Hertfordshire Partnership University NHS Foundation Trust

Hertfordshire Partnership University NHS Foundation Trust

PUBLIC Board of Directors

Chair: Sarah Betteley
Date: 8 February 2024
Time: 10:30am

Da Vinci Suite

Hertfordshire Partnership University NHS Foundation Trust

PUBLIC Board of Directors Meeting
Date: Thursday 8 February 2024

Venue: The Colonnades
Time: 10:30– 13:00pm

AGENDA					
	SUBJECT	BY	ACTION	ENCLOSED	TIMINGS
	Shared Experience				10.30
1.	Welcome and Apologies for Absence	Chair - Sarah Betteley			11.00
2.	Declarations of Interest	Chair - Sarah Betteley	Note	Attached	
3.	Minutes of Meeting held on 2 November 2023	Chair - Sarah Betteley	Approve	Attached	
4.	Matters Arising Schedule	Head of Corporate Affairs and Company Secretary - Helen Edmondson	Review & Update	Attached	
5.	CEO Brief	Chief Executive Karen Taylor	Receive	Attached	11.10
6.	Chair's Report	Chair - Sarah Betteley	Receive	Verbal	11.25
	QUALITY & PATIENT SAFETY				
7.	Report of the Integrated Governance Committees held: 16 November 2023 and 24 January 2024.	Interim Chief Nursing Officer – Andy Brogan	Receive	Attached	11:35
	a) Quarter Three Integrated Safety Report	Interim Chief Nursing Officer – Andy Brogan	Note	Attached	
	b) Quarter Three Experience report	Deputy CEO & COO – Sandra Brookes	Note	Attached	
	c) Quarter Three Guardian of Safe Working	Chief Medical Officer – Asif Zia	Note	Attached	
	d) People Report	Chief People Officer – Jo Humphries	Note	Attached	11:55
	PERFORMANCE				
8.	Report of the Finance & Investment Committees held: 23 November 2023 and 26 January 2024.	Chief Finance Officer - Phil Cave	Receive	Attached	12noon
	a) Quarter Three: Performance Report	Chief Finance Officer - Phil Cave	Note	Attached	
	b) Quarter Three: Annual Plan	Chief Strategy & Partnerships Officer - David Evans	Note	Attached	

9.	Finance Report: Month nine	Chief Finance Officer - Phil Cave	Receive	Attached	12:15
	STRATEGY AND SYSTEM				
10.	Planning & Finance 2024/25	Chief Strategy & Partnerships Officer – David Evans Chief Finance Officer - Phil Cave	Receive	Attached	12:30
11.	Adult Social Care – CQC Inspection	Chief Strategy & Partnerships Officer – David Evans	Receive	Attached	12:40
12.	Mental Health and Learning Disability and Autism Healthcare Partnership Update	Chief Strategy & Partnerships Officer – David Evans	Receive	Attached	12:50
	GOVERNANCE AND REGULATORY				
13.	Code of Governance	Head of Corporate Affairs and Company Secretary - Helen Edmondson	Receive	Attached	13:00
14.	Finance and Investment Committee Terms of Reference	Head of Corporate Affairs and Company Secretary - Helen Edmondson	Approve	Attached	13:05
15.	Integrated Governance Committee Terms of Reference	Head of Corporate Affairs and Company Secretary - Helen Edmondson	Approve	Attached	13:10
16.	Audit Committee Terms of Reference	Head of Corporate Affairs and Company Secretary - Helen Edmondson	Approve	Attached	13:15
17.	Board Planner	Head of Corporate Affairs and Company Secretary - Helen Edmondson	Approve	Attached	13:20
18.	Any Other Business	Chair - Sarah Betteley			13:30
	QUESTIONS FROM THE PUBLIC	Chair - Sarah Betteley			
Date and Time of Next Public Meeting: Thursday 28 March 2024					

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

PUBLIC Board of Directors

8 February 2024

Members	Title	Declaration of Interest
Hakan Akozek	Director, Innovation and Digital Transformation	Wife is an Executive Partner in South Street Surgery, Bishop's Stortford Loyalty Interests - Aware that the Trust does business with an organisation in which close family members and relatives, close friends and associates, and business partners have decision making responsibilities
David Atkinson	Non-Executive Director	Independent NED Mizuho Independent Humanist funeral celebrant RNLI crew member NED on the board of the Pension Protection Fund NED on the Board of Credit Suisse UK Ltd
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
Andy Brogan	Interim Chief Nursing Officer	Nil Return
Sandra Brookes	Deputy CEO and Chief Operating Officer	Nil Return
Tim Bryson	Non-Executive Director	Director of Tim Bryson Consultancy Services Ltd
Philip Cave	Chief Finance Officer	Nil Return
Carolan Davidge	Non-Executive Director	Director, Carolan Davidge Ltd (trading as Carolan Davidge Coaching) Director, Arthur Rank Hospice Charity Independent Board Member, Samphire Homes Director, Arthur Rank Hospice Ltd Director, Flagship Housing Developments Ltd
Helen Edmondson	Head of Corporate Affairs & Company Secretary	Nil Return
David Evans	Chief Strategy & Partnerships Officer	Nil Return
Diane Herbert	Non-Executive Director	Deputy Chair North East London ICB
Jo Humphries	Chief People Officer	Nil Return
Dipo Oyewole	Associate Non-Executive Director	Nil Return
Karen Taylor	Chief Executive Officer	NHS Providers Board Trustee
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
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	Chief Medical Officer	Nil Return

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

MINUTES	
NON-EXECUTIVE DIRECTORS	DESIGNATION
Sarah Betteley | SBe	Chair
David Atkinson | DA	Non-Executive Director
Carolan Davidge | CD	Non-Executive Director
Diane Herbert | DH	Non-Executive Director
Anne Barnard | AB	Non-Executive Director
Tim Bryson | TB	Non-Executive Director
Andrew van Doorn | AvD	Non-Executive Director
Jon Walmsley | JW	Non-Executive Director & SID
DIRECTORS	
Karen Taylor | KT	Chief Executive Officer
Sandra Brookes | SBr	Deputy CEO and Chief Operating Officer
David Evans | DE	Executive Director Strategy & Partnerships
Jo Humphries |JH	Chief People Officer
Jacky Vincent | JV	Executive Director, Quality and Safety & Chief Nurse
Prof Asif Zia | AZ	Executive Director, Quality & Medical Leadership
Hakan Akozek | HA	Director Innovation & Digital Transformation
Phil Cave | PC	Chief Finance Officer
IN ATTENDANCE	
Kathryn Wickham | KW	PA to Chair and Head of Corporate Affairs & Company Secretary (Minutes)
Helen Edmondson | HE	Head of Corporate Affairs & Company Secretary
Jane Halpin | JH	Chief Executive Officer, Hertfordshire and West Essex ICB
Paul Burstow | PB	Chair, Hertfordshire and West Essex ICB
APOLOGIES	
Dipo Oyewole | DO	Associate Non-Executive Director

Item	Subject	Action
136/23	Shared Experience SBe thanked Debbie Loveridge, Senior Support Worker at the Trust for sharing her story.	
137/23	Welcome and Apologies for Absence SBe welcomed all to the meeting. Apologies for absence were received from Dipo Oyewole.	
138/23	Declarations of Interest The Declarations of Interest Register was noted. NOTED	
139/23	Minutes of Meetings held 5 October 2023 The minutes were reviewed and approved as an accurate account of the meeting. APPROVE The Board APPROVED the minutes	

140/23	Matters Arising Schedule The Matters Arising Schedule was reviewed and updated.	
141/23	CEO Report KT presented the CEO Report to the Board which was taken as read. Headline messages of note to the Board were: Overall, there was a sense nationally that the NHS and social care was in a difficult place due to performance, finances and quality issues. KT noted that the local system was in a similar situation. KT reflected on the recent events in Israel, Gaza and across the Middle East acknowledging the devastating impact on all affected, noting we were conscious that these events would impact our staff, service users and communities stating we would continue to support each other, irrespective of politics or religion. It had been reported the Department of Health and Social Care and the British Medical Association (BMA) were holding talks regarding future industrial action by consultants. Detail of the discussions were not known but welcomed as a positive step forward. KT reported that there were currently no plans for the BMA and the Government to enter into discussions regarding junior doctor's industrial action. KT reported that the UK was experiencing a shortage in medication prescribed to people with an ADHD diagnosis. The Department for Health and Social Care (DHSC) had reported that "increased global demand and manufacturing issues" were behind the shortages. The Trust was working with the Integrated Care Board (ICB) to ensure there was clear communication with services users and also that work was undertaken to identify appropriate alternative medication. KT stated we welcomed the development of the Guiding Principles for the Integrated Care System – Learning Disability and Autism, stating that, as a Trust, we were already ahead of others in adopting them. In terms of the regional and the system, the ICB were now exploring the next stage of its framework with KT reporting there was lots of work to do. Baroness Kate Lampard, Chair of the Inquiry investigating mental health deaths in Essex had begun a public consultation on the Terms of Reference for the Inquiry. As a Trust we welcomed the Inquiry and would embrace any learning. Operationally services were continuing to experience high levels of demand and complexity, however we had seen some improvement in our backlog of care. KT acknowledged that the teams were doing a tremendous job. There were pockets of hotspots of particular high demand as detailed in the report. There had been significant improvement in the number of out of area placement beds being used, in part due to the transformation work underway. Internal and stakeholder steering groups had been established to mobilise the development of the Mental Health Urgent Care Centre and the Board would receive more detail on this later on the agenda. In terms of winter	

	pressures, we were well prepared. KT outlined that a system governance structure was being put into place to support the implementation of Right Care Right Person (RCRP) with this due to go live on the 1 January 2024. KT added that the Trust would continue to work closely with the ICB. In terms of our people, we had seen more people join the Trust than leave. The recruitment pipeline remained healthy and good progress was being made on appraisal and mandatory training rates, and specifically with regard to Oliver McGowan training. The Staff Survey was live with staff encouraged to complete. KT noted that the Trust had won two awards for the sensory gardens at Forest House. In terms of finance, KT reported that the Trust was significantly off plan, she noted that the Board would be considering this in detail later on the agenda. The primary factor contributing to this position was the continued use of independent sector beds and a reliance on agency staffing in the inpatient areas with KT commenting we needed a sustainable solution. KT concluded stating that we would be holding the annual staff awards on the 29 November and encouraged Board members to attend. Questions were invited. In response to JW's comment regarding the increase in service users an action was drawn to provide the Board with details of trends in demand compared to national trends. Board members discussed the use of out of area placement beds and the reasons for using these, noting transformation work was underway to reduce their use. SBr highlighted difficulties in maintaining 'flow' through Trust inpatient services and increased delayed transfers of care due to shortage of social care and residential care. AZ added that we were also seeing a demand on services due to drug and alcohol needs. KT reported that we were working closely with Public Health to agree a new model that included Drug and Alcohol workers in community mental health teams. Board members discussed the New Accountable Business Units with KT responding to CD stating that the vision was to drive change and outcomes and bring providers and commissioners together. JH added that the move to Accountable Business Units was a cultural as well as technical change. In response to AVD's question KT confirmed that the Trust needed to be clear on what it commissioned to deliver and work with commissioners to secure relevant funding. Depending on the outcome of this it may lead to some uncomfortable conversations within the Trust and with system partners. In response to AB's query regarding ADHD waiting times, AZ responded by stating that the Trust was funded for a much lower number than those on the waiting list which was not a sustainable position. AZ further responded, advising the increase in demand was partly due to the fact there was a lot	PC

	more awareness and diagnosis. He added that there was also increased understanding that once diagnosed, the outcomes of what you could achieve were greater and so there was a strong argument to diagnose early. DE added we were building a Business Case for a new model which would need to go to the ICB for approval. KT reported that the regional team had recently visited perinatal services and Thumbswood. The feedback had been positive and provided confidence that delegation will go ahead in April 2024. RECEIVED The Board RECEIVED the CEO Brief	
142/23	Chairs Report SBe provided Board members with a verbal update on the work she had undertaken since the last Board meeting. SBe had attended a number of System Chair meetings along with a Chairs Mental Health Weekly Chairs Conference call led by Mark Rowland, Chief Executive of the Mental Health Foundation. He had stimulated a thought provoking discussion on the MH prevention agenda. The following week's call had been led by Ian Trenholm, Chief Executive and Chris Dzikiti, Director of Mental Health from the CQC which had discussed closed cultures and inspection management. SBe had attended an interesting event for mental health leaders run by NHS Providers. SBe had attended the Trust's Black History event at Kingfisher Court which had been lively and energetic with great speakers. SBe had also visited Oak and Beech ward where she had watched the African drummers, stating this had been moving, emotional and insightful. Whilst at Kingfisher Court SBe had taken the opportunity to visit the Pharmacy team noting what a positive team they were with great culture, a really exemplary team. SBe had also attended a Black History month event held at Warren Court which had been a fantastic session. Amongst all the pressures staff faced, there were lots of positives. On the 12 October SBe had attended the Staff Development awards commenting on the breadth of the awards. RECEIVE The Board RECEIVED the verbal update	
	QUALITY & PATIENT SAFETY	
143/23	Report of the Integrated Governance Committee held 27 July 2023 JV presented the report which provided the Board with an overview of the work undertaken by the Integrated Governance Committee at its most recent meeting on 24 October 2023. The report was taken as read. The Committee had received a Deep Dive into the Patient and Carer Race Equality Framework (PCREF) and looked at it links with the Trust approach to involvement which was a partnership across the NHS and social and voluntary organisations. In comparison to the PCREF national competencies, the Trust was in a good position.	

	The Committee received the quarter one Safeguarding report which provided a summary of safeguarding adults and children activity. The Committee noted that children's activity had stabilised. Adult activity had seen a gradual increase since 2021, with JV highlighting the increase in demand across mental health services in general. The Committee received a detailed presentation on the current position regarding the actions identified following the internal audit of medicines management and noted the significant and consistent improvements. JV added that it was great to hear SBe's feedback having recently visited the pharmacy team. The bi-annual infection, prevention and control report was received with the Committee receiving an update on the agreed actions in the IPC programme and key achievements for the first half of the year. The Committee were also updated on the new IPC audit of practice. The annual nutrition report was received noting the need to focus on the use of the electronic ordering system. The Committee considered the quarter two Experience report and the month five people report. The GMC training survey results for 2023 were discussed noting the positive results, however burnout levels were increasing. The Workforce Race Equality Standard WRES, Workforce Disability Equality Standards (WDES) and gender pay actions plans were considered and identified a number of good areas of practice. The Trust had also committed to implementing the actions in the Unison Anti-racism Charter by November 2024. The Committee were updated on the Trusts plans to prepare for compliance with the CQC regulations and a well-led inspection. The bi-annual Caldicott report was also considered and discussed. JV invited questions. DH as Committee chair added that the Committee had been assured by the significant progress made with regard to the medicines management internal audit actions. The Committee had also wanted to consider the wellbeing offer for staff bearing in mind the GMC survey results and increased financial challenges. In response to TB's comment AZ stated that the national GMC report had highlighted the high burnout however provided assurance this was not within this organisation. SBr noted that in relation to the increase in complaints set out in the Experience report these were related to adult community, CAMHS and ADHD waiting times. Work was underway in relation to communication in regard to waiting times along with monitoring data for waiting times.	

