	4	12	9	6
22/23 Q2	23	9	27	19	2
22/23 Q3	13	3	18	22	3
Total	60	16	57	50	11

Figure 19

7.6 The Police Liaison and Security Committee continues to meet every two months. Visits by the police to Trust services are arranged to enable the police to understand our capabilities regarding management of violence and aggression incidents.

7.7 The CCTV project phase one is now complete at Warren Court and Albany Lodge, and phase two is in progress at 4 Bowlers Green, Elizabeth Court, Astley Court and Beech ward). Phase three ready to go ahead in April 2023.

15

7.8 The use of Kingfisher Court alarm pagers continues to be audited monthly to ensure the alarms are being used correctly. The Heads of Nursing and Service Line Leads hold oversight to manage areas of concerns and ensure robust management.

8. <u>Harm Free Physical Health Care</u>
Falls
8.1 There was one fall resulting in moderate harm, where a service user in an older adult in-patient ward fell whilst making her bed, resulting in a fractured neck of femur. This has been reported as an SI and immediate actions taken to reduce the length of lead on remote control devices to mitigate the risks to service users.

8.2 *Figure 20* provides details of falls within the older aged adult services and *figure 21* in the Learning Disability Specialist Residential Services (SRS) and Dove ward.
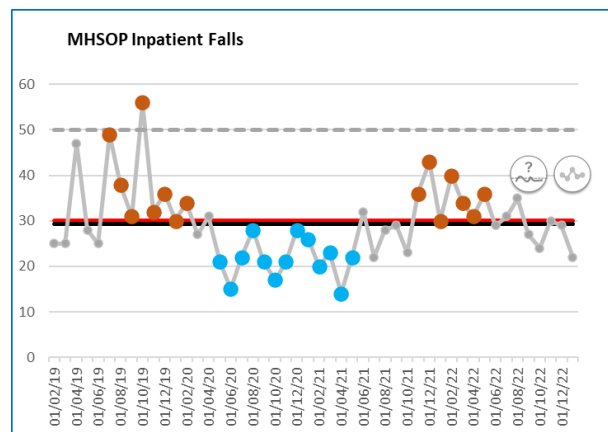
Figure 20
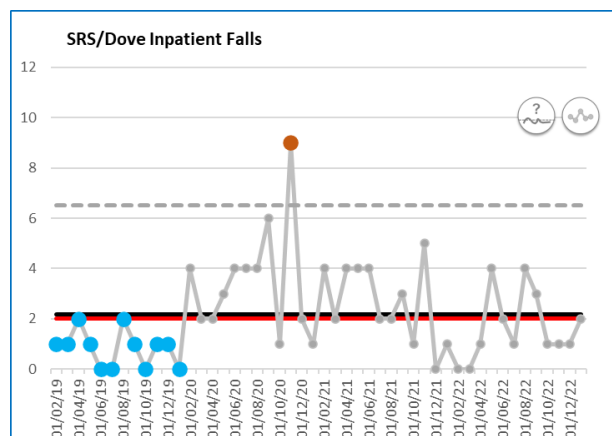
Figure 21

Pressure Ulcers
8.3 There were no category 3 or 4 pressure ulcers acquired in or outside the Trust. There were three category 1 and three category 2 pressure ulcers acquired. All the category 2 pressure ulcers were on heels, which will be a focused area of education for prevention and monitoring practice. As an interim, the new Tissue Viability Nurse is visiting all services to promote good practice and monitoring closely service users who are at risk of developing pressure ulcers. see *figure 22*.

8.4 The Tissue Viability Nurse (TVN) commenced employment at the start of this quarter, supporting staff through education activities including a well-attended 'Stop the Pressure' study day tying in with the national campaign.

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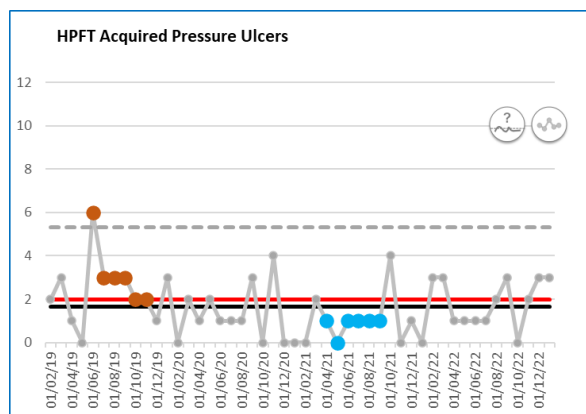
Figure 22

Urinary Tract Infection (UTI)

8.5   There were two reported incidents related to UTIs. One in-patient service user with a learning disability was treated with antibiotics and recovered and one community service user under the Early Memory Diagnosis and Support Service (EMDASS) died whilst under the care of district nurses and had a UTI during his deterioration.

8.6   A Trust physical health nurse is a member of the system wide working group on prevention of UTIs. The aim of the group is to reduce the number service users with UTI and referrals general hospital and also improve the management of catheters.

9.   Service Users Experience of Feeling Safe

9.1   There were 579 compliments received, an increase from 538; 17 compliments mentioned the word "safe".

9.2   149 complaints were received, with six mentioning the word "safe" or "safety" from EMDASS East, Broadland, Crisis Resolution Home Treatment Team (CRHTT), Single Point of Access (SPA), Child and Adolescent Mental Health Services (CAMHS) and the Section 136 Suite.

9.3   233 Patient Advice and Liaison Services (PALS) enquiries were received, with four mentioning the word "safe", for Adult Community Mental Health Services (ACMHS), Forest House, Lexden, and the MHA Team.

9.4   The Peer Experience Listening and Peer Observation projects continue to progress, and in January the clinical team will meet with the Experts by Experience (EbE) to explain about the services and prepare the interview questions and visit checklists. The Peer Listening project will listen to service users on medium secure forensic units to understand how safe they feel after witnessing an incident.

9.5   The Peer Observation Project will observe older peoples' inpatient wards with a focus on how safe people feel who may not be able to communicate it. There has been a number of initiatives across each SBU to support service users feeling safe. Further examples regarding improving service users feeling safe are provided below.

Forest House

9.6   There are ongoing discussions with young people and staff regarding feeling safe and what can be implemented to improve this and also groups to be implemented to explore what feeling safe means to young people.

17

Learning Disability and Forensic Services

9.7 The SBU is looking to adopt the new guidance from the Restraint Reduction Network in post incident support for service users with a learning disability. This will be supported by the work of the Peer Listeners who are due to start talking to inpatients at Warren Court and Broadland Clinic about their experiences and wishes around post incident support.

9.8 Work on the environment with new sensory spaces at Warren Court, Broadland and Astley Court supports experiences of feeling safe. Dove ward has developed an existing room into a low stimulus area and is working with an individual service user to update communication passports and PBS plans, including individualised calm down boxes for staff to use when individuals feel unsafe.

Unplanned care

9.9 Oak purchased IT equipment to use for meditation using the Calm app and to listen to music. It also supports with communication and translation for individuals for whom English is not their first language. Service users have also coproduced design and content for a sensory/de-escalation room for Oak.

10. Safeguarding

10.1 **Safeguarding Children**
Figure 23 illustrates the number of safeguarding children incidents by quarter and follows the pattern seen over the previous three years, where the number of incidents increases between quarters 1-3. There were 20 less incidents than in the same quarter over the previous two years.

Safeguarding Children Incidents by Financial Quarter 19/20 Q1 - 22/23 Q3			
	Q1	Q2	Q3	Q4
19/20	102	110	119	139
20/21	117	152	161	127
21/22	132	156	161	144
22/23	119	128	141	
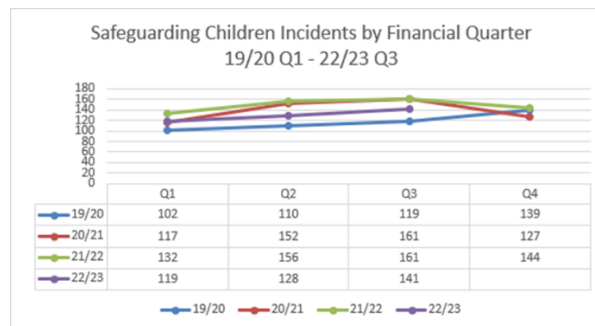
Figure 23

10.2 *Figure 24* shows the number of child safeguarding incidents in a longitudinal format, with the national lockdowns illustrated. During each of the three national lockdown periods, the number of safeguarding children incidents decreased, which was then followed by an increase in incidents. The evidence tells us that vulnerable children and their families continue to require both mental health and social care support.

Figure 24

18
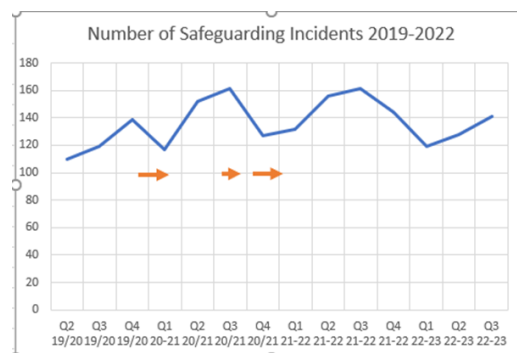
10.3   *Figure 25* illustrates the incidents by categories of abuse, showing emotional abuse remaining the most reported type of child safeguarding incident.
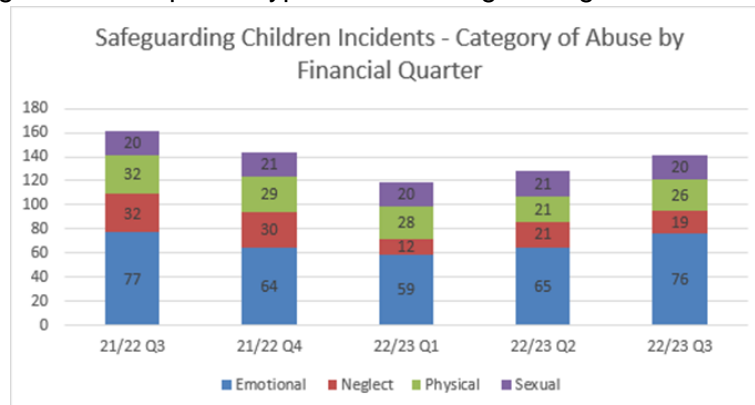
Figure 25

10.4   The Safeguarding Children form on Datix is updated to capture additional information on the incidents being reported with three themes fields created (the first of which is mandatory for completion), to enable deeper analysis of incidents than just the category of abuse. *Figure 26* shows the themes selected for safeguarding children incidents in November and December.
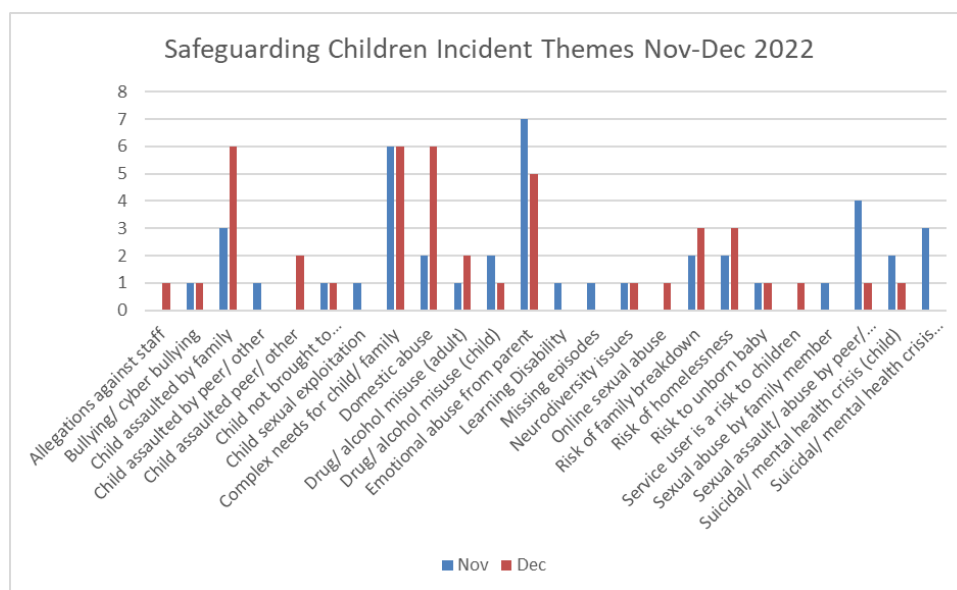
Figure 26

10.5   *Figure 27 illustrates* the numbers of incidents reported by specific service areas. The CAMHS Crisis Assessment and Treatment Team (C-CATT) consistently report the highest amount of safeguarding children incidents, due to the nature of the service. The mental health street triage team made five referrals.

10.6   It should be noted that, in terms of child protection referrals, 31 cases were recorded on Datix, with one incident of the child aged 16-17 years being the perpetrator of the abuse and the remaining 30 cases the child was a victim (sustained harm) or was a witness of the abuse.

19
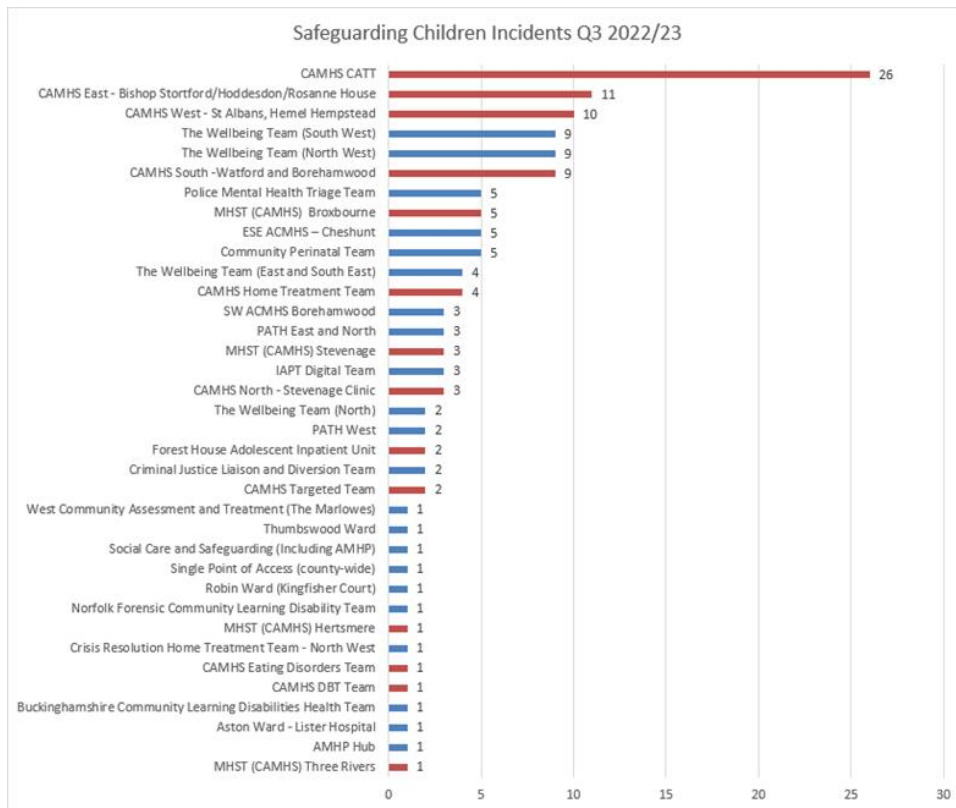
Figure 27

Safeguarding Adults

10.7 *Figure 28* illustrates the number of Adult Safeguarding Adult incidents raised by staff from quarter 1 2019 to quarter 3 2022.

	Q1	Q2	Q3	Q4
19/20	401	423	364	379
20/21	363	380	427	423
21/22	487	488	467	517
22/23	481	509	507	
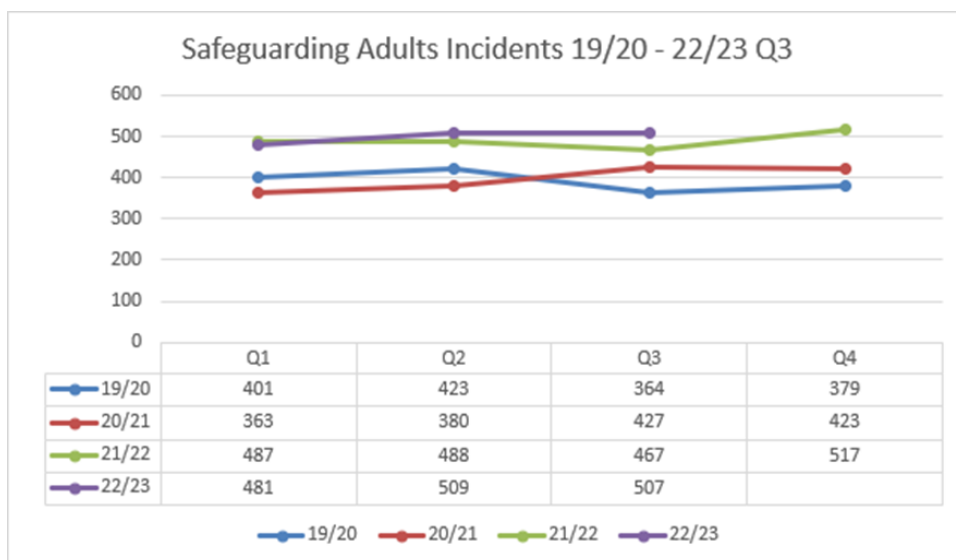
Figure 28

10.8 The rate of referrals is consistent with the previous quarter, although higher than rates during the same quarter last year and has continued to stabilise.

10.9 *Figure 29* demonstrates the breakdown of categories of abuse. Physical abuse and domestic abuse remain the highest reporting categories, as per previous quarters.

20
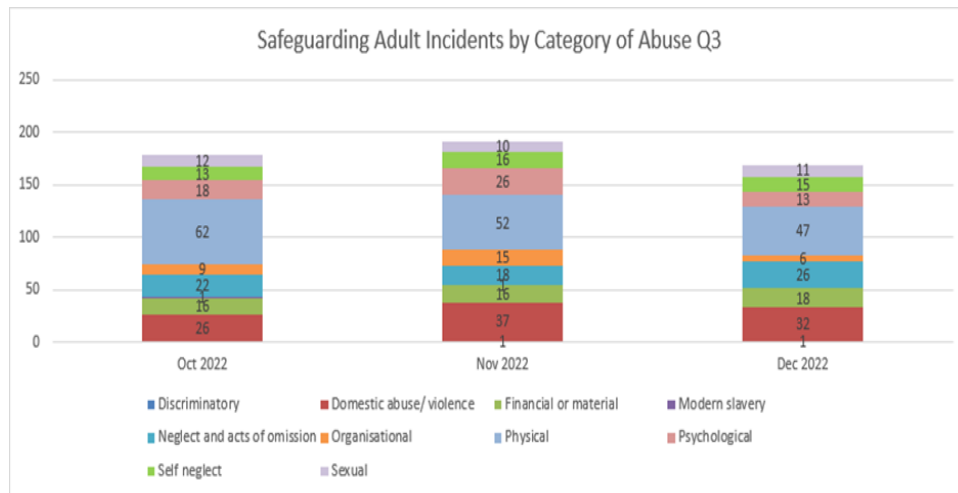
Figure 29

Section 113 Agreement

10.10   In Hertfordshire, the Trust carries out investigations into abuse of adults with functional mental disorders on behalf of the local authority (Hertfordshire County Council - HCC). *Figure 30* illustrates Concerns and Enquiries from quarter 4 2020 to quarter 3 2022. Safeguarding referrals managed within the Trust have remained largely consistent and have not shown signs of resuming an upward trend.
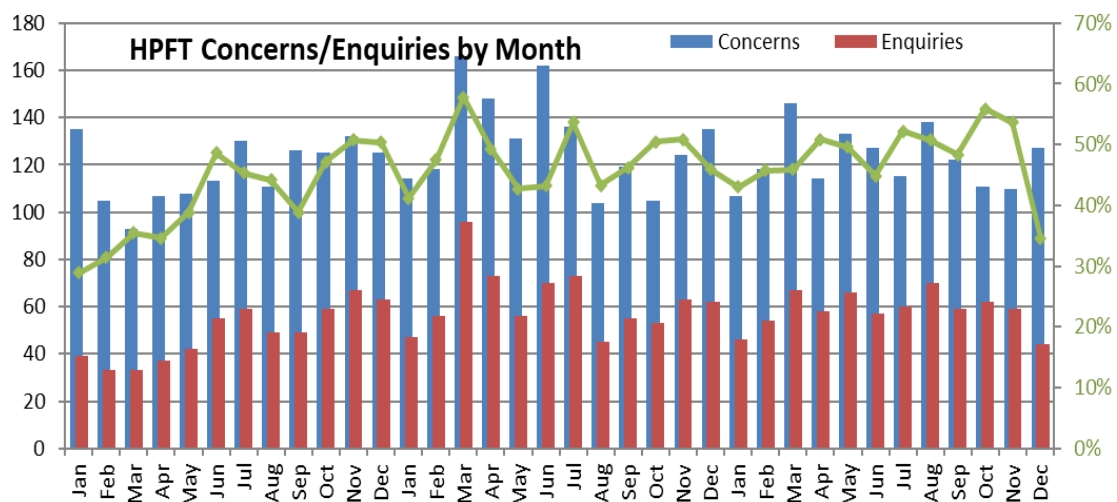
Figure 30

10.11   The Trust conversion rate has remained primarily between 40% to 55% but has tended towards the upper end of this range, with October demonstrating a 56% conversion rate. The conversion rate for December is currently below this threshold, but likely to stabilise at a higher rate, as more eligibility decisions are recorded.

10.12   Concerns around statutory safeguarding practice within community older aged adult services have been identified, with the teams managing a lower number of safeguarding enquiries than the ACMHS, due to the nature of their service user cohort. Support has been offered to the older aged adult community teams, with plans to provide refresher training.

Safeguarding Children High Profile Cases

10.13   AMW/ Child R. Criminal proceedings are ongoing, so the report will not be published until this is concluded. The draft report was presented to Herts Safeguarding Children's

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partnership (HSCP) Executive on 24 February 2023. Work has commenced on the recommendations including providing health care and other staff in the partnership access to the ICON programme, which aims to reduce the risk of harm when a parent or care giver becomes frustrated with a crying baby. It helps people cope when babies cry for a long time, with ICON initials meaning:

- I – infant crying is normal
- C – comforting can help
- O – it's ok to walk away
- N – never shake a baby.

Trust Serious Incidents with Safeguarding Component

10.14 W151252 - declared due to Specialist Commissioning for a baby on Thumbswood, whose head went under the water when being bathed by mother. No harm sustained. An SI investigation has been completed by the Corporate Safeguarding team.

Trust High Profile Cases

10.15 A 17-year-old girl who remained an inpatient at Princess Alexandra Hospital in Harlow (PAH) from April to December 2022, due to not having an appropriate placement available to her. Application was made by PAH to the Court of Protection stating she does not have capacity to decide on care and treatment and application states it is in her best interests to stay at PAH, until a specialist placement can be found for her, or further order of the court. She was moved to a children's home on 15 December 2022 and a placement has been sourced in Essex for when she turns 18 years old.

Safeguarding Adults High Profile Cases
Safeguarding Adults Reviews (SAR)

10.16 The Trust made one SAR referral for a woman found deceased following a police welfare check. She had been known to the northwest ACMHS, following referral in relation to self-neglect. The referral had been passed to HCC, as it was felt that primary care and support needs were relating to physical health. A SAR referral was raised as there was a lack of clarity around safeguarding referral processes and multi-agency working, meaning that although she had been assessed as having no serious mental illness, physical health and alcohol needs were not assessed or addressed prior to her death. This is due to be considered at the next SAR Subgroup.

10.17 The Trust is currently involved in two active SARs:

- D was referred to SAR by the Trust following his death in a house fire. He was open to Safeguarding in regarding self-neglect at the time of his death. A chronology is currently being compiled during the early stages of this SAR
- J, a 78-year-old female service user with Alzheimer's, assaulted and killed by her husband. This case has also been referred by police as a Domestic Homicide Review (DHR). A SAR tabletop review meeting is scheduled for early in quarter 4 to consider the multi-agency response, particularly in relation to issues around carer support and the impact of the Covid19 Pandemic.

Domestic Homicide Reviews

10.18 The Trust is currently involved in seven DHRs. Two have been completed and are pending Home Office approval and three reviews are yet to commence. It is notable that Hertfordshire reports a high level of domestic homicides, and the strategic

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partnership (including the Trust) are working together to address harms, including developing a strategy to tackle Violence Against Women and Girls (VAWG). In terms of updates to note:

- CF was killed on 27 January 2021 and her ex-partner A was convicted of her murder in June 2021 and sentenced to 22 years in prison. A was historically known to ACMHS and had self-referred to Wellbeing Services just prior to the incident. The DHR report has now been drafted and the most recent panel made amendments and approved recommendations which were finalised at a final meeting in October 2022. There are several recommendations for the Trust alongside multi-agency recommendations; the Corporate Safeguarding Team met in October 2022 to start developing an action plan around this review

- AM and KM: A murder suicide which occurred in 2021 where both individuals were known to the Trust. The review has now commenced and will run concurrent to Mental Health Homicide Review. Initial learning has also been taken from an initial 'Rapid review' meeting held during quarter 1. As part of the risk assessment process staff should explore risks to others – KM's risk assessment should have been more holistic. AM presented at hospital with bruising which may have been attributable to domestic abuse (although she denied this). Lister A&E were unaware she had mental health needs so did not raise a safeguarding with HPFT – it is envisaged that the adoption of the My Shared Care Record system will resolve some of these communication issues. An Independent Management Review (IMR) has been completed and the full panel meetings have been convened.

Practice Development

10.19 The agreed Child Looked After (CLA) practice guidance document was further developed into a policy. A draft of the document was shared with internal and external stakeholders. Once finalised the policy will be ratified at the Trust Management Group meeting in quarter 4.

10.20 The WEPROTECT app was launched internally on 1 December 2022. A formal launch event is planned for 21 March 2023, as a conference with external speakers on domestic abuse and case studies of how the app has improved outcomes for victims.

Safeguarding Training

10.21 The organisation is currently compliant with all training for safeguarding children and Prevent (*figure 31*).

Training 2022-23	Q1	No. non-compliant	Q2	No. non-compliant	Q3	No. non-compliant
Preventing Radicalisation	96%	109	96%		97%	82
SG Children Level 1	95%	156	96%	137	97%	95
SG Children Level 2	92%	204	94%	169	94%	152
SG Children Level 3	94%	60	94%	60	95%	43

Figure 31

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10.22 *Figure 32* provides percentage compliance for each level of Mandatory Safeguarding Training Trust wide. Currently, safeguarding adults' level 3 training is below required levels, with work ongoing to rectify this in terms of emailing specific staff to ask them to complete the training, with their managers copied in. Trust staff can use a range of options to demonstrate compliance, including attending conferences as well as viewing the e-learning online.

Training	Q3	Q4	Q1	Q2	Q3
Preventing Radicalisation	95%	96%	96%	92.3%	97%
SG Adults Level 1	96%	96%	98%	96%	97%
SG Adults Level 2	90%	91%	92%	94%	95%
SG Adults Level 3	93%	95%	96%	85%	87%

Figure 32

Sexual Safety

10.23 The Sexual Safety Group discussed developing co-produced ward sexual safety charters. The aim of the charter would be to ensure that people being admitted to wards would know that sexual safety is taken seriously and where to go for help if they feel unsafe. This was one of the key developments of the National Sexual Safety Collaborative work. It is recognised that this approach will not suit every setting, in particular Forest House where the patients are of a wide age range and in units where individuals have a learning disability where adjustments might need to be made. Each service area is taking a different approach to this work to suit the needs of the people in their care.

10.24 A sexual safety leaflet, previously developed in 2019, has been re-issued, and also an Easy Read version is awaiting approval.

Part C Learning from Incidents and Changing Practice

1. Introduction

1.1. This part of the report summarises key actions and initiatives that have been identified for quarter 4, in consideration of the learning and the detail provided in part B. This is not a full account of the work that has taken place as the Trust's CQI approach supports and has resulted in several local initiatives.

2. Learning from Incidents
Suicide prevention

2.1 Work continues with partner agencies to develop a system wide Suicide Prevention Pathway to support making every contact count, with suicide specific brief interventions. The work, supported by Wave 4 national funding, on delivering system wide suicide awareness/prevention training, uses the Trust's simulation training facilities.

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2.2 Suicide risk training continues to be delivered monthly to front line clinicians and teams with a focus on safety planning, dynamic risk formulation and suicide specific interventions.

2.3 The Trust is now receiving alerts of a potential death by suicide along with other partner organisations in Hertfordshire, through the Real Time Suicide Surveillance (RTSS) system. This provides the opportunity for timely signposting to postvention support.

2.4 Themes from SIs included suicide risk formulation, joint working with Drug and Alcohol Services, carer support and timely follow up with service users when they did not attend planned appointments. Learning has informed ongoing work on harm minimisation, the Self harm CQI project, and the delivery of Simulation Suicide Risk training.

3. Priorities for Quarter 4
3.1 Incident management
The Trust is continuing to prepare for the transition to the PSIRF. The guidance was published in September 2022 and the Trust has been attending PSIRF workshops across the ICBs. A project plan is being finalised for the transition to PSIRF with full implementation by Autumn 2023.

3.2 Focused pieces of work will continue, aiming to address the number of reported incidents include the anti0racismk strategy and increased focus on tackling racial abuse, embedding Trauma Informed Approaches, learning from the Robin ward pilot, training on therapeutic engagement and also on the deteriorating service user.

3.3 Safe and Supportive Observations (SASO)
The SASO CQI project is continuing with a focus on staff training, service user experience, reducing potential harm to staff undertaking SASO, and updating the policy. One of the Heads of Nursing is overseeing and reviewing the SASO and its application across the organisation.

3.4 Joint learning with Acute Trusts
A Task and Finish group with the Acute Trust regarding the care of service users with complex needs across both the Trust and the acute hospitals has enabled joint training to be provided. This work will continue, led by the Deputy Director, Nursing and Partnerships on behalf of the Trust.

3.5 Suicide Prevention
Suicide prevention work, including developing a system wide suicide prevention pathway, is continuing alongside other partner agencies.

Ligatures
3.6 Ligature audits in community hubs are continuing. The Trust is working with Surrey and Borders Trust to develop a cost-effective App to assess environmental risk. The Trust is also liaising with another Mental Health Trust to learn from a HSE prosecution by the HSE following a number of ligature deaths within their inpatient services. A regional ligature forum has been established which the Trust is represented on.

Violence and Aggression
3.7 A CQI project group will continue, aiming to reduce the level of harm from violence and aggression incidents in the Trust. The Head of Patient Safety is working with staff side to understand staff experience of violence and aggression and what is needed.
The Police Liaison and Security Group continues to meet and has focused on reviewing and relaunching the joint working protocol and ensuring staff are supported to report assaults and during the criminal process.

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PUBLIC Board of Directors

Meeting Date:	30 March 2023	Agenda Item: 7b
Subject:	Month 10 People & OD Report	For Publication: Yes
Author:	Louise Thomas, Deputy Director of 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 on progress against the People and OD KPIs for Month 10 (January) of 2022/23.

Action required:

To receive the report.

Summary and recommendations:

The attached report sets out the Trust's Month 10 performance in relation to key People and OD metrics that support our annual plan.

The key headlines from Month 10 are as follows:

- Our staff in post figures and vacancy rates have significantly improved as a result of increased and successful recruitment activity. There were 88 new starters in January helping our vacancy rate to fall to 12.6%, the lowest rate since Q1 of 21/22 despite an increase of 340 in our establishment. We have employed 286 additional staff in that period, the majority of which are in clinical roles.
- Vacancies for qualified nurses have fallen to 22.4% and for HCSW's to 10.2%. AHP vacancies have also improved to 15% although this is a much smaller staff group; and 20 consultant posts are vacant. The recruitment pipeline continues to be positive, with 738 posts in active recruitment, of which 316 are now in the post interview stage.
- Our unplanned turnover rate has significantly improved, however, the SPC trend remains of concern and we have consistently been unable to meet the target of 8% both pre- and post-pandemic. It is therefore suggested that we realign the target to 11% from April, the median rate in our ICS.
- Our agency and Bank spend remains high, with an agency panel in place and meeting regularly to reduce use of agency staff.
- Sickness absence rates reduced in January, despite increased absence as a result of respiratory infections. The fluctuations in sickness absence rates are as a result of random variation, linked to seasonal/community infection rates.
- We continue our focus on belonging and inclusion with a suite of co-produced actions being taken forward with our people and our co-produced Belonging and Inclusion Strategy having been drafted and now being played back to our people to finalise this together.
- Our disciplinary cases have reduced to 15, but remain higher than recent historic trends. Work is being taken forward with SBUs to proactively ensure that all ER cases are resolved swiftly and the impact on services is kept to a minimum.
- Our appraisal rates have increased slightly and show a positive trend, albeit that we have consistently been unable to meet our 95% target both pre- and post-pandemic. However, planned actions are expected to maintain the upward trend in compliance.
- Our mandatory training rates continue to have exceeded the Trust target for the first time in several years.

- Our apprenticeship levels continue at a healthy level and are expected to grow further as workforce transformation projects will lead to the creation/expansion of new and innovative roles.

A number of key performance indicators are showing a positive improvement, however, our vacancy rates, retention and temporary staffing use remain particular areas of focus, for which there are detailed action plans to achieve recovery.

The Board is asked to receive this report.

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

Equality, diversity and inclusion plays a major role in our plans to recruit and retain staff and improve wellbeing and morale and the report includes EDI information.

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
g/Board / Audit

Exec 22/02/23; IGC 16/03/23

Trust People and OD Report
January 2023

Contents

1. Overview

Metric	Previous Months											Current Month	Trend	Variation	Assurance
	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23			
Staff in Post - Headcount	3747	3757	3744	3758	3763	3730	3774	3842	3887	3921	3935	4012			
Staff in post - FTE	3384.26	3396.34	3383.30	3386.26	3392.34	3387.33	3409.92	3462.08	3501.28	3542.65	3562.67	3636.30			
Budgeted Establishment FTE	3952.30	3955.74	3946.14	3945.14	3945.14	3941.89	3940.89	4029.56	4037.67	4147.96	4162.15	4157.99			
Vacant FTE	568.04	559.39	562.84	558.88	552.80	554.56	530.97	567.48	536.39	605.31	599.48	521.69			
Vacancy Rate	14.4%	14.1%	14.3%	14.2%	14.0%	14.1%	13.5%	14.1%	13.3%	14.6%	14.4%	12.6%			
Total Turnover Rate	20.9%	19.4%	19.8%	19.3%	18.2%	18.5%	18.6%	18.6%	18.3%	17.7%	17.4%	16.7%			
Unplanned Turnover Rate	12.8%	12.8%	13.0%	13.6%	13.6%	13.9%	14.2%	14.3%	14.0%	13.7%	13.3%	12.8%			
Starters Headcount	59	48	54	54	45	50	76	120	85	48	46	88			
Leavers Headcount	58	74	59	50	46	66	68	78	48	37	41	39			
Stability Rate	82.2%	83.7%	79.8%	82.4%	83.6%	82.9%	83.6%	83.3%	83.0%	84.0%	83.9%	84.4%			
Sickness Rate	5.3%	5.1%	4.9%	4.5%	4.7%	5.2%	4.7%	4.6%	4.9%	5.4%	5.7%	5.0%			
Training Compliance Rate	88.8%	88.7%	89.6%	90.4%	91.2%	91.2%	93.1%	92.3%	92.5%	92.7%	93.0%	92.7%			
Appraisal Rate	70.6%	72.3%	76.4%	83.2%	84.5%	85.3%	84.6%	83.8%	85.1%	85.5%	85.0%	85.6%			
Bank Spend	£1,991,660	£2,085,542	£2,142,297	£2,142,297	£2,009,843	£2,139,438	£2,192,616	£2,658,620	£2,304,492	£2,159,196	£2,136,852	£2,226,630			
Agency Spend	£810,429	£1,277,588	£1,027,222	£1,027,222	£1,139,239	£1,303,088	£1,246,626	£1,260,585	£1,265,116	£1,346,138	£1,287,560	£1,340,857			

Variation: Special Cause Concerning variation, Special Cause Improving variation, Common Cause

Assurance: Consistently hit target, Hit and miss target subject to random, Consistently fail target

2. Retention

Unplanned Turnover Rate

Stability Rate

Leavers Headcount
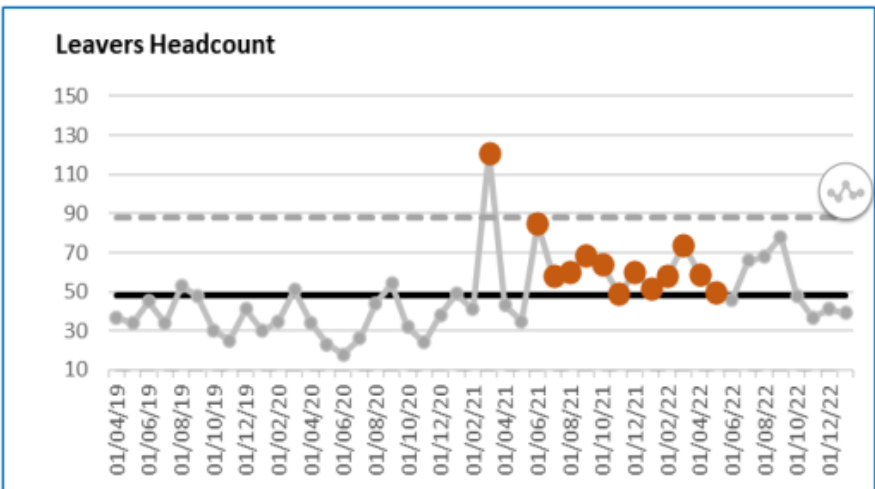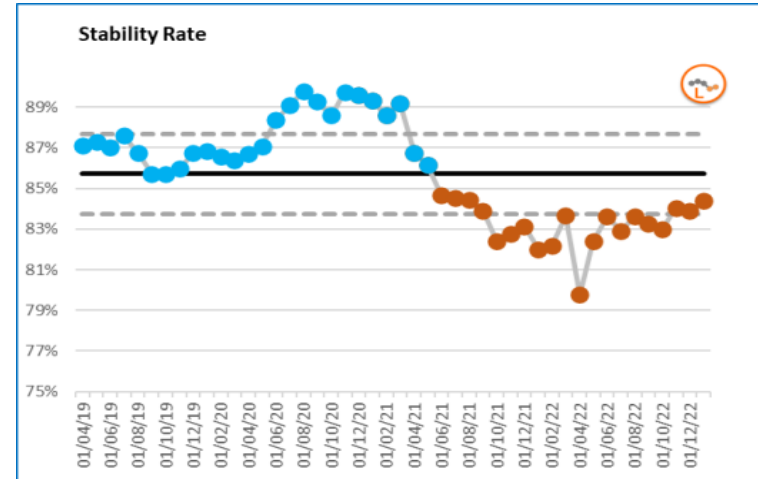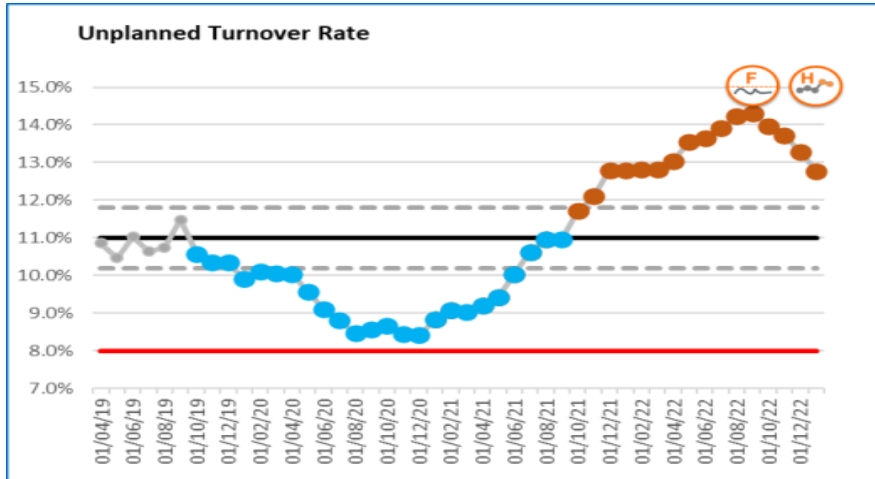
Our unplanned turnover reduced month on month during Quarter 3 (Q3), to 13.3% at the end of December. Turnover has reduced again more significantly in January to 12.8%, which is the lowest it has been for the last 11 months. As a result, our stability rate has improved to the highest rate experienced in the last 12 months. In over 2 years, we have been unable to meet the 8% turnover target. It is therefore suggested that we realign our unplanned turnover target to reflect the ICS median of 11% and to ensure that it is both stretching and achievable. The actual number of leavers remained low, whist the number of starters increased significantly to 88, which is the highest number over the last 12 months, except for in September. This means that our staff in post has increased to over 3,600, which is the highest it has ever been.

2. Retention

Voluntary Leavers by Staff Group

Legend: Add Prof Scientific and Technic · Additional Clinical Services · Administrative and Clerical · Allied Health Professionals · Medical and Dental · Nursing and Midwifery Registered
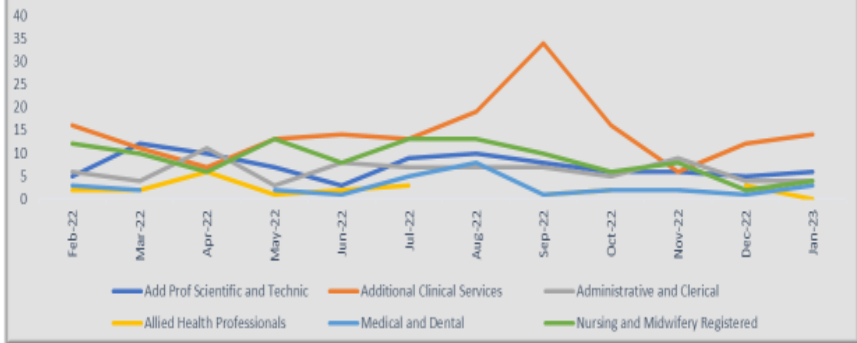
Top 5 Voluntary Resignation Reasons

Legend: Work Life Balance · Relocation · Promotion · Other/Not Known · To undertake further education or training

Staff Movements

Legend: Starters · All Leavers · Voluntary Resignation Leavers

Trust Unplanned Turnover Rate
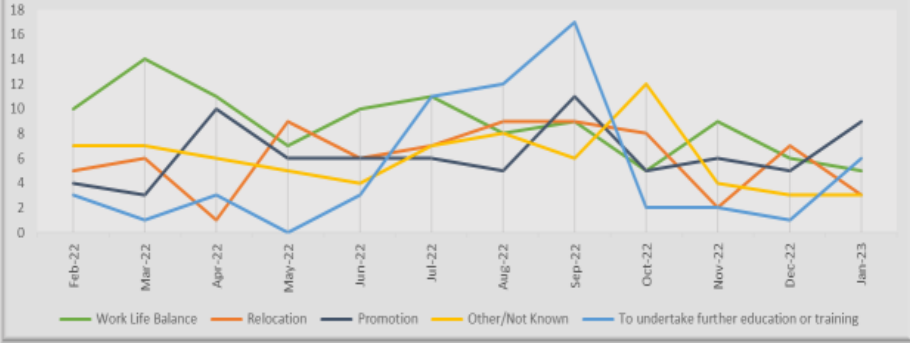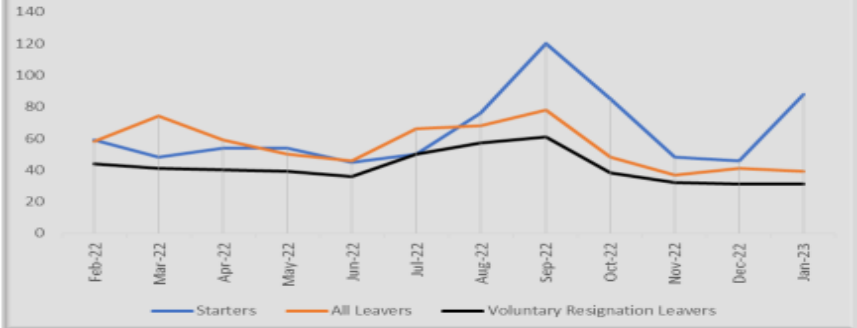
Legend: Turnover Rate Target · Unplanned Turnover Rate · Projected Unplanned Turnover Rate
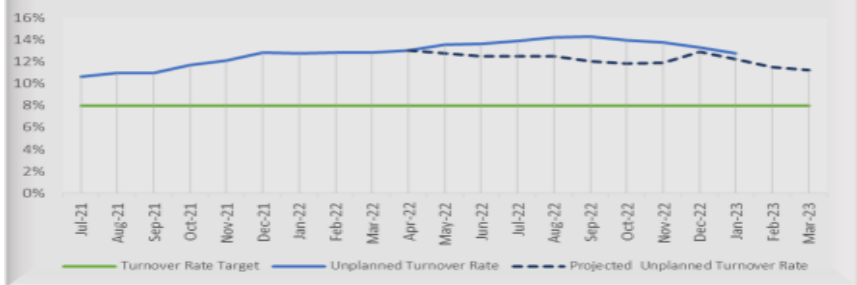
In January, we launched Vivup, our new benefits platform. We also launched our Winter Festival and used this opportunity to promote Vivup, Wagestream, our Blue Light card offer, our new Holiday of a Lifetime Scheme and our selling annual leave scheme.

During January, we collated all the feedback from our extensive engagement work to co-produce our new Belonging and Inclusion Strategy. This has now been developed and further engagement will take place during this Quarter to finalise with our people the strategy and actions we will take forward together.

We also trained our newest cohort of Inclusion Ambassadors to help us realise our vision of ensuring that all recruitment panels from Band 6 up have an Ambassador to help ensure fairness and equity.

We are now in the final testing phase of the Appraisal App, which will launch in March and we have agreed to move to an appraisal window to further support compliance and ensure all our staff receive an appraisal that helps to retain them by ensuring they feel valued, supported and developed.

Our nursing recruitment and retention task and finish group continues to focus on registered and unregistered nursing staff, with a focus on promoting flexibly working, pastoral support and nurse career development.

These actions are anticipated to continue to have a positive impact on unplanned turnover and our stability rate during this Quarter.