	In response to CD's query around the number of volunteers, SBr acknowledged that 18 was a small number, noting we needed to increase having lost traction during the pandemic. RECEIVE The Board RECEIVED the report	
144/23	Quarter Two Integrated Safety Report JV introduced the report which updated Board members with the quarter two Integrated Safety report, with the report taken as read. Highlighted points of note were: The report had provided an analysis and detail of actions in relation to service user safety incidents with the Committee noting the report had been further developed and reflected the five priority themes from the Patient Safety Response Plan. JV highlighted three key points for the attention of the Board (detail in the body of the report). There were no matters for formal escalation to the Board noting that the Integrated Governance Committee had considered the report in full at its recent meeting. RECEIVE The Board RECEIVED the report The quarter two Experience Report was noted.	
145/23	People Report JH highlighted that Trust teams were reviewing the drivers for the staffing hot spots so that agreed plans target the areas which would make the improvement. JH added that the Belonging and Inclusion Strategy recently agreed by the Board would be launched on 21 November 2023. Board members discussed the need to support staff with pastoral care and even accommodation. KT added there was a need to think creatively and work with partners in the local community. The people report was noted.	
146/23	Report of the Finance and Investment Committee held: 27 October 2023 PC introduced the paper which provided an overview of the work undertaken by the Finance and Investment Committee at its most recent meeting on 26 October 2023. The report was taken as read and the below points noted. There were no matters for formal escalation to the Board. The Committee had approved the Mental Health Urgent Care Centre. The Committee had received a deep dive on the developing Commercial Strategy noting it was aligned with system partners with work on-going. The Committee had received a report which set out the Trust financial position at month six, noting the Trust had agreed a £1.8m deficit plan for	

	2023/24, which included £15m for the Delivering Value programme. It was reported that at month six the Trust was reporting a deficit of £3.4m which was £2.1m worse than plan. Key drivers for the deficit position were out of area placement beds and observations. The Committee received the Medium-Term Financial Plan which had been submitted to the ICB in September 2023. PC highlighted the challenging financial landscape. The Committee considered the quarter two report on performance which set out that whilst things remained challenging, of the 63 key performance indicators almost 63% of them had met or exceed the target. Areas of strong performance were in Talking Therapies, Children and Young people in crisis receiving assessment and Single Point of Access. The Committee also noted the improving picture for EMDASS. There had also been positive reductions in the use of out of area placement beds. The Committee considered the Annual Plan for quarter two, noting that it had been amended so it aligned to the Great Together Strategy and the Trust's six Strategic Objectives. It was reported that quarter two had been a challenging period however, despite these pressures the Trust delivered against most milestones and was on track to meet the majority of the outcomes for 2023-24. A recovery plan was in place for those who were not on track. Committee members discussed proposed changes to year end metrics for Strategic Objectives one and five and approved. The Committee discussed in detail the current position regarding the decision to pause delegation of responsibility for commissioning of perinatal services to the Provider Collaborative with a proposal to now go live in April 2024. The Committee considered and supported the Business Case for the Mental Health Urgent Care Centre noting the capital and revenue requirements and also noting that an increase to the Trust's capital limit (CDEL) had been agreed by the ICB. The Committee received an update on the identification of alternatives to the development of new inpatient unit on original site in East and North Hertfordshire. It was noted that in all options the Trust would require an increase in its capital (CDEL) and cash support. As Committee Chair AB added that the Committee were supportive of the planning underway to secure funding for 2024/25. The Committee had discussed the East of England Provider Collaborative and likely year end position. She noted that currently all the costs for the Mental Health Urgent Crisis Centre had not been funded and that this was a risk for the Trust. DA welcomed the improved position with regard to inappropriate out of area beds. SBr noted that it remained a volatile position but did aim to reduce down from the 42 beds commissioned from private providers in Hertfordshire. KT reported that benchmarking data continued to see the Trust as 50 beds below comparator Trusts.	

	In response to AVD's question regarding reasons for delayed transfers of care SBr reported that currently the number for older people was highest had ever seen and this was because reliant on social care provision. With regard to Learning Disability often the delay was due to lack of suitable accommodation. She reported that the Trust was working with partners reduce the delays. RECEIVE The Board RECEIVED the report The quarter two performance report and quarter two annual plan report were noted.	
147/23	Finance Report and Recovery Plan PC presented the report and highlighted the below key points. The 2023/24 financial plan for the Trust is a deficit of £1.8m. The year-to-date financial position was a deficit of £3.4m which was £2.1m worse than plan. The key contributors to the financial deficit are above planned usage of out of area beds and an increase in usage of agency/bank staff. The executive team had enhanced a number of financial controls and introduced monthly financial governance meetings plus a delivering value group along with a number of other measures and were working closely with the Managing Directors and the Strategic Business Units detail of which was provided in the report. PC reported that he had undertaken an analysis of growth in whole time equivalents since 2019, this analysis had demonstrated that the majority of the growth was due to investment in quality and observations. PC concluded stating we would be working collaboratively with the system Chief Finance Officers and Chief Executive Officers to ensure the Trust met its agreed financial plan. RECEIVE The Board RECEIVED the report	
148/23	Mental Health and Learning Disability and Autism Healthcare Partnership (MHLDA) Update DE introduced the report which provided Board members with progress and actions for the MHLDA HCP. The report was taken as read with the below points highlighted. Significant work was underway to mobilise the new Mental Health Crisis Assessment Centre (MHCAC) with the model requiring renovation on the Lister site. DE reported that the service would have a staged mobilisation so it could begin to support people and patient flow over the winter period. Discussions were underway with system partners across the Health and Care Partnership to ensure that this new Crisis Assessment Centre complements existing provision and to consider what changes might be made to existing pathways and practices to support its delivery.	

	On 11 September 2023, the Government published its new Suicide prevention strategy. Following the launch, Hertfordshire County Council held a Suicide Prevention Strategy consultation event to review the work undertaken as part of the 2020 Hertfordshire Suicide Prevention Strategy. The pilot was planned to launch in January 2024. Progress had been made with the Children and Young people's mental health services (CYPMHS) with commissioners progressing a tabletop evaluation exercise to understand the impact of our commissioned provision. Work continued on the development of the Accountable Business Units with some progress made. KT reported that the HCP was balancing strategic and operational priorities but that a full set of partners was involved which was bringing additional strength and insight to improving care for service users. She added that the Trust had underwritten the costs of the HCP and was working with the ICB and Hertfordshire County Council regarding sustainable support. RECEIVE The Board RECEIVED the report	
149/23	Mental Health Urgent Care Centre Business Case (MHUCC) SBr presented the report which provided the Board with an overview of the business case which had been developed to provide an adult MHUCC for the residents of Hertfordshire (and West Essex). The report was taken as read and the below points drawn out for the Boards attention. Focus was now on mobilisation of the Business Case with SBr noting the benefits the centre would deliver for service users and carers. The centre would be based in Stevenage, operating from the Glaxo Unit based on the Lister Hospital site with some key estates work to be undertaken. The centre would have a phased opening with phase one planned for the end of January 2024. A meeting was scheduled for next week with EPUT to look at pathways in Essex. In terms of funding, it was important we got assurance from the ICB regarding continued funding into other financial years. The Trust would be working with the University on the evaluation of the centre. SBe welcomed the new centre, noting that the next phases fell in 2024/25 and the need to secure funding. DE stated that this would form part of negotiations with commissioners but that the ICB had indicated its support. In response to TB's question SBr reported that the model had been developed based on learning from other similar units, which emphasised the need for the centre to focus on 'flow', have strong links with other crisis	

	services and not include section 136 places of safety. RECEIVE The Board RECEIVED the report	
150/23	Board Assurance Framework HE presented the report which set out the Trust's updated Board Assurance Framework (BAF) following discussion at Board meeting held 5 October 2023. The report provided the rationale for the mitigated scores. The report was taken as read and the below key points highlighted. The most significant change to the BAF previously considered is to the format of the risk ratings. The BAF now includes three risk scores: a) Risk rating on Identification (Id) Described the risk score at the point the risk has been identified b) Mitigated risk rating (Mit) Describes the risk score taking into consideration the controls and assurance in place c) Target risk rating (Tar) Describes the risk rating the Trust aims to achieve, noting that in most instances it is not possible to eliminate all risk There had been a number of changes to Strategic Risks (detail set out in the body of the report). Board members supported the amendments to the BAF noting that the Board Committees would continue to keep risks and mitigating actions under review. APPROVE The Board APPROVED the Board Assurance Framework	
151/23	Any Other Business No further business was put forward.	
152/23	Questions from the Public No questions were put forward.	
Date of Next PUBLIC Meeting Thursday 8 February 2024		

Close of Meeting

PUBLIC Board of Directors 8 February 2024

MATTERS ARISING SCHEDULE

Matters Arising from meeting held on: 2 November 2023					
Minute Ref.	Subject	By	Action	Due Date/ Update	RAG
141/23	CEO Brief	PC	Provide Board with details of trends in demand compared with national trends	February 2024	
149/23	Board Assurance Framework	HE	Consider how future BAF reports detail trend in risk scores	April 2024	
Matters Arising from meeting held on: 5 October 2023					
Minute Ref.	Subject	By	Action	Due Date/ Update	RAG
120/23	People Report	JH	Update to IGC on the new approaches to Recruitment & Retention	November 2023	
122/23	PSIRP	JV	Review implementation of PSIRP	March 2024	
Matters Arising from meeting held on: 6 July 2023					
Minute Ref.	Subject	By	Action	Due Date/ Update	RAG
093/23	CQC Inspection Update Report	JV	Board to receive via IGC formal update on progress against SIAPs for Oak Ward and Warren Court	Nov 2023 New date Jan 2024	
Matters Arising from meeting held on: 25 May 2023					
Minute Ref.	Subject	By	Action	Due Date/ Update	RAG

Matters Arising from meeting held on: 2 February 2023					
Minute Ref.	Subject	By	Action	Due Date/ Update	RAG
007/23	Chairs Report	SBr	Schedule Board discussion regarding Learning Disability service and future model	To be confirmed	

Report to the PUBLIC Board of Directors

Meeting Date:	8 February 2024	Agenda Item: 5
Subject:	CEO Briefing	
Presented by:	Karen Taylor, Chief Executive Officer	

National update
The national activity is summarised below:

Industrial Action

The British Medical Association (BMA) and Department of Health and Social Care reached agreement on a revised pay offer for Consultants and Speciality and Specialist (SAS) doctors. The offer was put to BMA members and consultants rejected the pay offer by a narrow margin.

Junior doctors have taken part in two periods of industrial action since the last report to the Board. The first period was 20 - 22 December 2023 and second period from 3 - 9 January 2024. The Trust implemented comprehensive plans ensuring safe cover of services with significant support from the consultant body, the physical health team, nurses and Allied Health Professionals.

Seasonal Demand

Nationally there has been a high number of reported cases of Norovirus and respiratory viruses, which has seen additional strain on the NHS. On 11 December NHS England published a letter jointly signed by leaders from the Care Quality Commission (CQC), General Medical Council (GMC) and Nursing & Midwifery Council (NMC). The letter offered national recognition of the challenging situation created by increased demand and industrial action and gave assurance that professional codes are a guide to support professional judgement and decision making in all circumstances. It emphasised the importance of taking a whole system approach to risk across urgent and emergency care pathways.

NHS England also published guidance on the utilisation of mental health metrics (adult and older people only) and Operational Pressures Escalation Levels (OPEL) approaches to understand and respond to system pressures. The parameters for OPEL included Section 136 suite capacity, mental health bed availability and the number of mental health patients in an Emergency Department setting over 12 hours. The guidance is accompanied by a pack to support appropriate escalation of issues and support system level conversations.

The Trust is developing a digital solution (Patient Flow Tracker) that enables operational teams to have 'live' data on length of stay, waits in Emergency Departments, planned discharges and Delayed transfer of care. Further detail on the Trust's response to demand and winter is provided in the Operational section later in this report.

Measles

Nationally, regionally and locally Measles infection rates are increasing. This is as a result of herd immunity dropping below 90% in some communities. A public communication response is being led by the NHS England and locally by Hertfordshire County Council to encourage people to have the vaccine and to also ask people to check their immunity status. The Trust has sent communication to staff about how to spot Measles and also how to access vaccination, both for themselves and to support service users/carers.

National Quality of Care/Incidents

Over recent weeks there has been significant national coverage of incidents/services related to mental health services/organisations. On 31 January 2024 NHS England published the independent report into the care of service users at Edenfield, Manchester. The independent report found the Trust repeatedly missed opportunities to act on concerns, alongside a culture of "suppressing bad news" and reports a number of key reasons why the poor care took place of: patient, family and carer concerns were ignored or not taken seriously; staff levels were unsafe, with a high use of temporary workers; poor leadership culture, low staff morale, and a lack of transparency and some staff described being treated unfairly because of a protected characteristic.

In January, the Secretary of State for Health has announced that a special review of Nottinghamshire Healthcare Foundation Trust will take place, following their treatment Valdo Calocane, who has pleaded guilty to the manslaughter of three people in June 2023. The review will also focus on wider issues in mental health provision in Nottinghamshire including Highbury Hospital and Rampton Hospital. Initial areas likely to be considered are discharge from services and that Valdo Calocane was not seen by mental health services for several months. The review will be conducted by the Care Quality Commission and will take place alongside the Independent Mental Health Homicide Review ordered by NHS England. Investigations continue at Highbury Hospital in the light of separate recent staff suspensions and a rapid improvement plan is underway, overseen by a new oversight board established to ensure appropriate action is being taken.

Also in January, there has been significant media interest and reports, detailing the significant number of sexual assaults and incidents reported in NHS run mental health hospitals. The Healthcare Services Safety Investigations Body (HSSIB) has published its terms of reference into patient safety in mental health inpatient services. The aims of the investigation include learning from inpatient mental health deaths, improving patient safety, helping to provide safe care during transition from children and young people to adults in mental health services and create conditions for staff to deliver safe and therapeutic care.

The Trust is reviewing all the reports and relevant information to capture any initial learning and inform any local processes to monitor safety and provide assurance where appropriate.

Learning from Lives and Death – People with a learning disability and autistic people (LeDeR) report

The br01.safelinks.protection.outlook.com/?url%3A%2F%2Fmentalhealthlda.cmail20.com%2Ft%2Fd-l-vkluddt-tlljkullky-y%2F&data=05%7C01%7CHelen.edmondson2%40nhs.net%7Ca2493a9da6234f0f8a2408dbf26190d8%7C37c354b285b047f5b22207b48d774ee3%7C0%7C1%7C638370273104118605%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdattsEYD7tvN8LszeO8cmgXvLwb%2FfOHbNaA96qb4OphwE%3D&reserved=0" 2022 LeDeR report was published in December 2023 The report gives information about the lives and deaths of autistic people and people with a learning disability whose deaths have been notified to the LeDeR programme. The HYPERLINK "https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmentalhealthlda.cmail20.com%2Ft%2Fd-l-vkluddt-tlljkullky-j%2F&data=05%7C01%7CHelen.edmondson2%40nhs.net%7Ca2493a9da6234f0f8a2408dbf26190d8%7C37c354b285b047f5b22207b48d774ee3%7C0%7C1%7C638370273104118605%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdat%3D&reserved=0" 2023 Action from Learning Report has also been published which shares examples of how the NHS is delivering service improvement for people with a learning disability and autistic people in response to LeDeR findings.

The LeDeR annual report continues to be a reminder of the significant health inequalities faced by people with a learning disability and autistic people. The report suggests several areas for future consideration for health systems and providers to reduce causes of death for people with a learning disability and autistic people. This includes improving Do Not Attempt CPR (DNCPR) completion and adherence and adapting

health screening to ensure earlier detection of cardiovascular disease and cancers. The report also highlighted the importance of the continued prioritisation for and awareness of vaccinations, the provision of annual health checks, and improving care pathways of specific conditions such as cardiovascular disease and osteoporosis.

While further work is still required to reduce inequalities and prevent avoidable deaths, this year's report does show some improvement. People with a learning disability are living around 2.5 years longer than in previous years, although still dying significantly younger than the general population. There has also been an improvement in the proportion of avoidable deaths from last year's report. Forty-two percent of deaths were deemed "avoidable" for people with a learning disability. This is a reduction from 2021 (50% of adult deaths), however it remains significantly higher compared to 22% for the general population. Concerns with care were expressed in 25% of deaths in 2022, compared to 39% of deaths in 2021. Organisations' systems and processes were highlighted as the most common problem area by reviewers.

The Trust is reviewing the report for key learning and will discuss the findings with partners to ensure the recommendations are adopted both by HPFT and across the health & care systems we operate.

Meeting the needs of autistic adults in mental health services

Guidance has been produced HYPERLINK ww.england.nhs.uk/publication/meeting-the-needs-of-autistic-adults-in-mental-health-services/" NHS England » Meeting the needs of autistic adults in mental health services for Integrated Care Boards (ICBs), health organisations and wider system partners which provides advice on how to improve the quality, accessibility and acceptability of care and support for autistic adults to meet their mental health needs, both in the community and in inpatient settings.

It outlines ten principles for implementation and provides practical examples of how these principles may be applied. The principles are that services should: ensure all services are accessible and acceptable to autistic adults; support access to meaningful activity; facilitate timely access to autism assessment, when clinically indicated; use evidence to guide intervention choice; assess and proportionately manage risk; monitor and minimise the use of restrictive practices; support cohesive transitions and consider the physical health needs of people accessing mental health services.

ICBs should develop a local commissioning strategy to ensure appropriately adjusted and tailored mental health provision is available for autistic adults, informed by local and national statistical data and develop and maintain a well-trained workforce. The Trust is reviewing the guidance to ensure it is following best practice and will update its Autism Strategy and Plans accordingly.

Improving the physical health of people living with severe mental illness

New guidance ps://www.england.nhs.uk/long-read/improving-the-physical-health-of-people-living-with-severe-mental-illness/" NHS England » Improving the physical health of people living with severe mental illness for Integrated Care Systems (ICSs) and providers has been published to improve the physical health care of adults living with severe mental illness (SMI), through improved physical health checks and supported follow-up interventions.

This is in recognition of the fact that people living with SMI face significant health equality gaps with their life expectancy being 15–20 years shorter than that for the general population. The guidance encourages ICSs to consider the physical health needs of all people severely affected by their mental illness, in line with HYPERLINK "https://www.england.nhs.uk/wp-content/uploads/2019/09/community-mental-health-framework-for-adults-and-older-adults.pdf" community mental health transformation commitments. Being mindful that NICE guidance recommends that primary care should keep an up-to-date register of people living with bipolar disorder, schizophrenia and other psychoses who require monitoring of their physical and mental health, the Trust will work with ICS partners to support implementation of the guidance.

Commissioner guidance for adult mental health rehabilitation inpatient services

Coproduced guidance for adult mental health rehabilitation inpatient services has been published which supports the planning and commissioning of local services as part of a whole pathway approach issioner-guidance-for-adult-mental-health-rehabilitation-inpatient-services/" NHS England » Commissioner guidance for adult mental health rehabilitation inpatient services . The guidance is for those who have commissioning responsibility for the mental health needs of their local population.

Wherever possible mental health rehabilitation needs should be met in the community. However, where someone's needs exceed what can be safely and effectively treated in the community, admission to a mental health rehabilitation inpatient service may be required. The key message is going forward the commissioning of 'locked rehabilitation' should cease and the Trust will work with commissioners to both review and meet the guidance.

Children and Young People Prevalence Report

NHS England released a new prevalence report .uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2023-wave-4-follow-up" Mental Health of Children and Young People in England, 2023 - wave 4 follow up to the 2017 survey - NHS Digital showing that more than one in five children and young people aged 8 to 25 had a probable mental disorder in 2023. After a rise in rates of probable mental disorders between 2017 and 2020, prevalence continued at similarly high levels in all age groups between 2022 and 2023. For the first time since 2017, participants were also asked about eating disorders, and results show a steep increase in the past six years, especially in young women. The report shows the continued unprecedented pressures faced by children and young people and reflects the increased demand for NHS mental health services.

The Hertfordshire Emotional and Mental Wellbeing Board (under the Hertfordshire MHLDA Health & Care Partnership) is currently reviewing the findings of the report to inform future planning of services across the system to meet the growth in demand and the challenges outlined in the report.

Children's social care: Reform statement

The Government has published a reform statement that outlines the publications and announcements recently made that support the plans to reform children's social care.

- National kinship strategy – Championing Kinship Care this sets out the practical and financial support to be provided to kinship families, supported by £20m investment.
- New Children's social care national framework – will set out the purpose, principles, enablers and outcomes to be achieved in children's social care.
- Updates to Working together to safeguarding children guidance.
- Data Strategy sets out how will transform data and digital services, to improve information sharing. With plan to publish children's social care dashboard in spring 2024.
- Investment for fostering of £8.5m

Duty of Candour review

The Department of Health and Social Care has launched a review of the 'duty of candour' policy, which gives patients and families the right to receive open and transparent communication when care goes wrong. Maria Caulfield, Health Minister announced that her department will be leading a probe into the effectiveness of the statutory duty of candour for health and social care providers in England, adding that since its introduction, there has been "variation" in how the duty has been applied in some settings. The review will look at the operation and enforcement of the existing duty, with a focus on delivering recommendations that can improve its application.

The review, which is expected to report in Spring 2024, will focus on three aspects relating to the duty - to what extent the policy and its design are appropriate for the health system, how it is honoured, monitored, and enforced, and whether it has met its objectives. The Department of Health and Social Care has said the review may involve interviews with leaders and other staff across providers as well as patients, alongside evidence sessions with regulators.

Planning 2024/25

National Planning guidance is yet to be published at the time of writing this report. A letter was sent to Integrated Care Boards on the 22 December by NHS England, emphasising that systems should not wait to begin planning as indicative financial allocations for 2024/25 have already been published and the financial framework, including the elective recovery fund, will remain consistent with the approach taken in 2023/24. It stated that the priorities set out in the planning guidance for 2023/24 around recovery and access to care will not fundamentally change, while next year will see a focus on productivity alongside

core performance measures.

The key requirements will be for systems to maintain the increase in core Urgent & Emergency Care (UEC) capacity established in 2023/24, complete the agreed investment plans to increase diagnostic and elective activity and reduce waiting times for patients, and maximise the gain from the investment in primary care in improving access for patients, including the new pharmacy first service. However it is anticipated the full position and performance expectations will be confirmed in the Planning Guidance. Integrated Care Boards are working on the basis that initial planning returns will be expected by the end of February 2024. A paper on the Trust's initial planning assumptions is provided later on the agenda.

Provider Selection Regime

Following a period of consultation, the Provider Selection Regime (PSR) was introduced from 1 January 2024 through regulations made under the ukpga/2022/31/contents/enacte Health and Care Act 2022. In keeping with the intent of the Act, the PSR has been designed to introduce a flexible and proportionate process for deciding who should provide health care services, provide a framework that allows collaboration to flourish across systems and ensure that all decisions are made in the best interest of patients and service users.

The PSR ommissioning-is-changing/nhs-provider-selection-regime/" NHS commissioning » NHS Provider Selection Regime (england.nhs.uk) introduces three provider selection processes which relevant authorities can follow to award contracts for health care services. These are: Direct Award; Most Suitable Provider and Competitive Process.

Relevant authorities (which include NHS England, Integrated Care Boards, NHS Trusts and NHS Foundation Trusts, Local Authorities and combined authorities) will need to comply with defined processes in each case to evidence their decision-making, including record keeping and the publication of transparency notices. Where relevant authorities have started a procurement exercise before 1 January 2024 under the current rules, then these will not be affected by the PSR and can conclude under the current rules.

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 Board (ICB)

The ICB continues to focus on the development of its internal operating/governance model in parallel with the development of the Accountable Business Units. The ICB aimed to put in place a new operating model and governance from 1 April 2024 and initial governance, finance and leadership arrangements have been developed and are being reviewed by the four Health and Care Partnerships and the ICB. A workshop has been set up for 2nd February with system Chief Executives to explore and agree a way forward and the Board will be updated on the outcomes of this session.

System Finances 2023/24

NHS England sent out a letter to all NHS providers and Integrated Care Boards on 8 November 2023 entitled "Addressing the significant financial challenges created by industrial action in 2023/24, and immediate actions to take". It detailed that NHS England had released £800m to systems to cover industrial action for which the Hertfordshire and West Essex Integrated Care System received £13.6m, the Trust's share of this allocation was £1 million. In addition, Acute Trust's elective recovery targets were reduced by 2%.

On the 22 November 2023 the HWE ICB, together with all NHS providers, resubmitted to NHS England their revised financial forecasts for 2023/24. The system position was agreed at breakeven. HPFT was part of the process and agreed to deliver a revised £4.2 million deficit. The forecast presumed that there would be no industrial action from November onwards, however industrial action occurred in December and January, therefore all system partners are reviewing their financial forecasts. For HPFT, the impact is likely to be in the region of £600k.

Planning 2024/25

Despite awaiting national planning guidance, as a Trust we continue to plan on the basis that we will deliver on our commitments we have made in our Great Together strategy driven through our Trust Annual Plan. There is a paper on the agenda that will discuss in more detail the plans being developed for 2024/5.

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

The Hertfordshire Mental Health, Learning Disability and Autism Health and Care Partnership (MHLDA HCP) continues to be working effectively together to improve care and outcomes across Hertfordshire. At its board meeting on 8 December 2023 the MHLDA HCP received an update on the outcomes of the local area Special Educational Needs and Disabilities (SEND) inspection. The MHLDA Board considered how it could best support the activity now required to improve local service provision, and specifically its role in improving services and support for children with Autism Spectrum Disorder (ASD) / Attentive Deficient Hyperactive Disorder (ADHD). The MHLDA HCP Board also received a briefing on the implementation of the Right Care, Right Person approach to police resourcing. Task and Finish groups have been established to progress activity across the police, the NHS and wider partners and the Crisis Care Partnership Board and the HWE MHDLA Programme Board are providing strategic oversight of the activity related to Section 136, transport and people leaving hospital wards.

The most recent meeting of the MHLDA HCP Board on 12 January 2024 focused on Older Adults. The Board received an update on the Hertfordshire Dementia Strategy and its first year of delivery, including proposals for a Hertfordshire-wide Dementia Friendly Accreditation scheme. The Board also received a joint update from Hertfordshire County Council and HPFT on the transformation activity underway to support the mental health of older adults, noting the significant work that had taken place during the last 12 months. The increase in demand in services for older people was also discussed, recognising the significant functional demand increase (in addition to organic demand) and the Trust is developing an older people's clinical services strategy to identify how this demand can be met in the future.

Hertfordshire Health Scrutiny Committee

On 6 December 2023, the Trust Chief Executive and members of the Executive team attended the Hertfordshire Health Scrutiny Committee. At the meeting the Trust provided an update on its Strategy 'Great Together', key operational and strategic issues affecting services, alongside a joint update with the Director of Adult Social Care on the MHLDA HCP, focussing on its achievements to date and how it builds upon and complements existing integrated arrangements. The item also covered the potential role the MHLDAHCP could play to support further integration of services and support for people with mental illness, learning disabilities and autism in Hertfordshire.

The Committee members were interested in challenges regarding health inequalities for people with a mental health, learning disability or autism and how the Trust will address this through the 'Great Together' strategy, alongside updates on our transformation programme supporting people in crisis. They also received an update on the planned mental health crisis assessment centre at the Lister hospital and inpatient bed plans for the East and North Herts of the county.

The papers were well received by County Councillors, who also acknowledged the challenges around demand, acuity and workforce pressures across the NHS and social care. There has been positive local media coverage of the discussion and updates presented.

East of England Provider Collaborative

Each Provider Collaborative is undertaking a self-assessment process. As well as recognising the progress the Collaborative has made, the main themes for further development include embedding well informed strategic relationships within the wider Integrated Care Systems and developing the strategy for adult eating disorders

Children and Young People's transformation has focused on all providers in the Collaborative building up their training capacity to manage the expectation of treating eating disorders within the general adolescent units (GAU).

Secure Learning Disabilities services are focusing on a number of proposals and business cases regarding reconfiguration of services, including the potential for secure female services.

Adult Eating Disorder Services have launched the Virtual Intensive Team (VIT). This new service is hosted by the Trust on behalf of the Provider Collaborative and started to accept cases in December 2023.

For Perinatal Services, the Collaborative has agreed to resubmit its clinical model to NHSE by 1 March 2024. A region wide Collaborative away day took place in January with representation from the Trust to inform this work.

Trust-wide update

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

Operational update

December and early January have seen significant pressures across the health and social care system, with the Trust experiencing increased demand for inpatient beds and acute mental health care, as well as community support. The usual pressures experienced during winter, were further impacted by extended Industrial Action prior to the Christmas Bank Holiday and immediately into the New Year.
This provided an additional challenge for our operational services, with members of the multidisciplinary teams covering roles and tasks usually carried out by Junior Doctors. The diversion of clinicians also meant some services reliant on Consultant led appointments in the community, such as Early Memory Diagnosis and Diagnosis and Support Services (EMDASS), required additional focus to address a small backlog as a result of additional appointments usually offered by medical team not being readily available.

Despite the staffing pressures and the demand for services, good planning and preparation in early December and throughout the festive period meant that we were able to maintain flow, with only a small increase in the use of non-contracted beds. Delayed Transfers of Care, or supporting those who are Clinically Ready for Discharge, remains a challenge and the Trust is working with the Local Authority to identify placements for people with a learning disability or older adults.

Pressures remain in our community services, some of which have continued to see demand sustained at higher levels than in previous years, such as community eating disorders and adult community mental health teams ACMHS). Whilst our ACMHS teams are on track to recover performance in relation to access (28 day from referral to assessment) there remain challenges across the services in accessing therapies. Child and Adolescent Mental Health Services (CAMHS) services are experiencing additional pressure due to a higher number of vacancies. All service areas experiencing additional pressure or challenges with capacity have a comprehensive recovery plan in place, which are closely monitored.

Additional pressure continues to be seen in our adult and CAMH Services as a result of referrals for an ADHD diagnosis; negotiations with commissioners are focusing on getting the pathway right for people across Hertfordshire and ensuring that our specialist mental health teams are able to prioritise the assessment and treatment of those with complex mental health need.

Mental Health Urgent Care Centre (MHUCC)

The MHUCC began supporting adults experiencing mental health crisis who present at an Emergency Department in Hertfordshire on 31 January 2024. This exciting development provides 24/7 dedicated clinical staff from the Trust and partner organisations, including people with lived experience, and more suitable clinical space for the assessment and commencement of treatment for people experiencing mental health crisis. Anyone requiring medical attention or physical healthcare will continue to be supported in the Emergency Department, with the support of the Mental Health Liaison Team. Following its launch on 31 January 2024, the MHUCC will move to mobilisation of Phase Two, which will enable access directly from the community, to avoid people presenting to other healthcare environments seeking mental health support only.

Specialist Rehabilitation Services (SRS)

On 15 January the last service user moved to their community placement, the Avenues took over the care of the remaining service users into their service and the final SRS bungalow was formally handed over.

The closure of the SRS service marks a momentous day and an end of an era after 23 years of the service. Many staff had worked with the residents since before the service was established and had strong lifetime bonds with them. It was an emotional end to the end of an era, recognising the commitment and care the SRS team had provided to service users over many years. It is also worth noting that it was part of the Transforming Care national programme.

The process has been an overwhelming success for service users, families and staff. Whilst the process has been bittersweet and sad at times, the staff team embraced the change in a positive and productive way. We are very proud of their values throughout and we celebrated their service to the residents together noting that the vast majority of the staff have been redeployed in the Trust. All service users have been fully supported throughout the transition and I would like to thank all the staff and management at SRS for the care and support they have given to service users since the service opened in 2001. I am sure the Board will join me in wishing them well for the future, whether that be in their new roles within the Trust, retirement or working for the new supported living provider. In particular thanks to Consultant Psychiatrist Dr Thalayasingam, who has officially retired after 46 years service. Dr Thalayasingam has been the Responsible Clinician for service users since before SRS opened and stayed until the very last day, to ensure a safe transition for all service users.

Our People

Our workforce position continued to improve throughout Quarter 3, with vacancy rates reducing from 12.6% at the end of Quarter 2 to 11% at the end of Q3. During the same period, our staff in post increased by 81 FTE and our unplanned turnover reduced from 11.1% to 10.5%. Our cohort of newly qualified nurses have now received confirmation of their nursing registration, which has led to positive improvement in registered nurse vacancy rates to the lowest rate achieved in the last two years. Our recruitment and onboarding processes were streamlined earlier in the financial year, leading to improvements in the time it takes to recruit new people, which has reduced from 51.4 days at the end of Quarter 2 to 46.8 days at the end of Quarter 3.

Our appraisal rates are now exceeding our target of 95%. Mandatory training compliance had been exceeding our target, however, data quality issues as a result of the migration from our previous learning platform to the national Employee Staff Record (ESR) system has led to a reduction from 92.5% to 89.6%. It is anticipated this will be resolved for Quarter 4.

Sickness absence has risen from 4.4% at the end of Quarter 2 to 5.1% in Quarter 3. This is predominantly due to heightened levels of respiratory infections and mental ill health related absence. Our staff wellbeing offer is being refreshed as a result and toolkits, guidance and training has been rolled out to ensure local level management support consistently promotes wellbeing.

The Trust has received the initial results from the National Staff Survey and has started the analysis, the results are embargoed until March 2024 after which Integrated Governance Committee and Board will receive a detailed report.

Retention Exemplar Programme

The Trust has been successful in its application to be part of NHS England's Retention Exemplar Programme. Being part of the programme gives the Trust access to a People Promise Manager and will enable us to accelerate our work and to systemically embed our: staff wellbeing and engagement strategies; belonging and inclusion strategy; culture & team working skills; development of new apprenticeships, maximising our levy and the development of new career pathways; talent pools, succession planning and targeted development opportunities and management and leadership development. As a participating organisation, the Trust will receive benefits including a "systematic and structured quality improvement-based approach" and access to peer learning and support from dedicated regional retention teams.

Quality Management System

Following approval at the Finance and Investment Committee of the outline business case, we have agreed to start the process to secure a partner for a quality management system. The Board will receive updates on the progress of this work plan.

Finance 2023/24

The Trust's financial plan for the year anticipated a year end deficit of £1.8 million. At month nine the Trust is currently projecting a deficit of £4.8m. This forecast includes the previously revised forecast position presented to the November Board of £4.2m plus the costs of Industrial Action that took place in December and January. The continued drivers of cost include the block purchase of independent sector beds, a reliance on agency staffing across inpatient areas due to increased acuity; supporting service users in the Acute Trust sector setting. The Trust has initiated a cost reduction programme and has implemented enhanced financial governance measures, whilst maintaining a steadfast commitment to prioritising safety and the quality of care.