3. Recruitment
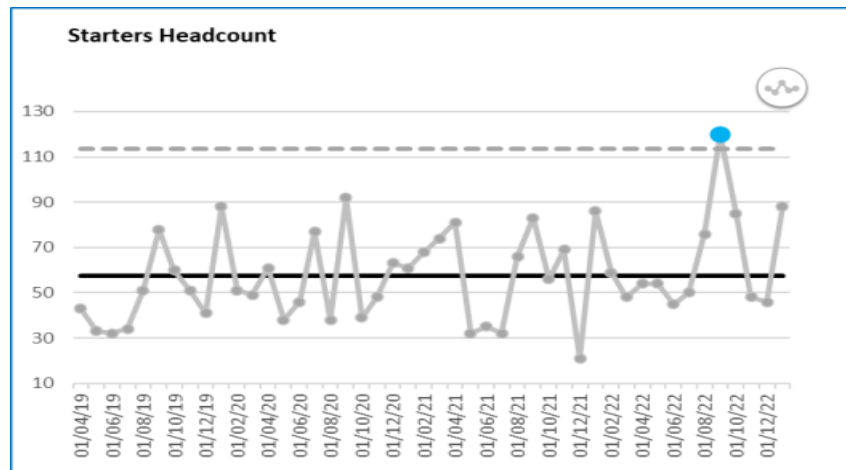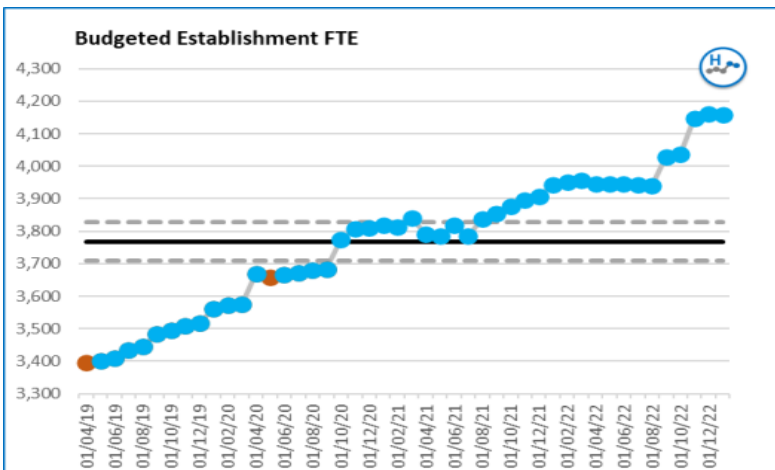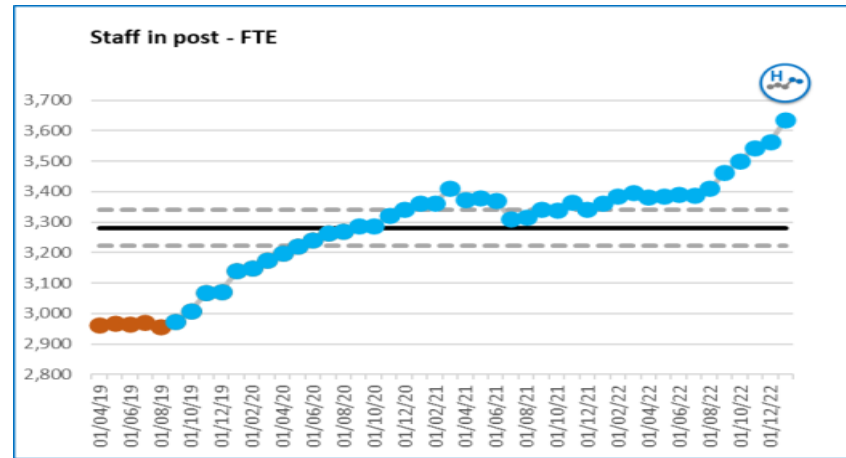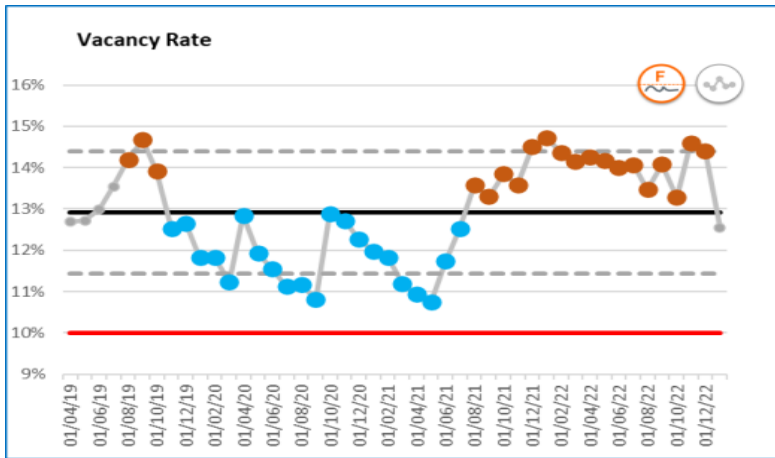
3. Recruitment

The overall vacancy rate has reduced significantly from 14.4% (599.48 FTE) to 12.6% in January (521.69 FTE). Our budgeted establishment has stabilised this month at 4158 FTE, after having increased month on month previously and by 764 FTE since April 2019, a growth of 22.6%. However, as a result of continued exceptional recruitment activity, our staff in post has increased by 73.63 FTE since December and by 673 FTE since April 2019.

Our registered nurse vacancy rate remains a key focal point, with rates having reduced significantly since the end of Q2 (28.6%) and reducing further in January to 22.37% (215 FTE) compared to , 23.22% (224 FTE) in December. Our registered nurse leaver rates have remained lower than we have seen in the last year, with more staff starting than leaving and our recruitment activity now exceeding our vacancies for the first time.

The HCSW vacancy rate has reduced significantly from 13.71% (86.76 FTE) in December to 10.2% (65 FTE) in January as a result of sustained significant recruitment, together with targeted HCSW development work to retain our HCSW workforce.

Our AHP vacancy rate reduced from 16.66% (32.04 FTE) in December to 15.07% (28.95 FTE) in January. However, the total establishment is 192 FTE and therefore even small numbers of vacancies have a significant impact. Temporary funding is being used to provide a focus on AHP recruitment and retention, in order to accelerate and sustain these improvements.

Our medical vacancy rate has increased slightly since December. There are 20 Consultant vacancies, with 4 at pre-authorisation/authorisation stage, 10 being advertised, 2 at interview stage and 4 at offer stage. All vacancies are being proactively recruited to with the newly agreed RRP being offered and we have two AAC panels booked to take place in February.

During this quarter, we will fully launch our CAMHS and community attraction campaigns, finalise our Bank recruitment and retention offer, finalise the streamlining of our onboarding processes (including moving away from our learning management system (Discovery) to enable new staff to be booked into training in advance of starting), and launch further international recruitment campaigns.

Budget & Vacancy Trend

Recruitment Activity by Staff Group

Vacancy Trend by Staff Group

4. Temporary Staffing

Trust Bank, Agency and Unfilled % Rate

	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Bank	62%	63%	65%	64%	63%	63%	65%	63%	63%	63%	63%	65%
Agency	20%	23%	23%	24%	24%	25%	22%	24%	24%	24%	24%	24%
Unfilled	18%	15%	12%	12%	13%	13%	13%	13%	13%	13%	13%	11%

Bank & Agency Shifts Usage

	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Bank	9695	11106	9171	9885	10042	10255	10256	10257	10258	10259	10260	10176
Agency	2584	3564	3310	3454	3787	3813	4058	3548	3845	3902	3976	3758
Unfilled	2885	3251	2182	1862	1861	2083	2084	2085	2086	2087	2088	1810
Total shifts	15164	17921	14663	15201	15690	16151	16398	15890	16189	16248	16324	15744

Agency Spend

Bank Spend

Agency spend increased slightly from £1.29m in December to £1.34m in January. Our Bank spend also increased from £2.14m in December to 2.23m in January. Both bank and agency use remains higher than historically, with an increasing trend.

The majority of our agency use continues to be for HCSWs and registered nurses, with the majority of use being for covering vacancies or observations. In several of the teams where there is highest agency spend, positive recruitment is expected to reduce spend.

In order to reduce agency use whilst ensuring safe staffing levels, the following actions have been taken forward:
- Weekly reporting to SBUs on their Bank and Agency usage
- Proactive Bank recruitment campaigns, including streamlined process to convert agency staff to Bank
- Creation of a fast-track agency to substantive process and amending the starting salary guidance as it relates to agency staff
- Reviewing our Bank recruitment and retention plans, including our pay rates to ensure Bank working is attractive
- As part of Winter planning, reinstating the Bank bonus payment to inpatient services and 'pay to grade' arrangement for substantive staff undertaking Bank shifts
- Exploring support from NHS Professionals for our Norfolk inpatient services to increase local Bank supply
- Establishment of an agency panel to scrutinise use of agency, reduce this and convert agency staff to substantive/Bank, particular in our highest spending areas. This panel is led by the Deputy Director of Finance with membership from the SBU Managing Directors, the Nursing Directorate and the People and OD team.

5. Health and Wellbeing
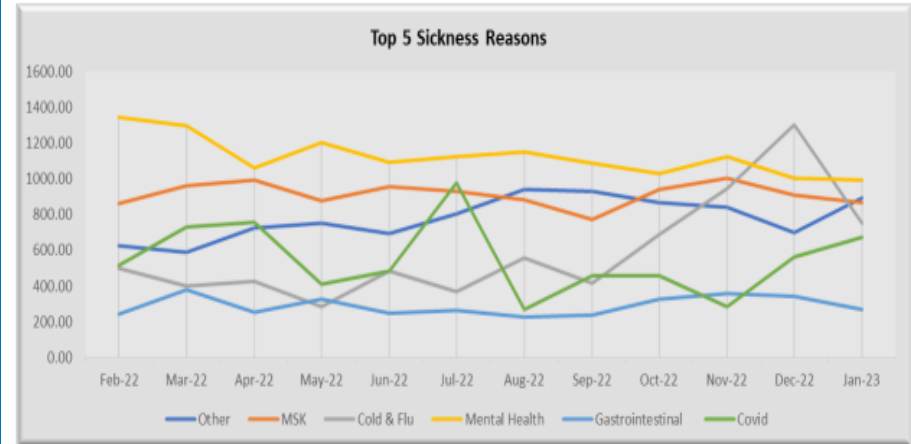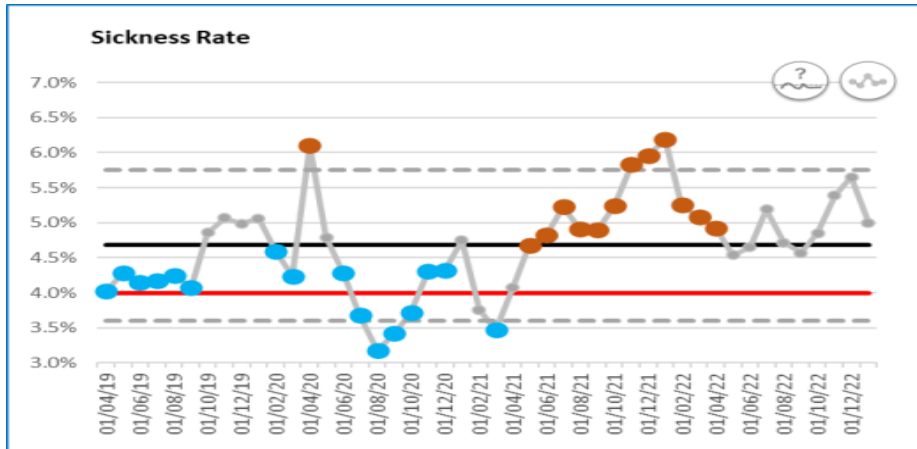
Sickness absence reduced from 5.7% in December to 5% in January. Mental ill health related absence continued to remain lower than historically, whilst colds/flu and Covid-19 related absence increased most significantly. Whilst absence levels had broadly followed the absence predictions we set at the start of the year, absence rates have been slightly higher than predicted, however, as the SPC chart above shows, this is as a result of random variation due to fluctuating factors such as the impact of respiratory infection in the context of the Covid-19 pandemic.

The key actions being taken forward to address staff wellbeing are as follows:
- Continuing our regular health and wellbeing offer to staff and adapting this in line with feedback and engagement with staff to ensure it remains relevant and supportive
- We have now gained accreditation as a menopause friendly organisation and continue to implement our menopause friendly action plan
- Expanding our pool of health and wellbeing champions and mental health first aiders
- Offering on-site mini health checks and using the themes arising from these to adapt our wellbeing offer to staff
- Repeating our wellbeing festivals, aligned to the issues staff are currently facing, with our Winter festival having taken place in January.
- Expanding our financial wellbeing and support offer to staff

6. Employee Relations

Employee Relation Cases
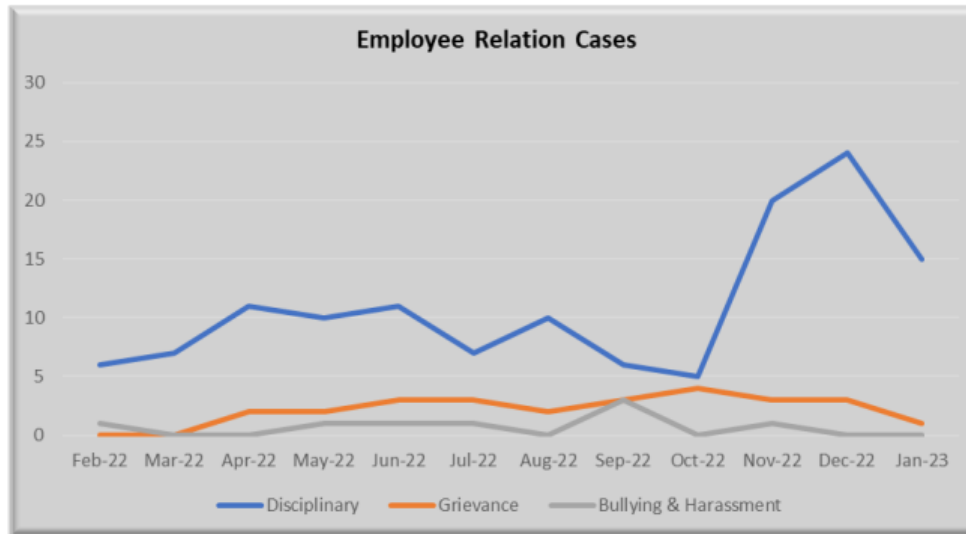
Our formal disciplinary cases reduced to 15 in January. Of the 15, 14 are within the 9 week target and 1 is between 9 and 12 weeks in length. There is now 1 formal grievance which has taken between 9 and 12 weeks to resolve. There were six ET claims in January, one which was successfully defended in February. Twelve staff members are on suspension and 11 are on alternative duties.

We are introducing a monthly SBU meeting to focus solely on Employee Relations in order to reduce the length of time taken to resolve cases, where timeframes have not been met in Disciplinary, Grievance and Bullying and Harassment cases. We are also undertaking an ER case deep dive and reset meeting with each SBU to ensure each case is being managed effectively so that staff have an outcome swiftly and we keep formal cases to a minimum.

7. Equality and Inclusion

Ethnic Profile

Disability Disclosures

Age Profile

Gender Profile
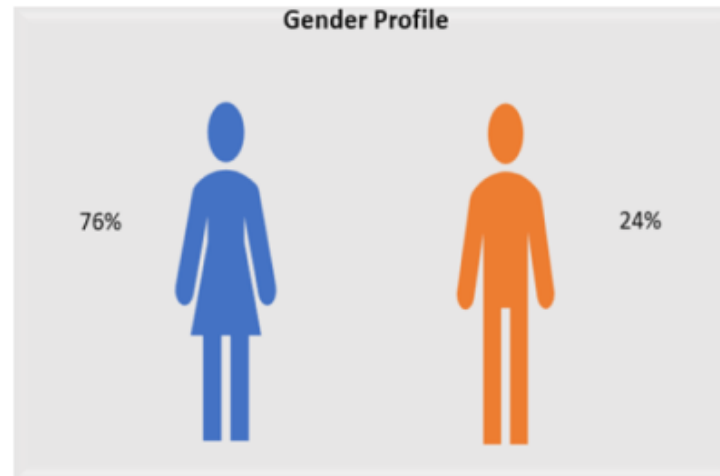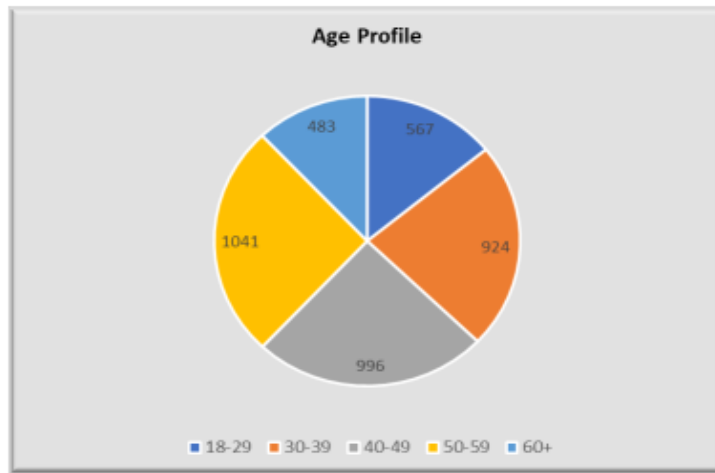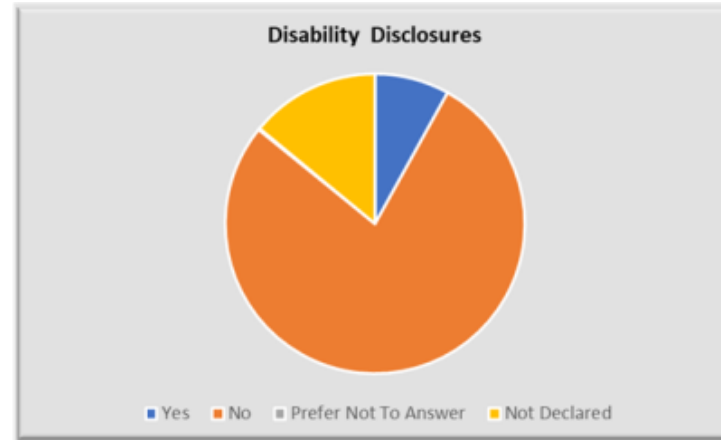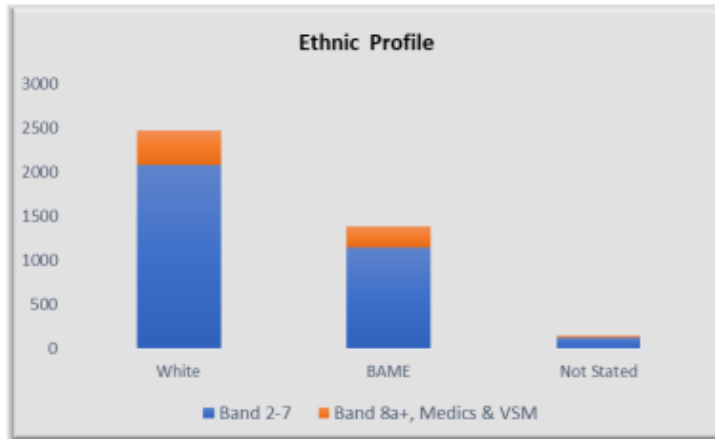
7. Equality and Inclusion

Through direct engagement with our people, feedback from the staff survey and pulse surveys and workforce information, such as our WRES and WDES data, together we have identified key equality and inclusion challenges. We have carried out significant engagement to co-produce actions to further improve equality and inclusion across the Trust, which include:

- Reverse mentoring
- Just culture – amended processes & 1st decision making panels
- Staff networks sponsored by Executive Directors
- Diversity events, including our Black History Month events in October
- Belonging and Inclusion engagement to co-produce our strategy and plan
- Career development support for BAME and disabled staff
- Targeted health & wellbeing support
- Creating better career development opportunities for our HCSW staff
- Increased frequency of reporting and scrutiny of our WRES and WDES data
- Addressing experience of racism, bullying and harassment from service users
- Expansion of our Inclusion Ambassador Scheme
- Inclusion and belonging leadership development
- Implementation of our newly ratified reasonable adjustments policy
- Creation of our reasonable adjustment panel
- Celebrating the contribution of our disabled staff, including celebrating and raising awareness of neurodiversity in the workplace
- Further embedding our App to promote staff recording their disability status on ESR
- Implementation of our refreshed co-produced WRES and WDES action plans
- Implementation of our amended recruitment and selection policy that ensures all acting up and secondment opportunities are advertised across the Trust to encourage greater diversity and equality of opportunity.

The newly established governance group will continue to regularly review these actions and our latest data to monitor the impact of our actions and amend our plans as needed.

8. Staff Development – Mandatory Training

Trust Training Compliance

Training Compliance by SBU

Training Compliance Rate
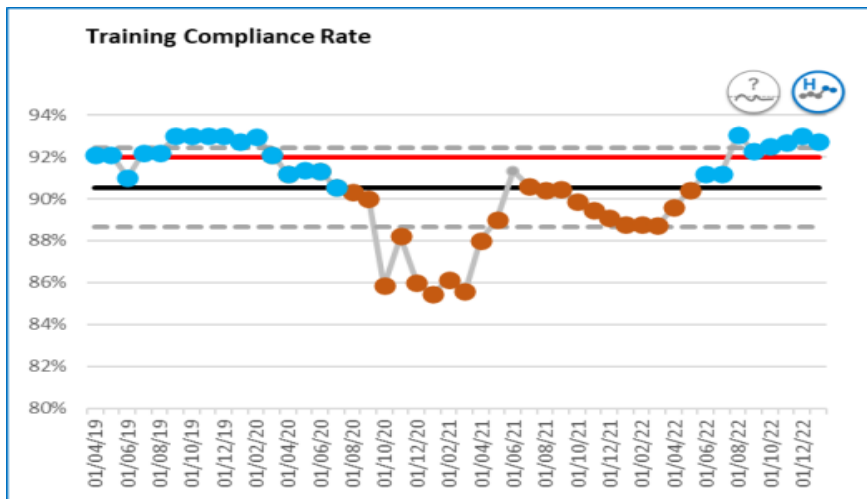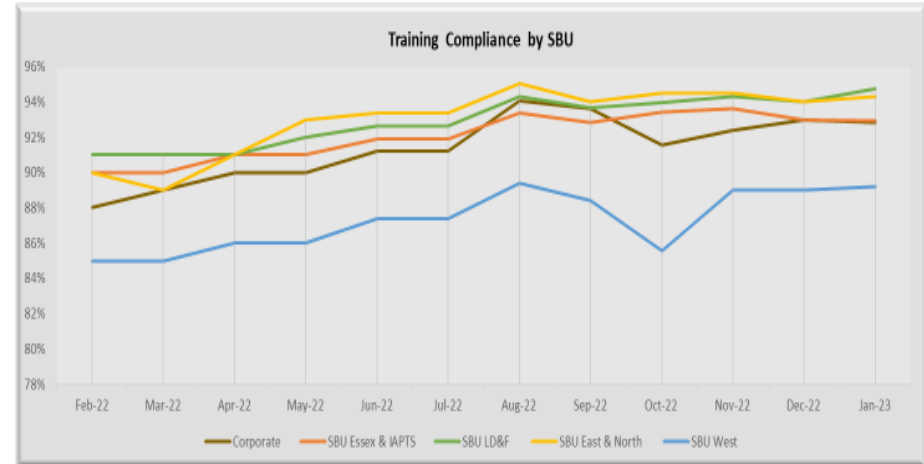
Mandatory training compliance has continued to exceed our target of 92%, having remained at around 93%.

The actions being taken to maintain and continue to drive up compliance include:

- Regular compliance reporting via HR Business Partners and the L&D team
- Monthly reporting to the Executive Team and People and OD Group
- Regular reporting of face to face courses with available spaces together with details of staff who require the training.
- Increased training capacity for 22/23, including more trainers, weekend training, use of external training companies and external training venues
- Review of Respect training model to ensure fitness for purpose
- Reviewing our learning management system and integration with eRoster
- Reviewing our approach to onboarding new staff to ensure new staff can access training more quickly
- Reviewing contracts with existing training providers/existing training provision methods to ensure value for money and compliance increases

8. Staff Development – Appraisals

Trust Appraisal Compliance

Appraisal Compliance by SBU
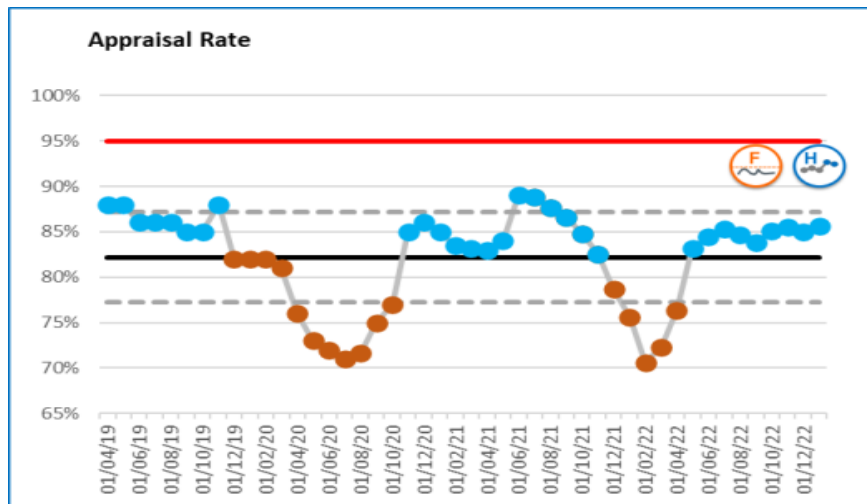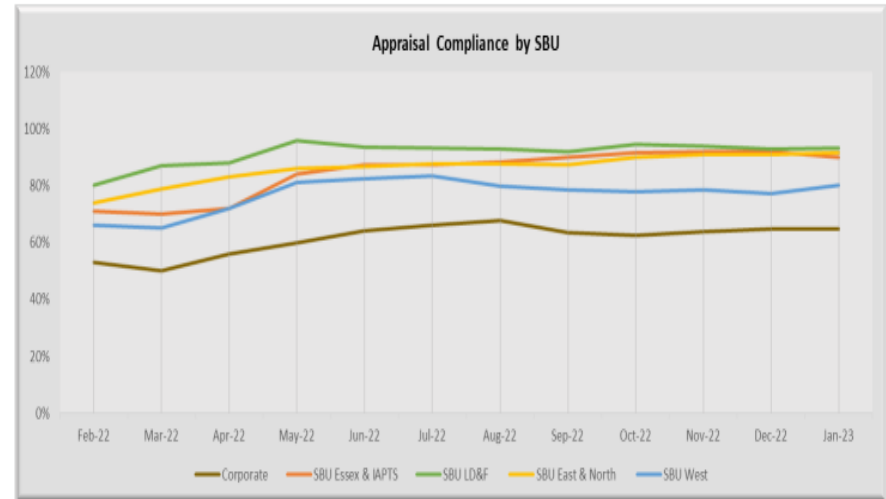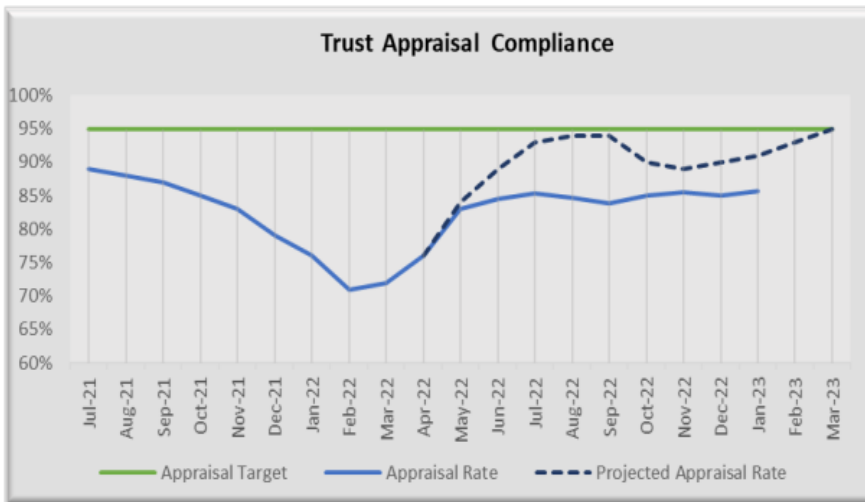
Appraisal Rate

Appraisal compliance improved slightly from 85% in December to 85.6% in January. The SPC chart demonstrates that we have not met our target of 95% compliance historically, including pre-pandemic. However, the impact of launching the Appraisal App and moving to an appraisal window (which has helped a number of other trusts achieve greatly increased compliance) will be monitored as it is expected to increase compliance significantly.

Actions to address recovery include:
- Monthly reporting to the Executive Team and People and OD Group
- Launch of the new Appraisal App in March
- A further push on achieving compliance to coincide with the App launch and enhanced reporting
- Moving to an appraisal window from April 2023

9. New Role/Apprenticeships

Levy Pot	
Current Funds	£1,596,484
Funds spent since Feb 22	£623,940
Estimated spend for the next 12 months	£587,887
Funds Expiring in Sep 23	£39,524

Apprenticeship Courses

Course	Count
Dietitian	1
Social Worker	1
Healthcare Assistant Practitioner Higher	2
Data Technician (Non-Clinical)	1
Healthcare Support Worker	1
Team Leader/Supervisor	1
Clinical Associate in Psychology (CAP)	4
Psychological Wellbeing Practitioner (PWP)	12
Project Management	1
Register Nurse Degree Level 6	14
Occupational Therapist	17
Register Nurse Top Up	18
Student Nursing Associate	22
Career Development Professional	1
Customer Service	2
Lead Adult Care	4
Business Admin	7

Our number of apprentices has increased to from 92 to 113 and we continue to expand our apprenticeship offer. In addition, we also have 19 qualified Professional Nurse Associates, who carry restorative supervision sessions, career conversations and support improvement projects. We also have two Mental Health and Wellbeing Practitioners (MHWPs) currently half way through their 12-month training and 13 more have just started their training with us.
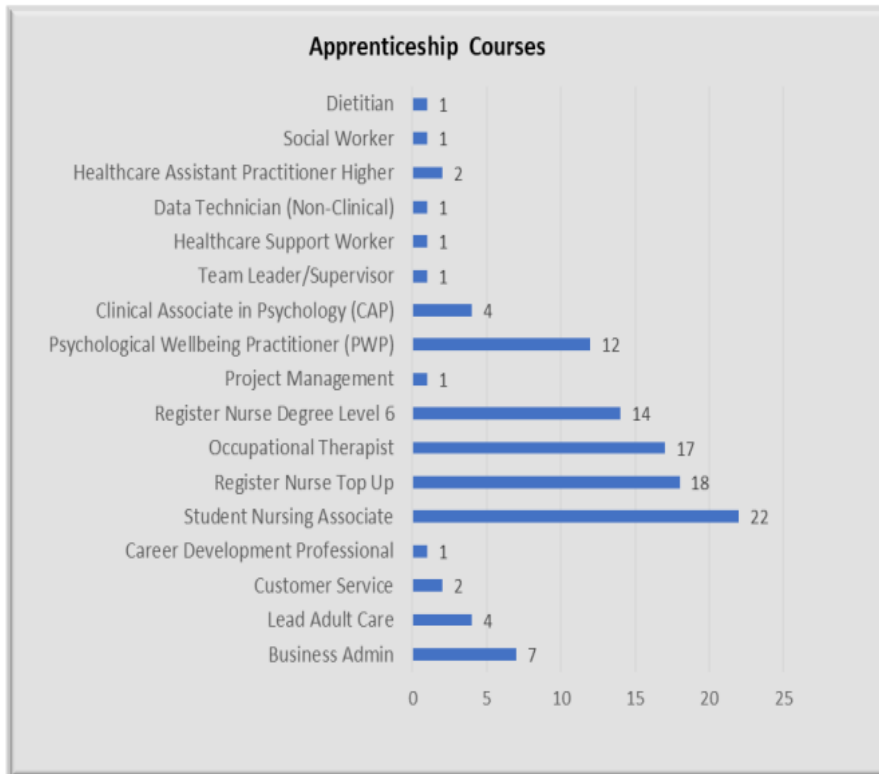
All Band 2 HCSWs who commenced with us over the last 6 months have been offered an apprenticeship and all our adverts now offer an apprenticeship. We have 22 HCSWs undertaking SNA apprenticeships, 2 undertaking the Healthcare Assistant Practitioner Higher apprenticeship and we have 13 people who have taken up our functional skills training offer to enable them to undertake apprenticeships, with a further 14 on our next cohort.

The workforce workstream for the Social Care and Community Services Transformation Programme has also taken froward work to further expand our apprenticeship offer, including in social care and Allied Health Professions. In exploring the workforce we need for the future, the workstream is also exploring the expansion of roles such as volunteers, the third sector as part of our workforce, Peer Support Workers, CAPs, PWPs, MHWPs and other novel roles, together with considering whether we need to create innovative roles in order to better meet the needs of our service users and carers.

We have also agreed with two universities that the Support Time and Recovery (STAR) Worker role is a suitable apprenticeship role for a Social Worker Apprenticeship and we have advertised this offer to our staff with a view to supporting 5 or 6 apprenticeships from September 2023.

9. Conclusion

The key headlines from January are as follows:

- Our staff in post figures and vacancy rates have significantly improved as a result of heightened, successful recruitment activity.

- Our unplanned turnover rate has significantly improved, however, the SPC trend remains of concern and we have consistently been unable to meet the target of 8% both pre- and post-pandemic. It is therefore suggested that we realign the target to 11% which is the median rate in our ICS.

- Our agency and Bank spend remains high, with an agency panel in place and meeting regularly to reduce use of agency staff.

- Sickness absence rates reduced in January, despite increased absence as a result of respiratory infections. The fluctuations in sickness absence rates are as a result of random variation, linked to seasonal/community infection rates.

- We continue our focus on belonging and inclusion with a suite of co-produced actions being taken forward with our people and our co-produced Belonging and Inclusion Strategy having been drafted and now being played back to our people to finalise this together.

- Our formal investigation cases have reduced from 24 to 16, but remain higher than recent historic trends. Work is being taken forward with SBUs to proactively ensure that all ER cases are resolved swiftly and the impact on services is kept to a minimum.

- Our appraisal rates have increased slightly and show a positive trend, albeit that we have consistently been unable to meet our 95% target both pre- and post-pandemic. However, planned actions are expected to maintain the upward trend in compliance.

- Our mandatory training rates continue to have exceeded the Trust target for the first time in several years.

- Our apprenticeship levels continue at a healthy level and are expected to grow further as workforce transformation projects will lead to the creation/expansion of new and innovative roles.

A number of key performance indicators are showing a positive improvement, however, our vacancy rates, retention and temporary staffing use remain particular areas of focus, for which there are detailed action plans to achieve recovery.

PUBLIC Board of Directors

Meeting Date:	30 March 2023		Agenda Item: 8
Subject:	Report of the Finance & Investment Committees held 15, 28 February and 23 March 2023		For Publication: Yes
Author:	Helen Edmondson, Head of Corporate Affairs & Company Secretary		Approved by: Paul Ronald, Interim Director of Finance and Estates
Presented by:	Paul Ronald, Interim Director of Finance		

Purpose of the report:

To provide the Board with an overview of the work undertaken by the Finance and Investment Committee at its most recent meetings held on the 15, 28 February and 23 March 2023.

Action required:

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

Summary and recommendations to the Board:

Summary

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

The Board are asked to note that the Committee reviewed the results of its self-assessment.

The key headlines for the Board are that:

1.   the Trust will be continuing to monitor and track the year end position for 2022/23 but that the Trust is confident will deliver a break-even position.
2.   That the Committee recommends that the Board approve the current draft financial Plan for submission to the ICB in accordance with the planning timetable. This Plan will be used to set the initial Trusts financial budgets whilst recognizing work will continue to finalize the financial plans for 2023/24 working with the ICB to secure the realignment of system funding to achieve a balanced financial plan.
3.   The Annual Plan was approved. In the submission to Trust Board the Committee asked that the elements dependent on the final financial settlement for the Trust would be identified.

Recommendation

There was one item for escalation to the Board, namely that the Committee is recommending its revised terms of reference for approval to the Board, which will be the subject of a separate report.

Relationship with the Business Plan & Assurance Framework:

List specific risks on BAF – 1.1, 1.2, 2.1, 5.3

Summary of Implications:

None

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

The ensuring of equality of experience and access is core to the strategic objectives. The FIC has a key role in assuring the Board that the Trust is delivering the strategic objectives

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.

Report from Finance and Investment Committee held on 15, 28 February and 23 March 2023

1.   Introduction

1.1   This paper provides the Board with a summarised report highlighting key Committee business and issues arising from the meeting.

1.2   Since the last Finance and Investment Committee report to the Trust Board in Public, the Finance, and Investment Committee ["the Committee"] has met three times, 15, 28 February and 23 March 2023, in accordance with its terms of reference and was quorate.

1.3   The meeting held on 15 February was to consider one item, namely the business case for a patient flow and bed management system, to enable it to be considered by the February Private Board meeting.

1.3   An additional meeting took place on 28 February 2023 to enable the Committee to be updated on financial position for 2022/23 and planning for year-end for 2022/23.

1.4   At each meeting the Committee was chaired by Anne Barnard, Non-Executive Director.

1.4   The Committee received and considered the items, detailed in appendix One. Detailed below are the key areas to be highlighted to the Board on the areas that the Committee discussed.

2.   Finance – 2022/23

2.1.   At the meeting held on 28 February and 23 March the Committee received detailed reports setting out the financial position at month ten and eleven and the forecast for year end, this included an update on the Delivering Value Programme and Capital plan for 2022/23. The latest report highlighted that the position had improved since the previous report to the Committee. The improvement was driven securing of increased income and some reduction in expenditure in pay and secondary commissioning. It was reported that we were confident that the Trust would be able to deliver a break-even position for year end.

2.2   The Committee received a detailed update on the work under way to prepare for year end 2022/23 at the 28 February 2023 Committee meeting. The Committee noted the Trust's position regarding year end and the submission of the annual account and the progress of key aspects of the Audit plan. The update included details of the expected forecast out turn position, planned approach to provisions and deferred income. It was noted that the Audit Committee would be receiving an update at its meeting in February 2023.

3. Planning 2023/24

3.1. At the meeting held on 23 March 2023 the Committee received a report that provided an update on the progress on the Trust's financial planning for 2023/24. It was noted that the planning position reflects national planning guidance, ongoing discussions with the Integrated Care Board (ICB) and local assumptions. The financial model underpinning this plan continues to be reviewed and updated iteratively in line with discussions within the ICB and to reflect progress in financial recovery over recent months.

3.2 Committee also received a detailed presentation on the most up to date position regarding the financial plan, in the context of the Integrated Care System and national expectations. The Committee noted the new processes in place for 2023/24 which sees 'System First' and discussions on allocations taking place between NHS England and the ICB rather than NHS England and providers. The Committee were updated on the drivers for the year end position for 2022/23 and the implications for the 2023/24 financial plan.

3.3 The presentation set out that the Trust had revised its cost improvement measure after reflecting on the approach being taken by other providers, to include productivity as well as cash releasing elements. The Committee were updated on the current Delivering Value Plan, which saw the Trust likely to submit a plan which was 4.1% of expenditure.

3.4 The Committee considered the report and the proposal for the Trusts to submit a deficit plan for 2023/24 when it makes the next submission, due on March 23rd in draft to the ICB for review before submission on 30 March 2023. The Committee agreed the proposal noting that the Trust would continue to consider areas for efficiencies and strongly make the case for mental health and learning disability services receiving additional funding.

4.4 The Committee considered the capital plan for 2023/24, noting that it has been considered and supported by the Executive Team and that the draft had previously been discussed at the Committee. The Committee recommended the capital plan for approval by the Board.

5. Annual Plan 2023/24

5.1 Both meetings held on 28 February and 23 March 2023 considered the Annual Plan for 2023/24. Feedback was sought from all members at the February meeting to inform the final version considered by the Committee in March 2023

5.2 At the March Committee meeting the final Annual Plan was considered and approved, noting that it was ambitious and that elements would be dependent on the final financial settlement for the Trust.

5.3 The Committee also considered and supported the proposed approach to any amendments to Annual Plan priorities mid-year. The Annual Plan was recommended to the Board for approval noting that some of the metrics were due to be finalised.

6. Business Cases

6.1 As reported earlier the extra-ordinary FIC meeting held on 15 February 2023 considered the business case for a patient flow and bed management system. The Committee considered a detailed report which set out the outcome of the procurement process. Following thorough discussion, the Committee recommended the business case to the Board for approval. The Board considered the business case at its meeting on 23 February 2023.

6.2 The Committee considered the proposal to increase Trust's accommodation at Saffron Ground, Stevenage at the meeting held on 28 February 2023. The proposal set out additional accommodation would be acquired and the future cost of leasing the accommodation. The Committee discussed the proposal in detail and recommended the business case to the Board for approval. At the meeting held on 23 March 2023 were updated on developments regarding the landlord offer and that the Trust would not proceed with the original proposal. The Trust would progress one element of the original proposal and take additional space on a short lease. This would not require Board approval due to the revised value.

7. Summary

7.1 The key headlines for the Board are that:

4. the Trust will be continuing to monitor and track the year end position for 2022/23 but that the Trust is confident will deliver a break-even position.

5. That the Committee recommends that the Board approve the current draft financial Plan for submission to the ICB in accordance with the planning timetable. This Plan will be used to set the initial Trusts financial budgets whilst recognizing work will continue to finalize the financial plans for 2023/24 working with the ICB to secure the realignment of system funding to achieve a balanced financial plan

8. Matters for Escalation to the Board

8.1 The Board is asked to note that the following plans are recommended for their approval:

a) Financial Plan 2023/24 submission
b) Capital plan 2023/24 submission
c) Annual Plan 2023/24

business cases

Appendix One: Finance and Investment Committee 28 February 2023, agenda items

Minutes of meeting held on 27 January 2023 and 15 February 2023.
Matters Arising Schedule
Finance 2022/23 • **Month ten** • **End of Year 22/23**
Planning 2023/24: a) **Financial Planning update** b) **Capital Plan** c) **Delivering Value Plan**
Annual Plan Priorities 23/24
Saffron Ground

Finance and Investment Committee 23 March 2023, agenda items

Minutes of meetings held on 28 February 2023
Matters Arising Schedule
Finance Report month 11
Draft Financial Plan 2023/24
Draft Capital Plan 2023/24
DEEP DIVE
Financial Recovery and Delivering Value
Draft Annual Plan 2023/24
Strategy Update – Phase 2
Feedback from Committee self-assessment
Contract and Commercial Update
To Note
FIC Business Programme 2023

PUBLIC Board of Directors

Meeting Date:	30 March 2023	Agenda Item: 9
Subject:	Month 11 Financial Position & Full Year Projections	For Publication: Yes
Author:	David Flint, Head of Financial Performance & Reporting	Approved by: Paul Ronald, Director Finance & Estates
Presented by:	Paul Ronald, Director Finance & Estates	

Purpose of the report:

To present to the Public Board of Directors the financial position for the period to 28 February 2023 (month 11), the projected full year outturn and any risks to the Trusts financial duties including the application of the "Protocol for changes to in-year revenue financial forecast". The report notes the key items of variance to plan, comparisons to previous periods and the forecast for the remainder of the year, with the key assumptions, the current risks and proposed mitigations. This paper was presented to and discussed at the FIC meeting of February 23rd.

Action required:

The Board of Directors are asked to assess the financial position YTD, the projections for the full year and related assumptions set out in the paper below. This is both to ensure strong financial management over the delivery of its financial plans and to meet its financial governance duties.

In undertaking this assessment, the following matters of significance are highlighted

- As previously reported the Protocol referred to above requires that any projected variation to an organisation's planned PAT must be notified and approved in accordance with the rules set. The Trust is expected to manage it's financial position within it's income allocation in 2022/23. The continued assessment is that this can confidently be met.
- As set out below the Trust has seen a significant increase in costs particularly from Q2 onwards and has set in place a number of listed financial recovery actions. The Executive must consider the impact of these and whether further recovery actions are required.
- The current position and actions identified should be reflected in the planning assumptions and discussions regarding the 23-24 Financial Plan
- Review in year investments to ensure those that can be stopped in to 2023/24 aid financial recovery

Summary and recommendations

Financial Overview

The financial plan recognised a challenging position for 2022/23 and had forecast a £10m deficit which was subsequently then reduced with £7m of non-recurrent income from Commissioners. The Trust were confident that it could manage the remaining £3m and submitted a balanced plan. In doing this the following risks were identified

- Increased demand for the Trust's services
- Inflationary pressures rising above levels funded
- Challenges in recruitment and retention
- Shortfall on DV savings
- CQUIN levels are not attained, particularly associated with the Flu programme
- A deficit within the Provider Collaborative that cannot be covered internally
- Transformation monies remaining unspent at year-end

The month 11 position reports a deficit of £0.37m against the forecast position of an in month deficit of £0.14m. The underlying run rate position has remained static at c£1.3m, however there has been the full utilisation of transformation income and additional non recurrent winter income that has meant only the £0.37m has been utilised of reserves in month. The YTD deficit is £9.7m against a Planned position of £2.99m. The continuing drivers of the variation to Plan have been overspending on OOA bed costs and continuing above plan pay costs.

Month 11 Reporting
This report highlights:

- Secondary Commissioning expenditure shows an increase in comparable bed days to January. The average number of SU's in Adult acute & PICU beds rose from 64 to 68 in February. This was £20k above the forecast cost for the month. This remains well above Plan by £483k in month and by £3,614k for the YTD. Positive reductions have been shown in the first week of March and are looking to be sustained, which would improve the financial position heading in to 2023/24.
- Pay costs are above Plan by £1.32m in month and by £10.74m YTD. Agency usage continues to be high in Adult inpatient wards in particular but there have been reductions in a number of historically high spend areas such as C-CATT and Oak Ward.
- The EoE Provider Collaborative reports a break-even position for the year to date, however, there has been a revision to the forecast outturn provision following a number of discharges in CAMHS. It is now forecast that there will be a c£1.8m surplus across the three service streams and therefore a £280k benefit to HPFT's financial position in 2022/23.
- non-Pay costs and overheads are broadly on Plan with the forecast outturn showing slightly above plan, reflecting an adjusted accounting treatment associated with Trust lease expenditure. Some overhead costs have increased towards the end of the financial year where planned investments from earlier in the year have been realised. These are expected to be non-recurrent.
- The Delivering Value programme forecast outturn remains at £5.6m, however there remains a risk around the delivery of £670k of additional income that is detailed below

Full Year Projection
There is a revised FOT of a deficit of £9.5m, to account for the £300k non recurrent overspend in month 11, before any non-recurrent support, which assumes a small surplus of £238k in M12, reflecting additional income due to the Trust. The continued run rate position of £1.3m deficit per month remains unchanged with non recurrent additional income accounting for the improved position in month 12. Section 11 of the report then identifies some further risks/benefits not included in the forecast, and the actions to manage these positively.

2

Financial Recovery

Whilst the Trust is continuing to forecast a breakeven outturn, this is due to identifying further releases of previous year accruals and some additional income rather than a sustained reduction in costs. This increases the financial gap for 23-24 and further removes any potential flexibility going into next year.

The financial recovery is therefore critical and is set around the following areas, with the focus progressed and maintained throughout:

- Reduction in OOA beds in accordance with the trajectory set within the Community & Acute oversight Group. This work saw positive work through month 10 and whilst remaining high through February, has shown positive signs of reduction in the first week of March.
- Several targeted actions are underway to reduce the usage and cost of agency staff in line with substantive recruitment. This is being managed through the Agency Panel but has only shown reductions in specific areas to date.
- A reduction in the cost of agency and bank from the effective use of E roster. Additional shifts are being actively managed downwards on a number of wards, with positive outcomes seen in Norfolk in particular
- Additional income areas are being explored to ensure all funds owed to the Trust are recovered and opportunities available are exploited. This is being progressed by the finance and commercial teams and is progressing positively with further winter funding identified. Work continues to identify more recurrent sources of income in 2023/24. There is also work to ensure that inpatient bed costs are charged to the responsible commissioner.
- Tighter rules are being applied to key areas of non-discretionary spend.
- Budget reserves are being reset for areas such as buildings maintenance.
- There is a wholesale review of Corporate departments and areas of contractual spend that can be reduced going in to 2023/24.

Overall Comment

The financial position of the Trust remains challenged. The run rate position remains unchanged at circa £1.3m deficit per month, but a number of additional income streams have resulted in a more favourable final month of the financial year. February has continued to highlight the volatility of the OOA placements and non-delivery of pay reductions.

The Trust continues to progress the 2023/24 planning process and is in active negotiations with Commissioners. This process in conjunction with the financial recovery work, will continue to work towards a break even plan from the current estimated deficit position.

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

Delivery of Financial Plan

Summary of Financial, IT, Staffing & Legal Implications:

Delivery more than Financial Control Total

3

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

FIC 23 March 2023

4

1   Financial position for the 11 months to 28 February

As detailed further below the monthly financial position has been performing well below Plan since M4 onwards with a deficit of £(370k) reported in month, against a Plan of £(13k). YTD the position is now £(9.7m) deficit against a Plan of £(3.0m).

Table 1 – Month 11 financial Position

Financial Position to 28 February 2023	Month 11			Year to Date		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
Income incl. COVID-19	28,774	31,326	2,552	316,790	329,460	12,670
Pay	17,138	18,235	(1,097)	186,653	197,162	(10,509)
Secondary Commissioning	3,514	3,997	(483)	39,775	43,389	(3,614)
Provider Collaborative	3,180	3,141	39	38,798	38,798	0
Non Pay	1,999	2,016	(17)	22,113	22,611	(498)
Overheads & Reserves	2,956	4,306	(1,350)	32,448	37,258	(4,810)
Surplus / (Deficit)	**(13)**	**(369)**	**(356)**	**(2,998)**	**(9,758)**	**(6,760)**
Reserves released	**13**	**369**	**356**	**2,998**	**9,758**	**6,760**
Adjusted Surplus/(Deficit)		**0**	**0**		**0**	**0**

Income

In month 11 income is above plan, reflecting additional funding for the 2022/23 pay award, additional winter support for OOA placements and the release of the full transformation income in line with expenditure. Non-block income has also remained high in month where the Trust is utilising International recruitment funding and all funding streams provided by Heath Education England for trainees.

Year to date performance reflects CQUIN achievement at 71%, with a level of risk associated with the achievement of the national target for staff flu vaccinations. Further conversations with Commissioners are ongoing to mitigate the risk associated with low uptake of the flu vaccinations and continued focus is made on maximising the achievement of CQUIN outcomes.

Pay Costs

Pay costs have increased in month and are above plan by £1,097k, reflecting significant bank and agency costs. The 50k increase in month reflects an increase in permanent pay spend without the equivalent reduction in temporary staffing spend. However, there has been a material reduction in agency spend of £254k, reflective of a reduction of days in February, reclassifications of expenditure to capital, improvements in Corporate agency and C-CATT in particular.

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The year to date overspend on pay is £10.509m. This overspend reflects continued high levels of temporary staffing, (bank and agency), the cost of which exceeds the value of substantive vacancies.

The primary driver of this overspend is the use of agency HCSWs and nurses on inpatient wards. The inpatient ward with the highest pay overspends for the year to date are Dove Ward, Lexden, Oak Ward, Robin Ward, and Swift Ward.

Agency costs are now starting to reduce for the first time in 2022/23. This follows a number of recurrent reductions in operational teams, C-CATT in particular, where positive recruitment has occurred, but also through some staff reviewed as part of the capital programme and re-categorised (£42k).
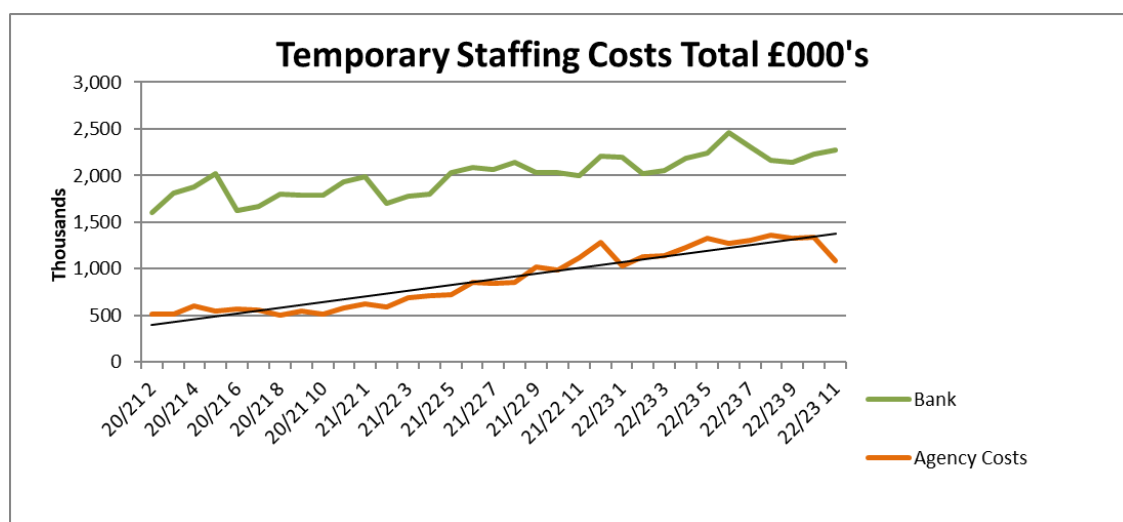
Table 2 - The below table highlights the top 5 teams with reductions and the top 3 teams with increases over the last 4 months.

Top 3 Increasing agency spend					
Team	**7**	**8**	**9**	**10**	**11**
Aston	13,035	31,968	27,640	37,372	74,285
Single Point Access Service	19,691	43,716	32,548	24,072	51,609
Enhanced Community Acmhs Herts	69,019	61,955	55,655	56,444	69,403

Top 5 reducing agency spend					
Team	**7**	**8**	**9**	**10**	**11**
C-Catt	87,468	104,774	104,692	114,942	87,920
Warren Court	18,011	24,745	24,979	12,874	7,572
Ne Inpatient Unit	52,867	56,173	68,005	33,800	37,935
Oak Ward	119,608	70,242	71,110	109,525	67,265
Robin Ward	78,638	80,196	79,783	86,606	52,667
C-Catt	87,468	104,774	104,692	114,942	87,920

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Agency use is being reviewed by all SBU's with MD and Head of Nursing authorisation of all new requests for agency use. This is being monitored through the Financial Recovery Group and has started delivering some of the reductions listed above, with continued drives to reduce agency spend.

Secondary Commissioning

Secondary commissioning spend is £483k above plan in Month 11 and £3.61m above plan YTD. The month 11 position reflects continued high usage of external beds, with the monthly average number of acute OOA placements increasing from 58 to 64, but with some offset in adult PICU reducing from 6 to 3.

Positive improvement at the beginning of March is looking to be sustained, but there continues to be volatility in the number of external placements and this is being supported heavily as part of the financial recovery work.

The below graph illustrates the average number of placements in the main bed types over the course of 2022/23:
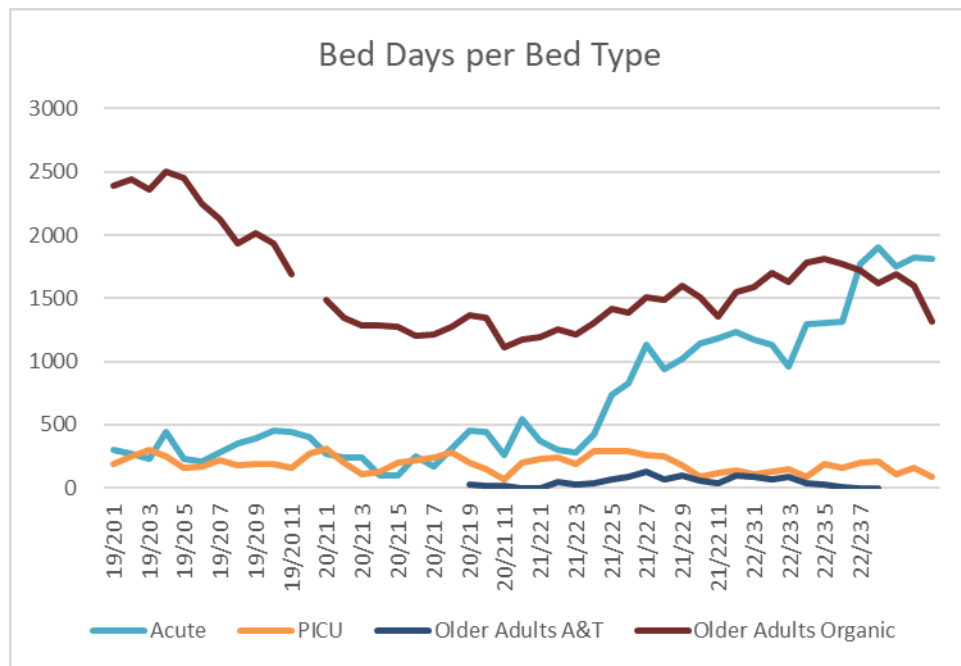
Provider Collaborative

Provider collaborative activity reflects a balanced position for month 11 and the year to date. This continues to be monitored closely by the TACT team, and there has been a strong financial improvement across the collaborative in the previous 3 months.

There is now a forecast surplus of c£1.8m across the three service streams, of which HPFT's share will be c£280k. This is reflected in the revised FOT.

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Overhead Costs

Overhead costs are above plan in month before the utilisation of Trust reserves.

Overhead costs have seen an increase as initiatives have been implemented to support ongoing staffing and demand challenges. Recent increases have related to international recruitment (offset by additional income), IM&T associated costs and recruitment fees.

IM&T costs have increased where the Digital Strategy has brought about additional recurrent revenue contracts and had had external assistance in developing dashboards more recently.

2   Forecast Outturn

The forecast outturn position has improved notably following the application of transformation funding, to £9.2m following the month 10 financial performance. The improvement seen in month 10 has been the result of further application of transformation funding and other unplanned income and not through a reduction in costs.

The table below summaries the forecast outturn position by category.

Table 3 – Full year forecast

	Year to Date			Full Year		
					Forecast	
Financial Position to 28 February 2023	**Plan**	**Actual**	**Variance**	**Plan**	**Outturn**	**Variance**
	£'000	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**
Income incl. COVID-19	316,790	329,460	12,670	345,905	362,141	16,236
Pay	186,653	197,162	(10,509)	203,847	215,535	(11,688)
Secondary Commissioning	39,775	43,389	(3,614)	43,287	47,469	(4,182)
Provider Collaborative	38,798	38,798	0	42,319	42,319	0
Non Pay	22,113	22,611	(498)	24,111	24,814	(703)
Overheads & Reserves	32,448	37,258	(4,810)	35,406	41,547	(6,141)
Surplus / (Deficit)	**(2,998)**	**(9,758)**	**(6,760)**	**(3,065)**	**(9,543)**	**(6,478)**
Reserves released	**2,998**	**9,758**	**6,760**	**3,065**	**9,543**	**6,478**
Adjusted Surplus/(Deficit)		**0**	**0**		**0**	**0**

The DV programme (risk-adjusted) forecasts full-year savings of £5.6m. This is included in the above projections and is considered further below.

Several initiatives looking to secure further income are being pursued and will play into the forecast once further assurance has been gained on their receipt. This includes the rates rebate that will continue to be pursued.

The Trust is able to offset the FOT deficit of £9.5m through a combination of the utilisation of provisions made to cover this additional expenditure, a reset of specific accruals and some unplanned non recurrent income.

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3   Delivering Value

3.1   Cash releasing DV savings of £4.870m have been realised in the eleven months to 28 February, with a forecast outturn (risk adjusted) of £5.6m for the full year. The remaining delivery is expected to be a continuation of existing schemes, adjusted for OOA delivery delay, for the remainder of the financial. There remains some risk around the agreement of £667k additional income for Specialist Residential services that is continuing to be negotiated. The rates rebate that had been forecast for 2022/23 is now forecast to come to fruition in 2023/24 and will form part of the 23/24 Delivering Value programme. Performance is monitored by the DV Management Group and reported to the Executive team monthly and is overseen by a Financial Recovery & Delivering Value Board on a weekly basis.

4   Transformation Schemes

The Financial plan for 2022/23 includes non-recurrent transformation funding of £12.3m from HWE ICB. The profile of plan and actual investment is summarised below:

	Value allocated on contract as new funding in 22/23	Additional 22/23 Funding	Estimated Additional In year Funding	Value already spent to M11	Forecast for remainder of 22/23	Total forecast 22/23 spend	Forecast under/ (over) spend
Scheme name	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Adult Community	4,694	2,930		6,666	793	7,459	164
Staff Wellbeing Hub*	711	344		980	74	1,055	0
Adult MH Crisis Liaison	208			310	32	342	-134
Suicide Prevention	50			47	3	50	0
Perinatal Maternity MHS	65			49	16	65	0
MHSTs*	2,165	516	165	1,975	349	2,324	522
Adult Mental Health Crisis		480		462	42	504	-24
Total	**7,893**	**4,270**	**165**	**10,490**	**1,310**	**11,799**	**528**
Total Funding Available			**12,328**			**11,799**	**528**

These items are ringfenced funding for specific projects

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Adult Community Transformation funding is expected to be fully utilised in 2022/23 and the investment in Mental Health for Schools Teams (MHSTs) is being discussed with HCC, as Commissioner, to transfer unspent funds back due to the ringfenced nature of this funding. This would then be available in 2023/24.

5   Financial risks and opportunities

The forecast break even position for the full year is based upon the following key assumptions which are being tightly managed to ensure delivery

Risk	Progress
Rates rebate of c£700k agreed with Rating authority in year resulting in improved position	Valuation Office being actively and regularly chased for a response and issuance of an outcome letter. However, this is likely to slip in to 2023/24 now
Surplus position within the Provider Collaborative	The Provider Collaborative has now provided an indication of the expected surplus position and this is being managed in conjunction with expected spend in March
Less than 71% CQUIN income achieved, which is £230k per 10%	CQUIN achievement has been reduced to 71% in line with expected achievement. This continues to be monitored closely and clinical teams pushing for increased achievement
Additional Crisis package, invoice from HCC c£228k	A proposal has been made to HCC to accept costs of £63k. Awaiting HCC response

Opportunity	Progress
SRS income recovered on an actual cost basis from London Commissioners	Detailed discussions held, awaiting formal agreement from London Commissioners - £667k requested and further discussions ongoing
Application of Modern Equivalent Values to Estate Valuation	The District Valuer is being finalised to determine a potential minimal improvement in the financial position

6   Mitigating actions

Whilst as reported above the Trust expects to report a break even position in line with Plan, its cost run rate remains well above Plan in some areas and the Trust has implemented a financial recovery plan to reduce this spend going into next year. Mitigation actions include:

• The establishment of a weekly financial recovery meeting with set targets on the reduction of spend being set.

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- Driving forward DV initiatives. All schemes of £100k or above are scrutinised monthly.
- Continued development of 23/24 DV programme and acceleration of schemes where possible.
- Agency cost controls, currently being implemented will help to contain agency usage and costs. This is being led by the Agency Panel (Janet Lynch/Rob Croot) with a fortnightly meeting at which specific actions are set and tracked. All agency usage is now being authorised by MD's and Head's of Nursing.
- A task and finish group are continuing to review inpatient establishments. This is now being led by JV with reviews having been undertaken and further clarification being sought from the SBU's.
- Resetting and implementing robust financial control with a revised training programme on financial grip for budget holders.
- Seek to maximise additional income in-year.

7   Balance Sheet

The balance sheet for the month is shown below:

Statement of Financial Position	31 March 2022	Previous month 10	Movement in month 11	Current month 11	Movement YTD
	£000	£000	£000	£000	£000
Assets	271,614	257,454	2,348	259,802	(11,811)
Non Current Assets	182,299	187,559	(166)	187,393	5,094
Intangible Assets	514	310	(27)	284	(230)
Property Plant & Equipment	164,824	171,752	103	171,855	7,031
Tr & Oth Rec: Non-Nhs Rec	386	386	0	386	0
Right Of Use Assets	16,575	15,110	(242)	14,868	(1,707)
Current Assets	89,314	69,896	2,513	72,409	(16,905)
Inventories	60	60	0	60	0
Trade And Other Receivables NHS	2,874	8,638	(80)	8,558	5,684
Trade And Other Receivables Non NHS	12,156	8,559	(2,229)	6,331	(5,826)
Assets Held for Sale	2,582	1,274	0	1,274	(1,308)
Cash & Cash Equivalents GBS/NLF	71,499	51,199	4,789	55,988	(15,511)
Cash & Cash Equivalents Other	142	166	33	199	56
Liabilities	(100,321)	(86,207)	(25)	(86,232)	14,089
Current Liabilities	(69,874)	(57,176)	97	(57,079)	12,795
Trade & Other Payables Capital	(5,977)	(2,314)	204	(2,110)	3,867
Trade & Oth Payables Non-Capital	(53,949)	(49,399)	(136)	(49,535)	4,414
Borrowings	(541)	(615)	(17)	(633)	(92)
Provisions	(5,517)	(2,597)	251	(2,346)	3,171
Deferred Income	(3,890)	(2,250)	(205)	(2,455)	1,435
Non Current Liabilities	(30,447)	(29,031)	(122)	(29,153)	1,295
Borrowings	(21,732)	(22,304)	(82)	(22,385)	(654)
Provisions	(8,413)	(6,425)	(40)	(6,465)	1,948
Other Liabilities	(303)	(303)	0	(303)	0
Equity	(171,293)	(171,293)	(2,347)	(173,640)	(2,347)
Public Dividend Capital	(95,612)	(95,612)	(2,347)	(97,959)	(2,347)
Revaluation Reserve	(30,889)	(30,889)	0	(30,889)	0
Other Reserves	489	489	0	489	0
Income And Expenditure Reserve	(45,281)	(45,281)	0	(45,281)	0

The most significant movements for the year to date relate to:

Fixed Assets increased by £5.1m – largely due to PPE increases of £7.0m offset by Right of Use Assets depreciated by £1.7m.

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Current Assets decreased by £16.9m – primarily this is cash reduction of £15.5m reflective of the utilisation of Trust reserves against costs during the year.

Current Liabilities decreased by £12.8m with decreases across Accruals and Provisions partly in line with utilisation of items particularly provisions against costs as mentioned above.

Long term liabilities also decreased by £1.3m again largely related to the utilisation of Provisions.

Specific movements relating to Month 11 are:

Fixed Assets decreased by c. £200k relating to Right of Use Assets depreciated partly offset by the net of Capital Expenditure and Depreciation.

Current Assets increased by £2.5m including increase in Cash of £4.8m relating to £2.3m digital PDC received in month, and £2.2m HCC block income received; offset by Non NHS Trade Receivables decrease of £2.2m, relating to the HCC block income.

As noted above the cash position has recovered somewhat due to improved collection of income during the year, however it has not recovered to the level of 2021/22 due to the deficit during the year and release of reserves. A detailed cash flow forecast is produced on a monthly basis with a summary fortnightly.

Liabilities have virtually no net movement in month.

The Trust is required to report its performance under the Better Payment Practise Code (BPPC), which aims for organisations to pay 95% of their suppliers within 30 days. Current performance at Month 11 is 92% by value and 80% by number for non-NHS, and 75% by number and 83% by value for NHS. This has been adversely impacted during the year by the Advanced outage, and an action plan is in place to improve this.

8   Capital

The Trust was allocated System CDEL of £10.9m for 22/23, as well as Digitisation CDEL of £2.3m, giving a total CDEL of £13.3m. Additionally, the net disposal proceeds from The Stewarts (after deducting costs of sale), which completed in November, were £1.3m. In total, therefore, the Trust has a revised Capital Investment Programme of £14.6m.

The main projects for 22/23 include phases 2 and 3 of the Oak Ward refurbishment (with the garden having been completed in 21/22); the refurbishments of Forest House and Albany Lodge, now complete; phase 2 Safety Suites, also complete; and the Lexden A&T Unit refurbishment. Additionally, there is significant investment in the digital programme and IT hardware (c. £3.4m); backlog maintenance (c. £1.2m); reactive operational

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capital (c. £3.2m, including the continued rollout of Trust-wide CCTV); and sustainability relating to the green agenda. Earlier in the year, there was limited further spend on the potential new inpatient units at Stevenage and Lexden, however these currently remain paused awaiting availability of national capital.

At the end of February, capital expenditure totalled £12.7m, £11.4m net after disposal proceeds, representing 86% of the expenditure planned for the full year. Expenditure remaining is largely related to Digital (£0.9m), with two contracts due to be completed imminently; remaining in-year works on Oak Ward, Lexden and CCTV; and smaller amounts across backlog maintenance, reactive capital, and the Green Plan.

Currently, the expected expenditure balances to CDEL. Matters awaiting further clarification include an awaited VAT reclaim, which is in discussion with the Trust's VAT consultants. Finance, Estates and IT colleagues continue to meet regularly to track project progress across the capital plan, with a robust forecast in place to achieve, but not exceed, the remaining spend.

The Trust expects to fully apply its CDEL allocation for the year by 31 March 2023.

9 Conclusion/Recommendations

The financial position for month 11 reflects a continuation of the Trust's challenging financial performance, with improvements shown in agency spend, however a number of them have been non-recurrent in month, whilst permanent pay has increased. A forecast outturn deficit of £9.2m will be manageable in the context of Trust reserves.

Reducing the run rate deficit as part of the financial recovery work, will continue to be the focus through month 12 and in to 2023/24 with specific focus on OOA Placements and pay spend.

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PUBLIC Board of Directors

Meeting Date:	30 March 2023		Agenda Item: 10
Subject:	Annual Plan 2023-24		For Publication: Yes
Author:	Simon Pattison, Deputy Director of Strategy and Development and David Evans, Executive Director, Strategy and Partnerships		Approved by: David Evans, Executive Director, Strategy and Partnerships
Presented by:	Sandra Brookes, Deputy Chief Executive Officer/Chief Operating Officer		

Purpose of the report:

To set out the Trust's proposed Annual Plan for 2023/24.

Action required:

The Board is asked to agree the proposed Annual Plan.

Summary and recommendations:

Summary

Each year the Trust develops an Annual Plan to set out our key priorities for the coming year. Our Annual Plan for 2023/24 describes how the Trust will continue in its unrelenting commitment to provide Great Care and to deliver Great Outcomes, working together with services users, carers, our staff, and other partner organisations.

This paper summarises the draft Annual Plan which has been developed alongside the new 5 years strategy and informed by the engagement we have done on the development of the new strategy. It is an ambitious plan, setting out work to improve the lives of service users and carers across the different service areas and geographical patches that we cover. The final column of the Appendix setting out the measurement of the Plan (how will we know whether we have achieved the outcomes) is still under development and a finalised version will be provided to the next Board

Recommendation

The Board is asked to agree the proposed Annual Plan.

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

This is the updated Annual Plan for 2023/24.

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

Actions to support delivery of the Trusts financial, staffing and IT plans are contained within the Annual Plan

Equality & Diversity and Public & Patient Involvement Implications:

The Annual Plan includes a number of objectives that, if delivered, will have an impact on equality, diversity and public & patient involvement.

Last seen by:

Executive 15th March 2023, Finance and Investment Committee 23rd March 2023

DRAFT ANNUAL PLAN 2023/24

30th March 2023

1. Introduction

Each year the Trust develops an Annual Plan to set out our key priorities. This is the finalised Annual Plan for 2023/24.

2. Background

The development of this plan has been informed by the national and local priorities in the different health and care systems that the Trust operates in. These include NHS England planning guidance and local ICB and ICP system plans across the different areas that we operate in. Contract discussions with our commissioners are also taking place at the same time.

This year the plan has also been influenced by the work that we have carried out on the development of our new Trust 5 year strategy. The development of the priorities has been informed by the feedback we have received to date and the themes that have been developed from this feedback to form the core of the new strategy. The engagement on the new strategy has included service users and carers, staff, our Council of Governors, our commissioners, and partner organisations and this has informed the development of this plan.

There is a clear thread of continuity between our well established Good to Great Strategy and the developing new Strategy. This Annual Plan is currently set out under the Strategic Objectives that have been part of Good to Great since 2016. However, the detailed priorities within these have been tested against the outline of the new strategy to ensure that they align with this too. Once the new strategy is launched, we will rework the Annual Plan layout to reflect the objectives agreed in the new strategy.

3. Overview of the Annual Plan

Last year's Annual Plan used the framework of Restore, Reset and Reshape – Restoring services impacted by the pandemic, Resetting to ensure our services remains safe and Reshaping to ensure our services are best able to meet the requirements of service users and carers. This year's plan still contains elements of all three:

- **Restore** recharge and revitalise our services and support systems to address the impact on services users, carers, staff, and the whole population. We have made significant progress on reducing waiting times in many areas but the additional demand that we have seen as a

result of the pandemic means addressing backlogs is again a focus in some areas.

- **Reset**, ensuring our services remain safe and consistently provide a great experience. To do this we will enhance and further embed our safety culture and focus on the fundamentals of care.
- **Reshape** – the Plan is ambitious in the work set out to develop new care models, invest in physical and digital infrastructure and make even more progress on addressing inequalities for both service users and staff.

Our seven priorities remain:

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 us support will 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)

The appendix to the plan sets out in detail our proposed priority areas and the actions we will take to deliver these in 2023/24. The metrics column is still under development and will be worked up more fully, with a smaller number of measures being used in the final Plan and targets added to each area.

There are a number of areas in our plan which are subject to business case development or additional funding which will be developed through the course of the year. Should this funding not be secured, plans will need to be adapted accordingly. This process is overseen by the Executive Team and reported into the Trust Finance & Investment Committee to provide overall assurance the Trust Board. This covers a number of areas in particular:
- Work around dual diagnosis for people with mental health and drug or alcohol issues
- Further development of primary and community mental health transformation
- Expansion of community learning disability services in South Essex
- Implementation of the autism strategy
- Developing 7 day working

- Growing the service provision within New Leaf
- Continuation of work to reduce ADHD backlogs
- Investment in the Green Plan and Capital programme
- Improving support around crisis services

At a previous meeting of FIC it was agreed we would set out the reasons for changing metrics during the year. It is proposed that we would review metrics at the half year point and change metrics for the following reasons:

- Where there were external factors beyond our control that meant that the metric was no longer achievable, for example a change in government policy or a delay in commissioners making a decision that was fundamental to delivery of the target.
- Where we become aware of data quality issues that weren't obvious at the point the metric was set and so are not able to report in the way that we had originally thought we would.
- Where a target is no longer achievable, and a complete reset of the target is required to allow meaningful monitoring of the priority for the remainder of the year rather than chasing an unachievable target. We would consider this when the reasons for the underachievement are fully understood and reasonable as a justification for amendment. This would need to be tested to assess whether this is just a result of factors within the control of us as an organisation.

4. Recommendations

The Board is asked to agree the proposed Annual Plan.

Our Annual Plan 2023/24

1. Introduction

Our Annual Plan describes how we will continue in our unrelenting commitment to provide Great Care and deliver Great Outcomes during 2023/24, working together with services users, carers, our staff, and other partner organisations.

2. Background

Our 'Good to Great' Strategy has been in place since 2015 and describes how we are going to deliver our vision of 'Delivering Great Care, Achieving Great Outcomes – Together'.   Our vision places people who need our care, support and treatment at the heart of everything we do. It means we consistently achieve the outcomes that matter to those who use our services, by working in partnership with them and others who support them. It also means we keep people safe from avoidable harm, whilst ensuring our care and services are effective, achieve the very best clinical outcomes and support individual recovery outcomes.

Our 'Good to Great' triangle below provides an overview of the key areas of focus for the Trust; Quality (experience, effectiveness and safety), People, Organisation (improving the way we do things) and Partnerships.

Figure 1 - Good to Great Strategy

3. Looking Forward Together

We have made significant progress over the last few years, and we want to continue to develop and build on the foundations and achievements 'Good to Great' has delivered as we look forward to the future.   We are currently developing a new strategy for the Trust, reflective of the changing national, regional and local landscape across the NHS and society. To date we have engaged with and received feedback from over 2000 people - service users, carers, staff and stakeholders to inform our plans for the next five years (2023-2028). We have used this feedback to inform our Annual Plan this year as well as the longer term strategy and we expect the commitments outlined in this plan will stand us in a good place to deliver our new strategy as we move forwards together.

4. Our Strategic Objectives

We have seven strategic objectives (framed against our Good to Great Strategy) and the Annual Plan is set against these objectives.

1. We will provide safe services, so that people feel safe and are protected from avoidable harm
2. We will deliver a great experience of our services, so that those who need to receive our support feel positively about their experience
3. We will improve the health of our service users & support recovery through the delivery of effective evidence based practice
4. We will attract, retain and develop all our 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)

5. Our Context

The NHS continues to face significant operational and financial challenges which are anticipated to continue into 2023/4. There have been unprecedented levels of demand on healthcare services, staff and resources, reflective of the impact the covid pandemic had across society and the disruption caused to the NHS during that period and on a continuing basis. Addressing backlogs in care and access to emergency care is a priority at a national level, as is a focus on retaining and recruiting the NHS and social care workforce. These challenges are mirrored across HPFT and meeting these will be a key focus in 2023/24.

The last year also saw the Health & Social Care Act come into force with the arrival of new Integrated Care Boards (ICBs) and Integrated Care Partnerships (ICPs)

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bringing greater focus on collaboration and delivery between health and social care partners.   ICB's, as the commissioning body for health services, have a clear focus on delivering improved outcomes for local populations, and HPFT will work with partners across Hertfordshire, Essex, Norfolk and Buckinghamshire to achieve this together.

We believe partnership and collaborative working is integral to improving care and outcomes for people and we have a number of partnerships in place to support this including the Essex Learning Disability Partnership (ELDP) and the East of England Provider Collaborative; we co-chair and are working with partners across the county of Hertfordshire as part of the Mental Health, Learning Disability and Autism (MHLDA) Health and Care Partnership (HCP).

In our Annual Plan, we outline our priorities and objectives for the year ahead, including our approach to meeting the challenges we face, improving our services, and delivering better outcomes for our service users, carers and the communities we serve.

6.   Development of the Plan

The development of our annual plan for 2023/24 has been informed by national planning guidance and importantly builds on the priorities we set during 2022/23. It reflects local priorities in the different health and care systems that the Trust operates in, informed through discussions with commissioners, partners, staff, service users and carers.

As described earlier, importantly our plan for 2023/4 has been informed by feedback and discussions from stakeholders as part of the development of our new five year strategy. This includes discussion with our staff, service user and carers groups, discussions within the Hertfordshire and West Essex Integrated Care System, our Council of Governors, our commissioners, and our senior leadership team.

There are a number of areas in our plan which are subject to business case development or additional funding which will be developed through the course of the year. Should this funding not be secured, plans will need to be adapted accordingly. This process is overseen by the Executive Team and reported into the Trust Finance & Investment Committee to provide overall assurance the Trust Board.

7.   Our Commitments for 2023/24

Our Annual Plan describes an extensive programme of work for 2023/24, framed by our Good to Great strategy, to support us to achieve our vision of providing "Delivering Great Care, Achieving Great Outcomes, Together".   The full detail of the

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plan is provided in Appendix 1 whilst Figure 2 below provides an overview of our strategic areas of focus

Figure 2 – Strategic Areas of Focus

- New models of care (demand/complexity)
- Community / crisis / CAMHS & social care transformation
- Physical health
- Primary Mental Health
- Research, Education & training

- Core performance – access/waits
- Inclusion & belonging
- Recruitment & retention
- Safety
- Service User & carer experience
- Coproduction
- Finances - delivering value
- CQI & digital innovation
- Green Plan / sustainability

Transform/ Innovation MH & LD

System/ Collaboration

Inclusion/ Inequalities

- ICS leadership for Mental Health, Learning Disabilities & Autism (MHLDA)
- MHLDA Collaborative
- Influencing ICS development
- East of England Provider Collaborative
- Norfolk Learning Disabilities
- Community engagement

Our Service Users – Our overarching commitment remains to further improve service user safety, experience and outcomes. This means we will coproduce new services, seek out innovative best practice and use research to inform how we provide care.

In 2023/24 we will:

- Enhance and further embed our safety culture, continuing our drive to reduce suicides and unexpected deaths
- Address our backlogs in care and improve access to services
- Deliver preventative physical health interventions for our service users
- Improve support for service users with co-occurring drug and alcohol issues.
- Implement our Autism Strategy to provide a better experience and environment for Autistic People accessing our services and care
- Transform children and young people's mental health services
- Enhance our social care support by embedding our Connected Lives model within our adult services/teams.
- Implement clinical outcomes for people with a Learning Disability.

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Addressing inequalities - We are committed to working with partners to address the significant inequalities that exist for our service users and the communities we serve

In 2023/24 we will:

- Work with local communities to design and develop services to better meet the needs of underserved groups and address inequalities in access.
- Enhance and work with experts by experience and carers to develop our approach to supporting what matters to service users the most
- Develop a new Peer Support offer across the organisation with a leadership and career structure

Supporting our people – Our focus is to ensure all our people feel supported, able to grow and to create an environment within HPFT in which our people feel included and a sense of belonging

In 2023/24 we will:

- Build on our compassionate, open, values-driven culture to achieve a culture of belonging and inclusion
- Implement robust talent management plans to ensure that every person is able to achieve their full potential and thrive within HPFT
- Develop a culture of great collective leadership across the Trust
- Reset our fundamental standards of people management

Working in Partnership – We will work collaboratively with partners to ensure we provide services and care that meets the needs of our service users and carers

In 2023/24 we will:

- Implement a new integrated primary care and community care service across all Primary Care Networks to support people to receive the right care at the right time
- Drive the continued development and delivery of the Herts MHLDA HCP in conjunction with Hertfordshire County Council and partners across the system
- Continue to provide mental health, learning disability and autism leadership across the HWE ICB and within the Hertfordshire Place based HCPs to maintain the profile & priority of MHLDA
- Continue provide leadership across the East of England with Integrated Care Boards – Norfolk, Buckinghamshire & Essex to support improving services & outcomes for populations we serve

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- Work with the East of England Provider Collaborative to deliver improved outcomes, specifically CAMHS, Perinatal, and forensic services

> **Driving Innovation and Improvement** – We will continue to drive continuous quality improvement and transformation to support delivery across our organisation

In 2023/24 we will:

- Implement new digital capabilities to transform the delivery of care and improve our digital maturity
- Strengthen our approach to innovation and continuous quality improvement ability across the organisation through the introduction of a new structured programme management approach
- Continue to progress plans to deliver our green plan in line with the national plan 'Delivering a Net Zero Health Service'
- Expand our research capacity, capabilities, and impact to improve the current and future health outcomes for the population we serve and beyond

8. Monitoring and Review

The Annual Plan priorities are cascaded via the development of Business Plans for the Strategic Business Units and Corporate Services. At Trust Board Level, progress against milestones and outcomes will be reviewed on a quarterly basis. Progress is also monitored quarterly with the Strategic Business Units through Performance Review Meetings (PRMs). Should achievement of the Annual Plan be judged to be at risk or there are material concerns over performance then the frequency of oversight will be increased.

In the event of significant changing factors (internal or external to the Trust) the plan may need to be adjusted/updated to ensure delivery of the required outcomes. This reflects the need to ensure the plan, although produced at the beginning of the year, remains a 'live' reflection of our work and priorities across the Trust. Any such proposed changes will be approved by the Trust Board.

9. Conclusion

Our Annual Plan for 2023/24 is ambitious and will support us to deliver our 'Good to Great' strategy and our vision "Delivering Great Care, Achieving Great Outcomes, Together". It is supported by our values and our commitments to keep our service users and staff safe, improve their experience and provide great care and outcomes underpin all that we do.

The Annual Plan describes the commitments we have made across health and social care to our service users, our carers, our staff and our stakeholders. It documents the key actions we will take this year to further develop our services and to ensure we are able to

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provide the highest quality health and social care for those individuals with a mental health illness and/or learning disability.

Importantly it also describes the role we have as stewards and advocates for the development of support and care for autistic people, people with learning disability, and those with emotional and mental health needs across the populations we serve. It also describes the focus we will bring on addressing the inequalities prevalent across society.

2023/24 will no doubt bring with it both opportunities and challenges for the Trust but we are confident, by working together with our service users, carers, our people, and our partners, we can successfully deliver our plan and deliver the commitments we have made.

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ANNUAL PLAN 2023-24

Our Commitments

1

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)	Outcomes (What will be different for our service users, carers, staff & partners)	Measurement (How we will know)
Enhance & further embed our **Safety culture**	• Review & adopt the new Patient Safety Incident Response Framework (PSIRF) • Implement a zero tolerance approach to violent & aggressive behaviour; underpinned by positive behaviour support & safety plans • Use the national inpatient quality approach to identify further learning & opportunities to improve • Implement EPMA & approach to medicines management	• Service users will tell us they feel safe • Service users and carers will feel they are being listened to • Service users and Carers will feel confident in our services Staff will: • Feel more confident in the earlier detection of physical health deterioration • Be confident in their delivery of consistently safe, quality care • Feel safe and supported to provide care Partners will: • Be confident in our ability to deliver safe and effective services • See that we are working effectively with them to support people • Feel that suicide prevention approaches are stronger across the system	• Trust able to demonstrate least restrictive practice • < AWOL (never event) • <level of harm reported across full range of incidents • < Medicine management errors • > staff and service users reporting they feel safe • > speak up internally (< external) • <unexpected deaths • > response to NEWS-2 markers – PACE Audit • Learning implemented from national inpatient & data review can be evidenced • PSIRF fully implemented • > Fundamental of care audit compliance
Implement suicide **prevention pathway**	• Undertake suicide prevention pilot with acute providers • Expand multi-agency suicide prevention training to other system partners • Strengthen safety plans using shared decision making with service users and carers		
Focus on **'fundamentals of care'**	• Support teams across the organisation to 'reset' and ensure consistency across all areas of practice • Improve our response to physical health acuity & deterioration in community & inpatient teams		
Adopt a **Trauma Informed Approach**	• Co-produce HPFT's Trauma Informed Approach & Strategy • Implement the approach across inpatient services and prepare for community service adoption		• TIA strategy in place • Number of services where TIA has commenced
Improve support for those with **co-occurring addictions**	• Develop a programme of regular general & bespoke training including nationally available awareness training • Work with public health, CGL and the ICB to review the dual diagnosis pathway and future service provision		• > staff trained • < SIs co-occurring drug & alcohol issues

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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 care

What are the key priorities?	Actions we will take (What we will do)	Outcome (What will be different for our service users, carers, staff and partners)	Measurement (How we will know)
Address backlogs in care across services	- Mobilise the new CAMHS ADHD service - Develop and mobilise a new EMDASS & model for older people - Implement new community MH service model for adults - Expand community LD services in south Essex - Review and develop a plan to address waits for treatment (follow-up) across all services	- Service users will feel they can access the care they need - Service users will experience shorter waiting times in line with national standards	- Initial Assessment targets will be met across the Trust <number waiting for initial assessment <numbers waiting for treatment
Work with local communities to **improve access & address inequalities**	- Co-produce a Patient Carer Race Equality Framework (PCREF) plan 23/24 - Work with underserved communities to identify actions to improve equity of access - Introduce equality analysis (age, gender, ethnicity & deprivation) as part of routine performance reports	- Service users and carers will feel involved in the development services - Peer support workers will be a larger part of our HPFT workforce	- PCREF in place and actions identified >access from underserved communities - Quarterly reports to the Trust Board include equality analysis on age, gender, ethnicity and deprivation - Dashboards to include equality analysis
Expand **service user and carer involvement**	- Develop and embed an enhanced model of, participation, engagement and co-production, with experts by experience and carers - Coproduce & reset service user and carer involvement across the transformation programme and new service redesign projects - Coproduce & implement a new Peer Support structure, including training and development programme	Underserved groups and communities will feel engaged and able to access and shape services.	- Enhanced coproduction model in place >Service users/carers involvement across Transformation programme - Service user/carer positive feedback on involvement - New Peer Support/listener roles developed and in place
Strengthen our approach to **improving Service User & Carer experience**	- Coproduce & implement Carer Experience and Outcome plans - Expand our approach to meaningful feedback from service users & carers	Partners will feel that we are working with them effectively to improve equity of access, outcomes and experience	- Plans to improve experience in place - New metrics and tools embedded >community survey score - Reduce complaints relating to communication & increase compliments

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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, staff & partners)	Measurement (How we will know)
Provide a better **experience & environment for Autistic People**	• Implement our Autism strategy including training staff • Co-produce an evidence-based autism assessment pathway • Continue to develop autism friendly environments (inpatient & community)	Service users will: • Feel supported to make healthier lifestyle choices (weight management, smoking, exercise) • Have improved outcomes and will be supported with depression • Be accessing screening programmes and support • Have improved physical health	• >people on new autism assessment pathway in Herts • > Improved service user experience • >staff received autism training
Roll-out **evidence based pathways** to improve outcomes	• Implement & evaluate our Depression pathway in collaboration with system partners • Develop plans to improve support for people with personality disorder who need community or inpatient care • Lead the SRS transition programme with partners to meet the future needs of residents • Continue to embed & evaluate our LD pathways including Transition, Dementia, Frailty, End of Life & Neurodevelopment	• Autistic people will feel supported to access the care they need • Service users and carers will feel more in control of the choices that are made about their care.	• Positive evaluation of the depression pathway • >patient initiated follow up • Agreed clinical outcomes implemented for people with learning disability • SRS transition programme evidenced
Develop our approach to **7-day working** across services	• Scope out and pilot new models of 7 day working focusing on access into acute services and maintaining flow	Staff will • Feel confident in supporting Autistic people • Be well trained and supported to learn	• Pilot evaluated & longer term model developed • > weekend admissions & discharges • Reducing S136 waits for admission
Enhance **preventative physical health interventions**	• Standardise physical health checks across the Trust to include preventative screening • Collaborate with system partners to strengthen our pathways between mental and physical healthcare	Our partners will • See better support across the weekend to people in their services • Feel that we are working with them effectively to improve physical health outcomes	• Improved physical health outcomes for our service users • > community PH checks • > people supported to stop smoking
Revitalise our **Recovery approach** across all services	• Embed shared decision making into routine clinical practice • Ensure policies are promoting recovery-focused care • Coproduce & deliver training with New Leaf		• Improved service user outcomes • Better feedback from service users • Increased number of carers, service users and staff trained by New Leaf

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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)	Outcomes (What will be different for our service users, carers, staff & partners)	Measurement (How we will know)
Build an open **culture of belonging and inclusion**	• Implement our belonging and inclusion strategy • Implement zero tolerance to discrimination • Deliver a 'compassionate and caring teams' programme aligned to our values • Implement inclusive, compassionate leadership development • Continue to provide health & wellbeing support	Every person will • Have a great induction and experience of working with HPFT • Feel supported to achieve their full potential & thrive • Be able to bring their whole self to work • Feel seen, heard and valued for the contribution they make • Feel empowered to innovate and continuously improve our services • Feel a positive impact on their wellbeing • Demonstrate leadership qualities to ensure we provide the best care for service users • Experience leadership that models exemplary inclusive, compassionate leadership	• Our unplanned turnover will be 11% or less • Our vacancy rates will be 11% or less • Our appraisal compliance rates will be 90% or above • > staff recording that they have lived experience of mental ill health, autism or a learning disability Our staff survey results will show improvement on 2022 outcomes • Our 'We are Compassionate & Inclusive' Score will be above 7.7 in the annual staff survey • Our 'We are always learning' score in the annual staff survey will be above 6.1 • Our 'Staff Engagement' score in the annual staff survey is above 7.3 • Our 'We are a team' score in the annual staff survey is above 7.2
Establish **talent, training & development pathways and approach**	• Develop an internal talent academy to ensure that all our people can develop their careers • Launch our new Appraisal App & capture training needs, talent management and succession planning information • Develop and implement new roles and career pathways to expand the opportunities available • Recruit more people with lived experience		
Develop our **collective leadership culture**	• Strengthen our coaching approach and mentoring across the organisation • Provide a suite of leadership development offers for all staff to further develop skills • Embed a collective leadership culture through leader and team development, staff engagement and co-production work	Service users will: • Feel supported by people and teams who live our values • Experience teams who are effective and compassionate Our partners will • see greater inclusion and partnership working with our people • experience strong systems leadership	
Reset our **fundamental standards** of people management	• Improve our onboarding and induction for new staff • Review and enhance our employee processes to deliver timely and fair outcomes from employment procedures		

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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, staff and partners)	Measurement (How we will know)
Strengthen our **approach to innovation and continuous quality improvement**	• Implement a structured programme management approach to transformation • Explore a Trust-wide quality management system • Establish a community of practice of CQI coaches and leaders	Our service users will • Find it easier to access information and our services • Have better outcomes • Experience less delays in their care and inpatient admissions • Be able to engage in research and trials Our staff will • Better understand the communities we serve and how to engage and reach them • Have more time to care • Feel able to harness their ideas and implement improvements • Be able to behave 'Green' at work as much as at home • Will feel supported to undertake research • Be clearer on their financial responsibilities and on their achievement • Have understandable ways to access support for business/innovation cases Our partners will • Find referral into our services is quick and easy • Be able to connect with professionals within the Trust with greater efficiency • Be able to engage in joint research and development programmes of work with the Trust.	• 200 additional staff trained in CQI skills • Transformation programme delivered • Programme management approach in place
Implement **new digital capabilities**	• Use the national Electronic Referral System for all Hertfordshire GPs into SPA • Deploy Paris Mobile to community services • Begin the integration of the NHS App as the single digital front door to services • Implement, digitise and automate more systems and processes • Consolidate the digital library self-help content		• Positive targeted survey responses from staff and service users regarding experience of digital capabilities • Bed/ Patient Flow system implemented • Demonstrable improvement in the Digital Maturity Assessment
Reframe our approach to **sustainability and productivity** across the organisation	• Establish our 'Green Committee' to coproduce & drive forward our green agenda • Reset our financial disciplines & review the operational model to drive productivity & efficient use of resources • Develop a sustainable long term financial plan • Improve the environment through our capital plan		• < use of gas and electricity • Delivering Value programme delivered • Financial plan delivered • Approved capital plan delivered • Series of green investments implemented • Improved staff /SU experience
Expand our **research capacity and capabilities**	• Embed an education & training programme on research for staff • Work with internal & external partners to widen service user and carer research participation • In partnership with Herts University become a centre of excellence for research		• >new Principal Investigators on NIHR portfolio studies • >staff involved in research • >recruits to NIHR portfolio studies • >service users & carers "opting in" to research opportunities • > national award submissions

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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)	Measurement (How we will know)
Implement a **new adult community model of care**	• Roll out an integrated primary, community and talking therapy service, integrating pathways with local Places and Primary Care Networks • Improve transition between all adult services to ensure care is joined up & meets service user needs • Enhance our social care support by embedding our Connected Lives model within our adult teams	Service users will • Feel they have access to the right care closer to home • Have access to specialist care • Be discharged in a timely way • Have access to improved employment opportunities • Receive care in the most appropriate setting Staff will: • Be supported to deliver great care and outcomes • Feel enabled to put in place new care offers and change the way we work • Be able to support the needs of individuals, their mental, emotional, physical and social needs. Partners will: • Feel that we are working with them effectively to improve outcomes across all areas • See the support available to them through primary, community and crisis services increase • Be involved in the development of new service models	• > service users on Community Rehab pathways • Long Term Plan priorities Rehab, EIP, IPS and physical health met • LTP access targets met • Quality of Connected Lives assessments (Check)
Expand **adult crisis support and pathways**	• Establish an Enhanced Discharge Team to support step down from inpatient care • Develop a MH Crisis Assessment Service (CAS) as an alternative to the acute emergency department • Work with acute Trusts & EEAST to strengthen ED pathways and develop a Mental Health AAU model		• < inappropriate out of area placements • <delayed Transfers of care • <waits for beds • <waits in acute EDs • Reduction in S136s
Develop **Community LD and crisis pathway**	• Develop the community LD & community forensic model with system partners • Evaluate & develop our future Assessment and Treatment Pathways and model • Evaluate Essex LD partnership outcomes		• < admissions • < length of stay & DTOCs • >alternative to admissions available • Essex model evaluated
Implement an **enhanced service for older people**, including dementia diagnosis	• Implement a countywide EMDASS and primary care dementia pathway across Hertfordshire • Improve pre-diagnosis support • Implement the new community and crisis model of older people's services, including care home support		• new dementia pathway in place • >dementia diagnosis • <waiting times • <crisis presentation/admissions • < admissions from care homes
Transform **Children & Young People's Mental Health**	• Develop and deliver a new model of inpatient and community services, including Forest House • Improve support for looked after children • Enhance support for the 18-25 cohort		• Targeted team review changes implemented • > positive transitions experience

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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, staff and partners)	Measurement (How we will know)
Support the development and **delivery of the Hertfordshire MH, LD & Autism Health & Care Partnership** (HCP)	• Support delivery with partners of the MHLDA HCP 2023/24 plan including the following • Develop co-occurring addictions pathways & services in partnership with public health & CGL • Develop pathways across the life span for neuro-developmental conditions with partners • Work with partners to align commissioning & provision within the MHLDA HCP • Work with partners to develop MHLDA population health reporting across the HWE ICB	Service users will • Experience more joined up care across organisations and pathways • Experience improved outcomes • Have improved access to the right support and care • Have increased life opportunities Staff will • Feel supported to influence across all the geographical areas in which the Trust operates • Feel well represented across geographical ICBs • Feel able to advocate for and improve services Partners will • Value HPFT as a partner & collaborator • Feel engaged & part of Herts MHLDA HCP • Be able to demonstrate the impact of collaborative working for the populations we serve • Feel supported to develop & delivery plans and services for MHLDA population and needs	• HCP Plan & outcomes delivered • Co-occurring addictions business developed and mobilised • Relationships between HPFT and community partners including VCSFE evidenced • MHLDA & HCP reflected in ICBs 5 year forward plans • Population health reporting for MH, LD & Autism agreed
Advocate and maintain a **high profile for MH, LD & Autism** across Hertfordshire, Norfolk, Essex & Bucks Integrated Care Systems	• Support the development of mental health, learning disabilities and autism strategies within ICB/Ps and Place based HCPs. • Refresh our stakeholder plan and develop a structured approach to relationship management at a local, regional and national level • Deliver an effective feedback process that captures partner feedback • Further build our relationships in Norfolk, Essex and Buckinghamshire • Ensure the Trust is engaged in service & financial planning across ICBs		• >representation across ICBs, in addition partner member HWE • MHIS & SDF funding secured • HPFT stakeholder & partnership plan developed • MHLDA agreed as a priority area within all ICBs & Joint 5 Year Forward Plans • Geographical HCP strategies include MHLDA priorities • Positive feedback from well led review stakeholder survey
Develop and deliver with the **East of England Collaborative**	• Review options around forensic provision and implications for HPFT • Mobilise commissioning of the Perinatal Mother and Baby service as lead provider, supporting the development of the model of care • Continue as Lead Provider for CAMHS to support transformation & delivery across the region		• Scoping document for women's forensic unit submitted • Perinatal commissioning mobilised • < waiting times to treatment/beds • <Out of Area Placements

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PUBLIC Board of Directors

Meeting Date:	30 March 2023	Agenda Item: 11
Subject:	Financial Planning 2023/24 - update	For Publication: Yes
Author:	Paul Ronald Director of Finance & Estates	Approved by: Paul Ronald Director of Finance & Estates
Presented by:	Paul Ronald Director of Finance & Estates	

Purpose of the report:

This report updates the Board on the Trust's financial planning for 2023/24. The report advises that the Trust is unable to set a balanced financial plan at this time, the reasons for this and the further work being undertaken to complete. The report notes the ongoing discussions with the ICB on additional funding to address the step change in service demand.