Discussions are taking place with the HWE ICB about the allocation of their surplus position to offset this position, acknowledging the Trust has consistently managed its finances well and can demonstrate the funding required to support increased demand. A detailed report will be considered by the Board later on the agenda.

Cherry Tree Cottage

Hertfordshire County Council has opened an innovative new service, Cherry Tree Cottage, in Baldock, supported by HPFT. Cherry Tree Cottage is an Ofsted registered specialist children's home for Children Looked After with space for three young people in a light and airy house. It offers young people and their families a step down from Tier 4 mental health services. It supports children with mental health presentations who are repeat attenders at A&E /S136 suite or are at risk of /have had admission to Tier 4 services.

It offers an intensive 12-week programme incorporating well-being and health and social care support. Social care staff will provide the day-to-day care and nurture as within any Children's home, together with the input and guidance of mental health clinicians. This multi-disciplinary care will help to meet the needs of all of the children admitted. The model aims to bring together the skills and experience of both sectors to ensure the best care to support the best possible outcomes.

Veteran Aware Trust

The Trust has been accredited as a Veteran Aware Trust by the Veteran Covenant Healthcare Alliance. The accreditation is in recognition for the Trust's hard work in demonstrating the NHS's commitment to the Armed Forces Covenant. This accreditation recognises the Trust's commitment to identifying and sharing best practice across the NHS as an exemplar of the best standards of care for the Armed Forces community. The Trust has a robust action plan to ensure we meet the requirements of the Covenant.

Also recently, NHS England announced the new Op COURAGE campaign for veterans, service leavers and reservists. The NHS Op COURAGE service is delivered by highly trained clinical professionals who are either ex-military or know the military culture first-hand. The new campaign will be fronted by former Royal Marine, Invictus Games medallist and TV presenter, JJ Chalmers, to boost awareness of the NHS Op COURAGE offer to those who have served. People can contact the service directly, via GP or asking a charity to refer and the service will arrange for an assessment. This campaign aligns with the work the Trust is doing to ensure it meets the needs of veterans.

Nursing Preceptorship Quality Mark

The Trust had achieved the Quality Mark for Nursing Preceptorship. The Trust has worked to meet the 17 standards in the framework that means we are supporting newly qualified professionals, translating knowledge into practice, helping grow confident and enable the best start to the professional careers. By achieving the quality mark, the Trust is offering the graduates an excellent start to their careers and is an extension of our partnership with the University of Hertfordshire and builds on the developments we have made in our partnership working to benefit our student nurses. Additional preceptorship frameworks for other professions have been developed and we are working to ensure the Trust is awarded these.

University 10 Year Celebration

On 18 January we held a joint event with the University of Hertfordshire to celebrate 10 years of our partnership as a University Trust and the extension of a further six years. It was a great opportunity to reflect on the achievements of the last decade together and look ahead to the future.

The Vice Chancellor Professor Quintin McKellar CBE and his team, together with students past and present were involved in the event. A particular highlight was hearing from students and apprentices on why they chose this career path and how they have benefited from the partnership we have with the University. Students talked about their passion for helping people with a learning disabilities to live an independent life, how their work was a calling not just a career and how they wanted to help people overcome the stigma of mental health within their cultures. They really were an inspiring group of students and the partnership will enable many more.

Independent Well-led review

The Trust will be starting the procurement process to secure a partner to undertake an independent Well-Led Review of the Trust. The review process will involve all Board members, stakeholders and staff. It is anticipated that the review will take place in the first two quarters of 2024/25 with the outcome reported to a Board meeting. The Board will also receive regular updates on progress of the review.

Visits

In the first half of January, we had two notable visits. First, we supported West Hertfordshire Teaching Hospital with a visit from Secretary of State, Victoria Atkins, to Watford General Hospital. As part of her visit, she went to Emergency Department to better understand mental health crisis provision. It was an opportunity for our staff onsite to talk to the Secretary of State about the work we do and how the mental health liaison teams work in the Emergency Department. We also highlighted the pressures we are facing and reinforced the need for funding and resources, and the way we work in partnership with colleagues across the acute Trust.

Clare Panniker (NHS England Regional Director, East of England) came to visit the Trust and met the teams based at Rosanne House. Both the Enhanced Rehabilitation Outreach Service (ERSO)+ team and Perinatal team joined the teams at Roseanne House to share with Clare the work they do. Visits like this are really important for us to be able to demonstrate the innovative practice and high-quality care being delivered and for us to also have conversations about some of the challenges we face.

Executive Team update

I am delighted to confirm, although with some sadness, that Jacky Vincent, Chief Nursing Officer (CNO) will be joining the Foundation of Nursing Studies as Specialist Nursing Advisor, at the beginning of February. Jacky will be leading on a broad portfolio including working with NHS England on the future development of Learning Disability nursing.

Jacky's last day with the Trust was 31 January 2024 and the Board will want to join me in thanking Jacky for her dedication and hard work throughout her 29 years at HPFT. As previously advised, interim CNO cover arrangements are in place, with Andy Brogan having joined the Trust on 8 January 2024 to ensure a comprehensive handover.

Karen Taylor
Chief Executive Officer

Hertfordshire Partnership University NHS Foundation Trust

Report to the Public Board of Directors

Meeting Date:	8 February 2024	Agenda Item: 7
Report Title	Report of the Integrated Governance Committee held on 16 November 2023	For publication: Yes ☒ No ☐
Report Author (s)	Helen Edmondson, Head of Corporate Affairs & Company Secretary	
Approved by:	Jacky Vincent, Executive Director, Quality and Safety (Chief Nurse)	

The Board is asked to receive
To provide the Board with an overview of the work undertaken by the Integrated Governance Committee at its most recent meeting on 16 November 2023.

Executive Summary
Report details the work of the Integrated Governance Committee which met on 16 November 2023. There were no matters for formal escalation to the Board.

Recommendations
There were no matters for formal escalation to the Board.

Implications	
Risk and Assurance	IGC is the Committee that is responsible for providing assurance regarding risk management.
Equality, Diversity and Human Rights	The Committee considered the WRES and WDES action plans and staff equality data as part of the people report, noting the areas for improvement.
Quality	IGC is the Committee that is responsible for overseeing quality assurance and the Committee considered the quarter two integrated safety report.
Financial	No financial implications
Service Users and Carer Experience	Committee considered the quarter two experience report, receiving an update on feedback received.
People	Committee considered the quarter two people report, detailing performance against key metrics.
Legal and Regulatory	The Committee received a report on work to ensure compliance with CQC regulations and trust policies. Also recommended actions to improve this position
Digital	Committee noted positive impact of digital and technological solutions
System	The Committee received an update on PCREF and how is based on strong partnership working.
Sustainability	No implications

Strategic Objectives this report supports	Please tick any that are relevant
1. We will improve service user and carer experience, placing emphasis on shared decision-making, co-production and recovery	✓
2. We will provide high quality care and support that is safe and achieves the best outcomes for service users and carers.	✓
3. We will attract, develop, and retain a skilled, compassionate workforce by creating inclusive and thriving workplaces.	✓
4. We will address inequalities to improve out-comes and advance equity for people from all communities.	✓
5. We will work in partnership in everything we do to meet the needs of communities and the people we support.	
6. We will be a learning organisation that encourages innovation, research and continuous quality improvement.	✓

Report from Integrated Governance Committee held on 16 November 2023

1. Introduction

1.1 This paper provides the Board with a summarised report highlighting key 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 November 2023, in accordance with its terms of reference and was quorate. The meeting was chaired by Diane Herbert, Non-Executive Director.

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. Deep Dive

2.1 The Committee received a deep dive presentation on Freedom to Speak Up. The presentation set out the number of concerns received up to quarter two 2023/24 in comparison to 2022/23 figures for the same time period. The comparison demonstrated an overall increase in number of concerns received. It was noted that the number of anonymous referrals was very low with only one in quarter two, which means the Trust has a lower number than many other Trusts.

2.2 It was reported that the highest number of referrals related to worker safety/wellbeing and service user safety and quality. It was noted that any one concern can have a number of elements to it.

2.3 The Freedom to Speak Up Guardian emphasised the focus on resolving the concerns raised, supported by managers completing the training which will support the speak up culture.

2.4 The Committee were updated on the recruitment and training of over 43 Speak Up Champions across a range of disciplines. It was noted that the Guardian undertook regular visits of Trust services and welcomed the recent successful Trust Freedom to Speak up event that had been well received and attended by the National Guardian Dr Jayne Chidgey-Clark.

2.5 Following questions from the Committee members, the meeting discussed what the wellbeing concerns being raised were. The need to ensure all members of the team lived and modelled the Trust values was emphasised. To support this, the Guardian outlined how the learning is captured and shared from each case, and formally reported to the Quality Risk Management Group (QRMG) and the Integrated Governance Committee. This includes if any detriment has been reported. The Guardian added that, in quarters one and

two, one such case had been reported and followed up by the Guardian.

2.6 Committee members discussed how qualitative information on the experience of those who raise concerns is captured, noting that the feedback is positive. The Freedom to Speak Up Guardian confirmed that they attend every induction for new staff as well as other Trust wide events.

2.7 The committee was updated on the internal audit undertaken in 2023/24 and progress with the small number of actions identified. It was noted that the self-assessment had been completed and would be discussed with the Non-Executive Director (NED) Freedom to Speak Up lead prior to finalisation.

3. Quality

3.1 The Committee received an update on safer staffing, eRostering, temporary staff, and the Care Hours Per Patient Day (CHPPD) for all inpatient services for quarter two 2023/24. The report highlighted the key findings from the Allocate Insight report. It also provided information on the Trust's performance against the national average on six KPIs. It was reported that the Trust is exceeding the national average in three KPIs: roster approval is on target; unfilled duties is in a good position and net hours balance is well controlled.

3.2 Committee members noted that areas of focus for quarter three, were unavailability of staff, use of temporary staffing and high levels of additional duties. Committee members were updated on the Continuous Quality Improvement (CQI) project to support reduction in violence and aggression and review of Safe and Supported Observations.

3.3 In response to questions, it was agreed to seek confirmation that the benchmarking data was available for mental health providers only. Committee members welcomed the data on employment relations cases and its impact noting that the Trust was working to reduce the levels of absence linked with cases.

3.4 The Committee received an update on the Service Improvement Action Plans (SIAPs) in place for a number identified service areas, following concerns raised and/or a focused risk inspection by the Care Quality Commission (CQC). The service areas included in the report were Broadland Clinic, Dove ward, Forest House, Oak ward and Swift ward.

3.5 The report set out the main areas of focus for each clinical area. It was noted that regular oversight meetings are held with the Strategic Business Unit's leadership teams and Executive Directors Quality and Safety and Quality and Medical Leadership. This is supported by a Trust wide escalation framework and Quality and Safety Dashboard. It was reported that regular updates are reported in the Executive Team Meeting.

3.6 Committee members asked that future reports on SIAPs included data on Fundamentals of Care. Discussion by Committee members identified that the common themes across the services with SIAPs were recruitment and risk assessment process. It was reported that both Forest House and Swift ward were the assessment units and would receive service users as a 'front end' service with the need to respond to higher acuity and complexity.

4. Quality – Effectiveness

4.1 The Committee received a report that set out the progress against Commissioning for Quality and Innovation (CQUIN) goals for 2023/24 as at end of quarter two. It was noted that there are six goals for 2023/24, five of which are a continuation from the previous year and one a new goal.

4.2 It was reported that the Trust was meeting half of the goals with two awaiting data. In response to Committee members request it was agreed that future CQUIN reports would include information on the financial values linked with each goal. It was conformed that likely that the full value of the CQUIN would be received for 2023/24.

4.3 The Committee received a report that provided an overview of the work undertaken by the Clinical Professional Advisory Committee (CPAC). The report set out the discussions held between January 2023 to September 2023. It was noted that the CPAC was originally set up as part of the Trust's emergency planning for Covid-19 and was the senior CPAC for the Trust.

4.4 The report set out the guidance and topics discussed. In particular, the move to use ReSPECT documentation to replace previous Do No Attempt Cardio Pulmonary Resuscitation (DNACPR) forms in East and North Hertfordshire and the Trust's decision regarding future use of Oxevision. Committee members noted that there had been national conversations regarding use of this monitoring technology. Committee welcomed the continued work of CPAC noting its important role.

4.5 The Committee received a report that set out the highlights with the progress of Quality Impact Assessments (QIA). It was reported that ten schemes had been identified at the beginning of the financial year that required a QIA. The report set out the progress with their completion and review. It was reported that the monthly Delivering Value meeting reviewed progress of QIAs. The report set out that all the schemes which require QIAs have identified a risk rating from low to moderate.

4.6 It was confirmed that QIAs consider the impact on patient safety, clinical effectiveness, service user and carer feedback as well as Equality, Diversity.

4.7 In response to Committee members questions, it was confirmed that QIAs are reviewed during the scheme implementation as it is a dynamic process within

from service users and experts by experience. Executive Team members clarified the detail of the scheme implementing reduction in staffing costs for CCATT, noting that it related to reduction in agency staff and a move to substantive team members.

5. Quality – Experience

5.1 The Committee received a report that emphasised that the Trust recognises the importance of ensuring timely responses in the areas of service user and staff experience and safety. The report detailed the Trust's responsiveness in the following key areas of: Freedom to speak up cases; Grievances; Serious Incidents; Incident Investigations; and Complaints.

5.2 Committee members noted the latest position, in particular the improvement in response times for Freedom to Speak Up, grievances and Serious Incidents. They also noted the continued challenge to respond to complaints within the expected timescales and the actions of additional resource and streamlining of systems that were being implemented to improve the situation.

6. Our People

6.1 The Committee considered the month six People and Organisational Development Group report. The continued positive progress with recruitment and the impact this was having on the people metrics, was noted. It was reported that, although the vacancy rate had improved, there were hotspots and each of these areas was subject to a deep dive.

6.2 The Committee considered the continued improvement in appraisal and mandatory training rates. The increased staff development was considered, noting that it would be further informed by the detailed training needs analysis, being undertaken with information from the completed appraisals.

6.3 Committee members were updated on the positive results from the quarter two pulse survey. The areas it identified for focus, namely violence and aggression particularly for Black Asian Minority Ethnic (BAME) staff were discussed, in particular the overlap with the most recent Workforce Race Equality Standard (WRES) data.

6.4 The increase in the establishment and process of workforce planning was discussed. It was agreed that the next Committee meeting would have a deep dive into workforce planning.

6.5 The Committee received a specific report on a number of vacancy hot spot areas within inpatient and community services in the Trust. To date, interventions have focused on recruitment actions, and these have been reported to the Recruitment and Retention Group.

6.6 It was reported that the Trust had adopted a different approach to resolve recruitment issues which sees the development of a formal recruitment and retention action plans for each SBU's most significantly challenged areas. In order to identify the key areas of focus, 21 factors have been identified that

could impact on recruitment and retention. It was reported that action plans had been developed that focused on the factors that are most significant.

6.7 Committee members welcomed the additional detail provided by the deep dive and the new approach. It was noted that it would also link with planning for income and workforce growth.

7. Governance

7.1 The Committee considered and approved the updated Trust Risk Register. The increases to the scores of three of the risks was agreed, the updated actions and mitigations were noted. It was agreed to amend the wording of the risk related to the medium financial plan. Committee members agreed the proposed approach to considering the addition of a new risk related to self-harm, noting the updated Register would be considered at the next meeting.

7.2 Committee members agreed the proposal to undertake a self-assessment, the results of which would be reported at the next meeting.

7.3 The Committee considered the quarter two claims report. The report set out the new claims to NHS Resolution under the Liabilities to Third Parties Scheme (LTPS) noting no new matters were reported under the Clinical Negligence Scheme for Trusts (CNST). Members considered the claims that had been closed, including those where liability had been denied. Committee members noted the role of the Claims Panel in scrutinizing all claims, making liability decisions and escalating matters to the Executive Team meeting as appropriate.