The current stage of the financial plan reflects it is the first year of the new ICB structure with financial plans developed at ICS level with a responsibility across individual organisations to work together to achieve financial balance. This is similarly ongoing.

Action required:

To consider this report on the development of the Trust's financial planning for 2023/24, the improved position to an £18.1m deficit from that previously reported, and the further actions being taken and to approve this financial Plan for submission on the due date recognising that the planning discussions and completion will continue.

Summary and recommendations

The Trust has continued to scrutinise the financial planning model and to reflect the positive improvement in financial performance during recent months particularly from discussions with commissioners securing additional income for the Trust.

Since February, the following three strands of work have been progressed :
1. **Negotiations with Commissioners.**
2. **Implementation of financial recovery actions and development of delivering value programme for 2023/24;**
3. **Refinement of the financial planning model, considering in-year financial recovery work and improvement in the 2022/23 deficit position, before release of Trust reserves;**

Progress in each of these three areas enables the Trust to present an improved planning position for 2023/24 of £18.1m. This reflects an improvement of c£7m.

Each of these areas of work are considered further in this paper, along with next steps and further actions with the potential to move the Trust closer to a balanced position for 2023/24.

It's clear that additional funding will be required to achieve balance as a Trust whilst meeting current demand and to progress the long-term plan. These are difficult discussions given the current system financial position.

In terms of the submission by the ICB on 30th March it is recommended to submit the current position of £18.1m. The details of this were discussed in detail in FIC on March 23rd, 2023, and FIC supported this recommendation.

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

Delivery of Financial Plan and LTP priorities

Summary of Financial, IT, Staffing & Legal Implications:

Meet statutory financial duties

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

Considered as part of the development of this plan

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

Efficient and effective use of resources

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

Waterfall chart discussed by Executive 22 February 2023

2

1 Introduction

1.1 This paper updates progress on the Trust's financial planning for 2023/24. The planning position reflects national planning guidance, ongoing discussions with the ICB and local assumptions. The financial model underpinning this plan continues to be reviewed and updated iteratively in line with discussions within the ICB and to reflect progress in financial recovery over recent months.

1.2 The Trust continues to respond to address the ongoing cost pressures associated with out of area beds and the use of agency staffing through a wide range of measures within structured work programs focussed on inpatient admissions and length of stay (LOS), staff retention and well-being, enhanced community provision as well as a general focus on financial recovery.

1.3 Whilst these measures will lead to financial improvement, the step change in both service demand and care needs, requires additional commissioner investment beyond the MHIS (mental health investment standard) minimum requirement. These are challenging discussions requiring the ICB to direct funding in accordance with its priorities rather than based upon historic allocations. These discussions are being progressed with the ICB and with System partners through the ICB's 'Place' based structures.

2 Developments since Initial planning submission

2.1 In line with the national planning timetable the Trust submitted a financial planning position to NHSE in February reflective of the £25m deficit position shared with both FIC and the Trust Board.

2.2 Since February the following three strands of work have been progressed at pace:

- **Negotiations with Commissioners.**
- **Implementation of financial recovery actions and development of delivering value programme for 2023/24;**
- **Refinement of the financial planning model, considering in-year financial recovery work and improvement in the 2022/23 deficit position, before release of Trust reserves;**

2.3 Progress in each of these three areas enables the Trust to present an improved planning position for 2023/24 of £18.1m. This reflects an improvement of c£7m, which whilst still some way short of a balance position demonstrates positive progress.

2.4 Each of these areas of work are considered further below, along with next steps and further planning actions.

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Negotiations with Commissioners

2.5   Discussions continue with HWE ICB and other commissioners.

2.6   The two key elements of progress since February are:

An agreement to limit the application of Convergence efficiency to the value of System top-ups received. This yields a benefit to HPFT of £959k.

National 'surge' funding of £1.76m has been secured, (within a total of £11.5m for the HWE System).

2.7   The primary area of focus in discussions is OOA activity both in terms of funding the activity directly and funding internal plans to reduce this activity and the agreement .

HWE System position

2.8   As previously stated, 2023/24 is the first year in which the new ICB and wider System accountabilities impact NHS planning. Therefore, the approach to contracting and to managing allocations and priorities is very much in development.

2.9   The ICB has agreed 'planning positions' in respect of contractual opening positions for 2023/24 with each of the system partners. This is reflected in the Trust's financial model.

2.10   The System financial position at the February submission was a significant deficit. This has subsequently improved, at the time of writing, and is expected to improve marginally before the submission on March 30th. However, the level of deficit remains high and there are further planned meetings between the ICB, and the regional and national team planned

2.11   The ICB DoF met with all provider DoFs to challenge and confirm their respective planning assumptions and modelling with a view to improving the System position overall and this led to the current position.

2.12   HPFT was the first organisation to meet with the ICB DoF and because of the detailed work undertaken internally in refining the financial model and the progress in reducing OOA beds, the Trust reduced the planning deficit by £3.9m to £18.1m.

Financial Recovery Actions and development of DV programme for 2023/24

2.13   Financial recovery actions continue to focus on four key areas of expenditure:

- **Out of area bed placements (OOA);**

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- **Use of temporary staffing, (particularly agency staffing);**
- **Corporate costs; and,**
- **Recovery of all income due.**

2.14   A comprehensive plan to reduce OOA activity is being worked up. This reflects a 12-month plan to reduce OOAs to forty-two by the end of 2023/24. Delivery of this plan will require investment, both in terms of clinical resource and community services, to establish sustainable pathway changes for the benefit of SUs. Funding for this investment remains under discussion with commissioners.

2.15   The initial planning position of £25m deficit assumed 67 OOA placements throughout 2023/24, (the level seen during Q3 2022/23) – before the application of any associated reductions, through delivering value. During March 2023 activity has reduced to c56 OOA beds. If sustained, this reduction in OOA activity equates to c£3m over a full year.

2.16   In addition to the above, the trust has high confidence in the recovery of a rates rebate of £700k in 2023/24 which is currently being assessed by local Councils.

2.17   The £25m deficit planning position included a requirement for £7.06m cash releasing efficiencies. Currently, DV schemes have been identified to the value of £9.4m, with project documentation for these being finalised this week.

2.18   Both nationally and locally there is pressure for all organisations to reflect a minimum level of efficiencies of at least 4%, (of gross expenditure). The £7.06m above reflects 1.8% for HPFT. As detailed at the FIC the revised submission will report £15m of efficiencies through further review and importantly through extending the reporting to include productivity gains which are not cash releasing but an important element of the Trusts action to prevent further cost escalation. The full detail of this was discussed within FIC

2.19   In considering any increase in the planned level of cash releasing efficiencies it is crucial that quality and safety of services is not compromised. Quality impact assessments are undertaken for all proposed schemes of £200k or more and all schemes with potential to impact the quality of patient facing services – regardless of value.

Refinement of the Trust's financial model

2.21   The financial model has been updated to reflect the items above.

2.22   The Trust is also able to build in the progress of financial recovery actions and internal cost control in recognising an additional £4.2m of low-risk cash releasing savings. This reflects the rates rebate and OOA activity reductions being realised in March.

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2.23   Social care commissioners (HCC) have also recently confirmed that inflationary/cost of living funding will be paid to the Trust at c9% to be passed on to social care providers. This had previously been recognised as an excess inflation cost pressure within the Trust's plan.

2.25   The following table illustrates the movement for 2023/24.

Planning Gap		25,000
Commissioner changes		
Convergence efficiency limited to value of System top-up	959	
National surge funding (NR)	1,769	
		(2,728)
		22,272
Internal modelling changes		
Increased DV efficiency		(4,200)
		18,072

2.26   The table below sets out the revised summary financial plan for 2023/24:

		£'000s
Income		
Patient Care income		340,548
Non-NHS - Social Care (IHCCT/HWE)		22,536
Non-patient care income		10,472
Income Total		373,556
Operating expenditure		
Pay Costs		
Agency		(13,454)
Bank & Substantive		(213,279)
Total pay costs		(226,732)
Non-Pay costs		
Secondary Commissioning - PC		(49,365)
Secondary Commissioning - non-PC		(48,247)
Drugs		(4,114)
Other		(8,647)
Total non-pay costs		(110,374)
Overhead costs		(37,815)
Energy		(2,430)
Financing Costs		(14,277)
Surplus/(Deficit)		(18,072)

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2.27   importantly the Trust plan retains provision for new investment of £8.9m in services to take forward LTP priorities and to progress the Trust's Annual Plan.

Provider Collaborative

2.27   The paragraphs below summarise the provider collaborative draft planning position for 2023/24.

2.28   It is anticipated all contract prices will be increased by the national uplift and the final budget will be set on these uplifted values. In the absence of confirmed alterative values, the figures in the national planning guidance will be applied for the start of the fiscal year.

2.29   Lead Provider contract values are expected to be the same as the 22/23 values, plus the full year effect of any in-year adjustments uplifted by the nation uplift factor. The recurrent baseline has been confirmed. For 2023/24 these will include the additional for Extraordinary Packages of Care (EPCs) reflecting the agreed final offer made by NHSE.

2.30   Local NHS provider contract values have not yet been discussed with providers, but activity plans are at a level that is significantly below contracted activity levels, the budgeted contract values have not been reduced to reflect any planned underperformance.

2.31   Budgets for independent sector placements are to be set based on the activity plans and using 22/23 average price to estimate cost. Prices for the main five independent sector providers will be negotiated by NHSEI at a national level. It is assumed that if prices are agreed at above the rate of inflation in the Lead Provider contracts, additional funding will be provided (as in 22/23).

3   Further Actions

3.1   As reported above the setting of both the ICB and individual Trust plans continues. Finalising the financial plan will require a combination of the following:

Secure additional MH funding through the ICB to meet the increased population service need, both recurrent and transitional to support financial recovery;
Release additional savings from internal efficiencies;
Being clear on the investment priorities for new funding and being able to provide the system confidence on the ability to implement these service developments quickly and effectively.

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3.2 The Trust is progressing discussions with the ICB over additional funding. A key element of this is the stepped increase in demand and need for additional inpatient beds estimated at c£15m to fully fund the population demand for inpatient mental health and LD services inpatient needs. At a meeting with the regional finance team this was fully set out and acknowledged as the major driver of the current deficit.

3.3 The following additional income sources are also being actively progressed:

The ICB have indicated they would support using a major element of the Discharge funding income for 2023/24 (total fund circa £9m) to focus on addressing the causes of delayed discharges. The Trust received only limited funding from this source in 2022/23.
In 2022/23 there has been new funding agreed late in the year. In some cases, such as the recently approved ADHD business case this funding will be deferred into 2023/24. These amounts are not yet reflected in the plan. (circa £2m in total)

4 Key Risks and Mitigations

4.1 The position set out in the current draft of the Plan shows a particularly challenging financial position which is reflected across most systems and providers as the health economy seeks to reset after the Covid period. Whereas in 2022/23 providers were able to make use of some non-recurrent income and had built some balance sheet flexibility to meet the immediate cost pressures, this is not the case in 2023/24. The discussions with the ICB to date have been positive but have not yet yielded any significant resource beyond that which is mandated. The Trusts position of being a robust system player committed to working transparently and collaboratively is recognised by the ICB and is viewed positively. This will be important in meeting the collective challenges ahead with several key systemic risks as follows:

Demand for services or workforce challenges preventing reduction in capacity to pre-pandemic levels and reduction in use of OOA beds;
Inability to recruit/retain to substantive workforce;
Delivery risk associated with DV programme;
Inflation and supply pressures
Challenged financial position of partners within the HWE System;
Unaffordability of our financial ask of Commissioners.

4.2 It is important to note that there remains a risk associated with the 'financial planning' contract baseline issued by the ICB for HPFT of £4.5m. This has been discussed with the ICB, who recognises this position and is keen to support the Trust with this increased baseline.

5 Conclusion

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5.1   The Trust has been able to improve its financial planning position for 2023/24 from £25m deficit to £18.1m deficit through a combination of securing additional investment and by levering the internal progress in financial recovery actions and focus.

5.2   However, the agreement of a balanced financial plan for the year remains challenging and will require further support from the ICB and system partners in recognising the current position of the Trust regarding the level and nature of service demand. In closing the current funding gap, a continued focus on collective working and aligning the related funding accordingly will be key and will require the ICB to lead this. We continue to collaborate with partners to achieve this whilst recognising the areas where we can accelerate our own plans.

5.3   The Trust's financial planning gap and the drivers of the gap are well known and well understood. We will continue to take the steps to address these through the successful delivery of our annual plan priorities. With a strong record of success and with the support of the ICB as set out above, then the Trust remains confident it can deliver a financial plan which also progresses the Long-Term Plan commitments.

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PUBLIC Board of Directors

Meeting Date:	30 March 2023	Agenda Item: 12
Subject:	Draft Capital Plan 2023/24	For Publication: Yes
Author:	Sam Garrett, Financial Controller and Allan Morley, Associate Director of Estates & Facilities	Approved by: Rob Croot, Deputy Director of Finance
Presented by:	Sam Garrett, Financial Controller	

Purpose of the report:

To present the draft Capital Programme for 2023/24. This Plan will be submitted as part of the Financial Plan submission on March 30th, 2023.

Action required:

To note the reduced capital investment limit (CDEL) for 2023/24 and to consider the draft Capital Programme for 2023/24. The paper was presented and reviewed at the FIC on March 23rd and recommended for approval.

Summary and recommendations to the FIC:

This paper sets out a draft Capital Programme for 2023/24, along with indicative numbers for a further two years.

Capital funding is set to reduce from 2022/23 to 2023/24 as indicated below; at present levels for future years are not known but are assumed to be at a similar level. For 2023/24 System CDEL of £9.0m is expected, along with National Digitisation CDEL of £1.9m. Added to this are the proceeds of the sale of Harper Lane, expected to complete in Quarter 1, bringing the total Capital Investment Programme to £12.3m for the year.

Table 1

£000	22/23	23/24	24/25	25/26	
System CDEL	10,948	8,980	8,980	8,980	25/26 assumed only
National Digitisation CDEL	2,347	1,942	0	0	Unknown from 24/25
Total CDEL	13,295	10,922	8,980	8,980	
Disposals	1,345	1,350	1,600	0	Potential disposal for 24/25
Net Investment Programme	14,640	12,272	10,580	8,980	

The Trust is on target to deliver its Capital Programme in full in 2022/23 and has plans to fully deploy resources in 2023/24. A draft Capital Programme for 2023/24 is set out in the paper, this has been discussed with Operational leads (Managing Directors) and by the Executive Team, with the overall approach also discussed at the March 2023 Modernising our Estate meeting.

The programme incorporates the completion of 2022/23 schemes and new schemes for investment in Digital, Backlog Maintenance, Sustainability, Medical Devices, and Reactive Capital, with several specific schemes planned. New schemes are prioritised according to service need and service user impact. Table 2 below summarises the planned programme to date:

Table 2

A	Completion of Existing Schemes	1,659
B	Proposed 23/24 Schemes relating to Patient Safety	2,639
C	Recurrent Capital Funding Requirements	5,759
	Subtotal	**10,057**
D1	Discretionary tbc - Glaxo Unit	1,350
D2	Discretionary to be prioritised from planning list	1,865
	Total	**13,272**
	Total Funding Available	12,272
	Initial Planned Over Commitment	**-1,000**
E	Additional Schemes in Planning Phases	tbc

The Estates and Finance teams will continue to collaborate closely with operational teams to schedule works and to achieve the smooth running of capital works. IT schemes and developments will also be linked in to ensure that works take place together where at all possible.

The Trust has invested significant capital in recent years which has made a real and appreciable difference to Trust environments and to the experience of service users and carers; this will continue in 2023/24.

Relationship with the Annual 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

Executive Team 22nd February 2023
Updated from version to FIC 28th February 2023

1.   Introduction

1.1   The Trust has had a significant Capital Investment Programme over the last few years which has supported the Trust's Strategic objectives.

1.2   This paper sets out below the expected CDEL and disposals, and the associated proposed draft Capital Investment Programme for 2023/24, as well as indicative numbers for future years.

2.   CDEL and available funding 2023/24 onwards

2.1   For 2023/24 the Capital Investment Programme totals £12.3m and comprises several elements: CDEL of £10.9m (comprising System CDEL of £9.0m and National Digitisation CDEL of £1.9m); and a planned disposal of £1.35m. The values shown for 2024/25 and beyond are indicative only at this stage, subject to further national guidance. These are below for information, along with a comparison to 2022/23:

Table 1 – CDEL and Gross Programme 22/23 to 25/26

£000	22/23	23/24	24/25	25/26	
System CDEL	10,948	8,980	8,980	8,980	25/26 assumed only
National Digitisation CDEL	2,347	1,942	0	0	Unknown from 24/25
Total CDEL	13,295	10,922	8,980	8,980	
Disposals	1,345	1,350	1,600	0	Potential disposal for 24/25
Net Investment Programme	14,640	12,272	10,580	8,980	

3.   Process of Drafting the Capital Investment Programme

3.1   The draft Capital Programme seeks to balance completion of existing capital schemes and provision of priority new works, with maintenance or reactive items, and continued significant planned investment in Digital, in line with the Trust's Strategy. Projects are prioritised using an established system that primarily prioritises schemes with most service user benefit, as well as ensuring that different areas of the Trust get a "fair share" of capital resources available.

3.2   The draft Programme includes all potential projects notified to Estates to date, including reprofiled schemes from 2022/23 and completion of Oak Ward and the Lexden A&T Unit (started 2021/22 and 2022/23 respectively).   It also includes elements for Backlog Maintenance, Reactive Operational Capital, and Digital spend, as well as a rolling programme of Sustainability elements and a replacement Medical Devices plan.   In building the plan, there has been engagement with key Operational leads, SBU Managing Directors, who have had an opportunity to review this, add items, and comment on priorities.   The

Executive Team discussed the programme and requested some amendments on 22nd February, and the Modernising our Estate meeting met in March and discussed the plan; this paper has been revised in line with these discussions.

3.3   The list of schemes remains draft at this stage and will be informed by progress in concluding 2022/23 schemes, with any slippage in-year prioritised for completion in 2023/24.   It has been grouped into the following sections: Completion of Current Schemes; Proposed 23/24 New Schemes related to patient safety; Recurrent Capital Funding Requirements; Discretionary Capital Projects; and Projects in Planning (this closing section includes planning beyond just 2023/24).

3.4   No allocations have been included for potential new builds at Stevenage or Lexden at present, on the basis that these schemes will only progress if additional national capital funding is made available to the Trust.

3.5   The planned disposal in 2023/24 at Harper Lane is well-progressed, and whilst planning permission for the buyer's proposed development scheme is still outstanding, a contract contingent on this permission is due to be signed in the coming weeks. Full completion is now expected during 2023/24.

4.   Draft Capital Investment Programme

4.1   The draft programme for 2023/24 is split into five groups as detailed in 3.3 above. The two continuing schemes are expected to cost £1.7m in 2023/24, with a further £2.6m on priority patient safety-related schemes, and £5.8m on recurrent requirements such as Digital and maintenance; taken together these total £10.1m. Taken against the available programme funding of £12.3m, this leaves £2.2m available; a list of discretionary projects totalling £3.2m has been prioritised to over-commit by £1.0m initially, to allow for slippage and any material change to scheme values.

Table 2 Initial Summary of Scheme Group Totals

A	Completion of Existing Schemes	1,659
B	Proposed 23/24 Schemes relating to Patient Safety	2,639
C	Recurrent Capital Funding Requirements	5,759
	Subtotal	**10,057**
D1	Discretionary tbc - Glaxo Unit	1,350
D2	Discretionary to be prioritised from planning list	1,865
	Total	**13,272**
	Total Funding Available	12,272
	Initial Planned Over Commitment	**-1,000**
E	Additional Schemes in Planning Phases	tbc

The following sections set this out in more detail.

4.2 Completion of Current Schemes

A	Completion of Existing Schemes		
	Scheme	**Description**	**Amount**
	Lexden A&T*	Completion - expected May 2023	159
	Oak Ward	Completion - expected August 2023	1,500
	*Subject to agreement	**Total**	**1,659**

4.3 Proposed 23/24 New Schemes Relating to Patient Safety

B	Proposed 23/24 Schemes relating to Patient Safety		
	Scheme	**Description**	**Amount**
	Beech Ward gate	Secure vehicle entrance	132
	CCTV Phase 3	15 Forest Lane, 2 BG, Lambourn, Rosanne	706
	KfC bathrooms	13 priority refurbishments	150
	Nurse call bell system	Albany, Hampden, Seward, Lambourn, Oak, Beech, KfC	279
	Medical devices	Replacement for EOL - Anaesthetic machine & monitors, ECGs	288
	Beech Ward seclusion room	Upgrading existing suite	134
	Elizabeth Court relocation	Improve environment for older adults	750
	Fire Compliance	Placeholder, new FRAs being completed	200
		Total	**2,639**

The schemes within B are all related to service user safety or experience and as such are considered significant priorities for the Trust; in some cases, they relate to CQC requirements, such as the nurse call bell system.

4.4 Recurrent Capital Funding Requirements

C	Recurrent Capital Funding Requirements		
	Scheme	**Description**	**Amount**
	Digitisation	Supported by ring-fenced national CDEL	1,942
	Laptops, mobiles ec		880
	Backlog maintenance	To include: Gainsford/Hampden roofs; 3 BG internal doors; Forest Lane external windows/doors; KfC boiler upgrade & redecs	1,300
	Reactive Operational Capital	Allowance for small unplanned minor works, damage etc	1,137
	Sustainability	As per Green Plan rolling programme	500
		Total	**5,759**

The schemes within C relate to the national digitisation programme, separately funded; recurrent requirements such as IT equipment; energy efficiency schemes within the Green Plan; and for backlog maintenance and reactive capital to several smaller schemes to be progressed.

4.5 Discretionary Capital Projects

Of note in the discretionary projects below is the proposed conversion of Glaxo Unit to a crisis service; alternative sources of capital are being sought for this but if not available this will be a key priority for the Trust. Other discretionary

projects will be taken from the longer planning list current being prioritised. An initial over-commitment of c. £1.0m will be planned to allow for slippage.

D	Discretionary Capital Projects		
	Scheme	**Description**	**Amount**
	MH Crisis Assessment Centre	Conversion of an existing unit	1,350
	To be confirmed	Schemes prioritised from planning list E	1,865
	Includes planned over-commitment	**Total**	**3,215**

4.6 Projects in Planning

There are several projects currently in planning, these cover the potential for schemes beyond the initial 2023/24 fiscal year and some of these are at an early stage. Others are well-developed and are likely to form part of an over-commitment of between £0.5m and £1.0m, to cover any slippage that arises during the year.

E	Further Projects in Planning - agree a number of these as part of planned over-commitment		
	Scheme	**Description**	**Amount**
	Safety Suites	Robin and Swift	3,500
	Seclusion Rooms	Robin and Swift	280
	Albany Lodge doors	Replacement of 3 sets of external doors	25
	Gainsford House kitchen	Replacement of OT kitchen	20
	Warren Court garden	Astro turf space for exercise / therapies	418
	The Beacon rest area	External modular build	300
	East Herts Hub	Development of hub in the East - likely design fees only 23/24	100
	Female Forensic Unit	To develop new facility	1,074
	Little Plumstead Car Park		510
	Little Plumstead Woodview	Upgrading of garden	420
	Forest House Gardens	2, 3,4 & 6	602
	Waverley Road Phase 2	First floor offices	332
	Gainsford Bathrooms	Refurbishments	295
	Hampden Bathrooms	Refurbishments	295
	Lexden Reception area	Refurbishments	100
	Little Plumstead Car Park repa	Maintenance of existing	96
	SRS bathrooms	Place works (NB potential disposal)	120
	Elizabeth Court offices		TBC
	Dove Ward corridor room		TBC
	Crusader Park alterations		TBC
	KAO Park alterations		TBC
	Spinks Lane refurbishment	Refurbishments	TBC
	St Pauls external	Refurbishments	TBC
	Willowbank Open Space		TBC
	The Beacons kitchens	Refurbishments	TBC
	Autism friendly environments	Asif Zia	TBC
	Junior Doctors accommodation	Asif Zia	TBC
	PD Service	Andrew Godfrey	TBC
	Prospect House	Sarah Damms	TBC
	Civic Centre Borehamwood	Sarah Damms	TBC
	EMDASS to Kao Park	Fiona McMillan-Sheilds	TBC
	ADHD Service	Fiona McMillan-Sheilds	TBC

5.   Summary

5.1   The Trust has invested significant capital in recent years, and this has made a real and appreciable difference to Trust environments and to the experience of service users, carers, and staff; as well as enabling significant operational change to take place in line with Strategic Objectives and Annual Business Plans.

5.2   The draft Capital Plan for 2023/24 sets out a programme to invest £12.3m and members are invited to consider the schemes set out for investment in 2023/24 and to confirm that these reflect the priority areas for capital investment.

5.3   Provided confirmation is received from FIC and the Plan is subsequently approved by the Trust Board, the Estates and IM&T teams will go ahead with planning, including purchase orders where relevant. In the meantime, priority schemes have been approved to start to ensure there is no delay, in particular patient-safety related plans such as the nurse call bell systems and work at Elizabeth Court.

PUBLIC Board of Directors

Meeting Date:	30 March 2023	Agenda Item: 13
Subject:	Staff Survey Final Results 2022	For Publication: Yes
Author:	Sandy Hastilow, Head of Organisational Development	Approved by: Janet Lynch, Interim Executive Director, People and OD
Presented by:	Janet Lynch, Interim Executive Director, People and OD	

Purpose of the report:

The attached slides set out the results of the 2022 annual staff survey, undertaken last autumn and published earlier in March. The slides also include some comparisons with national, regional and local results and summarise the key themes for further action.

Action required:

To receive the findings of the 2022 National Staff Survey.

Summary and recommendations:

The attached slides set out the results of the 2022 annual staff survey which were published by the NHS Staff Survey team on 9th March 2023.

For HPFT the results were very positive, showing HPFT as one of the best places to work in the NHS. Overall HPFT was 5th in a group of 51 Mental Health, Learning Disability & Community Trusts with over 115,000 staff responding across that group. Our response rate of 50% was similar to the group as a whole.

HPFT results also compare very favourably with those for all trusts across the East of England Region, and has the best results within the HWE ICS, alongside Hertfordshire Community Trust. We have already been asked to share learning with others.

The slides give an overall summary of the results across the nine key "people promise" themes aligned to national people strategy, and for each of the sub themes. Scores for compassionate culture, staff engagement and motivation, and for "always learning" are among the best for mental health organisations, and the results include a national best score for staff feeling that their role makes a difference to service users. The headline WRES and WDES outcomes from the survey are also included, showing improvements across 7 of the 11 indicators.

Areas for more focus are similar to the previous survey and recognise that there is more to do to ensure that all staff share the most positive experiences, regardless of who they are or where they work. The results show that many staff are working additional hours in demanding roles, and that reducing violence and aggression remains a priority. The results have been shared with SBU's and service leads to consider local implications, and the Organisational Development team and HR business partners will provide further support. Engagement with all staff networks and more widely will continue in order to improve the experience of all staff.

The national results are also covered briefly within the slides, highlighting ongoing NHS pressures and falls in staff satisfaction around some key indicators. These include staff experience, discontent on pay, decrease in morale and recommendations of the NHS as a place to work and to

be cared for. The reduction in pay satisfaction is mirrored in HPFT's scores. While there is a slight deterioration in the scores of HPFT as a place to be cared for, the scores are well above the average, and the scores for place to work have improved and are among the highest nationally.

The Board is asked to receive this report.

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

The survey covers a wide range of areas with implications for equality and diversity and the results feed into WRES and WDES scores. The detailed allows analysis across a range of demographic and protected characteristics and this work will be undertaken over coming weeks and months, supporting the development of our belonging and inclusion programmes.

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
g/Board / Audit

Executive Team February 2023/ SLT February 2023/ IGC 16th March 2023.

2022 Staff Survey Results

Published March 2023

FOR HEALTHCARE LEADERS

HSJ

The best mental health trusts to work at

Top five in England

Trust	2019	2020	2021	2022
NAVIGO Health and Social Care CIC	76%	81%	85%	78%
Berkshire Healthcare NHS Foundation Trust	71%	78%	74%	73%
Solent NHS Trust	69%	76%	73%	73%
Hertfordshire Partnership University NHS Foundation Trust	74%	76%	71%	72%
Oxleas NHS Foundation Trust	67%	71%	69%	72%

as one

Our Values
Welcoming Kind Positive Respectful Professional

NHS Staff Survey: Who took part?

The charts below show the number of staff who responded to the survey in 2022

By organisation type

Organisation	Number
Acute and Acute & Community Trusts	431,292
Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts	115,361
Ambulance Trusts	25,813
Community Trusts	24,650
Acute Specialist Trusts	15,013
ICBs	14,806
Other non-trust organisations	9,413

By occupation group*

Occupation	Number
Registered Nurses and Midwives	177,121
Allied Health Professionals	93,131
Admin and Clerical	91,149
Nursing or Healthcare Assistants	44,823
Medical and Dental	44,613
Central Functions	38,995
Scientific and Technical	35,562
Ambulance (operational)	21,296
Maintenance/Ancillary	20,842
General Management	16,773
Commissioning	7,697
Social Care	3,600
Public Health	2,589
Other	25,619

National results - headlines

Results highlight ongoing NHS pressures - falls in staff satisfaction around some key indicators.

- Decline in scores against some key markers of staff experience
- Discontent on pay
- Overall decrease in staff morale
- Recommendation of NHS as a place to work – fallen from 59.4% to 57.4%
- Recommendation as a place to be cared for fallen from 67.8% to 62.9%

More positively:

- Improvement in staff perception of support for learning and development
- Increases in feelings around positive teamworking and support from line managers

National results
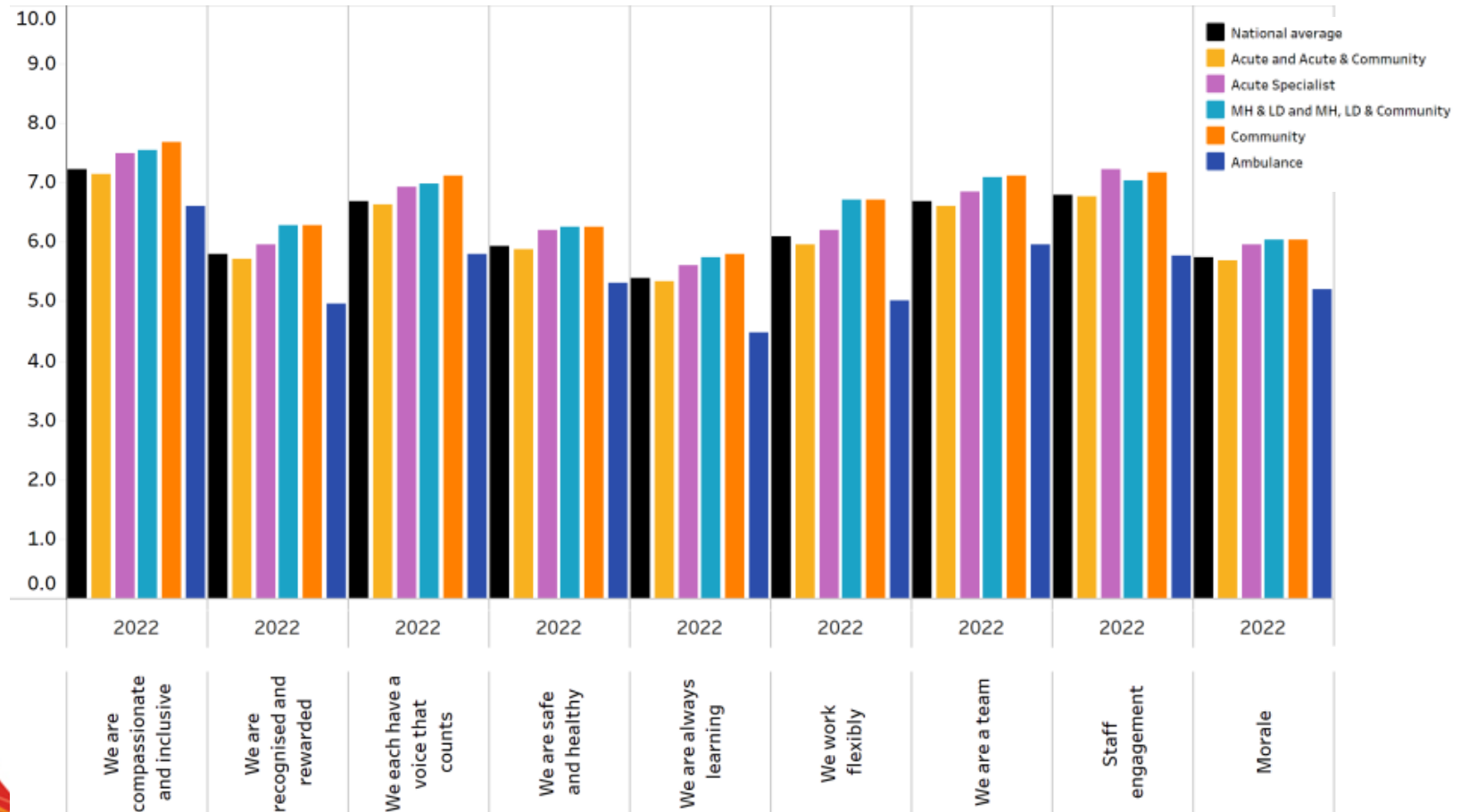
Comparative results

Mental health:

- overall 5th best nationally

- highest scoring: Derbyshire; Berkshire, Surrey Borders, CNTW

Region (all trusts)

- Higher than all other than Norfolk Community, Cambridge Community and equal with HCT

System:

- HWE – HCT has similar scores
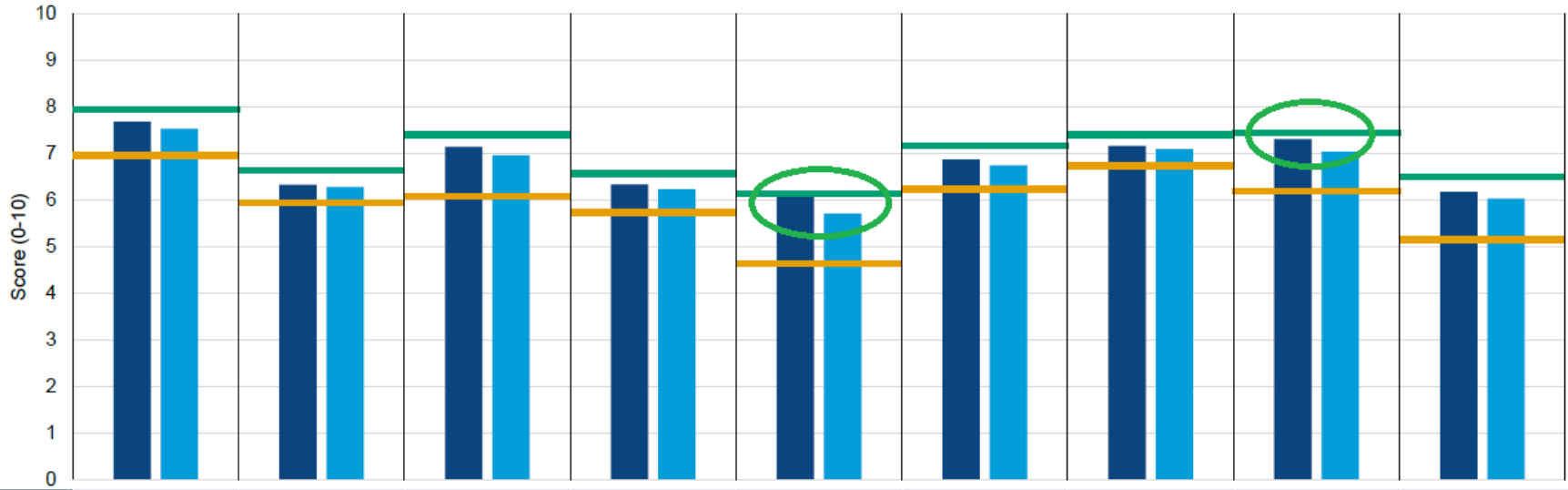
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Your org	7.7	6.3	7.1	6.3	6.1	6.9	7.2	7.3	6.2
Best	7.9	6.6	7.4	6.6	6.1	7.2	7.4	7.4	6.5
Average	7.5	6.3	7.0	6.2	5.7	6.7	7.1	7.0	6.0
Worst	7.0	5.9	6.1	5.7	4.6	6.2	6.7	6.2	5.2
Responses	1825	1827	1818	1818	1711	1825	1826	1827	1827

HPFT -staff engagement
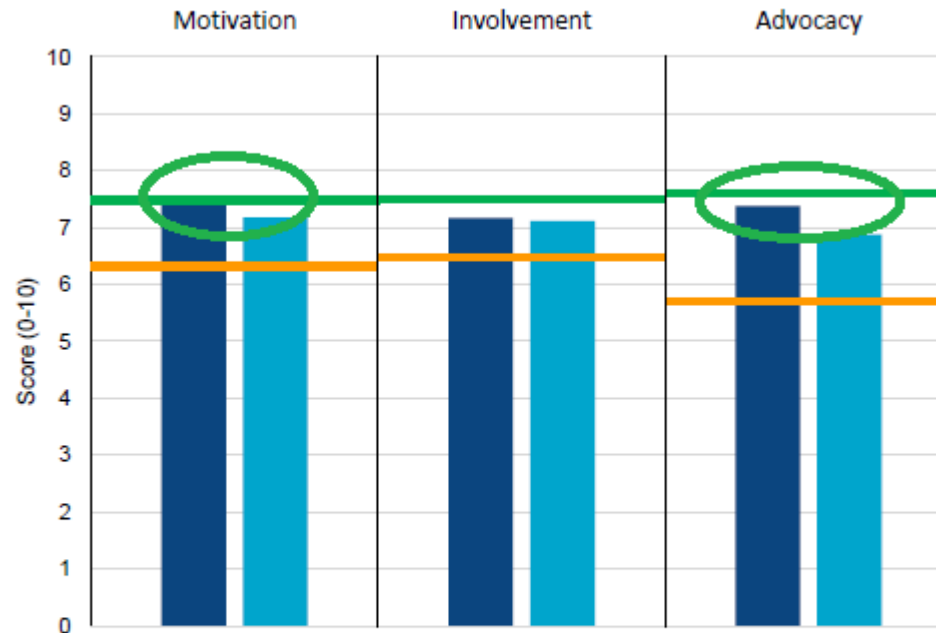
	Motivation	Involvement	Advocacy
Your org	7.4	7.2	7.4
Best	7.5	7.5	7.6
Average	7.2	7.1	6.9
Worst	6.3	6.5	5.7
Responses	1805	1828	1822
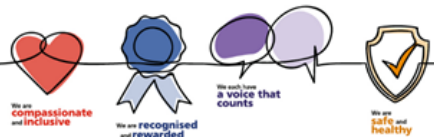
HPFT - we are compassionate and inclusive

We are compassionate and inclusive

	Compassionate culture	Compassionate leadership	Diversity and equality	Inclusion
Your org	7.6	7.5	8.3	7.3
Best	7.7	7.8	8.7	7.6
Average	7.2	7.4	8.3	7.3
Worst	6.2	7.2	7.3	6.8
Responses	1822	1827	1814	1827

Our values
Welcoming Kind Positive Respectful Professional

HPFT - we are safe and healthy

We are safe and healthy
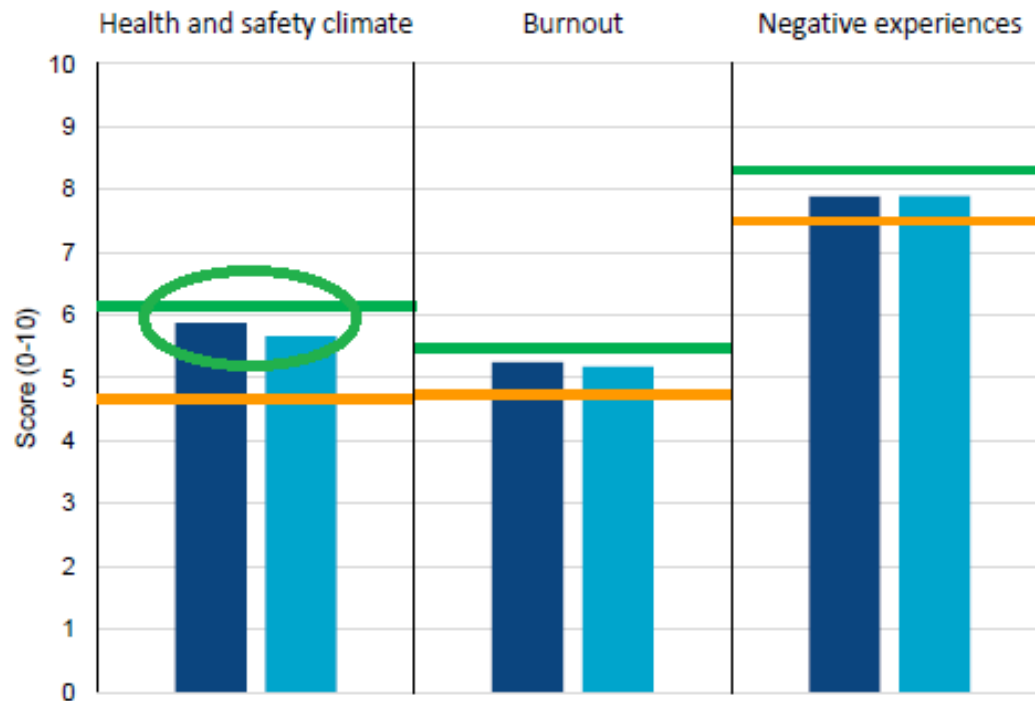
	Health and safety climate	Burnout	Negative experiences
Your org	5.9	5.3	7.9
Best	6.2	5.5	8.3
Average	5.7	5.2	7.9
Worst	4.7	4.7	7.5
Responses	1828	1824	1822

HPFT - we each have a voice that counts

We each have a
voice that counts
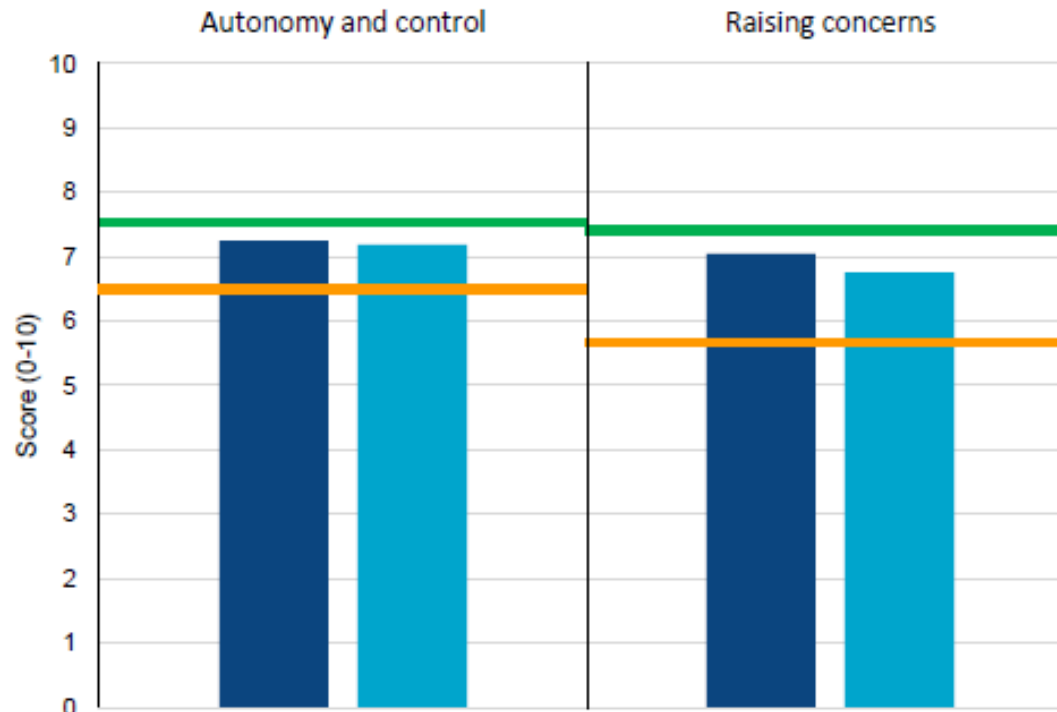
	Autonomy and control	Raising concerns
Your org	7.2	7.0
Best	7.5	7.4
Average	7.2	6.8
Worst	6.5	5.7
Responses	1828	1819

Our values
Welcoming Kind Positive Respectful Professional

HPFT - we are always learning

We are always
learning
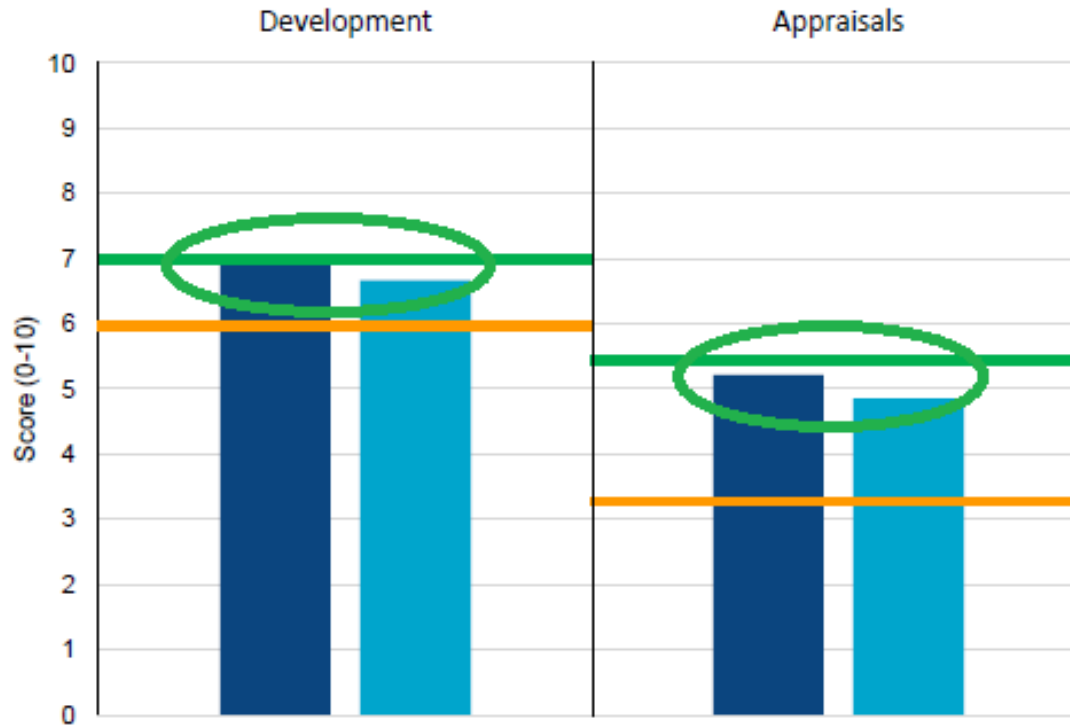
	Development	Appraisals
Your org	7.0	5.2
Best	7.0	5.4
Average	6.7	4.9
Worst	6.0	3.3
Responses	1822	1718

as one

Our values
Welcoming Kind Positive Respectful Professional

HPFT - we work flexibly

We work flexibly

Support for work-life balance | Flexible working

Score (0-10)
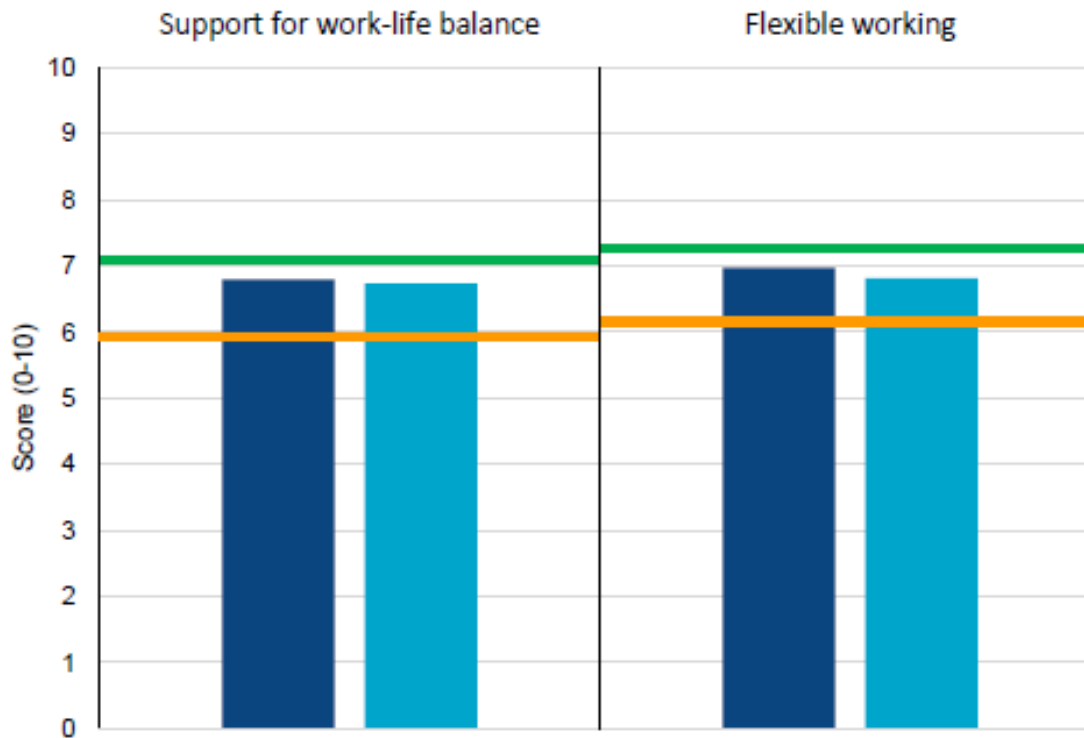
	Support for work-life balance	Flexible working
Your org	6.8	7.0
Best	7.1	7.3
Average	6.7	6.8
Worst	5.9	6.1
Responses	1826	1827

WRES data

	2019	2020	2021	2022
Percentage of staff experiencing harassment, bullying, abuse from SUs, relatives or public in last 12 months	35.6% (White staff 26.4%)	29% (White staff 24.9%)	30.8% (White staff 22.4%)	29.1% (White staff 20.9%)
Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	25% (White staff 20%)	20% (White staff 18.3%)	19.30% (White staff 16%)	21% (White staff 16.4%)
Percentage of staff believing that trust provides equal opportunities for career progression or promotion	52.70% (White staff 65%)	45.90% (White staff 67%)	49% (White staff 64.2%)	51.9% (White staff 67.8%)
Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues	14% (White staff 6%)	12.10% (White staff 5.6%)	13.20% (White staff 6.8%)	13.5% (White staff 6.5%)

WDES data

	2019 – with a LTC or illness?		2020 – with a LTC or illness?		2021 - With a LTC or illness?		2022 With a LTC or illness?	
	Yes	No	Yes	No	Yes	No	Yes	No
HPFT provides equal opportunities for career progression or promotion	58.80%	62.40%	57.60%	61.80%	55%	61.90%	61.8%	63.2%
Experienced harassment/bullying/abuse from service users, relatives or public in last 12 months	35.60%	27%	31.10%	25%	32.20%	22.40%	25.6%	22.4%
Experienced harassment, bullying or abuse from manager in last 12 months	14.20%	9.90%	13.30%	8.20%	13.40%	6.70%	11.3%	6.5%
Experienced harassment, bullying or abuse from colleagues in last 12 months	20.90%	13.90%	17.80%	12.30%	16.60%	11.60%	17%	12.5%
They/colleague reported the harassment, bullying or abuse the last time it was experienced	58.4%	59.4%	62.6%	57.3%	57%	64.2%	63.8%	70.1%
Felt pressure from manager to come to work when not well enough to perform their duties	18.7%	14.4%	17.6%	16.5%	17%	16.4%	17.4%	12.1%
Satisfied with extent organisation values their work	56.5%	59.9%	51.9%	60.9%	47.6%	58.8%	51.3%	56.9%
Employer has made adequate adjustments to enable them to carry out their work	81%	-	86.8%	-	83.5%	-	83.7%	-
Staff engagement score	73%	74%	73%	75%	71%	74%	72%	74%

as one

Our values
Welcoming Kind Positive Respectful Professional

Areas for focus…

- Working additional paid & unpaid hours
- Discrimination, particularly racial, remains a concern (although improvements for people with long term health conditions)
- Satisfaction with pay reduced significantly in line with NHS as a whole
- Levels of violence and aggression remain higher than average

Belonging & Inclusion

Self Care

Reducing Violence & Aggression

as one

Our Values
Welcoming Kind Positive Respectful Professional

Summary

- Proud to work for HPFT & recommend us

- Proud of the standard of care we provide

- Service users are our top priority

- Highly engaged, motivated and emotionally invested

- Strong compassionate culture

- Supported and looked after through:
  - Excellent health and wellbeing support
  - Work-life balance and flexible working
  - Opportunities for learning & development & to fulfil potential
  - Safety culture, confident to raise concerns and that they will be addressed

PUBLIC Board of Directors

Meeting Date:	30 March 2023	**Agenda Item:** 14
Subject:	Gender Pay Gap	**For Publication:** Yes
Author:	Maria Gregoriou, Associate Director of People	**Approved by:** Janet Lynch, Interim Director of People and Organisational Development
Presented by:	Janet Lynch, Interim Director of People and Organisational Development	

Purpose of the report:

To set out the snapshot gender pay gap data as at 31ˢᵗ March 2022 as required for statutory reporting.

Action required:

The Board is asked to receive the report.

Summary and recommendations to Execs:

The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017, which came into force on 31ˢᵗ March 2017, made it a statutory requirement for organisations with 250 or more employees to report their gender pay gap annually. The legislation aims to support further progress in workforce equality and inclusion.

This report outlines the definitions and scope of the gender pay gap reporting requirements, and summarises the key indicators for the reporting period as:

- A mean gender pay gap of 8.91%, a small decrease from 9.92% in 2021.
- A mean gender bonus pay gap of 35.37%, an increase from 24.4% in 2021.

The report also sets out the trends for HPFT since the duty to report commenced and some of the actions to be taken to address gender pay gap issues.

The Board is asked to receive this report.

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

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 Financial, IT, Staffing & Legal Implications:

Legal requirement to report.

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

Fulfils our statutory obligations under the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017.

Evidence for S4BH; 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 Team 7 March 2023

IGC 16 March 2023

Gender Pay Gap Report
For the period ending 31st March 2022

1. Introduction

1.1 The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017, which came into force on 31st March 2017, made it a statutory requirement for organisations with 250 or more employees to report their gender pay gap annually. The legislation aims to support further progress in workforce equality and inclusion.

1.2 This report outlines the definitions and scope of the gender pay gap reporting requirements, and summarises the key indicators for the reporting period as:

- A mean gender pay gap of 8.91%, a small decrease from 9.92% in 2021.
- A mean gender bonus pay gap of 35.37%, an increase from 24.4% in 2021.

1.3 The report also sets out the trends for HPFT since the duty to report commenced and some of the actions to be taken to address gender pay gap issues.

2. Background to Gender Pay Gap Reporting

2.1 The NHS national pay frameworks including Agenda for Change are designed to ensure a fair system of pay for NHS employees and these are fully embedded within the Trust, supporting the principles of equal opportunities and equal treatment for all employees regardless of sex, race, religion or belief, age, marriage or civil partnership, pregnancy / maternity, sexual orientation, gender reassignment or disability.

2.2 It has been a legal requirement for public sector organisations with more than 250 employees to report annually on their gender pay gap since March 2017. Reports must include:

- The mean and median gender pay gaps
- The mean and median gender bonus gaps
- The proportion of men and women who received bonuses
- The proportions of male and female employees in each pay quartile

2.2 The Gender Pay Reporting regulations were specifically introduced to facilitate a national shift towards greater equality in the average hourly earnings of men and women. This is influenced by a range of factors, including:

- Women historically working in lower-paid occupations and sectors and occupying fewer senior roles
- Women taking time out and / or working part-time due to unequal sharing of caring responsibilities
- Historical stereotyping and workplace cultures that were unsupportive

2.3 The Trust's first report was published in 2018 and was informed by 'snapshot data' as of 30th March 2017. The second and third reports were published in 2019, and 2020 and were informed by 'snapshot data' as of 30th March for each previous reporting year. This year's report is informed by 'snapshot data' as of 30th March 2022.

3. Definitions and Scope

3.1 The definitions set out in the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 and NHS Employers guidance on the definitions of ordinary and bonus pay have been followed in preparing this report.

3.2 There are six measures that must be included in a gender pay gap report:

- The mean gender pay gap
- The median gender pay gap
- The mean gender bonus gap
- The median gender bonus gap
- The proportions of men and women who received a bonus
- The proportions of men and women in each quartile pay bands

3.3 The gender pay gap is defined as the gap between the mean or median hourly rate of pay that male and female colleagues receive.

3.4 The mean pay gap is the difference between the average hourly earnings of men and women – i.e. the hourly gap divided by the average for men equates to the mean gender pay gap. Generally, the median gives a representative picture for a 'typical' worker but hides the effects of the very best paid people at the top. If the mean gap is much bigger than the median, this tells us that the people at the top of the company are overwhelmingly men and are paid considerably more than the average.

3.5 The median pay gap is calculated on the difference between the midpoints in the ranges of hourly earnings of men and women. It is based on taking all salaries in the sample, lines them up in order from lowest to highest and picks the middle-most salary.

3.6 The gender pay gap shows the difference in the average pay between all men and women in the workforce and is different to equal pay. Equal pay deals with pay differences between men and women who carry out the same, or similar, jobs or for work of equal value. It is unlawful to pay people unequally on the basis of gender. It is possible to have pay equality but still have a significant gender pay gap.

3.7 This report is based on rates of pay as of 31st March 2022 and any bonuses paid in the year 1st April 2021 to 31st March 2022. It includes all workers in scope as of 31st March 2022. In scope means all staff employed under a contract of employment including those under Agenda for Change terms and conditions, Medical and Dental terms and conditions and Trust contracts for very senior manager roles (VSM).

3.8 The calculation of hourly rate of pay includes 'Full Pay Relevant Employees'. This means any employee who was employed on the snapshot date of 31st March 2022 and who was paid their usual full basic pay. That full basic pay includes;

- Basic Pay
- Paid Leave – including annual leave, sick pay, maternity, paternity, adoption and parental leave (except where the employee is paid less than usual or is in the nil pay element of maternity leave)
- Area and other allowances
- Shift premium pay (which is defined as the difference between basic pay and any higher rate paid for work during different times of the day or night)
- Bank pay

3.9 It does not include any of the following elements:

- Remuneration referred to as overtime
- Remuneration referred to as redundancy
- Remuneration in lieu of leave

3.10   Only staff employed by the Trust at the snapshot date of 31st March 2022 are included in this report. This includes the Trust's bank staff. All data is taken from the Electronic Staff Record system (ESR).

4.   Findings for 2022

Gender Profile

4.1   For context, the workforce at HPFT is predominantly female (76%) which is in common with the wider NHS:

Female		Male	
3062		1083	
74%	Female Male	26%	

Mean Gender Pay Gap and Median Gender Pay Gap

4.2   At HPFT, there is a mean gender pay gap of 8.91% and a median pay gap of -0.30%.

Mean Hourly Rate

£20.48   8.91% Difference   £18.65
£1.83

Median Hourly Rate

£16.88   -0.30% Difference   £16.93
£-0.05
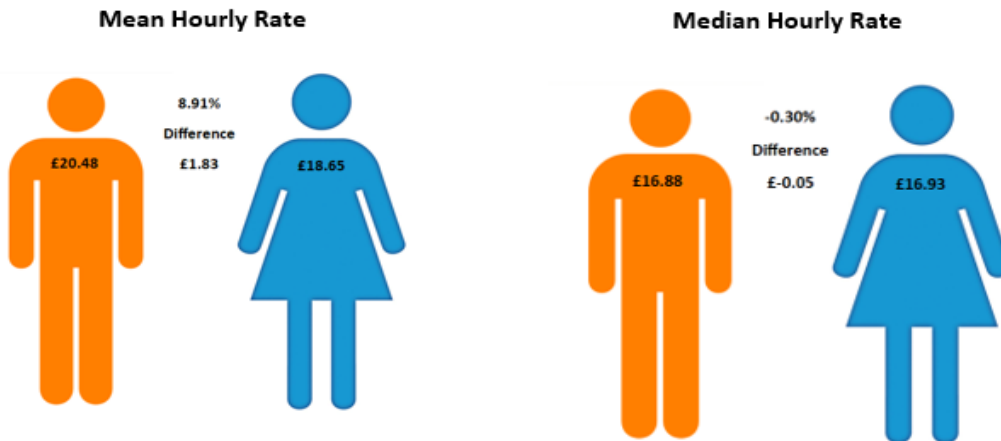
Mean Bonus Gender Pay Gap and Median Bonus Gender Pay Gap

4.3   The Trust's Mean Bonus Gender Pay Gap for the period was 35.37% and Median Bonus Gender Pay Gap was 50%:

Mean Bonus Pay — £10,167 / £3,596 / £6,571 — 35.37% Difference

Median Bonus Pay — £6,032 / £3,016 / £3,016 — 50.00% Difference
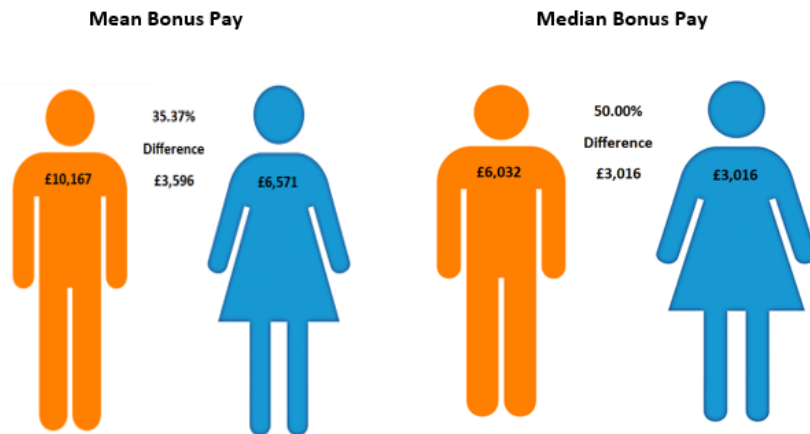
4.4 'Bonus pay' means any remuneration that is in the form of money relating to productivity, performance or incentive, and for HPFT the only relevant payments for the reporting period were:

- Clinical Excellence Awards (CEA's)for consultant medical staff – for the reporting period there were 21 male consultants and 19 female consultants in receipt of payments. The CEA payments reflected in the data were for the competitive round for the year 2019/2020. These payments were based on applications which were then reviewed and marked in line with the policy in place at the time. Since then, payments for CEA's have been made on a different basis, with no application process, and instead all eligible consultants received an equal payment, regardless of full time or part time status. This may show a different impact on the gender bonus pay gap for the next report.

- "Refer a Friend" incentive scheme – during the reporting period, 4 male and 8 females received such a payment.

Gender	Number paid a bonus	Total Employees	% Receiving a bonus
Female	27	3062	0.88%
Male	25	1083	2.31%

4.5 The mean gender bonus pay gap was 35.37% in favour of males, equating to an average £3,596 more than their female colleagues. This compares with a mean gender bonus pay gap of 24.4% in the previous year. The median gender bonus pay gap of 50% compares with 8.93% for March 2021.

HPFT Gender Pay Gap Quartiles

4.6 The graphic below illustrates the proportions of men and women in each quartile of the Trust's pay bands. For clarity, Quartile 1 is our lowest pay band quartile and quartile 4 is our highest pay band quartile.

Quartile 1 — 26.14% / 73.86%
Quartile 2 — 26.88% / 73.12%
Quartile 3 — 20.72% / 79.28%
Quartile 4 — 30.84% / 69.16%

Female | Male
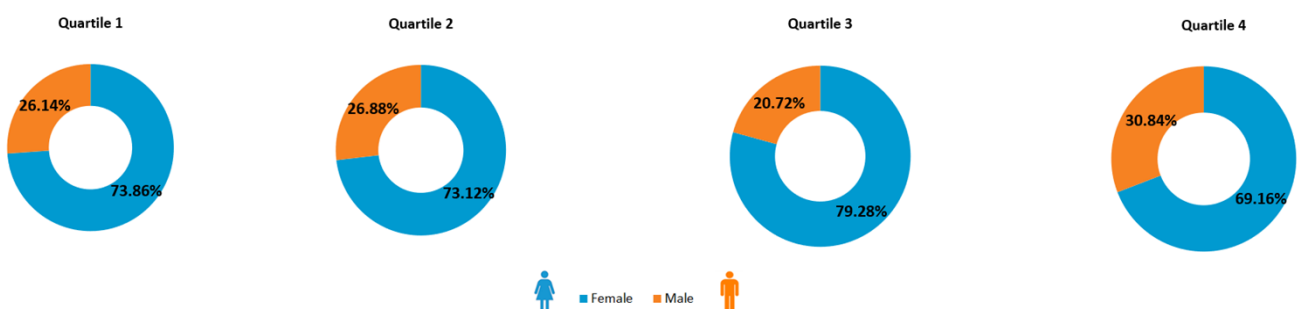
4.7   In the 4th quartile), women are underrepresented by approximately 5% against the overall workforce profile position, whilst still being the larger group within the category. Historically, there is higher male representation at a senior level in the NHS overall.

4.8   The Trust's gender profile by pay band is shown below:
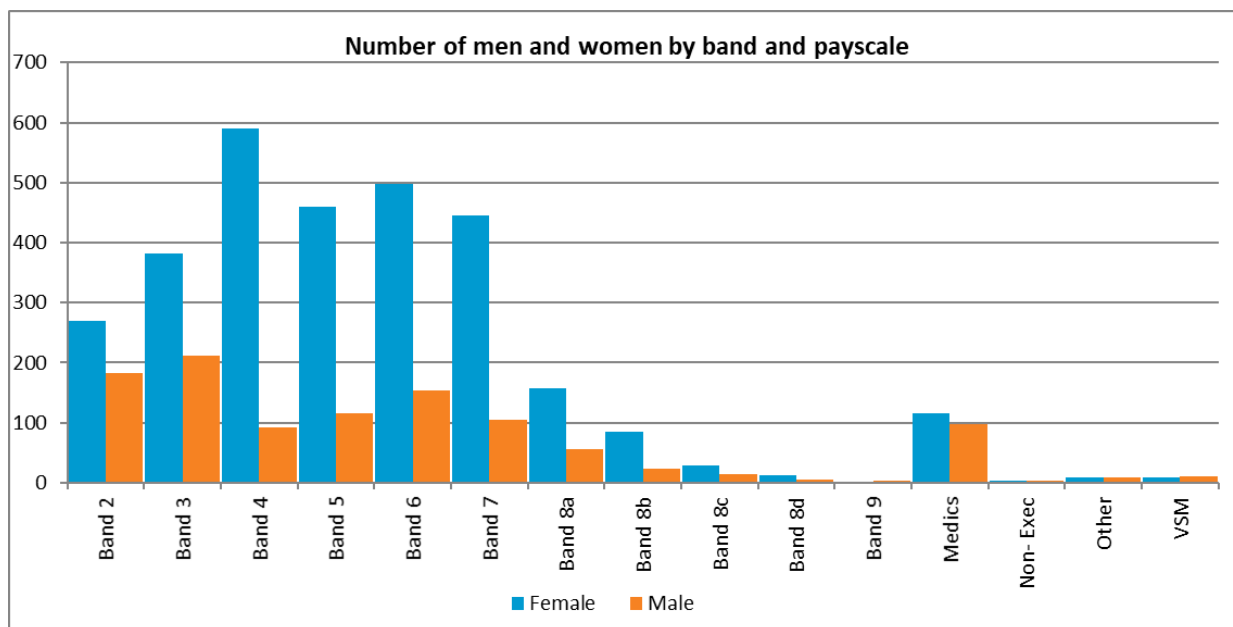
4.9   The data also shows that at VSM level, our mean gender pay gap is 2.28% (a reduction from 5.39% in 2021), and that for medical staff there is a mean gender pay gap of 7.89% (a decrease from 8.08% in 2021).

5.   Gender Pay Gap Trends and Comparisons

5.1   The hourly gender pay gap and gender bonus pay gap variations for HPFT for the period since the reporting requirements were introduced are set out below:

	2017	2018	2019	2020	2021	2022
% Hourly Rate -Mean	7.67%	10.67%	11.55%	10.10%	9.92%	8.91%
% Hourly Rate- Median	2.91%	2.56%	4.66%	4.11%	2.33%	-0.30%
% Bonus Pay - Mean	1.59%	36.34%	22.28%	38.52%	24.40%	35.37%
% Bonus Pay - Median	56.45%	66.29%	23.55%	51.78%	8.93%	50.00%
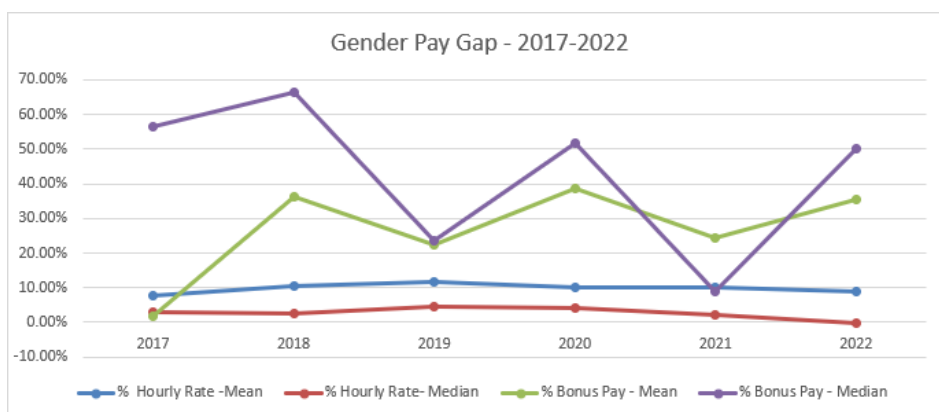
5.2 Details of gender pay gap metrics from other NHS trusts for 2022 were not available at the time of preparing this report. However, the table below sets out the publicly available results for a sample of five local mental health provider trusts for 2021 and will be updated once the data for 2022 becomes available. The comparisons show broadly consistent mean gender pay gaps across the sample group, with much more variability in relation to the mean bonus gender pay gap. For reference too, the average gender pay gap for all organisations that reported in for 2021 was 10.4%, the same as the previous year.

Trust	Mean gender pay gap 2021	Mean gender bonus pay gap 2021
HPFT	9.9%	24.4%
EPUT	11.9%	47.0%
CPFT	12.0%	0%
NSFT	13.8%	33.7%
BEH	6.3%	52.0%
ELFT	11.7%	47.4%

6. Conclusion and Next Steps

6.1 The findings for 2022, while likely to be largely consistent with the wider NHS position, show that there is more to do to make a positive impact on gender pay difference. The Trust's new five-year strategy, shortly to be finalised, and the annual plan priorities for 2023/24 include a range of measures that support workforce equalities overall including implementing the new belonging and inclusion strategy. Further engagement with the Trust's Women's network will help to co-produce specific actions on gender pay, including:

- Expanding inclusion approaches to recruitment and talent management with inclusion ambassadors and training for recruiting managers
- Building on positive staff survey feedback to further promoting flexible working
- Changing the recruitment and selection policy so that all acting up and secondment opportunities are advertised across the Trust to better enable fairness and equality
- Expanding inclusive leadership development offers and succession planning

6.2 The Board is asked to receive this report.

PUBLIC Board of Directors

Meeting Date:	30 March 2023	Agenda Item: 15	
Subject:	Equality Delivery System	For Publication: Yes	
Author:	Kate Linhart, Deputy Director, Integration and Partnerships Leah Bailey, Inclusion, Volunteer & Involvement Manager Clive Saunders, Inclusion and Involvement Lead	Approved by: Janet Lynch Interim Director of People and OD	
Presented by:	Janet Lynch Interim Director of People and OD		

Purpose of the report:

This report provides an overview of the recent NHS Equality Delivery System (EDS) review, required to be undertaken by all NHS employers.

Action required:

The Board is asked to note the report and support the proposed grading.

Summary and recommendations to the Executive Team:

The NHS Equality Delivery System (EDS) is one of the improvement tools and mechanisms which aim to help employers address inequalities. All NHS trusts are required to complete and publish a grading review using EDS, and this report sets out the findings of the review completed for HPFT for 2022/23.

The report shows an overall rating for 2022 for HPFT as "achieving", with a score of 23 against a maximum of 33. All three of the domains have been rated as achieving, but the priorities included in the annual plan for 2023/24 show how further improvements will be made towards achieving a rating of "excelling." These priorities include the co-production of a Patient Carer Race Equality Framework (PCREF) plan for 23/24, which will work with underserved communities to identify actions to improve equity of access, and the launch of the new Belonging and Inclusion strategy.

The Board is asked to note the report and support the proposed grading.

Relationship with the Annual 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 Finance, Staffing, IT and Legal

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

This report forms part of the Trust's approach to equalities and is required under NHS EDS arrangements.

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

None

Seen by the following committee(s) on date:

Equality Delivery System

1. Introduction

Addressing inequalities for services users and staff is fundamental to everything that we do at HPFT, and our new five-year strategy, to be finalised in May 2023, sets this as an integral strand.

The NHS Equality Delivery System (EDS) is one of the improvement tools and mechanisms which will support this approach. All NHS trusts are required to complete and publish a grading review using EDS, and this report sets out the findings of the review completed for 2022/23. HPFT's last EDS grading review was undertaken and published in 2019/20, although since then the framework has been refined.

The 2022/2023 review is considered as a transitional year for EDS with implementation not mandatory until 2023/24. The next review will be expected to have a broader, systems focus, and work will be done with HWE partners over the next 12 months.

The report shows an overall rating for 2022 for HPFT as "achieving", with a score of 23 against a maximum of 33. All three of the domains have been rated as achieving, but the priorities included in our annual plan for 2023/24 show how further improvements will be made towards achieving a rating of "excelling." These priorities include the co-production of a Patient Carer Race Equality Framework (PCREF) plan for 23/24, which will work with underserved communities to identify actions to improve equity of access, and the launch of our new Belonging and Inclusion strategy.

2. Background

Implementation of the Equality Delivery System (EDS) is a requirement for both NHS commissioners and NHS providers. The EDS is an improvement tool for patients, staff and leaders of the NHS. It is intended to support organisations to review and develop their approach in addressing health inequalities through three domains which cover services, workforce and leadership. It is driven by data, evidence, engagement and insight.

In 2022/2023 the EDS assessment framework was refined nationally to be a more robust assessment method, aligned with the evolving NHS landscape as well as with the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and NHS People Plan. Subsequently, the EDS2022 framework became comprised of 11 specific outcomes that are grouped across the following three domains:

Domain 1: Commissioned or Provided Services	Focuses on service user access and experience, reducing inequalities and enabling better health outcomes
Domain 2: Workforce Health and Wellbeing	Focuses on ensuring that all staff in the workforce are fully supported in relations to health and wellbeing
Domain 3: Inclusive Leadership	Explores how leadership demonstrates commitment to equality and how it identifies equality issues and manages them.

Each of the domains have set outcomes that must be evaluated and scored against set criteria using available evidence. These ratings provide assurance and/or provide direction for further improvement. The outcomes are scored from 0 – 3 and added together to reach an overall rating.

3. **EDS 2022 Summary for HPFT**

Appendix 1 sets out the findings, evidence and ratings for EDS 2022. In summary:

i)   **Domain 1 - Commissioned and Provided Services**

This domain for this iteration of the EDS is rated only on a selection of services, rather than across all services provided. There are four elements, all scored out of 3:

Patients (service users) have required levels of access to the service	2
Individual patients (service users) health needs are met	2
When patients (service users) use the service, they are free from harm	2
Patients (service users) report positive experiences of the service	2
Overall rating	8

ii)   **Domain 2: Health and Wellbeing**

This domain covers four elements, each scored out of 3:

When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	2
When at work, staff are free from abuse, harassment, bullying and physical violence from any source	2
Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	2
Staff recommend the organisation as a place to work and receive treatment	3
Overall rating	9

iii)   **Domain 3: Inclusive Leadership**

Domain 3 has three elements, scored out of 3:

Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	2
Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	2
Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	2
Overall rating	6

All three of the domains have been rated as achieving, and this gives an overall rating for 2022 for HPFT as "achieving", with a score of 23 against a maximum of 33.

4. Next Steps and Recommendations

As referenced earlier in this paper, our annual plan for 2023/24 demonstrates how our approach to equalities will be delivered during the next year and includes actions for implementation and measures to help us assess how we are doing. The Board will receive regular progress reports on this as well as a range of other reports on specific aspects of equality and diversity.

The Board is asked to note the findings set out in this report and to support the proposed grading.

NHS Equality Delivery System (EDS)

Name of Organisation	Hertfordshire Partnership NHS Foundation Trust	Organisation Board Sponsor/Lead
		Janet Lynch, Interim Director of People and OD
Name of Integrated Care System	Herts and West Essex	

EDS Rating and Score Card

Undeveloped activity – **organisations score out of 0** for each outcome	Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped**
Developing activity – **organisations score out of 1** for each outcome	Those who score **between 8 and 21,** adding all outcome scores in all domains, are rated **Developing**
Achieving activity – **organisations score out of 2** for each outcome	Those who score **between 22 and 32,** adding all outcome scores in all domains, are rated **Achieving**
Excelling activity – **organisations score out of 3** for each outcome	Those who score **33,** adding all outcome scores in all domains, are rated **Excelling**

Domain 1: Commissioned or Provided Services

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	**Summary of services reviewed** Inequalities in access, experience and outcomes from mental health services exist for a number of groups with protected characteristics or other inclusion groups. This version of the EDS focuses on the Enhanced Primary Care Mental Health Service (EMPHS) for the purpose of ratings and improvements. EMPHS was established in Watford and Lower Lea Valley as part of an England pilot to implement the Community Mental Health Framework for Adults and Older Adults. Addressing Inequalities, Partnership working with communities and personalised practice are core requirements of this transformation programme. Watford and Lower Lea Valley deprivation scores are below the mean (interquartile range) for all local authority districts, with Lower Lea Valley been the most deprived area. Watford is one of the most ethnically diverse communities in Hertfordshire, with 61.9% of the population identifying as White British and 38.1% identify as other ethnicity (Black/Black British 5.8%, Asian/Asian British 17.9%). The service was evaluated in September 2022 using the following measures: • DIALOG • Access Data • Stakeholder Feedback • Friends and Family Survey • Incident Reporting System • Complaints	2	Deputy Director Integration and Partnerships/ Chief Operating Officer

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)

		Key findings:
		- The data quality index score for gender was 99.9%
		    ▪ 67% of service users identified as female and 32% as male.
		    ▪ Data capturing systems were optimised which enabled identification of service users who identify as non-binary (3), trans man (2) and trans woman (2).
		- The data quality index score for ethnicity was 82.1%
		    ▪ 62.4% of service users accessing the service identified as White British.
		    ▪ 19.5% of service users identified as other ethnicity.
		    ▪ 3% of service users identified as Black/Black British
		    ▪ 4% of service users identified as Asian/Asian British
		- The data quality index score for sexual orientation was 72%
		    ▪ 1% of service users identified as Gay Men
		    ▪ 2% of service users identified as Gay Woman /Lesbian
		    ▪ 3% of service users identified as bisexual
		    ▪ The data quality index score for age was 100%
		    ▪ 23% of service users were 18-24
		    ▪ 75% of service users were 25-65
		    ▪ 1% of service users were 65+		

	1B: Individual patients (service users) health needs are met	**Key findings:** Outcomes by gender were broadly consistent, however data suggests overall improvement was 5.2% higher for service users who identified as Male in comparison to others • Most significant improvement for service users who identified as female was with Mental Health (32%), Leisure Activities (13%) and Medication (8%) • Service users who identified as male had significant improvements in their Mental Health (38.5%), Leisure Activities (19%), and Medication (7.7%)	2	Deputy Director Integration and Partnerships/ Chief Operating Officer

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
		• There were some limitations with collection of outcomes data for other gender groups. Paired scores will be available once service users have completed treatment. • Outcomes by sexual orientation and ethnicity indicates significant improvements for all service users with their mental health. • Service users who do not identify as heterosexual/straight had overall improvement 1% higher in comparison to service users who identify as heterosexual/straight. They had their most significant improvement in Mental Health (28%), Leisure Activities (18%) and Medication (12.5%). • Service users who identify as White British had an overall improvement 3.6% higher than other ethnic groups. • In comparison to service users who identify as White British, service users who identify as other ethnicity had higher improvements in their Mental Health (35.5%), Leisure Activities (14%), Personal Safety (11%) and Medication (11%). • Areas of noticeable deterioration for service users who identify as other ethnicity includes Physical Health (-1.5%), Job Situation (-3.4%) and Accommodation (-3.1%). • Service users across all age bandings have had their most significant improvements in mental health outcomes. Notably within the 65+ banding, Mental Health improvement was 43.8%. • Overall outcomes for the 65+ cohort was 11.3% which was skewed by the domains for Job Situation, Medication and Practical help. • Overall outcomes for service users aged 25-65 was 11%. • Service users 18-24 had the lowest improvement in their outcomes with overall score of 2.8%. Noticeable deterioration in physical Health (-2.6%), Job Situation (-6.8%), Accommodation (-2.2%) and Practical Help (-5.3%).		

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
	1C: When patients (service users) use the service, they are free from harm	• EMPHS has a low number of safety incidents • Safeguarding concerns are proactively reported	2	Deputy Director Strategy and Partnerships/ Chief Operating Officer
	1D: Patients (service users) report positive experiences of the service	**Key findings:** • Service users were generally satisfied with the Mental Health professional and the practical help they received. • Satisfaction with practical help received was higher for male (4.3%) in comparison to other genders. • Service users aged 65+ had the highest level of satisfaction (5.9%) with practical help in comparison to other age groups. Satisfaction with the mental health professional for this cohort was skewed (-2.4%) however, majority of service users scored their mental health professional higher during their second assessments. • Service users who identify as other ethnicity had a higher level of satisfaction with practical help (2.9%) in comparison to service users who identify as White British (2.1%). Satisfaction with mental health professionals was high across all ethnic groups however, service users who identify as White British scored their mental health professional higher 23.6%) in comparison to service users who identify as other ethnicity (14.4%). • Satisfaction with mental health professional was high for service users irrespective of their sexual orientation. Satisfaction with practical help received was relatively low for service users who identify as heterosexual/straight (0.2%) in comparison to other groups (8.5%).	2	Deputy Director Integration and Partnerships/ Chief Operating Officer
Domain 1: Commissioned or provided services overall rating			8	

Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	• Occupational Health support • Sickness absence data e.g. absence due to mental health conditions has reduced during 2022/23 • Provision of health checks • Health and wellbeing strategy supported by health and wellbeing team, health and wellbeing champions. Regular review through People and OD group. • Here for You service • Employee Assistance Provision – independently provided	2	Chief People Officer
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Staff Survey 2022: • 95% staff reported violence (improvement from 2021 and close to national best score) • 72.5% said trust takes positive action on health and wellbeing (improvement from 2021) • 18.2% of staff had experienced violence from service users, their relatives or members of the public (reduction over the past 5 years but still above average and further action required) • Freedom to Speak Up Guardian and champions	2	Chief People Officer/ Executive Director of Quality and Safety
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	• Employee Assistance Programme • Here for You service • Schwartz rounds • Occupational Health • Health and wellbeing champions • Freedom to Speak Up Guardian and champions	2	Chief People Officer/ Executive Director of Quality and Safety

	2D: Staff recommend the organisation as a place to work and receive treatment	Staff Survey 2022: • 71.9% of staff would recommend HPFT as a place to work (average across MH/LD providers 62.8%) • 68.9% of staff would recommend as a place to receive care (average across MH/LD providers 63.6%)	3	Chief People Officer
Domain 2: Workforce health and well-being overall rating			9	

Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	• Trust Board Chair champions equality through regular engagement with chairs of seven staff networks. • CPO acts as responsible executive for equalities • Executive Board members take on the role of Executive Sponsors of each of the 7 staff networks and regularly engage in their meetings. • Chief Executive has made EDI a key priority and regularly raises these issues in her blogs and also in the regular Chief Executive briefings. EDI has also been identified to be a core part of the revised Trust strategy. • Belonging and Inclusion strategy due to be launched following engagement with staff across Trust. • Regular specific items at Board and updates also through monthly people and OD reports. • Reviewing the makeup of the Board membership indicates that there is broad demographic representation including; disability, sex, sexual orientation, faith and ethnicity. • 2022 Staff Survey results 2022 broadly support that leadership is inclusive – 7.7 for the relevant theme, above average for MH/LD trusts • Within this theme, the Trust scores average or above average on all four elements. • There remains room for improvement - Staff Survey and WRES data indicate that there remains a lower level of satisfaction with the organisation from BAME and disabled staff, although 9 of 13 scores have improved since 2021.	2	Chief People Officer/ Involvement and Inclusion Lead

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	• EDI is a consistent feature in board papers where equality and health equality impacts are a standard consideration. • EDI considerations have been consistently featured in every Board meeting in 2022 as outlined in the minutes of all 7 Board meetings held during the year. • Actions plans are monitored through performance reports, there is now a quarterly performance report to the Board on some EDI issues. • Staff risk assessments have been introduced and include demographic considerations. Some reports also set out issues identified and actions to be taken to mitigate that issue where appropriate. • However, the dept of EDI coverage in reports to the Board vary from report to report and is an area that would benefit from more consistency.	2	Chief People Officer/ Involvement and Inclusion Lead

	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	- The Board considers reports on the performance of the Trust particularly but not exclusively identified through the Workforce Disability Equality Standard (WDES), Workforce Race Equality Standard (WRES) and gender pay gap reporting data. - Data is also gathered on service user facing activities including demographic considerations. Relevant issues/concerns reported to the Board. - Actions to inform improvements is also monitored by the Board. Each Board meeting consistently features EDI considerations. - Mechanisms such as service user and carer councils are in place to reflect on areas for improvement through their regular meetings that feeds into the Board. - Arrangements are in place for Experts by Experience to be engaged in recruitment processes for roles at all levels in the Trust; all board level recruitment during the period included experts by experience on the final selection panel. - Various initiatives have also been put in place to support improved performance in areas of EDI including: - Reverse mentoring programme - Inclusion Ambassadors programme with a focus on BAME and disabled staff - Disciplinary Review Decision making panel to address discrepancy in the disciplinary process etc - During and since COVID arrangements have been put in place to ensure risk assessments are done and reported to the Board including demographic data. - However, the governance structure for EDI performance has become less well defined than had previously been the case and this is an area that has been identified for improvement.	2	Chief People Officer/ Involvement and Inclusion Lead

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
		• Ethnicity pay gap reporting has been introduced but needs to be embedded into the regular performance reporting.		
Domain 3: Inclusive leadership overall rating			6	

Third-party involvement in Domain 3 rating and review	
Trade Union Rep(s): Unison & RCN	**Independent Evaluator(s)/Peer Reviewer(s):** Staff networks

EDS Organisation Rating (overall rating): 23
Organisation name(s): **Hertfordshire Partnership University NHS Foundation Trust**
Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped** Those who score **between 8 and 21,** adding all outcome scores in all domains, are rated **Developing** Those who score **between 22 and 32,** adding all outcome scores in all domains, are rated **Achieving** Those who score **33,** adding all outcome scores in all domains, are rated **Excelling**

Meeting Date:	30 March 2023		Agenda Item: 16
Subject:	Developing a new Trust Strategy 'Looking Forward Together' 23-28		For Publication: Yes
Author:	Simon Pattison, Deputy Director Strategy and Development and David Evans, Executive Director Strategy and Partnerships		Approved by: David Evans, Executive Director, Strategy and Partnerships
Presented by:	Karen Taylor, Chief Executive		

PUBLIC Board of Directors

Purpose of the report:

There will be a presentation at the meeting that will provide an update on the development of the new Trust Strategy 2023-2028 as part of the 'Looking Forward Together' programme of work.

Action required:

The Board are asked to:
• Note the progress made in developing the new strategy,
• Discuss and provide feedback on the emerging themes

Summary and recommendations:

Summary

The Trust set out a three-phase approach of discovery, engagement, and co-creation of its' new strategy. We are now entering the co-creation phase (third phase) with a view to finalising our new Trust strategy following presentation to Board in May 2023.

The presentation provides a summary of feedback we have heard, alongside the proposed themes for the new strategy and next steps.

Recommendation

The Board are asked to:
• Note the progress made in developing the new strategy,
• Discuss and provide feedback on the emerging themes

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

This is the updated Trust Strategy

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

There are no direct implications from this report

Equality & Diversity and Public & Patient Involvement Implications:

The Strategy includes a number of objectives that, if delivered, will have an impact on equality, diversity and public & patient involvement.

Last seen by:

Executive 15th March 2023, Finance and Investment Committee 23rd March 2023

LOOKING FORWARD TOGETHER: DEVELOPING A NEW TRUST STRATEGY 2023/28

30th March 2023

1. Introduction

As described in previous reports to Board we are developing a new Trust Strategy for the next five years. We have set out a three-phase approach of discovery, engagement, and co-creation of the new strategy. We are now entering the co-creation phase (third phase) with a view to finalising our new Trust strategy following presentation to Board in May 2023.