7.4 The Committee approved the Terms of Reference for Information Management and Governance Group Terms of Reference.

8. Matters for Escalation to the Board

8.1 There were no matters for formal escalation to the Board.

Appendix One: Integrated Governance 16 November 2023, agenda items

Minutes and matters arising
Minutes of meetings held on 24 October 2023
Action Schedule
QUALITY SAFETY
Quarter Two: Safe Staffing Report 2023/24
Update on Service Improvement Plans
QUALITY EFFECTIVENESS
Quarter Two: Guardian of Safe Working Report
Quarter Two CQUIN Report
Clinical Practice Advisory Committee Report
Bi-annual Quality Impact Assessment Report
QUALITY EXPERIENCE
Responsiveness Report
DEEP DIVE
Deep Dive: Freedom to Speak Up
PEOPLE
Month 6 People and Organisational Development Report
Hot Spots and Recruitment Strategy
GOVERNANCE AND REGULATION
Trust Risk Register
Proposal for review of Committee's effectiveness
Q2 Claims Briefing Summary
IMGS Terms of Reference for approval
TO NOTE
Report from PODG October 2023
Report from QRMG October 2023
Report from IMGS November 2023
Committee Planner
Any Other Business
Matters for escalation

Hertfordshire Partnership University NHS Foundation Trust

Report to the PUBLIC Board of Directors

Meeting Date:	8 February 2024	Agenda Item: 7
Report Title	Report of the Integrated Governance Committee held on 24 January 2024	For publication: Yes ☒ No ☐
Report Author (s)	Helen Edmondson, Head of Corporate Affairs & Company Secretary	
Approved by:	Andy Brogan, Interim Chief Nursing Officer	

The Board is asked to receive
To provide the Board with an overview of the work undertaken by the Integrated Governance Committee at its most recent meeting on 24 January 2024.

Executive Summary
Report details the work of the Integrated Governance Committee which met on 24 January 2024 The Committee considered a deep dive into workforce planning and the progress made. The Committee also considered a number of reports that provided assurance regarding quality, governance and people.

Recommendations
The Board are asked to note: 1. The Committee have completed and considered the results of their self-assessment. 2. The Committee have recommended their updated Terms of Reference for the Board to approve. There were no other matters for formal escalation to the Board

Implications	
Risk and Assurance	IGC is the Committee that is responsible for providing assurance regarding risk management.
Equality, Diversity and Human Rights	The Committee considered the WRES and WDES action plans and staff equality data as part of the people report, noting the areas for improvement.
Quality	IGC is the Committee that is responsible for overseeing quality assurance and the Committee considered the quarter two integrated safety report.
Financial	No financial implications
Service Users and Carer Experience	Committee considered the quarter two experience report, receiving an update on feedback received.
People	

	Committee considered the quarter two people report, detailing performance against key metrics.
Legal and Regulatory	The Committee received a report on work to ensure compliance with CQC regulations and trust policies. Also recommended actions to improve this position
Digital	Committee noted positive impact of digital and technological solutions
System	The Committee received an update on PCREF and how is based on strong partnership working.
Sustainability	No implications

Strategic Objectives this report supports	Please tick any that are relevant
1. We will improve service user and carer experience, placing emphasis on shared decision-making, co-production and recovery	✓
2. We will provide high quality care and support that is safe and achieves the best outcomes for service users and carers.	✓
3. We will attract, develop, and retain a skilled, compassionate workforce by creating inclusive and thriving workplaces.	✓
4. We will address inequalities to improve out-comes and advance equity for people from all communities.	✓
5. We will work in partnership in everything we do to meet the needs of communities and the people we support.	
6. We will be a learning organisation that encourages innovation, research and continuous quality improvement.	✓

Report from Integrated Governance Committee held 24 January 2024

1. Introduction

1.1 This paper provides the Board with a summarised report highlighting key 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 24 January 2024, in accordance with its terms of reference and was quorate. The meeting was chaired by Diane Herbert, Non-Executive Director.

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. DEEP DIVE – Workforce Planning

2.1 The Committee received a deep dive presentation on Workforce Planning. The presentation set out the background to the internal audit undertaken in 2020/21, the agreed management actions and the progress with implementation. Committee members were updated on the work undertaken to develop the Trust's five-year workforce plan. It was noted that 2023/24 was the mid-point in the five-year plan and that the annual workforce planning submission is due in the first quarter of 2024/25.

2.2 The deep dive set out the headline figures from the Trust's workforce plan noting it had indicated the need to increase clinical establishment. The Committee received an update on the progress with delivery against the workforce's plan four pillars of: new roles and new ways of working, growing our own workforce, recruitment and marketing, and retention. The Committee were also updated on progress against the key targets, noting at the mid-point establishment numbers had exceeded the five year expectations.

2.3 Details of the risk to delivery of new roles and new ways of working were explored as well as the progress with apprenticeships and improvement in the training and development offer to staff. Overall, the good progress against workforce targets was noted against a backdrop of demand being higher than anticipated. Also, the good progress against each of the four pillars was noted, with the current highest risk areas being nursing and medical staff groups.

2.4 The Committee noted that although the five-year workforce plan had been written prior to the publication of the NHS People Plan the four pillars were aligned to the People Plan's aspirations. In response to Dipo Oyewole's question, it was confirmed that the plan had included some assumptions on demand but had not forecast the significant increase in demand for autism and Attention Deficit Hyperactive Disorder (ADHD).

2.5 The Committee supported the work to increase number and range of roles for apprenticeships and welcomed the Trust having recently achieved the Preceptor Quality Mark for nursing.

3. Quality- Safety

3.1 The Committee considered the quarter three Integrated Safety Report, which provided the Committee with an analysis and details of the actions related to service user safety incidents.

3.2 The report detailed updates on the five priority areas identified for focused areas of improvement: unexpected deaths, violence and aggression, self-harm, inpatient falls and medicines safety.

3.3 It was reported that there had been 15 Serious Incidents reported by the Trust in this period, and the report detailed the areas they fell into. It was reported that they were all being investigated under the Serious Incident Framework. The Committee noted that there had been a reduction in number of incidents reported in December, and that the possible reasons for this are being explored.

3.4 Committee members discussed the thematic analysis noting that there continued to be an increase in deaths relating to people with mental health problems and substance misuse.

3.5 It was reported that there had been a significant reduction in reported incidents of violence and aggression in November and December 2023. It was noted that the area with the most reported incidents was learning disability and forensic services. The Committee were updated on the actions and improvements underway to reduce the number and severity of incidents, noting an update would be provided at future meetings.

3.6 The continuing high number of self-harm incidents was reported, noting there had been a slight reduction between November and December 2023. The Committee discussed the CQI project in Forest House and its work to review the model of care and implement a trauma informed approach.

3.7 Committee members discussed the transition to Patient Safety Incident Response Framework (PSIRF) but also that all incidents would continue to be reported to the Executive Team meeting, Integrated Governance Committee and Board. It was confirmed that the Moderate Harm Panel would continue to review all incidents and agree the appropriate learning response.

3.8 The Committee received an update on the Service Improvement Action Plans (SIAPs) in place for a number identified service areas, following concerns identified internally and/or a focused risk inspection by the Care Quality Commission (CQC). The service areas included in the report were Broadland Clinic, Dove ward, Forest House, Oak ward and Swift ward, CAMHS community and Community Adult Eating Disorder Services.

3.9. The report set out the main areas of focus for each clinical area and the progress that has been made. It was noted that regular oversight meetings are held with the Strategic Business Unit's leadership teams and Executive Director Quality and Safety and Quality and Executive Medical Director. This is supported by a Trust wide escalation framework and Quality and Safety Dashboard. It was reported that regular updates are reported in the Executive Team Meeting. It was agreed to share the escalation framework with Committee members.

3.10 In response to Dipo Oyewole's question. Jo Humphries described the process that had been undertaken at the Broadland Clinic to get a baseline position on culture and plan to undertake a follow up assessment to identify progress and interventions that have had the most impact.

3.11 The difficulties in resolving the complex issues of Delayed Transfer of Care was discussed and an update on work with partners was discussed.

4. Quality – Effectiveness

4.1 The Committee was updated on the work the Trust has undertaken to examine the deaths that occur within 30 days of discharge from Trust services over the last five years. It was reported that an outcome of the review was that measures to capture deaths within 30 days of discharge have been added to Datix, to monitor information going forward. Also changes on Paris to prompt staff to complete a Datix after recording a death had been made. Work was also under to develop a report that triangulated information on reported deaths on the electronic patient record (EPR), Datix and the Spine.

4.2 It was noted that the number of recorded deaths per year had increased since 2018, which is in line with national trends and is believed to be partly due to improved reporting. It was reported that all deaths had been screened but there remains some delay in undertaking Structured Judgement Reviews. Additional resources have been agreed and recruitment is underway to help reduce the backlog.

4.3 The Committee received a report that set out the progress against Commissioning for Quality and Innovation (CQUIN) goals for 2023/24 as at end of quarter three. It was noted that there are six goals for 2023/24, five of which are a continuation from the previous year and one a new goal.

4.2 It was reported that the Trust was meeting two of the goals with one awaiting data. The positive progress with the restrictive practice goal was noted. Committee members discussed the financial implications of current performance noting there was limited risk to not receiving the income. The Committee discussed factors that influence uptake of flu vaccination.

4.3 Committee members considered an update on the Quality Priority Indicators for 2023/24. It was noted that the focus areas were identified after a period of consultation with both internal and external stakeholders. And the aim of focusing on these nine areas of quality is to support Continuous Quality Improvement, which aligns with the Trust's Quality strategy. It was reported that of the nine chosen areas of quality seven of the schemes are on track or overachieving.

4.4 Committee members discussed the performance with regard to CAMHS urgent referrals noting that there were small numbers but a robust system was in place to ensure the target was achieved going forward.

4.5 The Committee considered a report that provided an overview of the use of Mental Health (MH) Legislation from April 2023 to Sept 2023 across Trust services. The report outlined the progress and the achievements and challenges in relation to auditing the requirements of Mental Health legislation. It also provided updates on the forthcoming changes in legislation, noting there is no clear indication of when the changes take place. The report detailed Trust compliance under the Care Quality Commission (CQC) notification requirements for the use of Deprivation of Liberty Safeguards (DoLS) and our Mental Health Act (MHA) CQC action statements.

4.6 It was reported that the Trust has the relevant policies, procedures and governance arrangements in place to support the delivery of best practice within the legal framework.

4.7 It was reported that the number of patients admitted formally had decreased, however, the total number of patients subject to the Mental Health Act as at 31 March each year remains consistent.

4.8 Committee members welcomed the work underway to better understand the discrepancy in percentages between ethnicities of those detained under the Mental Health Act. It was noted that there was also further work needed to understand the date for all the protected characteristics.

5. Research and Development

5.1 The Committee received an update on the key developments that have taken place during the period April to October 2023 to deliver the Trust's Research and Development Strategy. The continued work to support the National Institute for Health and Care Research (NIHR). NIHR Research Portfolio was considered noting the Trust' s strong record of delivery against targets set by the NIHR. It was reported that additional service users had been recruited across 13 studies and a number of new studies are being onboarded.

5.2 The Committee welcomed the active approach to securing research grant funding. It was reported that applying for grant funding is a competitive process but that Trust is working hard to improve collaboration, build new partnerships with Universities, charity sector, commercial partners and local community groups.

5.3 The work to integrate research into the Trust's work was also reported. Alongside the active programme to increase service user and carer and staff involvement in research.

5.4 Committee members welcome the increased profile of research and development in and outside the Trust. It was reported that an important indicator of this improved profile is the increase in published articles. In response to Committee member's questions it was reported that horizon scanning was important to identifying new partners and research opportunities.

6. Quality – Experience

6.1 The Committee considered the quarter three Experience report. It was reported that the figures for compliments had increased, and the number of complaints had decreased. The main themes of complaints were related to patient care, communication, care and treatment.

6.2 The Committee were updated on the main areas for complaints remained in Child and Adolescent Mental Health Services east and Adult Community Mental Health Services ACMHS). The CAMHS service is focusing on communicating with service users and their families about the waiting times. The Committee were updated on the work to improve responsiveness to complaints, using a Continuous Quality Improvement (CQI) approach with both services and the corporate team involved.

6.3 The Committee noted the strong results regarding service users feeling safe on adult and children and young people inpatient units, service users knowing how to get support and advice and services users feeling involved in as much as they want to be in discussions. It was reported there were challenges with regard to acknowledging and responding to complaints within the stated timescales.

6.4 The Committee were updated on the change to survey platform which had meant that no SMS text surveys for Family and Friends Test had been sent in September. It was reported that the text messaging had been recommenced and the reduction in number of responses was being monitored. Examples were provided of work on adult acute wards with carers, and work with carers to co-produce information, all of which had seen feedback from carers that they feel more included.

6.5 The increase in Parliamentary and Health Service Ombudsman (PHSO) activity was noted. The Committee welcomed the increase in involvement work but noted the disappointing position with regard to the recruiting volunteers.

6.6 The Committee received a report that emphasised that the Trust recognises the importance of ensuring timely responses in the areas of service user and staff experience and safety. The report detailed the Trust's responsiveness in the following key areas of: Freedom to speak up cases; Grievances; Serious Incidents; Incident Investigations; and Complaints.

6.7 Committee members noted the latest position, in particular the improvement in response times for Freedom to Speak Up, grievances and Serious Incidents. They also noted the continued challenge to respond to complaints within the expected timescales and the actions of additional resource and streamlining of systems that were being implemented to improve the situation.

7. Our People

7.1 The Committee considered the month eight People and Organisational Development Group report. The continued positive progress with recruitment and the impact this was having on the people metrics was noted. It was reported that, although the vacancy rate was at its lowest level for four years, there were hotspots and each of these areas was subject to a deep dive.

7.2 The Committee considered the continued improvement in appraisal and mandatory training rates. The increased staff development was considered, noting that it would be further informed by the detailed training needs analysis, being undertaken with information from the completed appraisals.

7.3 The increase in sickness absence was reported, particularly due to mental health ill health and respiratory infections. It was noted that the staff wellbeing offer is being refreshed to focus on targeted prevention.

7.4 The Committee received details of the headline figures for quarter three for both Workforce Race Equality Standard (WRES) and Workforce Disability Equality Statement (WDES) data noting that the information is embargoed until March. It was noted that the Committee would receive continue to receive quarterly data on WRES and WDES.

7.5 In response to Jon Walmsley's question, it was confirmed that the increase in mental health absence was in line with a national trend. Committee members welcomed the report on vacancy hot spot areas within inpatient and community services in the Trust.

7.6 It was noted that the next Committee meeting will receive a deep dive into the results of the National Staff Survey for 2023.

8. Governance

8.1 The Committee considered and approved the updated Trust Risk Register. The reduced score of risk two was agreed, the updated actions and mitigations were noted. Committee member discussed the score for risk one: insufficient beds to meet demand in the context of the improved position but agreed to maintain the current score due to the volatility of the position and continued challenges with delayed transfer of care. Committee members noted the approach to considering the addition of a new risk related to self-harm.

8.2 The Committee considered the results of the Committee's self-assessment. The positive results were noted in particular the improved scores across the majority of the questions. Themes from the feedback noted the improvement in quality of reports and how Committee members welcomed the new approach to the Trust Risk Register. In the spirit of improvement, a small number of development areas were identified related to the development of integrated reports, making explicit reference to regulatory standards in reports and consideration given on how to ensure Committee spends appropriate level of time on people issues.

8.3 The Committee considered and recommended its revised Terms of Reference for the Board to approve.

8.4 The Committee received the Information Governance report noting there was nothing to escalate to the Committee regarding information governance or cybersecurity risks. It was reported that there had been an increase in demand for FOIs and Subject Access Requests. It was reported that the team had updated a number of policies and that an update on these would be brought to the next Committee meeting.

8.5 Committee received a report that provided detail relating to the management, oversight and governance of procedural documents. The improvement in compliance was noted. The actions in place to support completion of relevant polices by end of January 2024 were noted.

8.6 The Committee approved the Terms of Reference People and Organisational Development Group.

8.7 The Committee were informed on plans to change the quality governance structures and groups. It was agreed that the Committee would receive a formal report on the planned changes at its next meeting.

9. Matters for Escalation to the Board

9.1 The Committee have completed and considered the results of their self-assessment.

9.2 The Committee are recommending their updated Terms of Reference for the Board to approve.

Appendix One: Integrated Governance 24 January 2024, agenda items

Minutes and matters arising
■ Minutes of meeting held on 16 November 2023 ■ Matters Arising Schedule
DEEP DIVE
Workforce Planning
QUALITY SAFETY
Quarter 3: Integrated Safety Report
Mortality Governance
Service Improvement Action Plans (SIAPs)
PEOPLE
Quarter 3: People and OD Report
Quarter 3: WRES/WDES Report
QUALITY EXPERIENCE
Quarter 3: Experience Report
Mental Health Act Mid-Year Report
Responsiveness Report
QUALITY EFFECTIVENESS
Quarter 3: CQUIN Report
Quality Account Update
Research and Development Report
GOVERNANCE
Quarter 3: Information Governance Report
Quarter 3: Procedural Document Compliance
Trust Risk Register
IGC Self-Assessment Results
Review of IGC Terms of Reference
Review of PODG Terms of Reference
TO NOTE Reports taken as read and only questions to be taken
National Audits Evidence Report
Report from: QRMG October and November 2023
Report from: PODG December 2023
Report from IMGS December 2023
Quarter 3: Guardian of Safe Working Report
Quarter 3: Safer Staffing Report
Integrated Governance Committee Agenda Planner
Any Other Business
Matters for Escalation

NHS
Hertfordshire
Partnership University
NHS Foundation Trust

Report to the PUBLIC Board of Directors

Meeting Date:	8 February 2024	**Agenda Item:** 7a
Report Title	Quarter 3 Integrated Safety Report	**For publication:** **Yes ✓☐** **No ☐**
Report Author (s)	Mandy Stevens, Interim Head of Patient Safety	
Approved by:	Andy Brogan, Interim Chief Nursing Officer	

The Board is asked to:
The Board is asked to receive the report, noting key themes and actions

Executive Summary

This report is for quarter 3 2023/24. It provides the Board with analysis and actions related to patient (service user) safety incidents. Of note in this report are the following areas:
The Trust reported 15 Serious Incidents (SI):

- 11 unexpected or avoidable deaths
- two apparent, actual or suspected self-inflicted harm
- one slip, trip or fall
- one apparent, actual or suspected homicide.