The presentation provides a summary of feedback we have heard, alongside the proposed themes for the new strategy and next steps.

2. Finalising the new Strategy

Between now and the end of April we will be talking to service users, carers, staff and partners about the new Strategy. We will be sharing with them the feedback that we received in the engagement phase and the commitments that we plan to make in the new Strategy. We will adapt and improve the proposed strategic priorities on the basis of this further engagement so that we are in a position to present a final version to Board in May. Further design work is then likely to be required before we formally launch the new strategy.

3. Recommendation

The Board are asked to:
* Note the progress made in developing the new strategy
* Discuss and provide feedback on the emerging themes

Looking Forward Together

Our next 5 years (2023-28)

Moving into the final phase - Co-creation

What are we doing & why is it important?

We are developing our new Trust wide Strategy (Plan) for the period 2023-2028

It guides what we do **together** to provide the best **care** and **outcomes** for our service users and carers

It **shapes** how we develop **services**

It informs how we **support** our **teams** and **staff**

as one

Our **Values**
Welcoming Kind Positive Respectful Professional

Where have we got to?

Engagement with One Vision community group, Watford

- We have talked and engaged extensively with staff, services users, carers, community groups and partners in statutory and VCFSE organisations

- We have been listening and collating all the feedback we have received

- We have started to think about what this feedback means and where we need to focus

Our values
Welcoming Kind Positive Respectful Professional
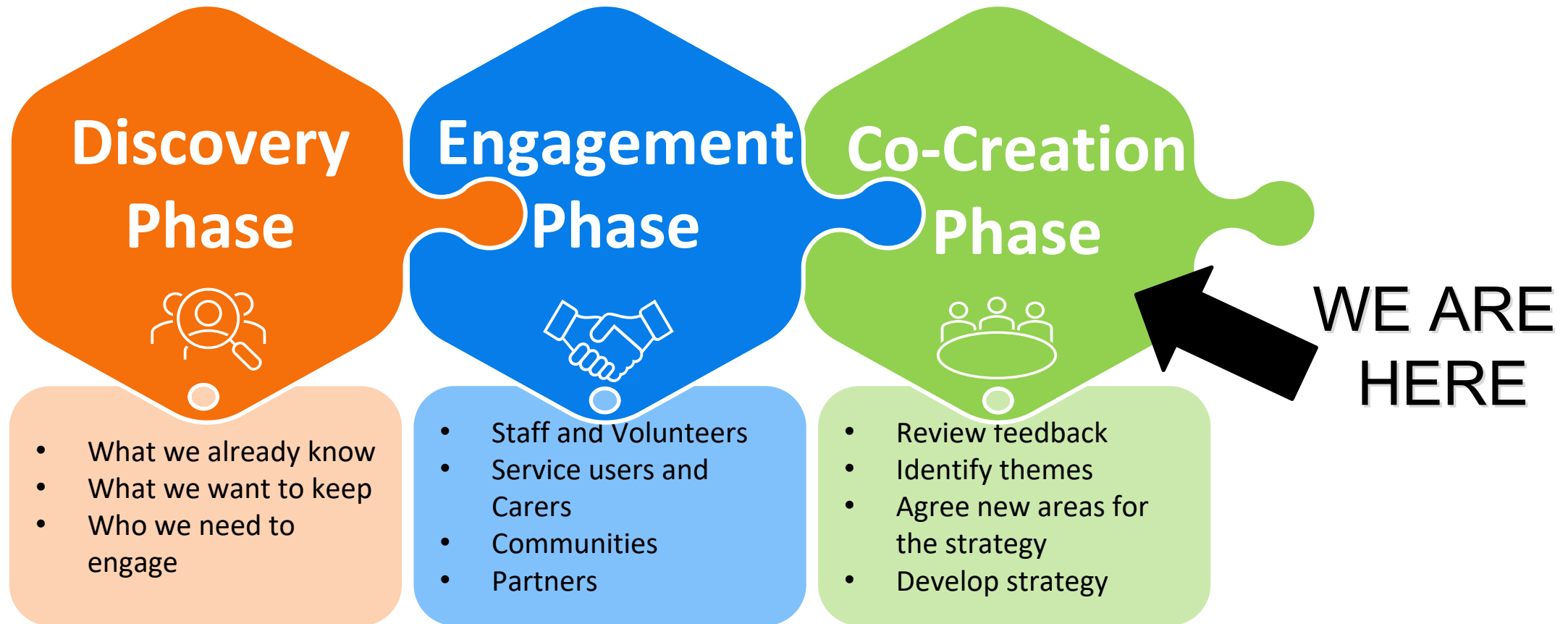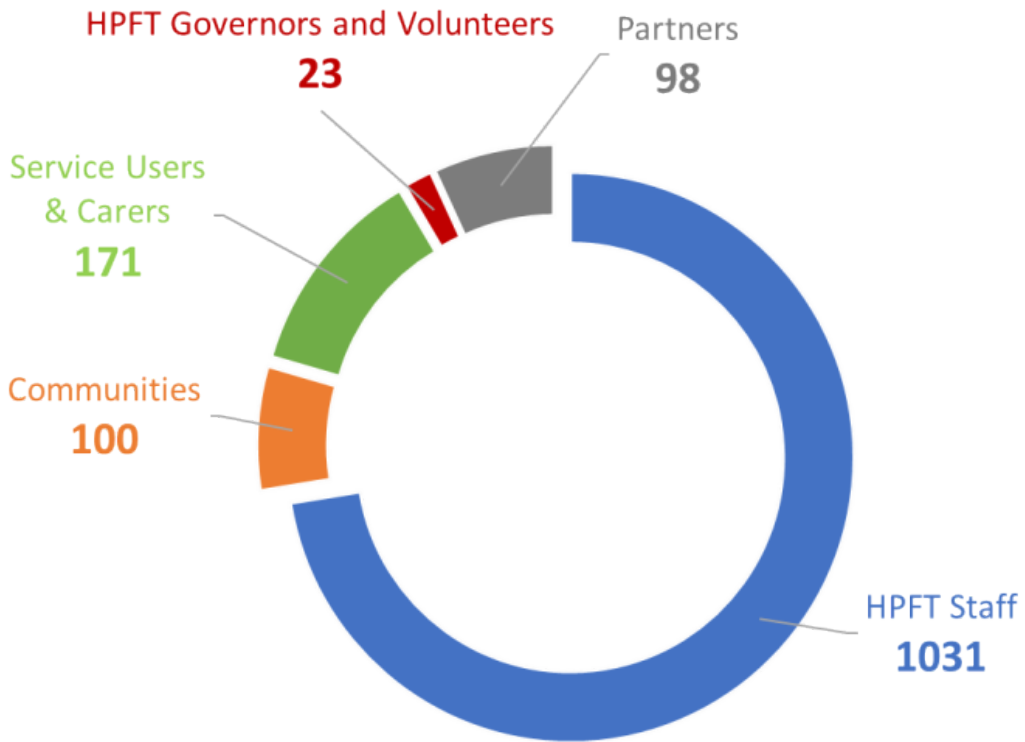
….by our Service Users and Carers
- Timely access & support
- Communication with me
- Making access easier for everyone

….by our staff
- Living our values (Pride in HPFT)
- Staffing levels – more staff needed
- Doing the right thing for service users and carers

And what we have heard is …...

….by our Service Users and Carers
- Timely Access & Caring Support
- Communication with me
- Making access easier for everyone

….by our staff
- Living our values (Pride in HPFT)
- Staffing levels – more staff needed
- Doing the right thing for service users and carers

- Want us to communicate in ways that are tailored to them, reflecting their needs and preferences
- Disadvantaged communities want us to focus on addressing inequalities & improving access
- Want caring, consistent staff who they trust and can build a relationships
- Come to work every day to provide the best care they can to support our service users & carers
- Are proud of what they do to
- Feel we need more staff and more development
- Enjoy improving services -it gives hope for the future

..our services must make a difference and we should aim to provide the best care, always

as one

Our values
Welcoming Kind Positive Respectful Professional

Quotes from our Staff

*"Proud of the **resilience** and **adaptability** of staff during the pandemic"*

*"....the **values** are really **visible** - they are ingrained in the organisation"*

*"....the outcomes we want to achieve for people....many of these can only be achieved in **partnership**"*

*"….people feel overburdened….**streamline processes** so staff can fully live and breathe our values"*

*"We need to keep the **service user at the heart of decisions**…*

Quotes from Service Users and Carers

*"....support service users and carers journeys with clear **communication** and **information**"*

*".... **Involve** service users in change processes. Don't make decisions without **consulting** service users and carers "*

*"Provide **support** for people on their **recovery** journey - particularly those who are struggling"*

*"Service users and carers are separate people with **different needs** "*

*Provide **peer support** to **reassure** people"*

as one

Our values
Welcoming Kind Positive Respectful Professional

Some direct quotes from communities….

"Sometimes cultural sensitivities regarding mental health mean that local mental health services are not appropriate, sometimes need to adapt and offer services where less social stigma"

"The stigma attached to a mental health diagnosis can be problematic….think more about holistic solutions to support people. This should be a person centred approach"

""Build trust with communities and engage with leader to improve access and experience "

"Support mechanisms in the community… neighbourhood support, community connectors, listening service (Peer support etc.)"

"Outreach into communities less likely to engage with NHS Mental Health in traditional settings"

"….Work collaborative with local partners to provide preventative care"

"Move away from a "once size fits all" approach - Personalise care for people based on their beliefs, cultures and lived experience "

Some of the same areas of focus remain, and there is new emphasis based on what we have heard

Focus on Recovery, Experience & Coproduction

You told us we need to…

- **Focus on what matters to service users and carers**

- **Place the voice of lived experience at the centre of our practice and approach**

- **Support people in their lives and in their communities**

Our focus will be on…..

- **Placing the voice of service users and carers at the heart of all we do**

- **Recovery and Trauma informed Approach to guide our practice across the organisation**

- **Coproduction and shared decision making**

Focus on Quality – Safety, Outcomes, Experience

You told us we need to…

- **Keep people safe – service users, carers, communities**

- **Focus on improving outcomes that matter to service users and carers**

- **Improve the experience, consistently for all**

Our focus will be on….

- **Safe environments, safe practice and safe behaviours**

- **Providing personalised care and support**

- **High quality, safe environments across all of our services**

- **Driving best practice consistently across the organisation**

Focus on Our People – Inclusive Culture and Staff Wellbeing

You told us we need to….

- **Look after our staff wellbeing so people can be the best they can at work**

- **Live by our values and focus on ensuring everyone feels they are included and belong**

- **Develop staff to have long and fulfilling careers**

Our focus will be on…..

- **Supporting staff with their mental and physical wellbeing**

- **Creating compassionate and caring teams with zero tolerance for discrimination**

- **Developing new roles and career pathways**

- **Recruiting more people with lived experience**

Focus on Equity and Addressing Inequalities

You told us we need to…

- **Build relationships with local communities to build trust and improve access**

- **Intervene earlier to stop people going into crisis**

- **Make sure anyone from the communities we serve can access the care when they need it**

Our focus will be on….

- **Employment from within our local communities and those with lived experience**

- **Working with partners to address the wider determinants of health e.g., housing, employment**

- **Adapting the way we communicate with, and support communities and people from different backgrounds**

Focus on Collaboration – Developing our Partnerships

You told us we need to…

- We need to work in partnership with other services, to support people in their lives

- Advocate and improve the lives of our service users and carers

Our focus will be on…

- Developing stronger partnerships that make it easier for people to live well

- Continuing to be a strong voice locally and nationally to support and raise awareness about mental health, learning disability and autism
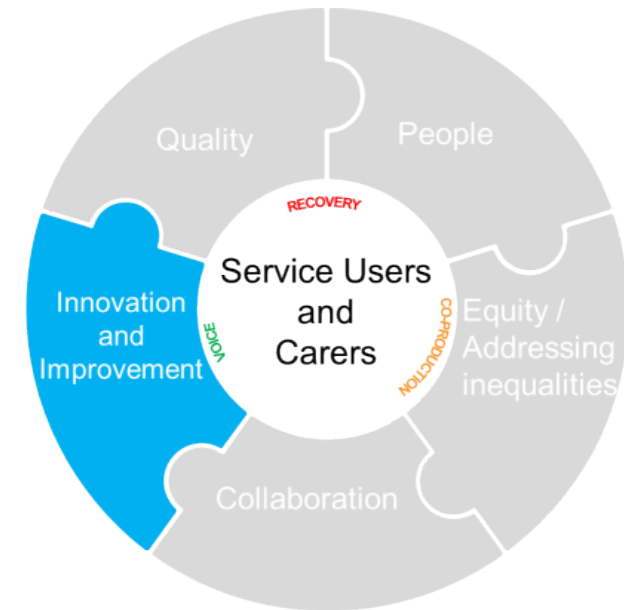
You told us we need to…

- **Everything we do needs simple, easy and intuitive**

- **Give people hope in offering new and improved treatments in the future**

- **Always be aiming for the best for our services users, carers and staff**

Our focus will be on…

- **Developing and using new technologies for staff, service users and carers**

- **Expanding our research into practice**

- **Drive innovation and new practice through a culture of continuous quality improvement**

Our proposed strategy – core areas of focus

- Service user and carer experience and co-production
- Outcomes and Recovery
- Safety culture

- Continuous improvement approach
- Active learning culture
- Research and training
- Digital transformation

- Working together to provide joined up care
- Developing our partnerships to improve outcomes
- Advocacy for mental health, learning disabilities and autism care and services

- Developing and supporting our people
- Staff wellbeing
- Safe and inclusive culture

- Engaging with diverse communities
- Equitable care
- Anchor institution
- Easy and equitable access
- Prevention and earlier intervention

Central diagram:

Quality | People
Innovation and Improvement | **Service Users and Carers** | Equity / Addressing inequalities
Collaboration

RECOVERY — VOICE — CO-PRODUCTION

Our Values
Welcoming Kind Positive Respectful Professional

Over to you

We would like your thoughts on the following

- For each theme:
  - Does the summary of feedback received so far reflect what you said?
  - Do the themes proposed for the new Strategy reflect your feedback?
- Do the themes miss anything fundamental?
- Please use Padlet to provide your comments (link to follow)
  - You can also e-mail the strategy team hpft.strategy@nhs.net if you would like to provide additional feedback

PUBLIC Board of Directors

Meeting Date:	30 March 2023	Agenda Item: 17	
Subject:	Hertfordshire and West Essex Integrated Care Strategy	For Publication: Yes	
Author:	David Evans, Executive Director, Strategy and Partnerships	Approved by: David Evans, Executive Director, Strategy and Partnerships	
Presented by:	David Evans Executive Director, Strategy and Partnerships		

Purpose of the report:

To share the Hertfordshire and West Essex Integrated Care Strategy – improving health and care through early help and prevention 2023 – 2033.

Action required:

The Board are requested to note the strategy.

Summary and recommendations to the Board/Committee [to be amended]:

Summary

The Health and Care Act 2022 requires Integrated Care Partnerships (ICP) to write an Integrated Care Strategy (ICS) to set out how the assessed needs of local people of all ages can be met through the exercise of the functions of the Integrated Care Board and partner local authorities.

The Strategy was agreed by the HWE ICP Board on 15th December 2022 and published on the ICP website on 23rd December 2022.

The strategy was initially developed with local strategy leads through a series of workshops and then further developed through stakeholder engagement via a survey, focus groups and various groups and boards across the HWE system.

The proposed strategy is a 10-year strategy covering 2023-2033 and has six specific priorities, which are outlined below:

- Priority 1: give every child the best start in life
- Priority 2: support our communities and places to be healthy and sustainable
- Priority 3: support our residents to maintain healthy lifestyles
- Priority 4: enable our residents to age well and support people living with dementia
- Priority 5: improve support to people living with life-long conditions, long term health conditions, physical disabilities, and their families
- Priority 6: improve our residents' mental health and outcomes for those with learning disabilities and autism**.**

The next steps are to develop a delivery plan to support delivery of the strategy including key metrics to monitor success. This work will link in with the development of the 5-year Joint Forward Plan which is to be completed and published by 30th June 2023.

The Trust has been involved in the Integrated Care Strategy design. The new Trust strategy being developed as part of the 'Looking Forward Together' engagement process will ensure that

connections are made so that both strategies align in their ambitions to improve service user and carer outcomes, whilst ensuring the Trust plays a pivotal partnership role in improving the heath and care outcomes for the population.

Recommendation
The Board is requested to note the strategy.

Relationship with the Annual 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

24 November 2022

Hertfordshire and West Essex Integrated Care Strategy

Improving health and care through early help and prevention

2023 – 2033

Foreword

Caring for our residents' wellbeing and supporting those who face the biggest challenges to living healthy, independent lives, is at the heart of everything we do in Hertfordshire and west Essex.

This strategy sets out the ways in which we will work to ensure that we can all live, work and play in healthy and safe communities where everyone's contributions are valued, and we all have the opportunities and support we need to thrive.

We know that each person's health and wellbeing is shaped by their childhood experiences, the home and environment they grew up in, their finances, education, employment opportunities, and access to vital public services.

We have developed our 10-year strategy by listening to the views and experiences of residents and staff, looking at the information which shows where the needs are greatest, and focusing on those priority areas where we can make the biggest positive impact together.

Together, we will work to:
- give every child the best start in life
- support our communities and places to be healthy and sustainable
- support our residents to maintain healthy lifestyles
- enable our residents to age well and support people living with dementia
- improve support to people living with life-long conditions, long term health conditions, physical disabilities, and their families
- improve our residents' mental health and outcomes for those with learning disabilities and autism.

Our response to the COVID-19 pandemic showed what can be achieved when communities come together to support each other, and the NHS, councils, and the voluntary and community sector work together with a common aim.

With our combined commitment, expertise and resources, our partnership of 28 organisations, which have joined forces through the Integrated Care Partnership, will help to deliver these priorities together, building a brighter and healthier future for everyone who lives and works in our area, so that we can all enjoy the very best that Hertfordshire and west Essex have to offer.

Cllr Richard Roberts, Leader of Hertfordshire County Council, Chair of Hertfordshire and West Essex Integrated Care Partnership, and Chair of Hertfordshire Health and Wellbeing Board

Rt.Hon. Paul Burstow, Independent Chair of Integrated Care Board, and Vice Chair of Hertfordshire and West Essex Integrated Care Partnership

Cllr John Spence, Cabinet Member for Health and Adult Social Care, Essex County Council

About the strategy

The opportunity for change

Hertfordshire and West Essex are great places to live, work, learn and do business. Home to 1.6 million people and more than 60,000 businesses, we have many excellent schools and other local services. Many residents live in vibrant urban centres or in rural communities in stunning countryside.

In Hertfordshire and in West Essex there was already a strong tradition of partnership working prior to the pandemic. Mental health, learning disability and Child and Adolescent Mental Health Services (CAMHS) services for both counties are jointly commissioned by both local authorities and the NHS. There are established processes for joint commissioning in many other areas. The level of integrated commissioning and joined up service delivery accelerated significantly during the pandemic – particularly through the Hertfordshire Discharge to Assess (DTA) model for co-ordination of health and care support which allows people to leave hospital as soon as they are fit to do so and the integrated delivery of adult mental health services in Essex

New integrated care systems (ICSs) build on that spirit of common purpose, collective action, and innovation that we saw during the pandemic. ICSs are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area.

The purpose of ICSs is to:
- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience, and access
- enhance productivity and value for money
- help the NHS support broader social and economic development

In Hertfordshire and West Essex a track record of integrated working offers firm foundations on which to build. Partners across our ICS are eager to scale up their ambition and to demand of ourselves that we work differently together to achieve a step change in health and care outcomes for our residents.

Partners across our ICS have come together to form the Hertfordshire and West Essex Integrated Care Partnership (ICP). The ICP is a statutory joint committee, established by the Hertfordshire and West Essex Integrated Care Board, Essex County Council and Hertfordshire County Council, to improve health and care across Hertfordshire and west Essex. The ICP facilitates its members to take joint action to improve health and care services, to influence the wider determinants of health and to promote broader social and economic development.

Scope of the strategy

Our integrated care strategy sets out our vision, its scope, and our approach. Drawing on the assessed needs from the Hertfordshire and Essex joint strategic needs assessments, it outlines how we will work together to improve the health and wellbeing of people living and working in Hertfordshire and West Essex, including increasing the years that people live in good health and reducing the gap between the healthiest and the least healthy in our community.

Our approach is grounded in an understanding that our health is the product of a complex interplay of factors including education, employment, housing as well as our networks of friends and family, and the neighbourhoods and communities in which we live. This is outlined below in Figure 1 and the Robert Wood Johnson model (Figure 2), which provides a framework that recognises these factors and the need for us to tackle all these elements focussing on those that both have the biggest impact on health and are amenable to system action. Health and care services play their part too. But in seeking to improve health outcomes we recognise the need to head upstream, act earlier and create the conditions in which people have the best chance of living a healthy life.

Figure 1: The factors that influence an individual's health and wellbeing (source: The Health Foundation, 2019)

Figure 2: Robert Wood Johnson Foundation and University of Wiisconsin Population Health institute health status ranking model

Our strategy outlines how we will do things differently, whether by accelerating the pace of integration already underway or by identifying new opportunities to join up health and care. It also sets out how we will reach beyond services to join up work with local authorities and the voluntary and community sector on those things that influence health, such as employment, housing, and education.

The strategy sets out our six strategic priorities for integrated work across the system. Each priority describes the outcomes we are seeking to achieve through this strategy. Delivery will be supported by the ICB 5-year Forward Plan and by the strategies and plans of County Councils and other system partners.

We have taken the decision as system leaders to focus on a few specific priorities, where there is the greatest need, and we can have the biggest impact by working collectively to make progress. We recognise that system working is challenging, it requires give and take. Having fewer priorities does not mean the areas of needs not covered in this strategy will not be addressed. On the contrary, these will continue to be addressed through the organisations in our system as part of their business as usual.

It is also for this reason that our strategy does not include the usual business that each of the partners carry out as part of their statutory responsibilities. For example, it does not set out the NHS's responsibilities for meeting NHS Constitutional Standards, nor the County Councils' statutory responsibilities for social care and children's services. These 'must dos' will be covered by operational plans and business as usual governance. Instead this strategy focuses on the interface between the responsibilities of the NHS and local authorities and those issues that impact on the health and wellbeing of our population which are beyond the ability of any single partner to resolve.

Relationship to other plans and strategies

The Integrated Care Strategy is closely linked to a number of other strategies and plans, including the following:

Health and Wellbeing strategies

In Hertfordshire and Essex the JSNAs have informed the recent development of the Essex and Hertfordshire Health and Wellbeing strategies. These strategies were approved by the Health and Wellbeing Boards of Essex and Hertfordshire in May and June 2022.

In Hertfordshire and Essex the JSNAs have informed the recent development of the Essex and Hertfordshire Health and Wellbeing strategies. These strategies were approved by the Health and Wellbeing Boards of Essex and Hertfordshire in May and June 2022, respectively. The two Health and Wellbeing strategies are similar in approach and content, each setting out a basket of priorities for local action and innovation, focused on improving health and wellbeing outcomes and reducing health inequalities.

Essex Joint Health and Wellbeing Strategy 2022 - 2026
Hertfordshire Health and Wellbeing Strategy 2022 – 2026
Hertfordshire Joint Strategic Needs Assessment

Essex's Joint Strategic Needs Assessment

Hertfordshire Corporate Plan 2022 – 2025

The corporate plan sets out Hertfordshire County Council's vision for a cleaner, greener, and healthier Hertfordshire. The plan includes four priorities to deliver that vision: improving the health and wellbeing of our people, protecting, and improving our environment, supporting the sustainable and responsible growth of our county, and providing excellent services that are accessible for all.

Hertfordshire County Council - Corporate Plan 2022-25

Everyone's Essex 2021-2025

Everyone's Essex sets out Essex County Council's vision for renewing the economy, seeking equality, and being ambitious for the people of Essex as well as focusing on four key areas - the economy, the environment, children, and families, and promoting health, care, and wellbeing for all ages. Embedded in the plan is a renewed commitment to addressing inequalities and levelling up life chances for residents.

Everyone's Essex: our plan for levelling up the county 2021 to 2025

NHS Long Term Plan and other local NHS Strategies

The NHS Long Term Plan (LTP), published in January 2019, sets the direction for NHS organisations delivering care to patients across the country. The plan identifies five priorities and specifies in detail the action to be taken to meet these:

- Targeted care built around the patient
- Preventing illness and tackling health inequalities
- Boosting recruitment and retention of a highly skilled workforce
- Making better use of data and digital technology
- Maximising value for the taxpayer

Commissioners and providers of health services in HWE have plans in place to deliver the targets of the LTP. When the LTP is updated, this Integrated Care

Strategy will be updated, as required, to ensure that it reflects any future requirements.

Hertfordshire and West Essex ICS Digital Strategy 2022-2032

This strategy covering health service provision focuses on enabling our professionals to transform services to meet the needs of our residents. It will do this by providing the right digital capabilities, including technology and infrastructure. It is these capabilities that will enable those that provide care to work together to create the best outcomes for people living in Hertfordshire and west Essex. It will enable improved access for residents, patients, service users and carers to information about themselves and allow them to interact digitally with their clinical and care professionals when it is appropriate and convenient to do so.

Hertfordshire and West Essex ICS People Strategy 2023-2025

This strategy supports integrated workforce planning, innovation and new ways of working, a sustainable workforce supply, improved staff wellbeing, experience, and education, talent, and leadership development.

VCSFE Alliance Hertfordshire and West Essex and Hertfordshire and West Essex ICS Health Creation Strategy

The Strategy has been co-designed with the Voluntary, Community, Faith and Social Enterprise (VCFSE) Alliance for HWE ICS to value, promote and enhance the unique role of the sector in promoting health and wellbeing and addressing the wider determinants of health. This strategy enables the ICS to achieve NHSE's expectations that the VCFSE should be treated as an equal strategic partner in plans to tackle the wider determinants and ensures VCFSE partnership is embedded as an essential part of how our system operates at all levels and promotes a more joined up and strategic approach to commissioning of the sector based on evidence of need and impact.

The strategy has the following ambitions:
- To build on community assets
- To make every contact count
- To find out who is missing out and improve their wellbeing
- To ensure there is always someone who can help

It aims to deliver its ambitions through:
- Representation and engagement
- Maximising efficiencies through collaboration & partnership opportunities
- Shifting the lens towards the wider determinants of health
- Promoting the voices of people with lived experience to shape and influence strategic decisions

Sustainability – the 2030 landmark

The effect of climate change is one of the biggest challenges of our time. The 2030 landmark is the target date that many organisations within the partnership have set themselves for becoming carbon neutral or for reaching milestones along this journey. Climate change has serious implications for our health and is already

playing out in real time as witnessed through extreme weather events, such as heat waves, droughts, pollution and floods, which are caused by warming temperatures, which have become more severe in the past few years because of carbon emissions. Organisations within the ICP need to respond to these risks.

Adopting sustainable practices within our own organisations and across the ICS system, developing leadership and staff buy-in for efforts to improve environmental sustainability, influencing sustainable practices in the community including through helping shape community environments, behaviours and influencing local suppliers, will in turn influence and impact on our residents' health and wellbeing and contribute to a cleaner and healthier environment.

Hertfordshire County Council declared a Climate Emergency in Hertfordshire in 2019 and is committed to being a carbon neutral organisation by 2030 and has set out steps to embed sustainability in everything it does. Essex County Council is committed to becoming a net zero county by 2050 and has set itself a number of key targets to achieve this objective. The NHS launched the Greener NHS campaign in 2020 and a net zero commitment based on two major goals and a series of targets. The two main goals defined against the 1990 emissions baseline are:

- achieving net zero by 2040 for emissions that the NHS directly controls (the NHS Carbon Footprint), with an 80 per cent decrease by 2028 to 2032.

- Emissions that the NHS can influence (NHS Carbon Footprint plus) net zero by 2045, with an 80 per cent decrease by 2036 to 2039.

Acting sustainably will foster a green economy, energy independence, great places and a better quality of life. There is much to be done to meet the Climate Change Act target of net zero carbon emissions by 2050. To achieve this, environmental sustainability needs to be a golden thread that runs through every aspect of how organisations across our system operates, from how we deliver services, to the energy we consume, and the way organisations use their estates to how they embed, champion and influence businesses and local communities to support actions on environmental sustainability.

This will require leaders across the system to put sustainability firmly on the agenda, ensuring there are ambitious environmental targets in their organisations plans and in the ICB 5-year joint forward plan. When considering how we will deliver the strategy priorities we will ensure consideration is given to how our actions support our sustainability ambitions.

Our approach to developing the strategy

We established a multi-agency strategy development steering group with participation from the organisations and sectors represented on the Hertfordshire and West Essex ICP. Members of the group supported the development of the strategic priorities, including identifying need, gathering data to understand need, and providing challenge and sense-checking.

Engagement and involvement

A multi-agency communications and engagement group was established to develop and agree our approach to the public involvement and engagement which has informed this strategy.

We have gathered the views of residents, staff, communities and organisations in Hertfordshire and west Essex, and their insight has been invaluable. We have taken particular care to learn from those people that we typically hear from the least, and the people who advocate for them, as they often face the biggest challenges to leading healthy lives. This includes gathering views from people living with poverty, people living with addictions, people from minority ethnic groups and disadvantaged children and young people. The priorities in this strategy have been influenced and amended as a direct result of this work. The wealth of insight we have gained will be shared with everyone involved in delivery this strategy.

Guided by best practice and the requirements of the Health and Care Act 2022 we have:

- analysed some of the wealth of existing insight and recommendations gathered through qualitative and quantitative research by the public and voluntary sector, through a desk-based research exercise

- conducted four themed focus groups to understand the issues facing our people and communities, and to gather their recommendations for change

- surveyed the people who are employed by, or volunteer for those organisations which make up the Integrated Care Partnership, to understand their priorities and learn from their expertise as professionals and residents

- undertaken three strategy development workshops with representatives from ICP organisations

- attended a number of meetings and boards across the area to promote engagement and involvement with the developing strategy.

Engagement and involvement should be an active, ongoing process, which provides clear feedback about the way in which involvement has led to improvements. We are committed to fully involving people and communities across Hertfordshire and west Essex as the strategy is further developed and delivered.

Appendix 1 sets out a fuller description of our approach to involvement and engagement in the development of this strategy.

Our 10-year strategy

Our draft 10-year strategy on a page:

Our vision

A healthy Hertfordshire and West Essex, enabling everyone to live their best lives, with the greatest possible independence.

We are striving for a healthy Hertfordshire and west Essex where we can increase the years that our residents live in good health and lead their best possible lives with the greatest amount of independence. This includes ensuring our residents have a place they can call home, in supportive communities with the people and things that they love and opportunities to succeed.

Four core principles underpin our vision and strategic priorities:

Principle 1

We will prioritise **opportunities for integrated planning, commissioning and delivery** of health, care, and wellbeing services so that people's experience of support and services is more joined up. We recognise that it is routine for health and care staff to work together across teams and between organisations. This strategy is about the big strategic swings where a more joined-up approach will bring local authority, NHS, and voluntary sector services much closer together to maximise the chances for health gain at every opportunity.

Principle 2

We will prioritise **prevention and early intervention**, reflecting the evidence that it is better to identify and deal with needs earlier rather than to respond when difficulties have become complex, which will then require intensive action by services. Preventative services are particularly effective in improving the longer-term life chances of children, young people, and their families. We will do more than just talk

about prevention. We will act and make use of local good practice that supports personalised care such as the Connected Lives model for social care in Hertfordshire. We will look at how we can shift investment across our system so that we can support the priorities we have set ourselves for early intervention and prevention, at the same time still striving to improve services for those who need our help now.

Principle 3

We will prioritise targeted work to **reduce health inequalities** across our population and across all services and settings, reducing avoidable and unfair differences in health between different groups in society. We will utilise local intelligence including population health management systems to enable health and care staff to identify people most at risk of ill health and identify areas where health inequalities are greatest to ensure that resources can be targeted at people with the greatest need. We will also work in an integrated way to reduce the factors that contribute towards health inequalities.

Principle 4

We will **involve our residents** who use our services, their carers, and communities, along with our staff that deliver our services. We will engage with them at the earliest stages of service design, development, and evaluation. We recognise that those with 'lived experience' of a particular issue or condition, their families and carers, and the staff that support them are often best placed to advise on what support and services will make a positive difference to their lives. We are committed to working with our residents to improve our services and will listen to what our residents tell us and respond to their needs.

Our strategic priorities

Priority 1: give every child the best start in life
We will ensure that children in Hertfordshire and West Essex have the best opportunity to be safe and well and to reach their potential at school and beyond.

Priority 2: support our communities and places to be healthy and sustainable
We will work with our communities to improve our residents' health and wellbeing by reducing health inequalities and taking action on the wider determinants of health including housing, employment and the environment.

Priority 3: support our residents to maintain healthy lifestyles
We will support people to be physically active, eat healthily and maintain a healthy weight, and we will provide support and advice to prevent tobacco, alcohol and substance misuse.

Priority 4: enable our residents to age well and support people living with dementia
We will ensure our residents are supported to age healthily, with access to advice and services that enable them to live well and independently for as long as possible.

Priority 5: improve support to people living with life-long conditions, long term health conditions, physical disabilities, and their families
We will support people living with lifelong conditions, long term health conditions, physical disabilities and their families assisting them to take more control of their health and live a good quality of life.

Priority 6: improve our residents' mental health and outcomes for those with learning disabilities and autism
We will provide early help to our residents to prevent mental illness and support the health and wellbeing of those with a Severe Mental Illness (SMI), learning disabilities or autism.

Strategic priority 1: give every child the best start in life

We will ensure that children in Hertfordshire and west Essex have the best opportunity to be safe and well and to reach their potential at school and beyond.
Where we are now

The World Health Organisation's Global Strategy for Women's, Children's and Adolescent's Health, the NHS Long Term Plan, the Public Health Strategy: Giving every child the best start in life and the UNICEF Baby Friendly Initiative agree that the first 1001 days from conception to age 2 lay the foundations for a child's later cognitive, emotional, and physical development. We would extend that 'best start' through until a child is 5 years old.
The national independent review of Children's Social Care (2022) shifts the lens towards locality based multi-agency family help and family safeguarding integrated service delivery. National Independent Review of Children's Social Care Report

The National Panel Review of Child Deaths (2022) emphasises the need to strengthen information sharing and decision-making across all agencies and to build on the skills of our workforce. National Panel Review of Child Deaths Report

In Hertfordshire and west Essex:
- There are health concerns linked to social disadvantage, increasing social and emotional difficulties in young children, mapping through to school exclusions (including primary), youth justice entrants and increasing numbers of children with social and communication difficulties.
- There is a gap in attainment and attendance for vulnerable children including Children Looked After (CLA) Special Educational Needs and Disability (SEND) and Youth Justice cohort.
- In Essex 22.3% and in Hertfordshire 20.1% of children aged 4-5 years old are classified as being overweight or obese. This increases to 33.1% in Essex and 30% in Hertfordshire for 10–11-year-olds (2019-20 data).
- Emergency hospital admissions for children aged under 18 years are significantly higher in East and North Hertfordshire and rates of A&E attendances are higher in West Essex for children aged under 5 years than the national average.

- There are increasing numbers of children needing crisis intervention, with numbers of CLA and those needing mental health specialist hospital provision increasing.

Outcomes we want to achieve

As a parent:

- I can access appropriate services in my community and meet with other parents/carers and develop local support networks
- I know who I can contact for professional advice and support if I have a concern about the physical, cognitive, and emotional health needs of my child
  I know what I can do to help my child's development and I am helped to understand and respond to any additional needs my child has

As a child:
- I am safe, happy, and cared for in my home
- I enjoy learning and have friends and opportunities to play and socialise
- I am supported to be the best I can be

What will change

We will:
- Work together to coordinate support, make every contact count and reduce duplication between services

- Prioritise early help and early intervention so that families are supported early or as needs emerge, working together with early years providers, schools, youth services, and collaboratively with communities and families.

- Ensure children will achieve their best potential by the time they start school by working in partnership to remove barriers to early learning.

- Work with the Voluntary Community Faith and Social Enterprise Sector (VCFSE) sector and other partners to ensure a joined-up approach to supporting children and their families

- Ensure children's physical and mental health have parity of esteem

- Jointly plan and develop family centres into family hubs, with a focus on commissioning of community based and locality provision, embedding the continuum of support across universal, early family help and targeted help

- Jointly plan and commission family help and family safeguarding, with multi-disciplinary teams focused around community settings such as schools and family hubs, with services tailored to neighbourhood needs.

- Jointly plan and deliver early help across the SEND system, so that children with additional needs and their families have the right support at the right time and before statutory assessment; with continued planning of early help for children with emotional wellbeing concerns including school mental health support and

parental advice and guidance.

Strategic priority 2: support our communities and places to be healthy and sustainable

We will work with our communities to improve our residents' health and wellbeing by reducing health inequalities and acting on the wider determinants of health including housing, employment and the environment.

Where we are now

Housing costs and accessibility issues have significantly increased in England and with the current rising cost of living on top of this, the impact will be most felt by lower income households. Poor-quality housing, overcrowded housing, and unaffordable housing harm health. Evidence shows that exposure to poor housing conditions (including damp, cold, mould, noise) is strongly associated with poor health, both physical and mental[1]. Children living in cold homes are more than twice as likely to suffer from a variety of respiratory problems as children living in warm homes and mental health is negatively affected by fuel poverty and cold housing for all age groups[2].

The 2020, UK Climate Change Commission (UKCCC) Health Equity Report highlights how direct and indirect impacts of climate change will widen existing health inequalities in the UK. It warns that the most vulnerable will be hit hardest unless health equity is considered alongside future government greenhouse gas targets. Air pollution is the largest environmental risk to the public's health, contributing to cardiovascular disease, lung cancer and respiratory diseases. Poor air quality contributes to shortening life expectancy and disproportionately impacts the most vulnerable in society.

Access to good quality green space improves physical and mental health, improves community cohesion, and supports actions to mitigate the effects of climate change and protect biodiversity. Green spaces have been shown to improve cognitive and immune functions and to reduce mortality rates and health inequalities[3]. Access to and use of green spaces tends to reduce as the level of deprivation increases, which was highlighted during COVID-19 pandemic.

In Hertfordshire and west Essex health outcomes are mostly favourable when compared with the national picture however there are persistent health inequalities, especially in poorer areas and for specific groups such as people of all ages providing care. The COVID-19 pandemic exposed and widened these inequalities and led to many more people experiencing ill-health. For example:
- Unpaid carers provide critical support for people with health and social care needs. The support provided by carers is often physically and emotionally demanding, with consequences for carers' own health and wellbeing.

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[1] Michael et al (2020) Health equity in England: The Marmot Review 10 years on. London: Institute of Health Equity

[2] Michael et al (2020) Health equity in England: The Marmot Review 10 years on. London: Institute of Health Equity

[3] Allen J, Balfour R (2014) Natural solutions for tackling health inequalities. Institute of Health Equity

- Those in the most deprived areas in Hertfordshire and west Essex die 3-4 years earlier and spend up to 18 years longer in a state of poor health than those in the least deprived areas.

- On average, rough sleepers die 30 years earlier than the general population4.

- Health inequalities are most stark in Harlow, Stevenage, Watford, Welwyn Hatfield, and Broxbourne.

- Harlow at £545 and Stevenage at £476 are both significantly below the East of England average (£602) for median weekly pay for residents and workers (2021).

- In Hertfordshire and west Essex there are four districts that are below the East of England average (81%) percentage of people that are economically active. These are Stevenage, Welwyn Hatfield, Hertsmere and Harlow.

Outcomes we want to achieve

- I live in a safe, decent place that I can call home, which is accessible according to my needs, and designed so that I can be as independent as possible.
- I have access to benefits that I am entitled to, and I can afford access to paid activities.
- I have people in my life who care about me – family, friends, and people in my community.
- I know about and can access social groups, leisure, as well as health and care services.
- I feel welcome and safe in my local community, and I am satisfied with the local place where I live.
- I have opportunities to learn, volunteer and work, and I can do things that match my interests, skills, and abilities.
- I live in an environment which supports me to be healthy.

What will change

We will:
- Step-up our support to and engagement with communities and groups at risk of the worst health outcomes.

- Support people with disabilities or health conditions to get back to work or remain in work through inclusive employment practices.

- Increase recruitment from our most deprived communities and work with our supply chains to create local economic opportunities.

- Work in partnership to support the delivery of more homes, including key worker housing and implement the adoption of decent home standards in all social and private rented sector accommodation.

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4 Marmot et al (2020). Build Back Fairer: The Covid-19 Marmot Review

- Take shared action to increase the supply of good quality, decent and accessible supported accommodation for people with learning disabilities and autism, and physical disabilities.

- Increase community participation by embedding Asset Based Community Development (ABCD) principles (citizen-led, relationship-oriented, asset-based, placed-based, inclusion-focused) in our organisations, adopting a joined-up approach to social prescribing, and securing social value.

- Work with partners to put health, equity, wellbeing, and sustainability at the heart of local planning and strategy and actively support health involvement in statutory local development plans.

- Ensure that consideration is given to reduce pollution and waste as well as to protect our natural areas.

- Work with partners to create healthy streets and places by promoting green spaces and working with partners to prioritise provision of new green spaces in areas of higher deprivation with better signage and signposting.

- Use the NHS England 'Core20PLUS5' framework to direct our approach with a focus on the five clinical areas prioritised in the NHS Long Term Plan i.e. continuity of maternity care for women in the most deprived areas and those from Black, Asian and minority ethnic groups; annual health checks for those with severe mental illness, chronic obstructive pulmonary disease management (with a focus on COVID-19, flu and pneumonia vaccination uptake), early cancer diagnosis and hypertension case-finding.

- Tackle unhealthy environments by delivering improved infrastructure for safe walking and cycling and by providing easy access to reliable public transport in local areas and promoting a more efficient transport network.

Strategic priority 3: support our residents to maintain healthy lifestyles

We will support people to be physically active, eat healthily, maintain a healthy weight and provide support and advice to prevent tobacco, alcohol and substance misuse.

Where we are now

Good nutrition, healthy weight and regular physical activity are essential for physical and emotional health. Poor diet and nutrition are key contributors to health problems, including tooth decay, excess weight, and frailty, as well as a number of diseases including type 2 diabetes, heart disease and stroke, and cancers.

Physical inactivity is a leading cause of premature mortality. People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis, and colon/breast cancer and with improved mental health. In older

adults' physical activity is associated with increased cognitive and functional capacity.

Health behaviours including tobacco, alcohol and substance use account for 30% of the influence on health and wellbeing. Smoking and alcohol use are two of the six common risk factors for premature death, and the main causes of ill health such as cancer, heart disease and respiratory disease. Substance misuse is a significant factor in crime including homicide and domestic and intimate partner violence. Around 7% of the population of Great Britain (adults and children) were found to be negatively affected by someone else's gambling. Almost half (48%) of people who were affected by a spouse or partner's gambling reported a severe negative impact.

In Hertfordshire and west Essex:

- Areas with higher levels of deprivation (including Harlow, Broxbourne, Watford, and Stevenage) have the highest rates of childhood obesity. Rates of obesity at year 6 in Harlow are much higher than the national average.

- The number of adults who are overweight was similar to that of England in 2020/21, and still notably high at 62%, with wide variation between districts.

- Around 1 in 5 adults across our geography are physically inactive, which means around 20% of the adult population are at increased risk of a range of health conditions and diseases which are preventable through increased physical activity.

- Smoking prevalence in adults is similar or better than the England average for all districts in HWE; however, there is some variation between the areas with the lowest rates (St Albans at 5.4%) and the highest (Harlow at 18.9%).

- Whilst east and north Herts, south and west Herts and west Essex are all better than the national average for smoking rates in early pregnancy and at delivery, in west Herts 1 in 10 women and in Hertfordshire as a whole 1 in 15 women are smokers at this vital time.

- The relationship between drug use and mental health problems among young people is a particular concern. Research shows that mental health problems are experienced by the majority (70%) of drug users in community substance misuse treatment. Death by suicide is also common, with a history of drug misuse being recorded in 34% of all suicides in people experiencing mental health problems between 2008 and 2018-9.

- Whilst alcohol-related mortality is statistically similar to the national average across most districts, there is variation, with more deprived areas experiencing higher rates or alcohol-related mortality (Harlow highest at 38.8 per 100,000 compared to 27.1 in North Hertfordshire).

- The rates of admissions for alcohol specific conditions, by district, are all better than England average, yet vary across HWE from 291 per 100,000 in Broxbourne to 522 in Harlow.

- Poor mental health is a stronger predictor of at-risk gambling than both poor physical health and negative health behaviours, with the notable exception of alcohol.

Outcomes we want to achieve

- I can take care of my own health and wellbeing
- I know how to live a healthy life
- I feel supported by my community and local services to stay healthy
- I live in a smoke-free home, and I do not smoke during pregnancy
- I am physically active
- I am and my household is free of addiction

What will change
We will:

- Develop a new physical activity offer for our residents which:

    o Increases opportunities for physical activity for children, young people and adults in parks, schools, and community centres

    o Explores opportunities to give people on low incomes affordable access to exercise classes and leisure centres

    o Provides information to adults about how to integrate more physical activity into their daily lives and increases provision of support, advice, and services, including those who are housebound and frail, to help improve strength and mobility.

- Offer all people admitted to hospital who smoke access to NHS-funded tobacco treatment services and adapt the NHS-funded tobacco treatment service model for expectant mothers, and their partners, with a new smoke-free pregnancy pathway including focused sessions and treatments. A new universal smoking cessation offer will be made available as part of specialist mental health services for long-term users of specialist mental health, and in learning disability services.

- Improve pathways and outcomes for people who have a mental health issue and experience drug and alcohol problems and ensure an integrated new universal smoking cessation offer is also available as part of specialist mental health services for long-term users of specialist mental health, and services for people with learning disabilities and autism.

- Support hospitals with the highest rate of alcohol dependence-related admissions to establish hospital/community-based alcohol care teams to support people living with alcohol dependency and who have significant physical complications and or those with repeated hospital admissions.

- Support our residents in low-income households to have access to affordable healthy food and facilities to store and cook it.

- Support our residents most at risk of poor outcomes from being overweight including those with mental health conditions, physical disability or learning disability and autism.

- Support children and young people to have access to information, advice, and support to maintain a healthy weight and access to leisure activities in their communities. Including access to effective local weight management services, specialist treatment and surgery for those that need it.

- Ensure people have access to education, information and advice on how to reduce harm from tobacco, gambling, alcohol and other substances and promote awareness of the risks and harm from tobacco, alcohol, gambling and other substances. Those most at risk will have access to targeted support, advice and treatment.

Strategic priority 4: enable our residents to age well and support people living with dementia

We will ensure our residents are supported to age healthily, with access to advice and services that enable them to live well and independently for as long as possible.

Where we are now:
- The population and proportion of those aged 65 and over is growing in both Herts, from 17.2% in 2020 to an expected 23.2% in 2043) and Essex (number of over 65-year-olds expected to grow by 28% in the next decade, and number of over 85s by 55%).

- Other data demonstrate social isolation, hospital admissions due to falls and fractures, reablement following hospital discharge as areas for improvement. Whilst there is a range of initiatives to improve clinical outcomes, ageing well is broader than this. Prevention is going to be key to ensure that the population keeps well for as long as possible, as the ageing population will inevitably result in a greater demand for our services.