These SIs are being investigated under the Serious Incident Framework. The Trust currently has 19 SIs in process; two have an agreed extension with the ICB owing to case complexity, and the others are within timeframe.

In line with the Trust's draft Patient Safety Investigation Response Plan, this report details updates on the five priority areas identified for focused areas of improvement: unexpected deaths, violence and aggression, self-harm, inpatient falls and medicines safety. This report details the data, themes, actions and improvement plans for these priority areas.

The Trust is continuing the work required to fully transition to the Patient Safety Incident Response Framework, with oversight from the interim Chief Nursing Officer, the Safer Care Team and an implementation group. As part of the transition, work has been undertaken with Trust commissioners to close completed Serious Incidents on the national system.

The report details the actions that have already been implemented from the previous quarter and those in progress, as an outcome of the learning and analysis of the safety incidents and data.

The Board is asked to note action being taken in relation to areas of national interest; a special review of Nottinghamshire Healthcare Foundation Trust in relation to their treatment an individual convicted of the manslaughter of three people in June 2023, the Independent Report into the care of service users at Edenfield Unit , Manchester, and significant media interest, detailing the significant number of sexual assaults and incidents reported in NHS mental health hospitals.

The Medical Director is leading a review of forensic service users and a sample of community service users to ensure appropriate safety plans and follow up is in place.

A briefing paper and presentation will be provided to Executive and Senior Leadership Team highlighting the key issues and findings from the Independent Report into Edenfield Unit and any subsequent actions identified.

The safeguarding department is completing a rapid review of sexual safety incidents and providing assurance that the Trust is compliant with national guidance and policy including reporting, training and support.

Reports will be provided to the next Integrated Governance Committee in March.

Recommendations
The Board is asked to receive the report, noting key themes and actions

Strategic Objectives this report supports	Please tick any that are relevant
1. We will improve service user and carer experience, placing emphasis on shared decision-making, co-production and recovery	
2. We will provide high quality care and support that is safe and achieves the best outcomes for service users and carers.	✓
3. We will attract, develop, and retain a skilled, compassionate workforce by creating inclusive and thriving workplaces.	
4. We will address inequalities to improve out-comes and advance equity for people from all communities.	
5. We will work in partnership in everything we do to meet the needs of communities and the people we support.	
6. We will be a learning organisation that encourages innovation, research and continuous quality improvement.	✓

Integrated Safety Report
Quarter 3 2023/24

1. Introduction

1.1 This Integrated Safety Report for quarter 3 2023/24 is presented to the Integrated Governance Committee (IGC) for scrutiny and discussion of key issues related to patient (service user) safety in the Trust.

1.2 This report reviews and analyses service user safety incidents in the Trust for Quarter 3 (October – December 2023). It includes reviewing safety incidents, identifying themes, contributory factors and overview of the quality improvement plans and action to address the issues identified.

1.3 This report considers the Trust's five patient safety priorities identified in its Patient Safety Incident Response Plan (PSIRP) and provides an update on the Patient Safety Incident Response Framework (PSIRF) and will contain other patient safety issues as they emerge.
The patient safety priorities have been identified as:

- Unexpected deaths
- Violence and aggression
- Self-harm
- Inpatient falls
- Medicines safety.

1.4 There has been a reduction in incident reporting in December. Prior to which, the average number of incidents reported monthly in the financial year was 1,542, in December it fell to 1,224. This is being reviewed by the Safer Care team and the SBUs to ensure there are no incidents unreported, and to understand why there was a reduction in this month. In comparison to the same month last year, there was a slight reduction in December 2022 but not comparable to this reduction.

1.5 Fully validated data for December 2023 is not available at the time of writing and will be analysed and reported in a later report.

2. Serious Incidents

2.1 The Trust reported 15 Serious Incidents (SI) in the quarter, as detailed in *Table 1*; all are currently being investigated under the SI framework, in line with Trust policy.

Category of serious incident	Q4 22/23	Q1 23/24	Q2 23/24	Q3 23/24
Unexpected or avoidable deaths	11	10	9	11
Apparent, actual, or suspected self-inflicted harm	4	3	6	2
Disruptive, aggressive, or violent behaviour	1	1	0	0
Slip, trip or fall	2	3	1	1
Sub-optimal care of deteriorating patient	2	3	1	0
Incident threatening organisation's ability to continue to deliver an acceptable quality of healthcare services	1	0	0	0

Unexpected/potentially avoidable injury causing serious harm	2	0	0	0
Apparent, actual, or suspected homicide	0	0	0	1
TOTAL	**23**	**20**	**17**	**15**

Table 1

2.2 *Table 2* shows the categories of SIs, aligned to the clinical areas.

Serious Incident Category	Clinical Area
Unexpected death (11)	2 Older adult community 6 Adult community 1 Acute and crisis 1 Older adult crisis 1 Adult inpatient (Swift)
Self-harm (2)	1 Adult community 1 136 Suite (Kingfisher Court)
Inpatient fall (1)	1 Older adult inpatient (Wren)
Suspected homicide meeting SI criteria (1)	1 Adult Community

Table 2

2.3 The SI investigation for the unexpected death on Swift ward has been completed and the learning is being taken forward by the SBU, with the action plan monitored at Trust level as part of the oversight/governance arrangements in place.

2.4 Unexpected or avoidable deaths (11) continue to be the top reported SI category. Unexpected deaths are one of the Trust's five patient safety priorities for focused safety improvement work over the next 12 months.

2.5 At the end of the quarter, the Trust has 19 SIs under investigation. One is on a stop-clock, three are undergoing After-Action Review (AAR) learning responses and the remaining 15 Root Cause Analysis (RCA) investigations are being completed. Of the 15 RCA investigations, two have an agreed extension with the ICB, owing to case complexity; the others are all within timeframe.

2.6 The Trust reported a mental health alleged homicide involving a service user open to mental health services, as an SI. A Panel review, chaired by a Non-Executive Director (NED) has been commissioned.

3. Unexpected or avoidable deaths

3.1 There were 172 deaths reported on Datix: 27 categorised on Datix, at the time of reporting, as unexpected deaths, which is a static position overall, as shown in *Figure 1*.

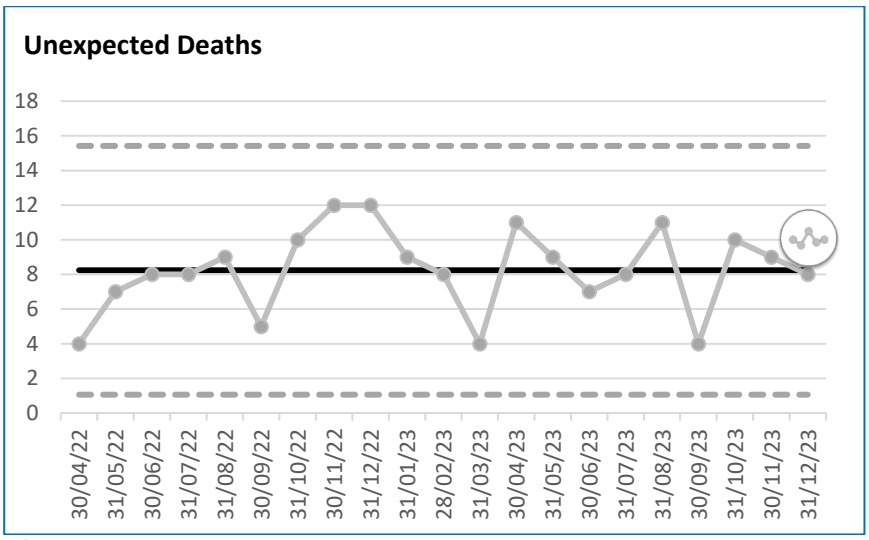

Figure 1

3.2 11 of the 27 were declared as SIs and the other 16 had a fact find report presented at the weekly Moderate Harm Review Panel (the Panel) which agreed they did not meet the SI criteria.

3.3 The Panel monitor and discuss themes and the Safer Care team record learning themes on Datix, shared with the Strategic Business Units (SBU) and other forums. The SBUs report their themes, and actions taken in response, into the Quality and Risk Management Group (QRMG) and the Safety Group.

3.4 A thematic analysis shows there continues to be an increase in unexpected deaths related to people with mental health problems and substance misuse. This has been picked up through the Unexpected Deaths patient safety priority and a series of workstreams are underway, including a project led by the Planned Care SBU's Managing Director, involving embedding Change, Grow Live (CGL) workers from the drug and alcohol service in the Adult Community Mental Health Services (ACMHS). This is to better support people with dual diagnosis who are at high risk.

3.5 Areas of action currently underway to support the reduction of unexpected deaths include:

- A Swarm huddle with any additional learning identified and shared at the SBU's Quality and Risk Meeting (QRM)
- Co-produced simulation training related to suicide risk, delivered to clinical staff and multi-agency partners
- Engagement with Hertfordshire Public Health on their Suicide Prevention Strategy
- Development of a Suicide Prevention Pathway with system partners aligned to the Hertfordshire Suicide Prevention Strategy.

3.6 **Learning from Deaths**

The Trust has undertaken a deep dive to examine deaths that occur within 30 days of discharge from Trust services over the last five years. Data analysis for the last year, from 1 August 2022 to 31 July 2023, has been completed and previously reported. The Deep dive for the previous years from 2018 is being completed.

3.7 As an outcome of the review, measures to capture deaths within 30 days of discharge have been added to Datix, in order to monitor closely within the SBUs and across the Trust. Changes on Paris prompt staff to complete a Datix after recording a death on Paris. The development of a report triangulating deaths on the electronic patient record (EPR), Datix and the Spine has been requested from IM&T and developed, which identifies discrepancies in the systems. The 'possibly deceased' dashboard on Spike has resulted in 99.97% of current deaths being correctly identified; however, as Datix is a live database, some deaths in this period may yet to be reported.

3.8 There were 172 deaths reported on Datix for this quarter; 107 have undergone initial screening, with 65 in December yet to be screened at the time of writing - all within the four-week policy timeframe. There were 21 Structured Judgement reviews (SJR) requested in the quarter.

3.9 20 SJRs have been completed in the quarter for deaths, which occurred prior to the quarter, as noted below in 3.12.

3.10 In quarter 3, there were four inpatient deaths. The death on Swift ward was reported as an SI, as noted above. The other three inpatient deaths in quarter were in older peoples Continuing Health Care, with two on Victoria Court and one on Logandene. All were expected natural deaths and were subject to a Structured Judgement Mortality Review.

3.11 The national Medical Examiner (ME) system is well established in shadow form in Hertfordshire, with all non-coronial inpatient deaths referred. This process is being rolled out to other regions, ahead of becoming statutory from April 2024. Analysis of data to review this is underway to monitor compliance of referral of inpatient deaths to the ME.

3.12 Quality improvements and actions resulting from previous SJRs include:

- Review of depot clinic case notes to extrapolate annual reviews into a dashboard.
- Digital solution for authorisation of student nurse documentation.
- Dashboard for Clozapine clinic attendees, with standards on side effect monitoring.
- Physical health form and dashboard to monitor physical health for the Community Eating Disorder Services (CEDS).
- Swarm for service user did not attend (DNA) at depot clinics.
- Unexpected deaths and deteriorating physical health project in learning disability services.
- Memo reminding of risk of interactions between benzodiazepines, alcohol and opioids.
- Memo requesting medical teams to complete discharge summary for the death of an inpatient service user.
- Improved transfers to general hospitals for service users under section - increased contact with the liaison teams, provision of training and production of process flow charts to guide general hospital staff.
- Creation of a new case note type for an Inpatient Death.
- 'What to document' after a service user is found by staff with no signs of life

- Delivering learning at older aged adult services Risk Assessment and Care Planning training.

4. Violence and Aggression

4.1 *Figure 2* provides data regarding reported incidents related to violence and aggression.

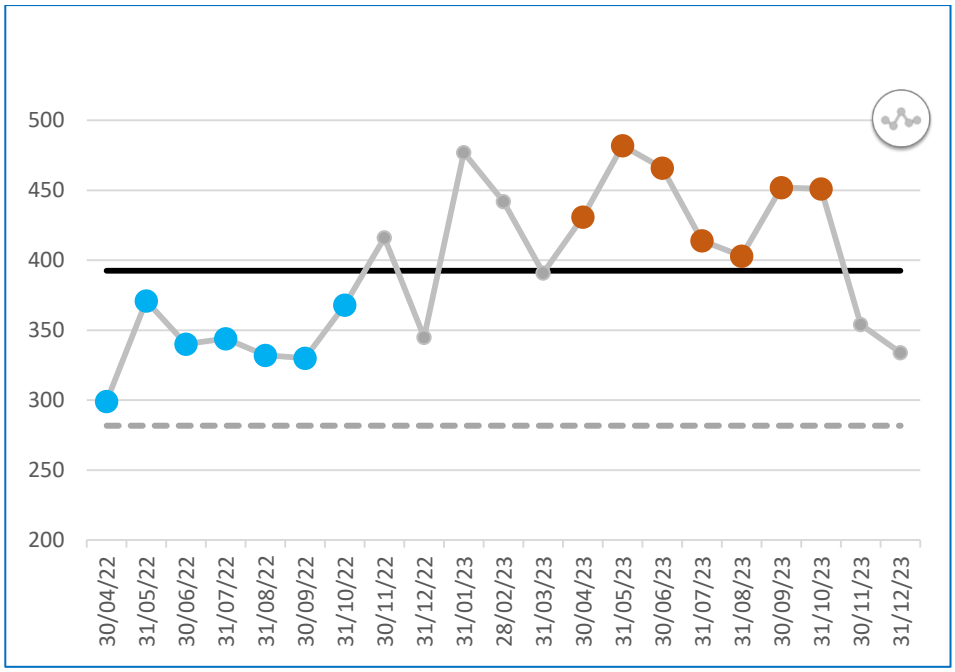

Figure 2

4.2 Analysis of this data shows a significant reduction in reported incidents of violence and aggression in November and December; however this is normal variation. The five areas with the highest number of reported incidents are detailed in *Table 3.*

Service area	Total
Dove ward	184
Hathor ward	112
Lambourn Grove	92
Astley Court	84
Aston ward	55

Table 3

4.3 Actions and improvements underway in the five areas with the highest number of reported incidents are detailed below:

- **Dove ward.** Additional support continues to be provided. Whilst acuity remains high, incidents have decreased in December following discharges. One individual has been treated under Long Term Segregation (LTS).
- **Hathor ward.** Sustained levels of violence and aggression, with known behaviours from individuals, although shows an overall decrease over the quarter. A Continuous Quality Improvement (CQI) approach to address racial abuse, education and support is underway.

- **Lambourne Grove.** A CQI project is underway, with planned improvements including improving the experience of meeting personal care needs, optimising the bathroom environment, increase access to outdoor space and additional training in dementia care and personalised dementia care-planning.
- **Astley Court.** December has seen an increase in incidents, following two admissions. At the time of the report, both individuals are more settled.
- **Aston Ward.** Seven incidents reported regarding an individual and assaults on staff; two incidents reported to the police.

4.4 Positively, there were no service user to staff or service user to service user actual assault incidents reported as resulting in Moderate or Severe Harm during Quarter 3.

4.5 The Trust's multi-agency Violence and Aggression CQI project is reviewing strategies to reduce violence and aggression, including:

- Individualised activity boxes.
- Increase in low stimulus areas.
- Reducing Restrictive Practice Project.
- Positive Behavioural Support (PBS) Strategy.
- Revised communication training.
- Relational security action plan with the police.
- Increased number of safety suites and sensory rooms.
- Bitesize weekly training sessions, monthly Continuing Professional Development (CPD) RADiANT sessions and monthly development sessions.
- Healthy lifestyles project.
- Increased meaningful activities with additional Activity Workers.
- Equality and Diversity Recovery College course developed, in response to racial abuse.

5. Self-harm

5.1 There were 1,018 incidents of self-harm reported, as detailed in F*igure 3,* showing a change increase in reporting, with ten data points above the mid-line, which shows the stepped increase we saw in self-harm reporting at the end of March has been sustained.

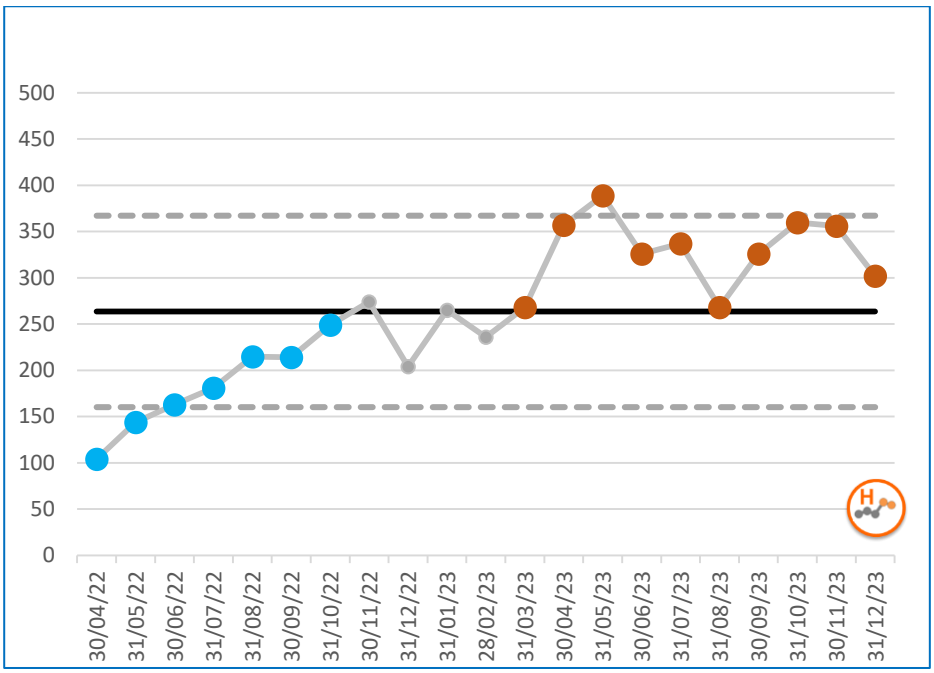

Figure 3

5.2 Analysis shows that Forest House Adolescent Unit accounts for the highest number of incidents, followed by Albany Lodge. The two main types of self-harm incidents reported in inpatient services continue to be headbanging and ligatures, shown in *Table 4*.

	Oct Head banging	**Oct** Ligatures	**Nov** Head banging	**Nov** Ligatures	**Dec** Head banging	**Dec** Ligatures	**Totals**
Forest House	185	24	144	10	105	5	**473**
Albany lodge	14	18	7	22	25	18	**91**

Table 4

5.3 Forest House reported 553 incidents of self-harm; 473 are referenced in *Table 4*, and the other incidents include striking of other body parts (83), scratching and picking (9) and cutting (9).

5.4 A CQI project commenced in November 2023 to reduce head-banging at Forest House, reviewing the model of care, upskilling staff in therapeutic engagement and trauma-informed approach (TIA). Also:

- Learning taken from other Child and Adolescent Mental Health Services (CAMHS) Tier 4 inpatient services, with risk management.
- Training in PBS plans and TIA.
- Training in Dialectical Behavioural Therapy (DBT).
- Developing local Standard Operating Procedure (SOP) and trialling use of head-banging pads to minimise risk of injury.
- Engagement sessions with young people regarding support and feeling safe.
- Improving recruitment, including a Professional Nurse Educator.

5.5 A majority of self-harm incidents reported on Albany Lodge are due to five individuals with complex presentations of Emotionally Unstable Personality Disorder (EUPD); three that are Delayed Transfer of Care (DTC). PBS plans are in place to support in the management of their self-harming behaviour.

5.6 Following reviews of the incidents on Albany Lodge, a number of actions were implemented, including further review of the search protocol and training, debriefs with staff and with service users and Risk Assessment training.

6. Inpatient Falls

6.1 126 inpatient falls were reported during Quarter 3, shown in *figure 4,* noting that the level of fall remains relatively static.

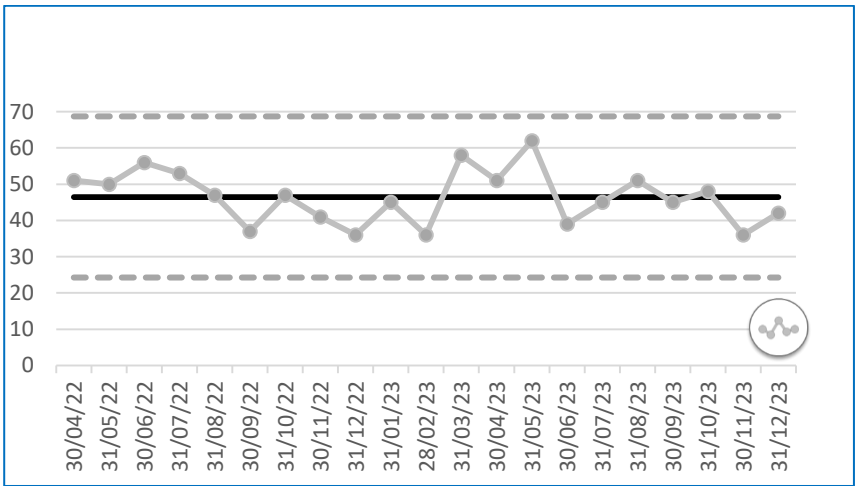

Figure 4

6.2 The highest prevalence were at Lambourne Grove (23), Seward Lodge (23) and Wren ward (19) which are our Older People's Units. Three were reported as Moderate Harm incidents, one declared as an SI and two are awaiting validation. The SI was an inpatient fall on Wren Ward resulting in a bone fracture.

6.3 A comprehensive review of these incidents indicates that 111 (out of 126 – 88%) followed the falls protocol; the 15 falls where the protocol were not followed are being reviewed and will be reported into the Falls Steering Group in Q4. The East and North SBU completed a deep dive into inpatient falls in December 2023, led by the Frailty Nurse Consultant and the Practice Governance facilitator and the findings will be presented at the Trust-wide Falls Steering Group. An action plan has been developed with focus on the following:

- All clinical staff complete the e-learning course *Fall Safe for nursing* and *Care Fall for medics.*
- Revise the falls risk assessment tool to include all relevant topics and prompt staff to complete accurately and ensure appropriate planning for mitigation.
- Provide training on the documentation of formulating care plans and appropriate documentation of the falls risk assessment.
- Develop and implement training for Health care Support Workers (HCSW).
- Develop and implement training for lying and standing blood pressure.
- Develop and implement training on the documentation of falls.

7. Medicines Safety

7.1 *Figure 5* shows the incidents related to medicines safety.

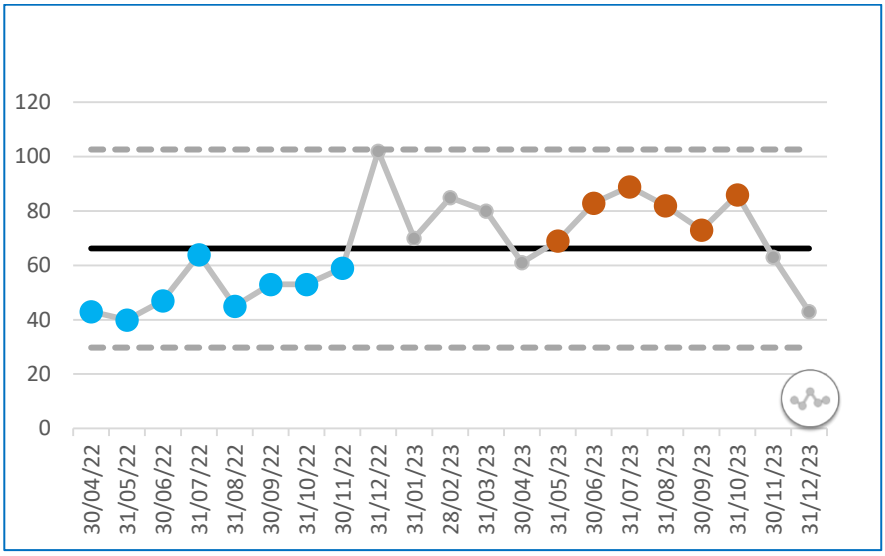

Figure 5

7.2 A reduction in medicines-related incident reporting remains within control limits and expected normal variation. A thematic analysis of reported incidents and responses to them are shown in *Table 5.*

Theme	Response
Incomplete documentation of Medicines Administration	Known risk [ID 1652]
ePMA-related errors related to system access and individual training gaps	Digital support enhanced and 1-2-1 training delivered. BAU processes. N**o new risk identified**
Prescribing errors related to transcription	ePMA now rolled out to 19 of 27 wards, further eliminating need for transcription. **No new risk identified**

Table 5

7.3 *Table 6* provides details of the medicines risk mitigation summary, with more detail provided in *Appendix 1.*

Risk	Initial score	Current Score	Progress
Incomplete documentation of Medicines Administration on Inpatient Units	15	12	↓
Management of high risk drugs - **clozapine**	15	15	↔
Management of high risk drugs - **lithium**	15	15	↔
Management of high risk drugs- **Valproate**	15	15	↔
Management of rapid tranquilisation	16	9	↓
Safe Custody of Controlled Drugs (CDs)	16	9	↓

Temperature management for medicines storage	20	8	

Table 6

8. Patient Safety Incident Response Framework

8.1 The incidents and events reported in this period all fell under the previous Serious Incident Framework. Under direction of the Chief Nursing Officer, the Safer Care Team work to ensure a smooth transition of all current SIs to completion, whilst new incidents will be managed through the new framework. These will be reported through the Safety Group, and monitored by the PSIRF Implementation Group, until all historical incidents are completed and closed.

8.2 The Trust has developed its PSIRP, which was approved by the Trust Board in October 2023. This sets out how the Trust will implement PSIRF and learn from patient safety incidents, reported by staff, service users, families and carers, building on the work already in place to continually improve the quality and safety of the care provided. The PSIRP was submitted to ICB in December 2023 who have indicated that it is likely to be ratified in January 2024, enabling the Trust to go live with PSIRF on 22 January 2024.

8.3 In line with PSIRF, each of the SBUs developed their Safety Improvement Plans (SIP) which are dynamic documents linked to service user safety issues in their services. The SIPs were presented to the Safety Group in December 2024 and are now live on MS Teams. In addition, the SBUs have updated their risk registers in line with PSIRF and their SIPs.

8.4 Work has continued in this quarter to prepare to transfer from the SI Framework to PSIRF. To reflect the progress, the weekly PSIRF Implementation Group is changing to the PSIRF Steering Group, and the terms of reference are under review.

8.5 Two task and finish groups have emerged from the PSIRF Implementation group, looking at staff support related to patient safety incidents and at learning responses. Initial meetings have been held in December and January.

9. Conclusion

9.1 This Integrated Safety Report for quarter 3 2023/24, provides an analysis of safety related incidents, identifying themes, contributory factors, and an overview of the plans to address the issues identified in relation to the Trust's five identified patient safety priorities.

9.2 The report demonstrates the actions taken to the patient safety priority areas identified in the PSIRP. The SBUs have formulated actions, improvements and CQIs to address the areas of concern highlighted by the data in this report.

9.3 Quarter 4 2023/24 will see the introduction of PSIRF to the Trust, with the planned changes to the Panel and learning responses to patient safety incidents. The category of SI will no longer be in use and this report will be adapted in line with the forthcoming changes.

10. Recommendations

10.1 The Committee is asked to receive the report, noting key themes and actions.

Appendix 1: Details of Medicines-related risks and progress towards mitigation.

ID	Title	Rating	Controls in place	Current Position
1652	Incomplete documentation of Medicines Administration on Inpatient Units	Initial 15 Current 12	Weekly nursing safety checklist and BAU pharmacy support.	High compliance with weekly nursing safety checklist. Datix reports of blank administration records, where received, are being triangulated with the results of the weekly checklist to identify discrepancies and areas for escalation to matrons/ heads of nursing.
1654	Management of high risk drugs - clozapine	Initial 15 Current 15	Registration process with denzapine monitoring service. Designated clozapine community prescription chart. Point of care testing to enable rapid blood monitoring and supply. Single outsourced supplier of clozapine for HPFT patients. Clozapine Policy	National audit and incident reports (19 in Q3 23/24) demonstrate gaps in compliance with the policy and risks to patient safety. Bespoke clozapine e learning package for CIGH for staff is no longer available since migration from Discovery to ESR. L&D have provided assurance that this will be resolved by **31/01/2024.** Bespoke training provided to **WGH A&E and AAU teams October 2023.** Training for acute Trust pharmacy teams and MHLT offered - **dates to be confirmed.** Patient held alert card developed and to be rolled out Q4 23/24.

ID	Title	Rating	Controls in place	Current Position
1655	Management of high risk drugs - lithium	Initial 15 Current 15	Trust guidelines, shared care guidelines, high risk drug alerts on EPR. Medicines education on bipolar disorder delivered in October 2023 provided education on prescribing and monitoring of lithium therapy. Lithium Guidelines and Shared Care documents approved at Area Prescribing Committee November 2023. Need for monitoring booklet/app highlighted.	Incident reports continue to highlight safety concerns - 2 reports in quarter 3 2023/24. **System wide Lithium register has been agreed to provide high level assurance; recruitment process agreed and underway; for roll out March 2024**
1656	Management of high risk drugs- Valproate	Initial 15	Valproate risk minimisation materials available on EPR. Valproate high risk drug alert on EPR. Monitoring requirements for valproate included in physical health policy.	National audit and recent incident report documenting pregnancy in a patient taking valproate demonstrate gaps in compliance with the national processes and risks to patient safety. **Scoping production and maintenance of a valproate register to track service** users under HPFT services taking valproate.

ID	Title	Rating	Controls in place	Current Position
		Current 15	HPFT implementation of original pack dispensing directive discussed and agreed at DTC 11/11/2023.	Medicines education on bipolar disorder October 2023 highlighted Prevent - valproate pregnancy prevention programme. **ICS wide meeting to discuss implementation of NatPSA/2023/013/MHRA planned for 11/01/2024 - alert to be led by ICB.**
1653	Management of rapid tranquilisation	Initial 16 Current 9	Regular PACE audit cycles against rapid tranquilisation policy. Introduction of rapid tranquilisation care document onto the electronic patient record for recording rapid tranquilisation administrations.	Deep dive completed and shared at IGC. Use of the RT Care Document results in excellent practice re consideration of de-escalation, SU engagement and physical health monitoring. Gaps remain in post RT debriefing with SU/family, staff and updating of Care Plan. Bespoke electronic training material to developed and delivered to all staff groups Future audits to utilise outputs from RT Care Record / PARIS Investigation of appropriateness of ePMA RT prescribing/ administration reporting function will be completed once ePMA roll out is complete in March 2024. Recent CQC critical reports have identified lack of evidence of de-escalation and failure to record physical health. HPFT has good compliance with both and excellent compliance when the RT care doc is used. Current score is Repeated failure to meet internal standards [3] x Possible [3] = 9

ID	Title	Rating	Controls in place	Current Position
1651	Safe Custody of Controlled Drugs (CDs)	Initial 16 Current 9	Controlled drugs policy. Manual, daily checks on controlled drugs in all clinical areas and escalation requirements should a discrepancy be detected.	The weekly nurse safe medication checklist audits weekly physical stock check of controlled drugs. There is good compliance with this checklist and high compliance with this particular audit standard. Medication incidents related to controlled drugs reported in quarter 3 23/24 demonstrating that controlled drug management issues have not been fully resolved. This aligns with audit results which shows some areas of improvement but not consistent improvement across all ward areas. **Targeted training has been delivered to ward areas with poorest compliance.** Current risk is of Repeated failure to meet internal standards [double checks] 3 x Possible [3] = 9

ID	Title	Rating	Controls in place	Current Position
1641	Temperature management for medicines storage	Initial 20 Current 8	Manual, daily temperature recording and escalation requirements.	Compliance with the weekly nurse safe medication checklist remains good as of 22/12/2023. Quarter 3 23/24 Safe and Secure handling of medicines audit in inpatient areas identified 6 areas of non compliance with clinical room temperature monitoring and 5 areas of non compliance with fridge temperature monitoring. Audit results have been shared with teams. **Remote temperature monitoring project planned for 24/25.** Likelihood score remains "Unlikely - 2" and so Risk score now 8.