- Pre-COVID-19 carers were approximately 10% of the population, this is expected to have grown since the pandemic.

- Those living with dementia face great personal uncertainty both during its early stages and as their condition progresses. Dementia poses serious challenges for health and care services and has a higher health cost than cancer and heart disease. The condition is sometimes difficult to identify early, and once a diagnosis is given, it can be difficult to find the right support.

- People with dementia face an increased risk of health or care crisis, sometimes resulting in unplanned admission to hospital, often not the best place for them.

- Approximately 43% of NHS budget is spent on those aged 65+ years, who account for approximately 12% of the population.

- It is estimated that between 20% and 30% of hospital admissions in over 85s could be prevented by proactive case finding, frailty assessment, care planning and use of services outside of hospital

Outcomes we want to achieve:

- I know how to plan for older years to I can reach them in the best health
- I can live independently and take care of my own health and wellbeing, and manage the challenges life may throw at me for as long as I want
- I have choice, control and independence over my health and care support needs
- I feel socially connected and a valued and respected member of my community
- I know what support is available and how to access it
- I am treated with dignity and respect
- I will be asked for my end of life wishes and will be able to die, where practically possible, in my preferred place of care.

What will change:

We will:

- Work in an integrated way to support people to live well for longer, maintain independence and improve early diagnosis and support for those at risk of becoming frail, living with dementia and their families.

- Support people to increase physical activity and reduce loneliness and cognitive decline through connecting with their local communities by working collaboratively to provide information, advice, and support.

- Ensure local services, communities and the environment, including outdoor space, transport and buildings, are integrated and are age and dementia friendly.

- Improve support for people who look after family members, partners or friends because of their illness, frailty, or disability.

- Develop and support capacity of care homes and discharge arrangements, align specialist services with primary/ community and social care and resolve pathway issues around health and social care to improve flow of patients out of acute settings.

- Promote and encourage take up of the NHS Heath Check for people aged between 40 and 74 to help prevent the onset of disease (diabetes, heart disease, kidney disease, cancer, stroke and dementia).

- Improve provision of extra care housing for older people with health and care services embedded so our older residents can maintain their health, wellbeing, and independence into old age.

- Strengthen multi-disciplinary team approaches where professionals and the voluntary sector work together in an integrated way to provide tailored support that helps people live independently at home for longer.

- Ensure our information and advice offer is accessible to people affected by dementia throughout the course of their condition, including social and wellbeing opportunities in their local community.

- Review and strengthen our support offer to those diagnosed with Mild Cognitive Impairment (MCI) to reduce the likelihood of, or extend the period between, the development of dementia.

- Work to review and rollout dementia training for our workforce across health and care services.

Strategic priority 5: improve support to those living with life-long conditions, long term health conditions, physical disabilities, and their families

We will support people living with lifelong conditions, long term health conditions, physical disabilities and their families assisting them to take more control of their health and live a good quality of live.

Where we are now

- People with long-term conditions are 2-3 times more likely to experience mental health problems.

- 27.5% of the HWE population are estimated to be living with a long-term health condition.

- £7 out of every £10 spent in the NHS is spent caring for people with a long-term condition.

- Physical disability is defined as a "limitation on a person's physical functioning, mobility, dexterity or stamina" that has a "'substantial' and 'long-term'" negative effect on an individual's ability to do normal daily activities. (Equality Act,2010). Approximately 6% of the HWE population consists of adults with a serious physical disability. With 14.3% of people having their day-to-day activities limited by their health (based upon Hertfordshire data).

- There is potential underdiagnosis for a range of long-term conditions, particularly hypertension and chronic kidney disease.

- Rates of emergency admissions are high for COPD (East & North Herts & South & West Herts), CHD (South & West Herts and West Essex) and heart failure (South & West Herts).

- Outcomes are worse, relative to the ICS average, in areas with higher levels of deprivation (Broxbourne, Harlow, Stevenage, Watford and Welwyn Hatfield).

- Services are not always person-centred in a way that allows individuals to become involved in decisions about their care. The model of care needs to move away from a disease-specific model to a more integrated approach, considering all existing conditions, 'risk of' conditions and the wider determinants of health that can impact on an individual.

Outcomes we want to achieve

- I feel supported to manage my long-term health condition or disability and the care I receive is co-ordinated.

- I understand my condition, feel in control of my care, and know where to go for help and can access support when I need it.

- I can care for my own health as well as the person that I care for.

- I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes that are important to me.
- I can access services and support.

What will change:
We will:
- Work more effectively as a system to develop and provide joined up integrated health and care services and facilities to support those living with long-term or life-long conditions or physical disability.

- Ensure robust and seamless transition pathways into adulthood that promote choice and independence.

- Support and empower people with long-term health conditions, physical disabilities, and their carers, to live healthily and independently, with better control over the care they receive.

- Support engagement in person-centred care through a range of activities including identifying and supporting champions to be local change agents.

- Work with our population, particularly those who are not currently accessing services, to lower risk factors and improve detection, diagnosis, and early-intervention for those developing long-term conditions. This includes delivering annual health checks for people with severe mental illness, learning disabilities and autism.

- Support our residents with physical disabilities, including neurological conditions, to improve their physical health and access preventative health services.

- Ensure women are supported through the menopause and encouraged to take up activities and use medication (where appropriate for their needs) to counteract the impact of hormone deficiency thereby reducing risks of cardiovascular disease, dementia and hip fractures in later years (Women's Health Strategy for England).

- Increase the number of residents who receive NHS health checks, including annual health and physical checks for those with a severe mental illness (SMI) or learning disability (LD) and annual reviews for residents that are frail or at risk of frailty.

Strategic priority 6: improve our residents' mental health and outcomes for those with learning disabilities and autism

We will provide early help to our residents to prevent mental illness and support the health and wellbeing of those with a severe mental illness (SMI), learning disabilities or autism.

Where we are now
- Mental disorders represent the second largest single cause of disability in the UK across all ages, with 1 in 4 adults experiencing at least one diagnosable mental health problem each year.

- The cost of mental-ill health to the UK economy is estimated at £105 billion a year, almost the cost of the entire NHS

- Mental health is known to be mutually and intrinsically linked with physical health and has been implicated as a risk factor for the development and progression of diseases, such as cardiovascular disease and diabetes

- Mental health problems are associated with higher rates of smoking and alcohol and drug abuse, lower educational outcomes, poorer employment prospects, social disadvantage, that in turn increase the risk for physical health problems. Poor physical health is common in people with an SMI. It is estimated that for people with SMI, 2 in 3 deaths are from physical illnesses that can be prevented

- In England and Wales, suicide was the leading cause of death in people aged 5-34 years in 2018. In males aged 20-34 years, almost 26% of deaths were by suicide. Research indicates that the impact of someone dying by suicide can impact 135 people with an estimated fiscal impact to the economy and those impacted of £1.7m (Knapp et al 2011) HWE has a similar suicide rate when compared to the national average. The suicide rate in Harlow is statistically higher than the national average.

- Social disadvantage and poverty are well documented as both consequences and causes of common and severe mental illness. The prevalence of severe mental illness is higher in more deprived areas. Housing issues and food insecurity have frequently been cited as having a negative impact on mental health.

- People with LD experience increased exposure to social determinants of poor health such as inadequate housing, unemployment, living in areas of deprivation, financial hardship, violence, discrimination, and social isolation. Rates of paid employment are substantially lower than the general population for those with LD known to local authorities. Exposure to these factors leads to adverse impacts on health and wellbeing, whereas paid employment is associated with better physical and mental health in people with LD. Employed adults are around half as likely to have a common mental disorder than those who were economically inactive or unemployed.

- In Hertfordshire, the excess mortality rate for adults with a SMI is above the regional average and in Essex, the rate of premature mortality for those with a SMI is similar for cancer, cardiovascular disease, and respiratory illnesses. (HWE ICS Health Needs Analysis Overview, 2022).

- Mental health is a contributor to the gap in life expectancy between the most and least deprived areas in Hertfordshire and West Essex, 6.9% for males in Hertfordshire and 2.9% in West Essex and 10.3% for females 7.6% in West Essex, (Hertfordshire Public Health Evidence and Intelligence, 2022 and Essex Joint Strategic Needs Assessment 2021-22).

- In HWE there has been an increase each year over the last 3 years in percentage of adults reporting a long-term mental health condition.

- People with a learning disability on average die 23 years younger for men and 27 years younger for women than the wider population.

Outcomes we want to achieve:

- I am supported to have good mental health and I know how to access activities that promote my wellbeing
- My care and support are driven by my needs and what is important to me, rather than the needs of systems and processes
- I do not see multiple professionals to manage my health and I can access support through digital and online options should I want them
- I am supported to think about what will happen in the short, medium, and long-term. There will not be any surprises about the support and care I receive
- I have access to employment and volunteering opportunities
- My school/education setting, or workplace understands my neurodiversity and makes reasonable adjustments to ensure my participation
- My family and I are supported to get a diagnosis of my condition and support is provided whilst I await diagnosis.

What will change

We will:
- Reduce the gap in life expectancy between people with a learning disability and SMI compared to the general population.

- Ensure there are clear pathways and timely access to psychological therapies for children, young people and adults who require this support

- Develop and implement an integrated whole life approach for children, young people and adults with autism that includes a focus on home and school life, diagnosis and transition into adulthood, housing support, adult learning, and work opportunities.

- Improve integrated pathways to access housing, education, employment, and skills, particularly for people with learning disabilities and autism, physical disabilities and severe mental illness, embedding support within models of care.

- Work more effectively as a system to improve outcomes for our population with a mental health diagnosis or learning disabilities or autism by ensuring that reasonable adjustments are integrated in all pathways through implementing the NHS Accessible Standards.

- Develop and deliver an integrated neurodiversity service for children and young people

- Improve the physical, mental, emotional health and social wellbeing of people with learning disabilities and autistic people of all ages and their carers.

- Reduce suicide through a focus on system support of suicide prevention and having addressed the seven national priorities [as set out Suicide Prevention: policy and practice](#)

- Work with local employers and partners to ensure they develop suitable opportunities and roles for people with LD and SMI to access and maintain employment and to develop new skills and help employers feel able and confident to be making the reasonable adjustment required to help them to prosper in work.

Key enablers

The following will support the delivery of our strategic priorities:

Workforce

Our workforce, including the voluntary sector and volunteers (including carers), are crucial to the delivery of our ambitions. By supporting and utilising our existing and future workforce effectively through strengthening integrated working across our system, we will be able to avoid unhelpful competition between partners that could make workforce challenges worse. We must recognise the critical role of the care workforce in the private market and the key role the voluntary sector and carers plays in supporting better outcomes and supporting system resilience. We must also continue to give a strong voice to our staff – giving them time and resource to tell us where there needs to be improvement and innovation. It is important that we develop our workforce and address our workforce challenges and that all partners are engaged in the delivery of the ICS People Strategy.

Delivery at the right place

The [Integration White Paper](#) set out an expectation that partners work together at place level and that "places need to think *Housing & Communities* when developing a local partnership to plan and deliver health and care." We commit to building strong and inclusive local partnerships, joining up care and support with local partners, including with district councils, schools and communities, NHS, and the local voluntary and community sector.

Given the geography of our ICS which runs across county boundaries, we will make sure we always identify the right place for commissioning, service delivery and programme implementation. The contributions of both County Councils, the 13 district and borough councils and the four health and care partnerships will be crucial in this context.

Collaborative and joint commissioning

To support delivery of our integrated plans, we will identify further opportunities for collaborative and joint commissioning, learning from the strengths and challenges of arrangements currently in place between the NHS and the County Councils. We will particularly seek out further progress in continuing health care (CHC), integrated accommodation, children's and young people's health, and public health. In 2022/23 we will draw up plans for increased use of joint appointments, section 75 agreements, joint contracts, and a broader use of the Better Care Fund.

Data and insight

These are fundamental enablers for the strategy. The strategy has regard to the joint strategic needs assessments of both counties and the development of population health management approaches. This data and insight will continue to inform and shape the work of the ICP, ensuring that decision-making will be deeply rooted in the evidence and insights we collect. Data and technology will be leveraged to support the delivery of our priorities and improve independence and outcomes for our population.

To support population health management approaches access will be required to the widest set of data and analytical capability in our systems across the partnership. This will promote and enable more joint work and data-sharing, so it becomes the norm rather than the exception.

Research and innovation

To support the delivery of our strategic priorities, we need to utilise evidence from data, research, and practice to build our understanding of our population's health and care needs. We will also identify gaps and opportunities for research and utilise this information to inform the delivery of the strategy through continuous learning and improvement. we will adopt, test, and utilise proven innovation to address our population needs.

Digital and technology

Alongside the Hertfordshire and West Essex ICS Digital Strategy 2022-32 and other digital strategies, we need to drive plans to increase the use of digital and technology to promote flexible and efficient working practices; to enable quicker and better data sharing between organisations; to enable communities, families and individuals to self-help and self-serve; and to support digital inclusion and the digital maturation of organisations in the health and care sector. Our delivery plan for the strategy will include details how utilisation of digital and technology will support delivery of each priority.

How we will deliver the strategy

Translating the strategy into plans and action

The integrated care strategy will provide strategic direction for all of our partners. It will also inform the development of the NHS ICB 5-year joint forward plan. Other partners' including both local authorities, our district councils, placed based alliances and health care partnerships along with the VCFSE alliance will also reflect the strategy in their plans and will have an important role in delivering this strategy, along with our communities and residents.

The initial ICB plan is due for completion and publication by 31st March 2023 and will be refreshed annually, other partners will consider how they will align and publish their plans and the actions they are committing to take in support of this strategy.

Governance and accountability

The strategy will be submitted for approval at the December 2022 meeting of the Hertfordshire and West Essex Integrated Care Partnership Board.

The ICP is the owner of the strategy. It will:

- support and encourage organisations/partnerships within the system to work together on local services and initiatives that support the priority
- agree a single organisation/partnership to lead on coordination of activity to deliver each priority
- establish a framework for mutual oversight and assurance of delivery of the strategy. It will do this by receiving regular reports on delivery against each priority and holding partners to account if delivery is ineffective.

The ICP will support delivery of the strategy by agreeing two or three areas for its annual work programme, facilitating our organisations to work together, as well as providing focus, appropriate challenge and support to them.

The ICP recognises that it is one of three ICPs that has a focus on the Essex area. We will work in conjunction with our neighbouring partners to align and deliver our collective ambitions, reduce duplication, improve consistency of experience for our residents and share learning and opportunities for transformation. We will also link in and work with our other neighbouring ICPs and ICBs where it will benefit our population.

Dashboard for key metrics

Progress and delivery of each of the six priorities will be monitored by information dashboards which will collect data on key metrics. These will be co-produced with key stakeholders and developed in line with the ICB 5 year forward plan and the plans of other partners.

Annual monitoring and review

We will produce an annual report which provides a narrative account of our progress and challenges, and measures progress. We will ensure we incorporate residents' insights and feedback into this review.

Continuing to improve our strategy

As 2022/23 is a transition year, we will review our strategy in one year time to look for opportunities to improve its ambitions and content. We will also consider revising our strategy when a new JSNA is produced in line with Government expectations.

Appendices

Appendix 1: our approach to engagement in the development of the strategy – 'Start with people'

Effective engagement empowers people to shape, understand and access the services and support that are available to help them to lead healthier, happier lives. The Health and Care Act 2022 mobilises partners within Integrated Care Systems to work together to improve physical and mental health outcomes, and places legal duties on organisations to ensure that their actions are informed by the needs, experiences and aspirations of the people and communities they serve.

In drawing up this strategy, we have used a variety of methods to learn from the people and communities in Hertfordshire and west Essex, observing the Health and Care Act's requirement to use existing insight about the needs and experiences of those living and working in our area, and to work with the partner organisations that have close links to them.

Guidance on developing ICP strategies cites the following groups as those who face the biggest health inequalities, and who therefore should be engaged when drawing up the priorities of our strategy:

- black and minority ethnic voices
- children and young people
- children and young people with SEND
- disabled people
- inclusion health groups
- LGBTQ+ people
- Maternity Voices partnerships
- members of the Armed forces and their families
- older people
- parent and carer panels
- parents, carers and families (including new and expectant parents, and foster parents)
- peer supporters and informal advocates
- people in contact with the Criminal Justice System including offenders, and prisoners
- people living in deprived areas
- people who draw on care and support

- people who draw on mental health services, (including children and young people)

- people with a learning disability, autism and other neurodevelopmental disorders
- people with lived experience of suicide and self-harm
- religious and faith groups
- transient populations
- unpaid carers including people providing care at a distance, and young carers
- women's and men's health and care groups.

Our approach has sought to make the most of the information available to our system through the wealth of engagement work which has taken place in recent years, seeking out the views and experiences of people of those (such as the groups listed above) who face the biggest challenges to living healthy lives. Our learning from this work has been strengthened through additional engagement activities commissioned in order to shape the priorities of this 10-year strategy.

In summary, we have:
- analysed existing insight through a literature review of surveys and studies
- conducted targeted focus groups
- surveyed the ICP workforce and voluntary sector
- held system wide meetings to involve partner organisations and gather their input.

Literature review

Rich feedback on public and voluntary sector services in Hertfordshire and west Essex, capturing people's lived experiences, and their views and suggestions, is available through reports, surveys and feedback documents. These source studies vary widely in scale, methodology and scope – from qualitative studies of 12 young people living in a secure mental health unit, to quantitative, demographically representative studies of 1,000 Hertfordshire residents and 15,500 NHS employees from across our ICB area. We developed a template to enable us to summarise each report/survey/feedback document considered, pulling out key findings, recommendations and where possible, direct quotes from participants.
This work was then fed into and cross-referenced with our developing ICP strategy. As well as insight into specific areas, such as caring, addiction, or dementia, for example, some themes emerged, including loneliness and mental health concerns. The importance of, and access to timely, culturally

sensitive and appropriate information and sources of support was revealed as a priority for many people.

Some of the studies reviewed include:

- Addressing obesity in Stevenage, Hertfordshire: a consultation with young people, 2019
- CDA (Community Development Action) COVID recovery survey, August 2021
- Healthwatch Essex 2017 – Dementia Voices
- Essex Health and Wellbeing Survey Report, 2022-2026
- Sweet!3 - Healthwatch Essex into experiences of young people in secure MH unit 2018/19
- HCC's Children and Young People's Health and Wellbeing Survey 2021
- Hertfordshire Health and Wellbeing Survey Report, Jan-Feb 2022
- Healthwatch Hertfordshire: Making local healthcare equal: Healthcare concerns in Black and Asian communities. September 2022
- NHS staff survey, Autumn 2021
- Addiction: gambling, drugs and alcohol - Healthwatch Essex - April 2022
- Mental health self-care in Essex, 2016-2017
- Young mental health ambassador discussions on body image - Healthwatch Essex August 2022
- Consultation on health and wellbeing services in Hertfordshire

A directory of the source studies drawn from (where these have been made publicly available) will be created on the ICS website, in the ICP section, where they will form an 'insight bank' resource for service providers and commissioners from both the public and voluntary sector. They will be shared with the strategy development team in order to inform the ongoing development and delivery of the strategy.

Focus Groups

In order to ensure that the priorities of people who can struggle to make their voices heard through traditional engagement activities have been taken into account in developing this strategy, a specialist research organisation was commissioned to hold targeted focus groups.

Four separate groups were held, attended by public and voluntary sector representatives who work with and advocate for:

1. people living with poverty
2. inclusion health groups
3. people from Black and Minority Ethnic backgrounds
4. parents, children and young people.

Each group was asked:

- What are the main issues and challenges that impact on the health and quality of life of the people you work with?
- What are the measures that could be taken that would help?
- How can organisations be more joined up to deliver the change being suggested?
- What can your organisation do to support?
- Are the developing priorities in our strategy the right priorities?
- Is there anything else we should include?

The summary findings from each group follow below:

Focus group one – recommendations from participants working with people living with poverty
- Need to be flexible and tailor actions and measures to neighbourhoods; 'centralisation' can be a problem.
- People need to better understand the long-term impact of a poor diet and obesity; there is still lack of understanding.
- Access to services can be difficult – need to make this simple and sometimes 'human' rather than always online.
- Replicate the good things that happened during covid pandemic: consistent messaging; outreach activity; covid marshals
- Better to use trusted community members, not the council
- Need all partners to know what everyone else is doing – still fragmented. There are some examples of where this works.
- Make more use of social prescribers – and not just responsive, but could be more proactive
- Value in people taking more control themselves, rather than expecting or waiting for something
- There is lots happening, but funding is a problem (including public health funding)
- Businesses who want to help (as they did in covid) and to give something to communities should be supported and matched to community.

Views on the draft strategy priorities from participants working with people living with poverty

- The environment was seen as a key concern which has an impact on all our priorities – however there was some doubt as to whether environmental improvements could be delivered.

- Prioritising children is important as there are long term benefits from this. There should be much more engagement with schools – make use of them as the centre of their communities,
- Scepticism about delivery of strategy – requires so many partners and if it is just NHS delivering then won't work as so much else that is important.
- How are we going to measure the effectiveness of the strategy and whether its priorities are delivered?

Focus group two – recommendations from participants working with 'inclusion' health groups

- Problem that health professionals don't live in same communities/understand the people they support -they can't see that someone might need to choose between paying a bus fare to the foodbank or to the GP.
- Relationship between GP practices and local people can become confrontational, and opportunities are missed to identify other issues where help could be provided.
- Services need to signpost well – not rebuff. There is always a group who can help – even if just advice or a cup of tea.
- People get used to certain services – GPs and hospitals – and the shift to others can be difficult.
- Services work in an isolated way and have their own priorities, rather than everyone looking at the community or situation as a whole. They don't see how what they do (e.g. planning dept) has impact on health, for example.
- More joined-up working has started but needs much more co-ordination; sharing workspace could help.
- Make better use of social prescribers.
- Resources in voluntary sector a problem as number of volunteers has dropped since height of covid pandemic. Fewer volunteers to support.

Views on the draft strategy priorities from participants working with 'inclusion' health groups:

- Priorities need to be more precisely and simply worded so people can understand.
- Targeting to help reduce inequalities is good and it happens; need to be careful doesn't come at the expense of wider improvements in healthcare.
- Priorities feel just like normal business – what we should be doing anyway.
- Carers should feature more prominently in the strategy – family carers.
- Women should feature more prominently in the strategy.

Focus group three - recommendations from participants working with people from Black, Asian and Minority Ethnic Groups

- The impact of the cost of living is huge – 70% of calls to Herts Help advice line concerning cost of living.
- The accessibility of services to South Asian communities is important - language barriers and the cultural sensitivity and understanding of staff on the front lines of the services.
- Lack of trust in authorities and health and wellbeing services because of overt racism. Several examples were given.
- Lack of trust in police amongst these communities – trust damage by 'stop and search' policies.
- Lack of continuity of care (mental health services).
- Cultural insensitivity – e.g., mental health counsellors who do not understand or try to challenge people's religious beliefs.
- Challenges VCFSE face because of the increase in pressure on their services. One of the participants runs a charity but also is also runs a shop and works full time. Their business gets busy towards Christmas – just as there is increased demand and pressure on the VCFSE sector.
- Funding goes to established VCFSE organisations for outreach into communities that these organisations have limited experience with – this comes at the expense of smaller organisations that have better links but are less well known.
- Participants wanted to see a greater emphasis on supporting grassroots organisations to support people from South Asian communities.
- Having places of worship was seen as an important way in which issues of mental health could be addressed. Places of worship could also be places where authorities reach out to these communities. Difficulties with securing planning permission to build a temple in Watford.
- Participants discussed the need for people within these communities to have decision making power, rather than to simply be consulted.

Views on the draft strategy priorities from participants working with people from Black, Asian and Minority Ethnic Groups:

- Participants were generally supportive of the priorities and their comments were related to checking that specific groups were included in these priorities – for instance carers. There was a particular concern for young carers from South Asian communities who are often involved in care and support for adult relatives because they are often more fluent in English and better placed to navigate systems in the UK.

Focus group four - recommendations from participants working with children and young people

- Mental health problems and lack of access to services was mentioned by most in the group as being the biggest issue affecting the wellbeing of young people.
- Teachers are struggling to cope with issues their students present with due to lack of time, training or awareness of what support is most appropriate.
- An increasing issue at present is young people who are struggling with their gender identity, particularly common among those with autism.
- Social prescribing is an important way of supporting young people.
- A Scottish initiative which is training all teachers in nurture-based practice which is seen to be working very well and reducing exclusions from school.
- Having spaces where young people can speak to adults who are separate from family and friends is beneficial.
- We need to link up our community organisations and their activities.
- Tackling cross border issues and infrastructure barriers is important.
- We need to have agreed targets and outcomes and long-term funding in place.
- Support for teachers, parents and others in contact with vulnerable young people is key.

Views on the draft priorities from participants working with children and young people

- A number of the issues linked to the priorities could be closely related to adverse childhood experiences. Preventative measures could mitigate against these.
- The workforce priority is critical across the NHS and other partners.
- Funding that is on short-term cycles is deemed a problem that could mitigate the ability to deliver some long-term priorities
- Some felt there were too many priorities, how will they all be delivered?
- How would priorities be monitored?
- Reducing health inequalities was seen as underlying all the other nine and the group was not sure whether this needs to be a priority, or a general principle

Responding to the focus group findings

The insights obtained as a direct result of these focus groups have helped shape our strategy. For example, although there was generally positive

feedback about the 10 priorities that participants reviewed, there was concern there could be too many, and that they would not therefore be achievable. The number of priorities has since been reduced.

It was also noted that the priorities need to be expressed in clear language that can be understood by everyone. This has been taken on board by the strategy development team. Some themes, such as the importance of early help, the need for services to be 'joined up', the need for effective signposting of services and better awareness of services will need to run throughout the delivery of every priority.

The importance of identifying ways and means of evidencing actions that lead to the delivery of the strategy's priorities was highlighted. This is an area where ongoing public and staff engagement and involvement will be vital in order to maintain confidence in the strategy and the organisations which have developed and own it.

The detailed insight gathered will contribute to the development of the Joint Forward Plan, which will be our system's delivery plan for the integrated care strategy.

Surveying the ICP workforce and voluntary sector

An anonymous survey seeking the views of staff and volunteers working for Integrated Care Partnership organisations was distributed across our system, with the support of system partners. More than 750 responses were received over a two-week period.

Respondents were largely drawn from the NHS and local government (both district and county councils), with the voluntary, community, faith and social enterprise sector and other public services, including the police service, also represented. 66% of respondents reported having some contact with, or offering support to, service users, patients, or members of the public.

The survey offered respondents the opportunity to give their views on some or all of the 10 draft priorities they were presented with, both in terms of the personal potential impact of those priorities on themselves and their families, and the wider potential impact on their communities and the people they serve through their work.

The majority of respondents (59%) chose to comment on workforce as a priority, selecting 'Recruit, develop and retain the people we need to provide health and care services for our population, ensuring that we have enough people with the right skills to deliver the best possible services'. This suggests that as the survey was taken primarily by people living and working in Hertfordshire and West Essex, respondents were interested in the priority most relevant to their career and progression.

Just under half of respondents chose to comment on a priority relating to mental and emotional health (48%) and a priority which focused on measures to ensure people maintain a healthy weight (47%). A priority which focused

on addiction and its impact on health and wellbeing, had the fewest responses (24%), although of those 24%, more than half said that this priority would have an impact on them as individuals, and two thirds said this would impact their family or friends.

When asked in an open question whether they wanted to comment on the strategy priorities overall, 180 respondents raised the following issues:

- Generally positive sentiments (41%)
- Needs adequate staff/skills processes to be delivered (14%)
- Needs detail on delivery, monitoring and evaluation (12%)
- Needs adequate funding to be delivered (11%)
- Improved partnership working needed for this to work (9%)
- Co-production needed/would be useful (7%)
- People need to be enabled to take ownership of their own health/have access to right information and services (6%)
- Focus on those most in need/do a small set of things well rather than too many not very well (2%)

When completed, the detailed survey report will be made available to the strategy team and the public, via the ICP web pages on the Hertfordshire and West Essex Integrated Care System website.

System Wide Meetings

As part of our engagement plan in developing this strategy we have attended over 30 meetings with senior leaders to present the draft strategy and obtain feedback. This engagement has been crucial in ensuring that our strategy meets the needs of all our partners.

HWE Integrated Care Partnership	Hertfordshire Mental Health, Learning Disabilities and Autism (MHLDA) Collaborative Board	Children's Services Core Board - HCC
Healthwatch Community Assembly (Hertfordshire)	Healthwatch Community Assembly (Essex)	District & Borough CEO Group (HCC)
HWE ICS Health Inequalities Strategic Board	Hertfordshire Health & Wellbeing Board	Health & Wellbeing Board (ECC)
ICB Primary Care Senior Management Team Meeting	Public Health Management Board - HCC	HCC Cabinet Members Panel - webinar
Scrutiny Committee (HCC)	Health Overview & Scrutiny Committee (Essex CC)	Adult Care Services Senior Management Board (ACSMB) HCC

Essex Children's Board	HWE Integrated Care Partnership Committee	Essex Partners Board (ECC)
ICB Board Meeting	HWE ICB Design & Delivery Board	ICS PMO Team Meeting
East & North Hertfordshire Health Care Partnership Board	South and West Herts Health Care Partnership Board	West Essex Health & Care Partnership Board

Conclusion

Engagement and involvement should be an active, ongoing process, which provides clear feedback about the way in which involvement has led to improvements. We are committed to fully involving people and communities across Hertfordshire and west Essex as the strategy is further developed and delivered. Updates will be posted to the ICP pages of the Hertfordshire and West Essex Integrated Care System website and through a wide range of communications channels. Those directly involved will be kept informed so that they can see the impact that their views have made.

The Hertfordshire and West Essex **Integrated Care Strategy**

Working together
for a healthier future

Welcome

This strategy has been agreed by the Hertfordshire and West Essex Integrated Care Partnership – a group of organisations involved with, and responsible for, improving the health, care, and wellbeing of the 1.6 million people who live and work in our area.

It sets out the ways in which the organisations in the partnership will work together to ensure that we can all live, work and play in healthy and safe communities where everyone has the opportunities and the support they need to thrive.

We hope you find this useful and interesting. There are details of how you can find out more and get involved later in this booklet.

Councillor Richard Roberts, Leader of Hertfordshire County Council, Chair of Hertfordshire and West Essex Integrated Care Partnership

Right Honourable Paul Burstow, Independent Chair of Hertfordshire and West Essex Integrated Care Board, and Vice Chair of Hertfordshire and West Essex Integrated Care Partnership

Councillor John Spence, Cabinet Member for Health and Adult Social Care, Essex County Council

Introduction

Each person's health and wellbeing is shaped by their childhood experiences, the home and environment they grow up in, their education and employment opportunities and the health conditions they are born with, or go on to develop.

Caring for our residents' wellbeing and supporting those who face the biggest challenges to living healthy, independent lives, is at the heart of this ten-year strategy.

The six priorities in this strategy have been developed by listening to the views and experiences of our residents and the people who work to support them. We have looked at the information which shows where needs are greatest and focused on the areas where we can make the biggest positive impact together.

The priorities are:

- **Give every child the best start in life**
- **Support our communities and places to be healthy and sustainable**
- **Support our residents to maintain healthy lifestyles**
- **Enable our residents to age well and support people living with dementia**
- **Improve support for people living with life-long conditions, long-term health conditions, physical disabilities, and their families**
- **Improve our residents' mental health and outcomes for those with learning disabilities and autism**

Underpinning these are a set of guiding principles:

- plan and deliver services in a joined-up way
- help people to stay healthy and well
- act quickly when they need help or support
- tackle the inequalities which lead to physical or mental ill health
- involve the people who use services in designing them

This strategy will be updated and reviewed regularly. You can give your views on what you have read here by emailing **hweicbenh.engagement@nhs.net**

To follow the progress of our work to deliver the priorities in this strategy, to find out more or to get involved, go to **https://hertsandwestessexics.org.uk**

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3

Priority 1: Give every child the best start in life

We will ensure that children in Hertfordshire and west Essex have the best opportunity to be safe and well and to reach their potential at school and beyond.

Why this matters

Children brought up in families and communities where they are supported and nurtured have the best opportunity of enjoying happy childhoods and fulfilling adult lives.

When a child is disadvantaged, this can have a lasting impact on their health and wellbeing, and on the health and wellbeing of future generations too.

There are many reasons why some children don't have the best start in life. Living with a special educational need or disability can make life very tough for children and their families. Growing up in poverty, in the care of a local authority, or in a household where adults are struggling or find it hard to put their child's interests first, can also have a huge impact.

Some very young children have already fallen a long way behind by the time they start school, and the number of children and young people who need specialist mental health help is increasing.

We will:

- Offer families and children support as soon as they need it, with public and voluntary sector organisations working together effectively to help with any problems as soon as they arise.

- Help every child to be ready to start school, by making early learning opportunities open to all.

- Give children with special educational needs and disabilities, and their families, the help they need without waiting for formal assessments to be completed.

- Keep children safe from abuse and neglect, by linking all of the organisations that are involved in working with them, their families and neighbourhoods.

- Extend the local support available to children, young people and their families by turning our family centres for 0-5 year olds into family hubs. Family hubs will support families with children aged up to 19 years old, or up to 25 years old if they have a special educational need or disability.

- Focus on improving children's emotional and mental health and wellbeing by making support easily available to them and their parents and carers, including in schools and community settings.

"When a child is disadvantaged, this can have a lasting impact on their health and wellbeing"

Priority 2: Support our communities and places to be healthy and sustainable

We will work with people in Hertfordshire and west Essex to help make their communities safe and healthy places to live, reducing the gap in health and life expectancy between our healthiest and least healthy residents.

Why this matters

Poor quality and overcrowded housing is harmful to people's health. Children who live in cold homes are twice as likely to suffer from breathing difficulties as children living in warm homes. Adults' and children's mental health also suffers when their homes are not warm and comfortable.

Outside the home, air quality has a big impact on health too, with air pollution causing heart disease, lung cancer and asthma. Being able to get out and about easily into good quality green spaces improves people's physical and mental health.

There are big differences in health between the most and least healthy people in our area, and these differences are directly related to poverty and where you live. Residents of the most deprived areas of Hertfordshire and west Essex spend up to 18 more years of their lives in poor health than those who live in better off areas. We want to reduce the health gap between our residents.

We will:

- Work to get more homes built that people can afford, and make sure that all homes in the social and private rented sector meet decent standards.

- Support people to get into and remain in work – particularly people with disabilities or health conditions, and those living in our most deprived communities.

- Create healthy streets and develop more green spaces, making it easier and safer for people to walk or cycle, with better access to good, reliable public transport.

- Work with local people to develop ways that people of all ages can get actively involved and connected with their communities.

- Put in place extra support in the areas and communities where we know that people face the biggest health challenges. This will include extra maternity care, increasing the number of annual health checks for people with severe mental illnesses, increase the take-up of vaccinations, diagnosing cancer earlier and finding and treating people with high blood pressure.

"Residents of the most deprived areas of Hertfordshire and west Essex spend up to 18 more years of their lives in poor health than those who live in better off areas"

Priority 3: Support our residents to maintain healthy lifestyles

We will support people in west Essex and Hertfordshire to be physically active, eat healthily, maintain a healthy weight and provide support and advice to prevent tobacco, alcohol and substance misuse.

Why this matters

Eating well, being a healthy weight and staying physically active are essential for good health and preventing disease.

If you have a poor diet and are not physically active you are much more likely to become unwell and suffer from serious illnesses, such as strokes, type 2 diabetes, heart disease and cancer.

In our area, on average 62% of adults are overweight, although the number of overweight people varies a lot between district council areas. The number of children who are overweight or obese is also worrying, and childhood obesity is particularly an issue in poorer communities.

Smoking and drinking alcohol can dramatically increase a person's risk of premature death and are among the main causes of serious ill-health. The use and availability of illegal drugs is also linked to poor health and outcomes for adults and young people.

We will:

- Provide residents with more and better opportunities to be physically active, making sure that services meet people's needs.

- Look at how to make leisure centres and exercise classes more affordable.

- Offer new and better stop-smoking services for: pregnant women and their partners; people admitted to hospital; long-term users of mental health services; and adults with learning disabilities.

- Improve care for people who have mental health issues and drug or alcohol problems.

- Support people on low incomes to have better access to healthy and affordable food and provide information and advice to children and young people about maintaining a healthy weight.

- Make sure that people have good access to information and advice about how to avoid the harm caused by alcohol, smoking, gambling and drugs.

Priority 4: Enable our residents to age well and support people living with dementia

We will ensure that residents in west Essex and Hertfordshire can age healthily and get advice and support to help them live well and independently for as long as possible.

Why this matters

A growing proportion of the population of Hertfordshire and west Essex are aged over 65, with one in five people in our area expected to be over 65 years old by 2043.

Older people are at risk of being hospitalised due to illnesses and conditions which could have been prevented by proactive care and better use of community-based health services. 20-30% of the hospital admissions for over 85s could be avoided with better care for people who are becoming frail or unwell. Long-term conditions, falls and loneliness can all have an impact on people's quality of life as they age.

Dementia is more common as people grow older and around one in three people aged 85 or more are estimated to have the disease. The NHS and social care services spend more money looking after people with dementia than they do on caring for people with cancer and heart disease. Looking after a loved one with dementia can be very challenging for friend or family carers and it can be difficult to find the right support.

We will:

- Promote the take-up of NHS health checks for people aged between 40 and 74 to help reduce their risks of developing diseases such as cancer, stroke and dementia.

- Support people to stay active and reduce loneliness by connecting them with advice, activities and support in their local communities.

- Train the health and social care workforce to have a better understanding of dementia.

- Build more extra care housing so that people can live independently for longer.

- Ensure that buildings, public spaces, transport, and local services are accessible to older people and those with dementia.

- Improve support for carers who look after family members or friends.

- Make it easier for older people to be discharged from hospital with the care they need.

Priority 5: Improve support for people living with life-long conditions, long-term health conditions, physical disabilities, and their families

We will support people living with life-long conditions, long-term health conditions, physical disabilities, and their families, so that they can take more control of their health and have a good quality of life.

Why this matters

Around one in seventeen people in our area are affected by a life-long health condition that they are born with, like cystic fibrosis or Huntington's disease. More than a quarter of our residents are believed to be living with at least one long-term health condition, such as heart disease, diabetes, cancer or a lung condition which causes them to have breathing difficulties. Living with a life-long or long-term health condition puts people at a much higher risk of having mental health problems too.

Poorer people in Hertfordshire and west Essex are much more likely to have long-term health conditions which could have been avoided. These conditions can lead to them being admitted to hospital for emergency treatment.

Around 14% of people in Hertfordshire and west Essex have physical disabilities which limit their ability to carry out normal daily activities, and 6% of adults have serious physical disabilities. Services to support people with long-term conditions and disabilities are not always joined up, and don't always take into account all the needs that a person might have or the challenges they face.

We will:

- Support and empower people with life-long and long-term health conditions along with those with disabilities and their carers to live healthily and independently, with joined-up care and more control over the care they receive.

- Reduce the likelihood of people developing long-term conditions by helping them to reduce their risk factors, and improving the detection, diagnosis, and early help available to them.

- Support people with physical disabilities and neurological conditions to improve their physical health.

- Increase the number of residents who receive NHS health checks, particularly for those with severe mental illnesses, learning disabilities and those who are frail.

- Ensure women's health and wellbeing is prioritised through the menopause with the treatment and support they need. This will reduce their risk of developing dementia, hip fractures and cardiovascular disease in later years.

Priority 6: Improve our residents' mental health and outcomes for those with learning disabilities and autism

We will provide early help to people in Hertfordshire and west Essex to help prevent mental illness and support the health and wellbeing of people with a severe mental illness, learning disability or autism.

Why this matters

People who are affected by poor mental health are much more likely to face struggles in other areas of their lives. Children's friendships, families, and their performance at school are affected if they have mental health difficulties. Adults who are mentally unwell are more likely to smoke, drink and use drugs, to live in poverty and to find it difficult to find and keep jobs. We know that mental health problems can lead to people being disadvantaged; poverty and disadvantage can also cause mental health problems. Men and women with poor mental health are likely to die earlier than those with good mental health.

Living with a physical health problem, particularly a long-term illness or condition, often contributes to poor mental health – such as depression or anxiety. People with poor mental health often find it difficult to stay physically fit and well. Mental disorders are the second largest single cause of disability in the UK for people of all ages, with 1 in 4 adults experiencing at least one mental health problem each year.

People with learning disabilities are more likely to be affected by the issues that we know lead to poor mental health. These include inadequate housing, unemployment, social isolation, violence and financial hardship. Women with learning disabilities die an average of 27 years younger than the general population and men die 23 years younger.

We will:

- Ensure that everyone can have the psychological therapies they need, when they need them.
- Reduce the gap in life expectancy between people with a learning disability or severe mental illness and the rest of our residents.
- Put in place services for children and young people who are neurodiverse, for example children with autism or those with attention deficit disorders.
- Develop services for people with autism that support them at every stage of their lives, at home, school, as they become adults and when they need help with housing and employment opportunities.
- Work with employers to ensure they develop suitable job opportunities for people with learning disabilities and severe mental illnesses, so that they can develop new skills and be supported to get on well at work.
- Help people with learning disabilities, autism, physical disabilities and mental illness to access housing, education, employment and skills, and support their carers.
- Reduce suicides through better suicide prevention across health and care services.

Next steps

People working in the organisations responsible for this strategy have now started to work on action plans for these priorities. If you would like to get involved in this work, please email **hweicbenh.engagement@nhs.net**

The Hertfordshire and West Essex Integrated Care Partnership is made up of a range of organisations responsible for public and voluntary services in this area.

This includes:

- NHS organisations, including hospital trusts and mental health trusts
- county councils
- district and borough councils
- the voluntary, community, faith and social enterprise sector
- the police, and police and crime commissioners.

Publication date: March 2023

hertsandwestessexics.org.uk

PUBLIC Board of Directors

Meeting Date:	30 March 2023	Agenda Item: 18
Subject:	Trust Risk Register February 2023	For Publication: Yes
Author:	Nick Egginton, Compliance and Risk Manager	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 update the Board on the risks on the Trust Risk Register.

Action required:

To receive the Trust Risk Register for discussion of the risks, their scores, ordering and mitigation.
To approve the risks.

Summary and recommendations:

Summary

The Trust currently has seven risks on the Trust Risk Register.

Risk consideration for a reduction in risk score

- People

The consequence of this risk has been reduced from Catastrophic (5) to Major (4), resulting in a reduction in the risk score from 20 to 16.

Risk consideration for increase in risk score

- Financial Sustainability

The likelihood of this risk has been increased from Likely (4) to Almost Certain (5), resulting in an increase in the risk score from 16 to 20. To also note that the target has been updated from Unlikely (2) to Possible (3) and still Moderate (3).

- Quality of Care

The likelihood of this risk has been increased from Likely (4) to Almost Certain (5) resulting in an increase in the risk score from 16 to 20.

Following discussion at IGC, it has been agreed to schedule a deep dive into the Trust's risk management and review processes, including risk appetite, escalation from departmental risk registers and the role of committees.

The Board is asked to review and approve the risks as outlined in the Trust Risk Register.

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

Relation to the BAF: (the following Strategic Objectives link to individual risks on the Trust Risk Register)
1. We will provide safe services, so that people feel safe and are protected from avoidable harm.
2. We will deliver a great experience of our services, so that those who need to receive our support feel positively about their experience
4. We will attract, retain, and develop people with the right skills and values to deliver consistently great care, support, and treatment
5. We will improve, innovate, and transform our services to provide the most effective, productive, and high-quality care
6. We will deliver joined up care to meet the needs of our service users across mental, physical, and social care services in conjunction with our partners

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

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

There are no budgetary or financial implications in the Trust Risk Register report, however some actions taken linked to the risks may have budgetary or financial implications.

Equality & Diversity /Service User & Carer Involvement implications:

Not applicable

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

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

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

Executive Team 1 and 7 March 2023
Integrated Governance Committee 16 March 2023

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1. Introduction

1.1 The purpose of this Executive Summary is to present an overview of the recent updates to the Trust Risk Register (TRR), for discussion. Consideration should be given to the current situation and the mitigations that have been put in place. The TRR identifies the high-level risks facing the organisation and summarises the mitigating actions being taken to control and minimise them.

1.2 Each Executive Director has reviewed the risks that they are Senior Responsible Officer (SRO) for, and the current position and mitigation has been updated.

1.3 *Figure 1* provides the risk score matrix, for information.

		Likelihood				
		1 Rare	**2** Unlikely	**3** Possible	**4** Likely	**5** Almost Certain
Consequences	**5** Catastrophic	5 Moderate	10 High	15 Extreme	20 Extreme	25 Extreme
	4 Major	4 Moderate	8 High	12 High	16 Extreme	20 Extreme
	3 Moderate	3 Low	6 Moderate	9 High	12 High	15 Extreme
	2 Minor	2 Low	2 Moderate	6 Moderate	8 High	10 High
	1 Negligible	1 Low	2 Low	3 Low	4 Moderate	5 Moderate

Figure 1

1.4 The Board is asked to consider the recommendation from the Executive Team that:
- The risks and whether they reflect the current risks for the Trust
- The risk scoring and whether they are appropriate
- Whether the mitigation and actions are robust enough, offering constructive challenge to the team to ensure the risks are managed and mitigated.

2. Summary

2.1. The Trust currently has seven risks on the TRR.

Risk	Score
1 Demand	20
2 Use of non-HPFT beds	20
3 Financial Sustainability	20
4 Quality of Care	20
5 People	16
6 External Landscape	12
7 Cyber Security	12

2.2. The Board is asked to review and approve the risks as outlined in the TRR, in line with the recommendation from the Executive Team.

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3. **Risk Updates**

3.1 **Demand**

The current risk score remains the same for Demand at Likely (4) and Catastrophic (5) at 20. The Trust's Recovery Programme has continued to restore performance in some areas, with continued focus on challenging areas, for example:

- Increased resource for initial assessments
- Targeted recruitment to vacancy hotpots
- Pilot of new service pathway
- Continued development of mental health roles in primary health care for both children and adults
- Provision of additional clinics for Early Memory Diagnosis and Support Service (EMDASS)
- Transformation of EMDASS diagnosis pathway
- Increased robustness of overall risk management and care planning system and processes
- Focus on Stranded Patients and robust review of length of stay across acute pathway.

3.2 **Use of non-HPFT beds**

The current risk score remains the same for the Use of non-HPFT beds at Almost Certain (5) and Major (4) at 20, with key focused actions, including:

- Designated team focused on increasing the discharges from out of area beds
- Block booking beds from mental health providers by robust contract and quality monitoring processes
- Establishment of Integrated Discharge Team
- Development of Crisis Housing model
- Improving planning of discharges, supporting by digital solutions, for example 'whiteboard' pilot on Swift ward (AAU)
- Enhancement of medical staffing available to AAU
- Comprehensive oversight and management, supported by 3x daily bed flow meetings
- Establishment of multi-agency discharge events, to resolve delayed discharges.

3.3 **Financial Sustainability**

It is proposed that the Likelihood element of the risk score is increased from Likely (4) to Almost Certain (5) in recognition of the challenging financial climate for 2023/24 and the following years. It also recognises the new approach with regard to financial planning, which puts System first. The following key mitigations are in place:

- Focus work to reduce use of out of area beds
- Oversight of and plans to reduce use of agency staff
- Effective use of e-roster to enable robust scrutiny and challenge of staffing
- Ensure exploration of all relevant additional income streams
- Increase of internal systems of financial control
- Comprehensive use of benchmarking data to support review of overhead and non-clinical costs.

3.4 **Quality of Care**

It is proposed that the Likelihood element of the risk score is increased from Likely (4) to Almost Certain (5) due to the issues identified both internally, via audit, assurance visits and the Quality and Dashboard and also form the Care Quality Commission (CQC). The following key mitigations are in place:

- Active use of Quality and Safety Dashboard to identify any areas in need of improvement
- Establishment of consistent Service Improvement Action Plan (SIAP) methodology, to support areas requiring in need of improvement
- Implementation of updated Respect training for staff
- Piloting of Trauma Informed Approaches, preceding Trust-wide implementation
- Increased focus on improving standards of quality care, through senior leadership
- Increased frequency of Quality Assurance Visits (QAV) and supportive visits internally, and with external partners

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- Increased visibility from senior leaders across all services
- Commissioning review of quality and safety governance, from service area to Board
- Establishment of Absence Without Authorised Leave (AWOL) task and finish group
- Violence and Aggression CQI project
- Partnership working to develop Suicide Prevention Pathway and implementation of system-wide awareness and prevention training.

3.5 People

It is proposed that the Consequence element of the risk score is reduced from Catastrophic (5) to Major (4), in recognition of the sustained improvement in a number of key People and Organisational Development (OD) metrics. For example, reduction in turnover rate, increase in recruitment and positive Staff Survey results. The following key mitigations are in place:

- Communication of 2022 Staff Survey results
- Development of action plan with staff, to address areas which could be improved
- Continued our engagement to co-produce our Inclusion and Belonging Strategy, due to be launched April/May 2023
- Regular review of health and wellbeing and benefits offers to staff
- Nursing Recruitment and Retention task and finish group
- Launch of CAMHS and community attraction campaigns
- Launch Bank recruitment and retention offer
- Review and streamlining onboarding processes
- Continue active international recruitment campaigns launching further international recruitment campaigns.

3.6 External landscape

The current risk score remains the same for External Landscape at Possible (3) and Major (4) at 12, with key focused actions, including:

- Implementation plan to support delivery of Integrated Care Board (ICB) Strategy
- New Trust Strategy aligned with ambitions set out in ICB Strategy
- Participation in East of England Provider Collaborative, providing specific leadership for CAMHS and peri-natal
- Developing relationships with commissioners within Norfolk and Waveney Integrated Care System (ICS)
- Trust leadership active involvement in system-wide governance and decision-making processes.

3.7 Cyber Security

The current risk score remains the same for Cyber Security at Possible (3) and Major (4) at 12, with key focused actions, including:

- Action plan following Business Continuity Plan (BCP) exercise, related to EPR outage
- Review of individual BCPs
- Follow up of actions from phishing simulation exercise
- Continued programme of planned phishing exercise
- Continuation by HBL ICT of vigorous patching regime and proactive monitoring for potential threats
- Continued monitoring of malware and accessing of malicious websites.

4. Next steps

4.1 Following discussion at the Integrated Governance Committee (IGC), it has been agreed to schedule a deep dive into the Trust's risk management and review processes, including risk appetite, escalation from departmental risk registers and the role of committees.

4.2 The Board are asked to approve this risk register.

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Summary Trust Risk Register by Exec Lead and linked to Trust Strategic Objectives

Pos	Risk	Rating (Initial) LxC	Rating (Current) LxC	Rating (Target) LxC	Link with Strategic Objective	Key Mitigations	Executive Lead
1.	**Demand** Increase in demand for services, which will see a reduction in the quality of care, lengthening of waiting times and have an impact on our ability to provide safe responsive care, avoid harm and unexpected deaths.	16	4 x 5 **20**	2 x 4 **8**	We will provide safe services, so that people feel safe and are protected from avoidable harm	The Trust Recovery Programme has continued to restore performance in some areas, during quarter 3. Continued focus on challenging areas, for example: • Increased resource for initial assessments • Targeted recruitment to vacancy hotpots • Pilot of new service pathway • Continued development of mental health roles in primary health care for both children and adults • Provision of additional clinics for Early Memory Diagnosis and Support Service (EMDASS) • Transformation of EMDASS diagnosis pathway • Increased robustness of overall risk management and care planning system and processes • Focus on Stranded Patients and robust review of length of stay across acute pathway.	Sandra Brookes (Deputy Chief Executive Officer and Chief Operating Officer)
2.	**Use of non-HPFT beds** We don't have access to sufficient number of inpatient beds, which sees an increases in use of out of area placements, an increased number of services users in the community waiting for admission and causes a financial pressure. Will also have an impact on quality of care and staff wellbeing	12	5 x 4 **20**	3 x 3 **9**	We will provide safe services, so that people feel safe and are protected from avoidable harm	• Designated team focused on increasing the discharges from out of area beds • Block booking beds from mental health providers by robust contract and quality monitoring processes • Establishment of Integrated Discharge Team • Development of Crisis Housing model • Improving planning of discharges, supporting by digital solutions, for example 'whiteboard' pilot on Swift ward (AAU) • Enhancement of medical staffing available to AAU • Comprehensive oversight and management, supported by 3x daily bed	Sandra Brookes (Deputy Chief Executive Officer and Chief Operating Officer)

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					flow meetings • Establishment of multi-agency discharge events, to resolve delayed discharges	
3.	**Financial Sustainability** Failure to deliver a sustainable financial position and longer-term financial plan, will impact on Trust's sustainability and ability to deliver high quality care.	12	5 x 4 **20**	3 x 3 **9**	We will improve, innovate, and transform our services to provide the most effective, productive and high-quality care	• Focus work to reduce use of out of area beds • Oversight of and plans to reduce use of agency staff • Effective use of e-roster to enable robust scrutiny and challenge of staffing • Ensure exploration of all relevant additional income streams • Increase of internal systems of financial control • Comprehensive use of benchmarking data to support review of overhead and non-clinical costs.	Paul Ronald, interim Director of Finance
4.	**Quality of Care** We won't be able to provide high quality care at service areas, due to a number of factors including workforce, significant increases in demand and acuity of service users.	N/A	5 x 4 **20**	2 x 4 **8**	We will provide safe services, so that people feel safe and are protected from avoidable harm	• Active use of Quality and Safety Dashboard to identify any areas in need of improvement • Establishment of consistent Service Improvement Action Plan (SIAP) methodology, to support areas requiring in need of improvement • Implementation of updated Respect training for staff • Piloting of Trauma Informed Approaches, preceding Trust-wide implementation • Increased focus on improving standards of quality care, through senior leadership • Increased frequency of Quality Assurance Visits (QAV) and supportive visits internally, and with external partners • Increased visibility from senior leaders across all services • Commissioning review of quality and safety governance, from service area to Board • Establishment of Absence Without Authorised Leave (AWOL) task and finish group • Violence and Aggression CQI project • Partnership working to develop Suicide Prevention Pathway and implementation of system-wide awareness and prevention	Jacky Vincent (Executive Director, Quality and Safety (Chief Nurse))

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#	Risk				Strategic Objective	Controls/Actions	Lead
						• training	
5.	**People** We won't have sufficient number of staff with the right skills, due to high levels of turnover, insufficient recruitment, and limited supply of workforce. Which will impact on our ability to provide safe responsive care, avoid harm and unexpected deaths, which will also have an impact on staff's wellbeing.	12	4 x 4 **16**	2 x 4 **8**	We will attract, retain, and develop people with the right skills and values to deliver consistently great care, support and treatment	• Communication of 2022 Staff Survey results • Development of action plan with staff, to address areas which could be improved • Continued our engagement to co-produce our Inclusion and Belonging Strategy, due to be launched April/May 2023 • Regular review of health and wellbeing and benefits offers to staff • Nursing Recruitment and Retention task and finish group • Launch of CAMHS and community attraction campaigns • Launch Bank recruitment and retention offer • Review and streamlining onboarding processes • Continue active international recruitment campaigns launching further international recruitment campaigns.	Janet Lynch (Interim Executive Director of People & Organisational Development)
6.	**External landscape** Reduction in the influence of the Trust within the system, which could see a shift in influence and resources away from mental health, learning disabilities and autism and impact on Trust's ability to deliver high quality care to service users.	20	3 x 4 **12**	2 x 3 **6**	We will shape and influence the future development and delivery of health and social care to achieve better outcomes for our population(s)	• Implementation plan to support delivery of Integrated Care Board (ICB) Strategy • New Trust Strategy aligned with ambitions set out in ICB Strategy • Participation in East of England Provider Collaborative, providing specific leadership for CAMHS and peri-natal • Developing relationships with commissioners within Norfolk and Waveney Integrated Care System (ICS) • Trust leadership active involvement in system-wide governance and decision-making processes	(David Evans, Executive Director, Strategy and Partnerships)
7.	**Cybersecurity** Trust's information and systems is at higher risk of being compromised by a cyberattack due to current international events. This is also because the attacks are getting increasingly sophisticated in identifying and exploiting known and unknown vulnerabilities which if successful, may result it loss and/or public disclosure information and loss of access to critical systems.	3 x 4 **12**	3 x 4 **12**	3 x 3 **9**	We will improve, innovate, and transform our services to provide the most effective, productive and high-quality care	• Action plan following Business Continuity Plan (BCP) exercise, related to EPR outage • Review of individual BCPs • Follow up of actions from phishing simulation exercise • Continued programme of planned phishing exercise • Continuation by HBL ICT of vigorous patching regime and proactive monitoring for potential threats	Hakan Akozek (Director, Innovation and Digital Transformation)

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					• Continued monitoring of malware and accessing of malicious websites	

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PUBLIC Board of Directors

Meeting Date:	30 March 2023	Agenda Item: 19
Subject:	Board Assurance Framework	For Publication: Yes
Author:	Helen Edmondson, Head of Corporate Affairs and Company Secretary	
Presented by:	Helen Edmondson, Head of Corporate Affairs and Company Secretary	

Purpose of the report:

To present the updated Trust Board Assurance Framework for consideration and approval.

Action required:

The Board is asked to:
- To consider the updated Trust Board Assurance Framework
- To approve the Board Assurance Framework

Summary and recommendations to the Board:

Background

The Trust's Board Assurance Framework (BAF) has undergone a fundamental review to ensure it is line with best practice and acts as a clear guide for the Board on the strategic issues and risks it should be focussing on. The review was also undertaken in response to a recommendation from the externally commissioned Well-Led Review that was undertaken in 2020/2021.

The BAF is a dynamic document and tool to ensure that the Trust Board is focused on the key strategic issues and risks.

The review of the BAF has been supported by the Executive Team and has been discussed at the November meeting of the Integrated Governance Committee. As well as specific conversations with Trust Internal Auditors, RSM, and Non-Executive Directors. The November 2022 Board meeting agreed the strategic risks and the Audit Committee in February 2023 considered and recommended it for approval to the Board.

Revised Board Assurance Framework (BAF)

Attached is the new BAF, of which the strategic risks were agreed by the Board at its meeting in November 2022 and has been reviewed by the Executive Team and Audit Committee

It is worth stressing that the BAF will continue to develop and future versions will include information on trends and provision of heat maps.

The material changes from the previous version are:

- reduction in the number of strategic risks.
- addition of current and target risk ratings.
- separate descriptions of strength of controls and strength of assurances in place

The Audit Committee identified a number of small amendments to the version is considered and these are included for the Board to approve. The amendments related to:

- inclusion of assurance role of groups below Board sub-committee level
- addition of Trust's role in East of England Collaborative under Strategic Risk 7.
- Action to identify source of assurances for social care from within the organisation.

Current risk scores for Strategic Objective 1 and 5 have been amended to reflect the current position are in line with the changes in corresponding risks on the Trust Risk Register.

In summary risk score for Strategic Objective 1 has reduced to 20 (4x5) compared with 25 due to continued improvement in vacancy and turnover rates; Strategic Objective 5 increased to 20 (4x5) compared to previous score of 15 due to current planning gap in financial plan for 23/24 and current trust expenditure run rate.

Next Steps
The BAF will continue to be updated and considered by the Audit Committee and Board at least on a quarterly basis. The next version of the BAF will build in any learning from the current advisory internal audit underway into risk management and BAF. The BAF will also be updated based on the new Trust five year strategy following its publication.

Recommendations
The Board is asked to:
- To consider the new Trust Board Assurance Framework
- To approve the Board Assurance Framework.

Relationship with the Business Plan & Assurance Framework:

The BAF identifies the risks associated with the strategic objectives as set out in the Annual Plan.

Summary of Financial, IT, Staffing and Legal Implications:

None outlined in the summary report.

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

The ensuring of equality of experience and access is core to the strategic objectives. The BAF will support the Trust Board in delivering the strategic objectives

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

Evidence of robust governance review process for the NHSI/CQC Well Led Standard.

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

Exec Team 9 November 2022 and 19 January 2022. Integrated Governance Committee 10 November 2022. Trust Board on 24 November 2022.
9 February 2023

Board Assurance Framework March 2023

Strategic Risk One: Our People	Current Risk Rating (LxC)	Target Risk Rating (LxC)	Committee	Integrated Governance Committee
Risk Descriptor: Failure to develop a sustainable workforce model that means we fail to recruit and retain the right numbers of people with the right skills which will impact on quality of care for our service users and our staff satisfaction levels.	**4 x 5**	**3 x 3**	**Executive Lead**	Chief People Officer

Linked to Strategic Objective 4: We will attract, retain and develop people with the right skill and values to deliver consistently great care, support and treatment.

Key Controls in place	Where to the controls sit? (Level of control)	Assurance that controls are effective	How Assured are we? (Levels of Assurance)	Date of Assurance
Recruitment and retention plan	2nd Level	Weekly exec led recruitment oversight meeting Nursing and HCSW task and finish group Monthly reporting to PODG and Exec Monthly R&R Group Quarterly reporting to IGC Internal Audit Report 2022 (recruitment checks)	Low	Monthly
Management of recruitment pipeline, including time to hire and targeted recruitment activity	1st Level	Weekly exec led recruitment oversight meeting Nursing and HCSW task and finish group Monthly reporting to PODG and Exec Monthly R&R Group Quarterly reporting to IGC	Medium	Monthly

Key Controls in place	Where to the controls sit? (Level of control)	Assurance that controls are effective	How Assured are we? (Levels of Assurance)	Date of Assurance
Comprehensive training and development offer, benefits package and wellbeing strategy	2nd Level	Monthly monitoring National staff survey Monthly reporting to PODG	Medium	Monthly, quarterly (Pulse Survey) and annually (staff survey)
Safe Care Standard Processes and policies	1st Level	Quality assurance visit programme	Medium	Quarterly
Trust workforce plan	2nd Level	Monthly workforce reports Workforce Planning Group (quarterly meetings)	Low	Monthly
SBU workforce plans	1st Level	Monitoring through PRM Workforce Planning Group (quarterly meetings)	Low	Quarterly

Mitigating actions for any significant gaps in control / assurance.	Progress	Timescale
Increase international recruitment programme and HCSW programme, supported by Task and Finish Group	Actions in place through R&R Group	Monthly
Review of benefits packages including measure to support financial wellbeing	In place and being added to regularly	Jan 2023
AHP workforce programme	In place and reviewed through PODG	Quarterly
Implement recommendations for Attain report	5 year plan monitored through planning meeting and Workforce Planning Group	Quarterly

Strategic Risk 2: Our People		Current Risk Rating (LxC)	Target Risk Rating (LxC)	Committee	Integrated Governance Committee
Risk Descriptor: Failure to maintain positive health and wellbeing support for all our staff which could mean staff and do not provide an inclusive work experience with equality of opportunity which could mean staff do not feel valued or enabled to reach their potential.		**3 x 4**	**2 x 3**	**Executive Lead**	Chief People Officer

Linked to Strategic Objective 4: We will attract, retain and develop people with the right skill and values to deliver consistently great care, support and treatment	

Key Controls in place	Where to the controls sit? (Level of control)	Assurance that controls are effective	How Assured are we? (Levels of Assurance)	Date of Assurance
Junior Doctor forums	2nd Level	GMC Training Survey Guardian of Safe Working Reports HSE visits JCNC	Medium	Monthly
Wellbeing programme including festivals	2nd Level	Pulse Survey Staff Survey Feedback to PODG	High	Quarterly and annually
Awards programme: annual staff and monthly inspire.	2nd Level	Pulse Survey Staff Survey	High	Quarterly
Employment Assistance Programme, Occupational Health Provider and Here for You service	2nd Level	Contract review meetings Regular managements reports	High	Quarterly
Staff Survey Action Plan	2nd Level	National staff survey report	Medium	June 2022
Engagement with staff, including meet the Exec, team leader forums, SLF, Big Listen, wellbeing festivals, JCNC and staff networks	2nd Level	Feedback from events and festivals Regular PODG items Reports to Exec, IGC and Board Quarterly Pulse Survey Staff Survey (annual) Externally commissioned well led review	Medium	March 2022

Key Controls in place	Where to the controls sit? (Level of control)	Assurance that controls are effective	How Assured are we? (Levels of Assurance)	Date of Assurance
Organisational Development Strategy	2nd Level	Pulse Survey	Medium	Quarter two 22/23
Undertaking of supervision and appraisals	1st Level	Monthly monitoring data	High	Monthly
Development of inclusion and belonging strategy	2nd Level	Pulse Survey Staff Survey WRES and WDES data Equality pay gap reporting	Medium	Quarterly
Freedom to speak up Guardian and systems	2nd Level	Quarterly and annual reporting to IGC	Medium	Quarterly

Mitigating actions for any significant gaps in control / assurance.	Progress	Timescale
Finalise and implement development offer for staff	In progress	Nov 2022
Staff survey action Plan	In place and will be refreshed following results of 2022 survey	June 2022

Strategic Risk 3: Quality - Safety	Current Risk Rating (LxC)	Target Risk Rating (LxC)	Committee	Integrated Governance Committee
Risk Descriptor: There is a risk that we do not provide safe standards of care due to failure to maintain agreed safe staffing levels meaning service users do not feel safe and are not protected from avoidable harm or deaths through suicide.	4 x 5	3 x 4	**Executive Lead**	Director of Quality and Safety

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

Key Controls in place (what are currently doing about the risk?)	Where do the controls sit? (Level of control)	Assurance that controls are effective	How Assured are we? (Levels of Assurance)	Date of Assurance
Moderate Harm Panel, review of cases and identification of learning	2nd Level	Quarterly reporting to IGC Monthly reporting to QRMC	Medium	July 2022
SI management and monitoring processes	2nd level	Internal audit reports. Annual Governance Statement. Annual Report. Reports to Exec Reports to Private Board	High	June 2022
Mortality Governance Processes (including LEDER)	2nd Level	Internal Audit report	Low	May 2022
Safe Staffing processes	1st Level	Quarterly reporting to QRMC, IGC and Board Datix reports Freedom to Speak up referrals	High	May 2022
Freedom to Speak Up practice and processes	2nd Level	Quarterly reports to IGC Participation in national benchmarking. CQC MHA Inspections	Medium	July 2022
Implementation of Making our Services Safe (MOSS) Strategy	2nd Level	Peer review of (SBU to SBU) of seclusion practice. Quarterly reports to IGC. Use of Force and Restrictive Practice Committee	High	Monthly

| | CQC MHA Inspections | | |

Mitigating actions for any significant gaps in control / assurance.	Progress	Timescale
Implementation of recommendations from Internal Audit Reports	In progress	Dec 2022
Quality Dashboard	In use	Dec 2022
Implementation of PSIRF	In progress	July 2023

Strategic Risk 4: Quality - Experience			Current Risk Rating (LxC)	Target Risk Rating (LxC)	Committee	Finance and Investment Committee
Risk Descriptor: There is a risk that the unavailability of services (community and inpatient) could lead to an increase in out of area placements, reduced access to specialist care and poor experience for services users, families and carers.			**4 x 4**	**3 x 3**	**Executive Lead**	Director of Service Delivery and Service User Experience

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

Key Controls in place (what are currently doing about the risk?)	Where do the controls sit? (Level of control)	Assurance that controls are effective	How Assured are we? (Levels of Assurance)	Date of Assurance
Oversight and management of Out of Area Placements	2nd Level	Three times a day bed status reviews Trust monitoring of trajectory and those waiting for admission NHSE monitoring of trajectory Reporting to IGC	Medium	Daily
Tracking of Delayed Transfers of Care	2nd Level	Performance reporting	Low	Daily
Performance Recovery Programme	2nd Level	Reporting on recovery trajectories	Medium	Weekly
Transformation of Community Services	2nd Level	Reporting on Transformation programme Performance reporting	Medium	Weekly

Mitigating actions for any significant gaps in control / assurance.	Progress	Timescale
Commissioning of additional surge capacity	In progress	Q3 22-23
GIRFT	In progress	Q3 22/23
Procurement and implementation of a patient flow/bed management system	Procurement completed	Q3 23-24

Mitigating actions for any significant gaps in control / assurance.	Progress	Timescale
Interim app-based solution to manage out of area placements and service users clinically ready for discharge	Applications developed, in testing	Jan 2023

Strategic Risk 5: Finance	Current Risk Rating (LxC)	Target Risk Rating (LxC)	Committee	Finance and Investment Committee
Risk Descriptor: Failure to maintain a sustainable financial position over the longer term, will impact on the Trust's ability to deliver high quality services consistently, making progressive and sustained improvements.	**4 x 5**	**2 x 4**	**Executive Lead**	Chief Financial Officer

Linked to Strategic Objective 5: We will improve, innovate and transform our services to provide the most effective, productive and high-quality care

Key Controls in place	Where to the controls sit? (Level of control)	Assurance that controls are effective	How Assured are we? (Levels of Assurance)	Date of Assurance
Financial Plan	2nd Level	Monthly financial reporting to Exec and Board against the plan, identifying risks and mitigating actions	Medium	Monthly
Annual Plan	2nd Level	Quarterly reporting to Exec, Committees and Board of progress and projections.	High	Monthly
Delivering Value programme	1st Level	Quarterly Reporting to Exec, Committees and Board identifying risks and mitigating actions	Medium	Monthly
Capital Plan	2nd Level	Quarterly Reporting to Exec, Committees and Board identifying risks and mitigating actions	High	Monthly
Budget reporting	1st Level	Monthly Reporting to budget holders and SBUs	Medium	Monthly
Financial Recovery	2nd Level	Weekly oversight of financial recovery	Medium	Weekly

Mitigating actions for any significant gaps in control / assurance.	Progress	Timescale
Recovery plan for Out of Area placements	In progress	March 2024
Ongoing review of recruitment & retention activity and management of agency	In progress	Ongoing

Mitigating actions for any significant gaps in control / assurance.	Progress	Timescale
Monitoring of implementation and effectiveness of transformation investment	In progress	March 2023
Early development of annual and financial plans for 2023/24 identifying shortfall in resources for discussion and agreement with commissioners	In progress	March 2023

Strategic Risk 6: Transformation	Current Risk Rating (LxC)	Target Risk Rating (LxC)	Committee	Finance and Investment Committee
Risk Descriptor: Failure to deliver transformation and continuous improvement could compromise quality, safety and experience of service users and ability to recruit staff	**4 x 3**	**2 x 3**	**Executive Lead**	Executive Director of Service Delivery and Service User Experience

Linked to Strategic Objective 5: We will improve, innovate and transform our services to provide the most effective, productive and high-quality care

Key Controls in place	Where to the controls sit? (Level of control)	Assurance that controls are effective	How Assured are we? (Levels of Assurance)	Date of Assurance
Continuous Improvement work programme	2nd Level	Internal Audit report Reports to SBU QRM meetings Reports to Trust-wide QRMC	Medium	Dec 2022
Innovation Fund	2nd Level	Innovation Fund Panel Internal Audit report Reports to SBU QRM meetings Reports to Trust-wide QRMC	Medium	Dec 2022
Digital Strategy implementation	2nd Level	Internal audit reports Board workshop Reports to Digital and Innovation Board and Finance and Investment Committee Annual plan reports to Trust Board	High	Dec 2022
Transformation Programme Implementation	2nd Level	Bi monthly reports to the Transformation Board	Medium	Nov 2022

Mitigating actions for any significant gaps in control / assurance.	Progress	Timescale
Launch of ideas forums on the Trust intranet to increase the number of improvement ideas received	Functionality implemented and being tested	Q4 22-23
Launch of idea boxes in Trust-wide events and local SBUs to increase the number of improvement ideas received	Idea boxes launched and used in 3 Trust-wide events with nine new ideas received	Q4 22-23

Strategic Risk 7. System	Current Risk Rating (LxC)	Target Risk Rating (LxC)	Committee	Finance and Investment Committee
Risk Descriptor: Failure to influence partners in the new system architecture which may lead to a shift of influence and resources away from MHLDA the services users and communities served by HPFT.	**3 x 4**	**2 x 3**	**Executive Lead**	Director of Strategy and Partnerships

Linked to 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)

Key Controls in place	Where to the controls sit? (Level of control)	Assurance that controls are effective	How Assured are we? (Levels of Assurance)	Date of Assurance
Integrated Care Partnership Strategy	3rd Level	Strategy finalised. Reporting to ICP Board meetings	Medium	Dec 2022
HPFT membership of ICB Board and ICP Board	3rd Level	Regular attendance at meeting. Monthly reporting to Trust Board on ICB and ICP	High	April 2022
Mental Health, Learning Disability and Autism Health Care Partnership work plan	3rd Level	Monthly reporting on delivery of work plan to HCP Board and Stakeholders	High	April 2022
MHLDA ICAG	3rd Level	Regular attendance by Trust clinicians and managers. Examples of delivery of transformed pathways	High	April 2022
Visibility and leadership by HPFT across health care partnerships	3rd Level	Attendance at relevant HCP meetings.	Medium	April 2022
Trust Strategy	2nd Level	Current strategy is embedded and clearly supported	High	April 2022
Trust leadership role in East of England Collaborative	3rd Level	Bi- monthly reporting to FIC Quarterly reporting to Trust Board	Medium	April 2022

Mitigating actions for any significant gaps in control / assurance.	Progress	Timescale
Refresh of Trust Strategy	In progress	May 2023
Stakeholder engagement plan	In development	April 2023
Due diligence work by Collaborative	In progress	May 2023

Strategic Risk 8: Social Care	Current Risk Rating (LxC)	Target Risk Rating (LxC)	Committee	Finance and Investment Committee
Risk Descriptor: Failure to engage with partners and organisations to deliver the right care and improved outcomes of service users. Including failure to implement social care reform and meet Section 75 requirements which may result in social care outcomes not being met.	4 x 4	2 x 3	**Executive Lead**	Director of Service Delivery and Service User Experience

Linked to 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)

Key Controls in place	Where to the controls sit? (Level of control)	Assurance that controls are effective	How Assured are we? (Levels of Assurance)	Date of Assurance
Oversight of the provision of social care	2nd Level	Attendance at Performance Oversight Group Attendance at Social Oversight Group	Medium	Dec 2022
Community Transformation	2nd Level	Regular reporting to the Transformation Board from Community Transformation work stream	Medium	Dec 2022
Social Care outcome metric reporting	2nd Level	Attendance and reporting to Adult Care Management Board Exec to Exec meeting with Hertfordshire County Council	Medium	Dec 2022 Feb 2023

Mitigating actions for any significant gaps in control / assurance.	Actions	Deadline
Development of social care outcome dashboard	In development	Q2 23/24
Enhance reporting of performance	In progress	Q1 23/24
Delivery of Transformation programme	In progress	Q1 23/24
Establishment of regular reporting of performance to Exec Team	In development	May 2023

PUBLIC Board of Directors

Meeting Date:	30 March 2023	Agenda Item: 20
Subject:	Code of Governance	For Publication: Yes
Author and Approved by:	Helen Edmondson, Head of Corporate Affairs and Company Secretary	
Presented by:	Helen Edmondson, Head of Corporate Affairs and Company Secretary	

Purpose of the report:

To update the Board with regard to the revised Code of Governance issued by NHS England

Action required:

The Board are asked to note the update on the Code of Governance.

Summary and recommendations to the Board:

Summary

This paper will provide an overview of the Code of Governance for NHS Provider Trusts that has been issued by NHS England.

The report sets out the key headlines from the Code, implications for the Trust, proposal for monitoring compliance and next steps.

Recommendation

It is proposed that a formal report, detailing the 'comply and explain' position against the provisions of the Code is provided in April, on an annual basis. The report will be considered by the Audit Committee and Board.

In recognition that 2023/24 is the first year of the new code it is proposed that the September the Executive team and Audit Committee receive a mid year 'comply and explain' report providing details of the position against the provisions of the Code.

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:

PUBLIC Trust Board

Code of Governance

1. Introduction

1.1 This paper will provide an overview of the Code of Governance for NHS Provider Trusts that has been issued by NHS England.

1.2 The report will set out the key headlines from the Code, implications for the Trust, proposal for monitoring compliance and next steps.

2. Background

2.1 The revised Code of Governance NHS England » Code of governance for NHS provider trusts has been produced to help Trusts deliver effective corporate governance, contribute to better organisational and system performance and improvement and enable them to discharge our duties in the best interests of patients, service users and the public.

2.2 The Code bring together best practice form the NHS and private sector, including the UK Corporate Governance Code, the last version of which dates from 2018 UK Corporate Governance Code | Financial Reporting Council (frc.org.uk). The Code is an overarching framework for the corporate governance of trusts and complements the statutory and regulatory obligations.

2.3 The last Code was dated from 2014. A great deal has changed since then, including NHS England, Monitor and NHS Trust Development Authority (TDA) working formally together to provide better support to deliver the Long Term Plan and setting the direction for greater integration of care and providers collaborating with partners in the health and care systems. Since 2014 all systems achieved ICS status in April 2021 and the Health and Care Act 2022 merged Monitor and TDA into NHS England and removed legal barriers to collaboration and integrated care.

2.4 To support the shift to collaboration and system working a new single framework for overseeing NHS systems and organisations, the NHS Oversight Framework. Under this framework all providers in comparable circumstances will be treated in a similar way. And therefore the updated Code applies to both NHS Foundation Trusts and for the first time NHS trusts.

2.4 The new Code applies from April 2023.

3. Code of Governance of NHS providers trusts

3.1 The Codes has five sections that set out how to ensure there are clear and consistent systems and practice for good corporate governance across organisations. Each section details the provisions of the code which are best practice and do not represent mandatory guidance. However, non-

compliance may form part of a wider regulatory assessment of adherence to the provider licence.

Section A: Board leadership and purpose
Details the role of the Board, with particular reference to establishing the trust's vision, values and strategy, emphasising the need for alignment with the ICP's integrated care strategy.

Section B: Division of responsibilities
Details the role of Board, Council of Governors and need for division of responsibilities between leadership of the Board and executive leadership of trust's operations.

Section C: Composition, succession and evaluation
Details expectations regarding appointments to the Board, diversity of skills, experience and knowledge on Boards and Committees. Development and support needing to be provided to Directors and Governors.

Section D: Audit, risk and internal control
Arrangements to ensure independence and effectiveness of internal and external audit functions. Procedures in place to manage risk, oversee internal control framework.

Section E: Remuneration
Principles when setting level of remuneration and governance framework that should be in place to manage this aspect of directors' remuneration.

3.2   A review of the new Code by the Head of Corporate Governance and Company Secretary has not identified any significant changes from the code that is in place for Foundation Trusts. The Code does introduce the need for providers to have good governance to underpin collaboration. Also, it highlights the need for boards to retain oversight of system and their partnership activities and effectively delegate authority for decision making but does not prescribe specific structures or processes.

3.3   The new emphasis on collaboration does raise the need for directors to navigate the tension between their duties as directors of their organisations and their responsibilities within systems and partnerships.

4.   **Fulfilment of Code's requirements**

4.1   As stated previously the provisions of the code are best practice and do not represent mandatory guidance and accordingly non-compliance is not itself a breach of Condition FT4 of the NHS provider licence.

4.2   The Code sets out that Directors and Governors both have a responsibility for ensuring that 'comply and explain' remains an effective basis for the Code.

4.3   To meet the 'comply and explain' requirements each trust must comply with each of the provisions of the code or where appropriate explain why the trust

has departed from the Code. HPFT is already using this approach in line with requirements for Foundation Trusts.

4.4   In come cases to comply will require a statement of information in the annual report, or provision of information to the public, or for Foundation Trusts, Governors or members. Schedule A of the Code sets out the which provisions fall into which category and where there is a requirement to include information in the trust annual report. The NHS Foundation Trust Annual Reporting Manual will also detail this and will be used by the Trust to ensure compliance.

5.   Next Steps

5.1   The Head of Corporate Affairs and Company Secretary is linked with other trust corporate governance leads to identify any further intelligence and identify good practice that could be adopted.

5.2   It is proposed that a formal report, detailing the 'comply and explain' position against the provisions of the Code is provided in April, on an annual basis. The report will be considered by the Audit Committee and Board.

5.3   In recognition that 2023/24 is the first year of the new code it is proposed that the September the Executive team and Audit Committee receive a mid year 'comply and explain' report providing details of the position against the provisions of the Code.

PUBLIC Board of Directors

Meeting Date:	30 March 2023	Agenda Item: 21
Subject:	Report of the Audit Committee held on 9 February 2023	For Publication: Yes
Author:	Helen Edmondson, Head of Corporate Affairs & Company Secretary	Approved by: David Atkinson, Non-Executive Director & Committee Chair
Presented by:	Helen Edmondson, Head of Corporate Affairs & Company Secretary	

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 9 February 2023.

Action required:

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

Summary and recommendations to the Board:

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

The Trust has robust plans in place for year end 2022/23. Working closely with external audit and implementing the learning from internal and external reviews of the process in 2021/22.

Good progress is being made with the internal audit and counter fraud programmes, both of which are aligned with the risk areas. These, along with the Trust reports provide assurance on the robustness of and compliance with the systems and processes in place in the Trust.

Matters for Escalation to the Board
There were no items for formal escalation to the Board.

The Board will be considering the Board Assurance Framework and the Audit Committee Terms of Reference following recommendation from the Committee.

Relationship with the Business Plan & Assurance Framework:

List specific risks on BAF – 1.1, 1.2, 2.1, 5.3

Summary of Implications:

None

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

The ensuring of equality of experience and access is core to the strategic objectives. The Audit Committee has an important role in assuring the Board that the Trust is delivering the strategic objectives

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.

Report from Audit Committee held on 9 February 2023

1.   Introduction

1.1   This paper provides the Board with a summarised report highlighting key Committee business and issues arising from the meeting.

1.2   Since the last Audit Committee report to the Trust Board in Public, the Committee held a meeting on 9 February 2023 in accordance with its terms of reference and was quorate.

1.3   The Committee was chaired by David Atkinson, Non-Executive Director.

1.4   The Committee received and considered a number of items, appendix 1 details the agenda items from the meeting. Detailed below are the key areas to be highlighted to the Board on the areas that the Committee discussed.

2.   Year End 2022/23

2.1   The Committee received a deep dive and a number of items relating to year end 2022/23. In particular the full report from the independent review of year end 2021/22 was considered alongside the actions that had been implemented in preparation for 2022/23 year end.

2.2   The deep dive set out the work already completed in preparation for the interim audit due to start later in February. The Committee were updated on the planning underway to prepare for year end 2022/23, including a detailed timetable and regular communication with external audit. The Committee were updated on the current position with regard to IFRS16, provisions, accruals and deferred income. It was noted that the Finance and Investment Committee would be meeting in February and would also consider the position with regard to year end.

2.3   The Committee received an updated External Audit Plan for 2022/23 from KPMG. The plan set out the updated risk assessment and current position with regard to the Value for Money assessment. The Committee discussed the risk areas identified and were updated on the mitigating actions in place.

2.4   The updated draft timetable for the production of the 2022/23 Annual Accounts and Annual Report was discussed, with amendments identified. It was noted that the final submission date was 30 June 2023.

3.   External Assurance Reports

3.1   The Committee received a number of update reports from internal audit and counter fraud, which detailed the good progress with the relevant work programmes.

3.2   It was noted that that internal audit and counter fraud plans were progressing well and that they would be delivered by the end of the year. The Committee considered in detail the finalised audit reports, noting the assurance provided but also the actions

in train. The Committee noted that the next Committee meeting would receive update on the submission for the Counter Fraud Function Standards.

3.3   The Committee also considered a report that set out the progress with the actions identified from audit reports noting the good progress with their completion.

4.   Internal Audit and Counter Fraud Plans 2023/24

4.1   The Committee considered and approved the Internal Audit plan for 2023/24. The Committee noted the areas for the audits which were based on risk profile for the organisation.

4.2   The Committee considered and approved the Counter Fraud work plan for 2023/24. The Plan included a mix of proactive and reactive work and would also include a significant training element.

5.   Governance

5.1   In line with the Committee's new role of having responsibility for the Board Assurance Framework (BAF), the Committee considered and approved the updated BAF.   It was noted that the BAF would continue to develop, and the next iteration would build in the feedback from the Risk Management and BAF advisory audit being undertaken in quarter four.

5.2   The Committee considered and approved two policy documents, namely Standing Financial Instructions (SFIs) and Standards for Business Conduct. It was noted that the amendments to the SFIs meant they were in line with the Scheme of Delegation. The Standards for Business Conduct Policy had been updated with input from Counter Fraud and using feedback from the recent internal audit report.

5.3   The Committee also received an update on the review of Accounting Policies noting the changes and requirements to meet what is set out in the Group Accounting Manual and Annual Reporting Manual.

6.   Summary

6.1   The Trust has robust plans in place for year end 2022/23. Working closely with external audit and implementing the learning from internal and external reviews of the process in 2021/22.

6.2   Good progress is being made with the internal audit and counter fraud programmes, both of which are aligned with the risk areas. These, along with the Trust reports provide assurance on the robustness of and compliance with the systems and processes in place in the Trust.

7.   Matters for Escalation to the Board

7.1   There were no items for formal escalation to the Board.

7.2 The Board will be considering the Board Assurance Framework and the Audit Committee Terms of Reference following recommendation from the Committee.

Appendix One: Audit Committee 9 February 2023, agenda items

Minutes of the meeting held on 1 December 2022
Matters Arising Schedule
a) Specialist Residential Services (SRS)
Independent Review of Year End 21/22
Deep Dive
Update on 2022/23 Year End
External Reports
a. External Audit Plan Report 22/23
b. Internal Audit Progress Report 22/23
c. Internal Audit Action Tracker Exception Report
d. Draft Internal Audit Plan for 23/24
e. Counter Fraud Progress Report 22/23
Risk and Governance Matters
a) Accounting Policies Review
b) Review of Terms of Reference
c) Board Assurance Framework
d) SFIs
e) Annual review of effectiveness – results
f) Financial Sustainability Audit
g) Standards for Business Conduct Policy
Items to Note:
a) Notes of Finance and Investment Committee – 17 November 2022
b) Notes of Integrated Governance Committee – 11 November 2022
c) Update on 2022/23 Annual Report
d) Quarter 3 Use of Waivers
e) Quarter Three – Use of the Seal
f) Committee planner
Any Other Business
a) Update on External Audit contract

Board of Directors PUBLIC

Meeting Date:	30 March 2023	Agenda Item: 22
Subject:	Annual Report from Nominations & Remuneration Committee	For Publication: Yes
Author:	Helen Edmondson, Head of Corporate Affairs & Company Secretary	Approved by: Sarah Betteley, Chair
Presented by:	Sarah Betteley, Chair	

Purpose of the report:

To provide the Board with an overview of the work undertaken by the Nominations and Remuneration Committee over the past year. The Committee's Terms of Reference require the Board to consider a report from the Committee.

Action required:

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

Summary and recommendations to the Board/Committee [to be amended]:

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

Recommendation
The Board are asked to note the report.

Relationship with the Annual 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

Not applicable.

Annual Report from the Nominations & Remuneration Committee

30 March 2023

1.   **Introduction**

1.1   The Nominations and Remuneration Committee is a Committee of the Trust Board of Directors and is responsible for:

- Reviewing and making recommendations to the Board of Directors on the composition, balance, skill mix and succession planning of the Board. It recommends to the Board of Directors the appointment of Executive Directors.

- Setting the remuneration policy for the Chief Executive, Executive and non-voting Directors and other senior managers reporting directly to the Chief Executive.

- Approving contracts of employment for the Chief Executive, Executive Directors, and non-voting Directors and other senior managers reporting directly to the Chief Executive.

- Agreeing arrangements for termination of contracts, including severance payments paid to the Chief Executive, Executive and non-voting Directors and other senior managers reporting directly to the Chief Executive.

2.   **Meetings from March 2022 – February 2023**

2.1   Since March 2022 the Committee had met seven times:

24 March 2022	17 November 2022
19 July 2022	12 December 2022
1 August 2022	10 January 2023
6 October 2022	

2.2   Each meeting was quorate as outlined in the Committee's Terms of Reference. Please note that the Trust's Annual Report will detail the attendance for each Committee member for 2022/23.

2.3   At the beginning of each meeting any conflicts of interests were reviewed and mitigating action taken as appropriate. Also, this year the meeting has received the declaration register for each member in line with recommendation from an internal audit.

2.4   The Committee forms part of the overall governance framework for the Trust which supports the assurances and controls detailed in the Board Assurance Framework.

2.5   During the past year a range of topics were discussed in line with the Committee's responsibilities, namely:

a) Changes to the Executive Team and Structure
b) Succession and future planning for Executive team members.
c) Approach to equality
d) Pay award
e) Fit and Proper Person
f) Recruitment to the Executive Team, including skills required, remuneration and terms and conditions for the posts of:
- Chief Finance Officer
- Chief People Officer
- Deputy CEO
- Director of Operations
- Director of Transformation

3.   Committee Effectiveness

3.1   Each meeting in the past year has been minuted and matters arising logged and followed up. Each meeting also received a business planner detailing the topics for the forthcoming year.

3.2   The Committee's agendas are in line with the Terms of reference and papers are distributed in advance of the meeting.

3.3   The Terms of Reference for the Committee were reviewed by the Committee in October 2022 and were recommended to the Board for their approval in November 2022. The Terms of Reference are next due to be reviewed by the Committee in October 2023.

3.4   Committee members and attendees undertook an effectiveness self-assessment questionnaire in January 2023, the Committee meeting March 2023 will consider the results and identify areas for improvement.

4.   Next Steps

4.1   The Committee will review the outcome of the 2023 self- assessment, identifying and agreeing any actions as required.

4.2   The Committee will review and recommend their Terms of Reference for approval by the Trust Board in November 2023.

5.   Recommendations

The Board of Directors are asked to receive the report.

PUBLIC Board of Directors

Meeting Date:	30 March 2023	**Agenda Item:** 23	
Subject:	Audit 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 Trust Board. The Terms of Reference were reviewed by the Audit Committee at its meeting on 9 February 2023.

Action required:

The Board is asked to review and approve the amended Terms of Reference.

Summary and recommendations to the Board:

Summary

Each year the Audit Committee is required to review its Terms of Reference and suggest any updates it wishes to make. A number of changes are proposed following a review by the Audit Committee. The recent Committee self-assessment demonstrated that the Committee is working effectively and in line with its Terms of Reference.

The material changes proposed relate to:

Membership: Clarification of the minimum number of Non Executive Directors expected to attend; addition of appropriate delegates and Counter Fraud Manager and to be in attendance Executive Director of Quality and Safety or Executive Director of Quality and Medical Leadership.
Quoracy: Clarification of member ship to ensure quoracy
Section 1.2: Addition of systems objectives
Section 3.1: Addition Committee responsibility with regard to the Board Assurance Framework.
Section 3.5: Inclusion of reporting requirement for Counter Fraud.

Other changes relate to job titles and organisation names.

Recommendation

The Board is asked to consider the Terms of Reference and suggested amendments.

The Board is asked to approve the revised Terms of Reference following recommendation from the Audit Committee.

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

Audit Committee 9 February 2023

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TERMS OF REFERENCE

Audit Committee

Status:	The Audit Committee is a non-executive sub-committee of the Trust Board.
Chair:	**Non – Executive Director**
Membership:	The Committee shall be appointed by the Board from amongst the Non-Executive Directors of the Trust and must include as a minimum:

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

Open to all Non-Executive Directors but minimum of three Non-Executives to attend.

In attendance the following people (or appropriate delegate):

Chief Financial Officer
Executive Director of Quality and Safety or Executive Director of Quality and Medical Leadership.
Internal Audit Manager
External Audit Manager
Counter Fraud Manager
Head of Corporate Affairs and Company Secretary

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

Frequency of Meetings:	5 meetings per annum
Frequency of Attendance:	Members will be expected to attend all meetings. If members miss two consecutive meetings, membership will be reconsidered by the Committee Chair (subject to exceptional circumstances).
Quorum:	The meeting shall be quorate if at least two members are present. One of whom is a member from Finance and Investment Committee and one of is a member of the Integrated Governance Committee.

1.   Remit

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

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1.2   The remit of the Group is:

"To review the establishment and maintenance of an effective system of governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's and system's objectives."

2.   Accountability

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

- A note of all the items discussed by the Committee
- Matters for noting by the Board
- Recommendations to the Board regarding decisions to be taken by the Board on governance matters
- Matters for escalation to the Board from the Committee
- Annually the committee will report on its work in support of the Annual Governance Statement, specifically commenting on the fitness for purpose of the Assurance Framework, the risk management system in the organisation and the integration of governance arrangements.
- Any other issues as agreed by the Chair and Company Secretary.

2.2   The minutes of Audit Committee meetings shall be formally recorded by the Company Secretary and submitted to the Board.

2.3   A report will be included within the annual report describing the work of the committee in how it has discharged its responsibilities. The Committee Chair or nominated deputy will attend the Annual General Meeting at which the annual report is presented.

3.   Responsibilities & Duties

The duties of the Committee can be categorised as follows:

3.1   Governance, Risk Management and Internal Control

The Committee will review the adequacy of:

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

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

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

The Committee shall monitor the integrity of the financial statements of the organisation and any formal announcement relating to its financial performance.

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

3.2   Internal Audit

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

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

3.3   External Audit

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

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

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3.4 **Other Assurance Functions**

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

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

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

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

The Committee will review and approve losses and special payments in line with guidance from NHS England and agreed delegated limits.

3.5 **Counter Fraud**

The Audit Committee shall satisfy itself that the organisation has adequate arrangements in place for reporting of counter fraud and shall review the outcomes of counter fraud work. The Committee will also receive regular from Counter Fraud Services to assure itself of the effectiveness of the provision.

3.6 **Management**

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

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

3.7 **Financial Reporting**

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

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

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

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

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

3.8   Quality Reporting

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

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

3.9   Board Committees

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

4.   Other Matters

The Committee shall be supported administratively by the Company Secretary, whose duties in this respect will include:
- agreement of agenda with the Chair and attendees and collation of papers
- taking the minutes and keeping a record of matters arising and issues to be carried forward
- advising the Committee on pertinent areas

5.   Monitoring of Effectiveness

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

Terms of Reference ratified by: Audit Committee

Date recommended by the Audit Committee: **9 February 2023**

Date Approved by the Board: **TBC**

Date of Review: **TBC**