NHS
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Report to the PUBLIC Board of Directors

Meeting Date:	8 February 2024	Agenda Item: 7b
Report Title	Quarter Three Experience of Care Report	For publication: Yes ☒ No ☐
Report Author (s)	Lara Harwood, Experience Manager	
Approved by:	Sandra Brookes, Deputy CEO and Chief Operating Officer	

The Board is asked to:
The Board is asked to note the quarter three report.

Executive Summary

This paper provides the Board with an overview of feedback: local surveys, national surveys, compliments and complaints, actions and learning from SBUs and the involvement programme during quarter three 2023-24. Information is provided over time to help identify themes, trends and learning for the Trust. The report highlights the importance of services receiving feedback on the care and services they provide.

Headlines for quarter three 2023-24

In the quarter the Trust received:

- 665 compliments (610 in quarter two)
- 1,036 HYS and FFT surveys (1,626 in quarter two)
- 83% FFT score (unchanged from quarter two)
- 264 PALS contacts (308 in quarter two)
- 130 complaints (137 in quarter two)

Key Performance Indicators

- 95% service users feeling safe on adult and CYP inpatient units – compared to 83% in quarter two.
- 100% service users know how to get support and advice at a time of crisis – compared to 100% in quarter two.
- 96% service users have been involved as much as they want to be in discussions about their care – compared to 87% in quarter three.
- Number of working days to acknowledge complaints was six compared to three (3.5) in quarter two.
- The average number of days to respond to complaints was 45 working days compared to 42 in the previous quarter.

The most significant changes when compared with the previous quarter?

- A noticeable increase in numbers of compliments received. This will be due in part to work the Experience team have done to raise awareness in this area, in line with our annual plan objectives.

- The change of survey platform provider meant that no SMS text surveys for FFT could be sent in September. Once these recommenced in October, there were some initial difficulties with the survey links. However, we have received assurance from both our IT department and IQVIA that these are now working correctly.

- Since quarter two 2022-23, responses to FFT have declined. This may be due to the above-mentioned platform issues, combined with survey fatigue with other surveys such as Dialog now being sent by text message. We will be monitoring the SMS and other survey responses to see if the responses increase in quarter four. We are also reviewing our approach to surveys and how we can ensure we offer different ways for people to give feedback and continue to promote the importance of feedback.

- An increase in satisfaction for HYS KPIs. It is interesting to note that 45% of the HYS Inpatient surveys (feeling safe question) were completed by service users on Robin Ward. There were only 23 responses to the HYS Community survey (discussions about your care question) nine of which were from service users in the care of the SW FACT Team.

- There has been a noticeable increase in the amount of communication received through the complaints and PALS inboxes. Due to the number of overdue complaints in quarter two there was a significant increase in the number of people chasing responses to their concerns. This impacted on the time taken for the Complaints team to acknowledge these communications and chase investigating teams.

- There were 55 PALS enquiries that were not for HPFT. Most HPFT PALS enquiries related to Communication (29 requests for information e.g. Subject Access Requests, and 17 recorded as communication breakdown with patients).

- The main themes of complaints were Patient Care (45) and Communication (18). The sub-themes show that care and treatment (14), assessment and treatment (9), inappropriate behaviour by staff (8), medication (8) and record keeping (6) are the main themes.

Recommendations

The Board is asked to note the key differences in data from quarter two, including the key points of feedback from service users and the service user and carer involvement in service improvements.

Implications

Risk and Assurance	*This report gives assurance about the quality of care as perceived by service users and carers. Assurance about providing safe services and that people have received a good experience of care. Feedback is used to innovate and improve the care we provide.*
Equality, Diversity and Human Rights	*Feedback on services includes questions about demographic status to ensure inequalities are recognised and addressed.*
Quality	*Feedback is fundamental to understanding and improving the quality of services.*
Financial	*No implications*
Service Users and Carer Experience	*This report is summarising the details of experience of care within the quarter.*
People	*No implications*
Legal and Regulatory	*The CQC KLOE: understanding how caring, responsive and effective care is from the service user/carer perspective.*

	Complying with the PHSO national complaints framework, promoting a culture that seek to learn from complaints and treats people fairly. *NHS England Patient Experience Improvement Framework - learning for improvement.* *Experience is one of the NHS pillars of quality.*
Digital	*Digital systems in place and the team are working towards more digital forms of feedback.*
System	*Partnership working trustwide to share learning and also working with third sector colleagues including advocacy services to understand experiences.*
Sustainability	*Moving towards more digital communications with a potential reduction in paper feedback.*

Strategic Objectives this report supports	Please tick any that are relevant ✓
1. We will improve service user and carer experience, placing emphasis on shared decision-making, co-production and recovery	✓
2. We will provide high quality care and support that is safe and achieves the best outcomes for service users and carers.	✓
3. We will attract, develop, and retain a skilled, compassionate workforce by creating inclusive and thriving workplaces.	
4. We will address inequalities to improve out-comes and advance equity for people from all communities.	✓
5. We will work in partnership in everything we do to meet the needs of communities and the people we support.	✓
6. We will be a learning organisation that encourages innovation, research and continuous quality improvement.	✓

Experience of Care Report
Quarter Three 2023-24

1. Introduction

1.1 This report is bringing all feedback received by the Trust in quarter three 2023-24.

1.2 This includes local surveys, national surveys, compliments and complaints, actions and learning from SBUs and the involvement programme during quarter three 2023-24.

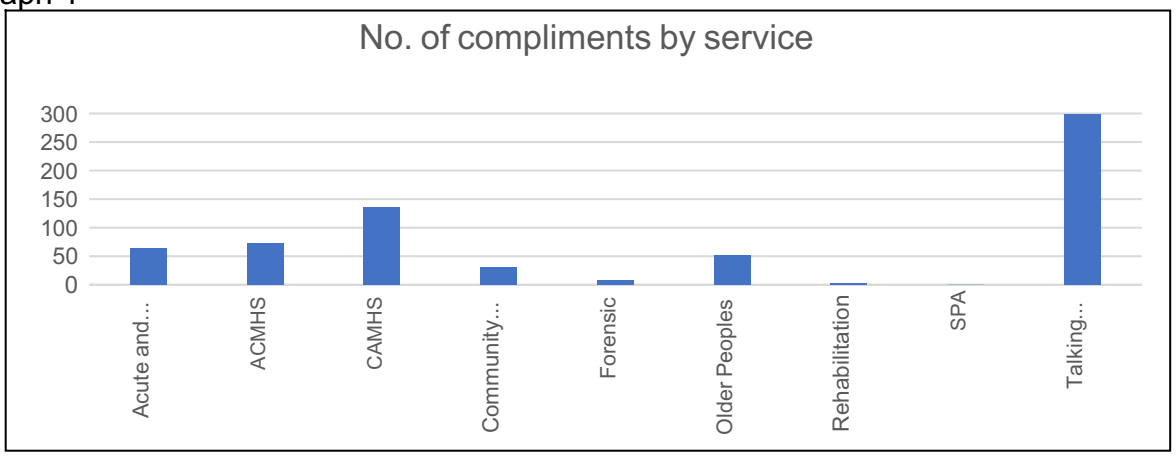
1.3 For context, and in line with the commitments made in our Great Together strategy, we are developing a new organisational approach to Experience and Involvement. This will ensure that we have effective mechanisms to gather and act on feedback from service users and carers, involving people with lived experience meaningfully in improving care. Priorities in this work will be advancing equity, increasing the diversity of voices heard, and ensuring that we are representative of the people that we deliver services to. The areas in scope for this work are Experience, Involvement, Complaints, Carers, Volunteering and the Lived Experience Workforce. There will be alignment with Inequalities, including PCREF (Patient and Carer Race Equality Framework), Community Partnerships, Patient Safety, PSIRF (Patient Safety Incident Response Framework) and Belonging and Inclusion, to ensure that we are triangulating learning and maximising opportunities through these synergies. An Experience and Involvement Steering Group is in the process of being established, which will report into the Experience Group.

2. Compliments

2.1 In quarter three 2023-24 we received a total of 665 compliments compared to 610 in quarter two. The majority of compliments were received for Talking Therapies with a total of 298.

2.2 Compliments are shared with staff through The Hive and “compliment of the week” in the staff bulletin. An increase in compliments is now a Key Performance Indicator for 2023-24.

Graph 1



2.3 Compliment Themes: Words such “support” and “caring” were used frequently.

“…she is such a warm caring person and seemed genuinely interested in both of us. We never felt it was just a job to her…”

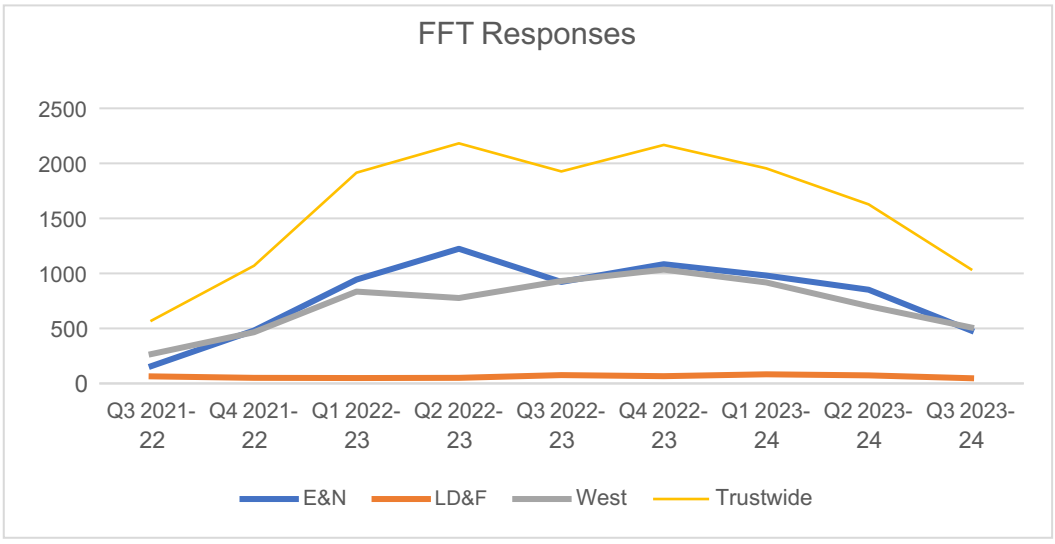
"I am so grateful for all your support in such a caring encouraging and compassionate way, you really have helped us… I now feel much more positive and confident mum. Thankyou"

3. Surveys

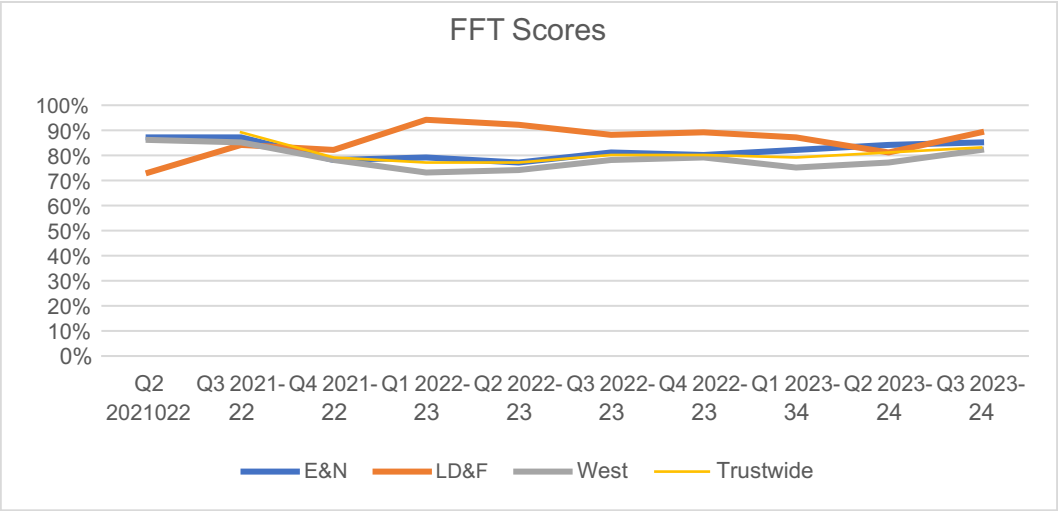
3.1 During quarter three we received 1,036 responses to local surveys compared to 1,626 in quarter two. The FFT score remained unchanged at 83% compared to the previous quarter. The change of survey platform provider meant that no SMS text surveys could be sent in September. Once these recommenced in October there were some difficulties with the survey links which was resolved at the beginning of December. However, we have received assurance from both our IT department and IQVIA that these are now working correctly. We will continue to monitor this.

3.2 Graph 2 shows that when SMS texting for FFT was introduced in March 2021 there was an increase in survey responses. Dialog was introduced in September 2022 which may account for a decline in responses for FFT during that initial introductory period. Since quarter four 2022-23 responses have declined which may be due to survey fatigue with an increase in the number of text messages sent from HPFT. Also, as mentioned in 2.1, the changeover to IQVIA can account for the recent reduction in responses. We will be monitoring the responses in quarter four and plan to review the use of the ipads in our community hubs, and continue to promote the use of QR codes and ensure that adequate paper surveys are available for all teams.

Graph 2

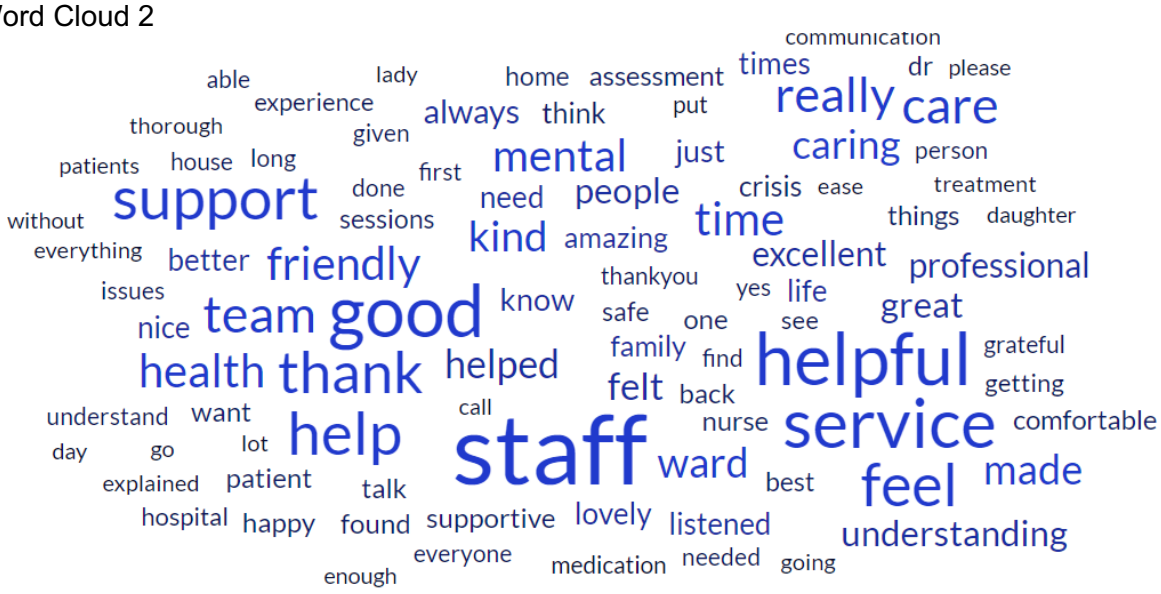


Graph 3



3.3 There were 795 comments given through surveys in quarter three, the majority were positive comments. The increase in satisfaction for service users feeling safe on inpatient units is noticeable and service users commented that the support from staff has made them feel safe. There were comments that staff have been patient, kind and helpful. There were also comments that sometimes staff have taken longer than expected to contact them. There were some comments given about waiting by people who felt there could be more support while they wait and that the wait was too long and disappointing.

Word Cloud 2



3.4 The Having Your Say (HYS) review findings have been approved by the Executive Team with a proposal to gradually phase out HYS. The FFT surveys will remain as mandated by NHS England. This will be monitored over the year to ensure that we continue to gather feedback in other ways such as targeted time limited surveys, e.g. feeling safe, peer listening and peer observation projects. The Experience Team will provide a reflection of the current position regarding feedback in quarter four.

3.5 Following a procurement project, the experience survey platform changed provider on 1st September 2023 to IQVIA. The new platform offers all the benefits of the old, real-time reporting for experience surveys for all staff, plus statistical process control (SPC) charts and benchmarking across the Integrated Care System (ICS). All historic data has now been transferred to IQVIA and staff have been trained to use the system.

3.6 In December, QR codes for the FFT survey were added to letters sent from the SPA service to encourage feedback. This followed a CQI project to understand how we could increase the amount of feedback from service users accessing the SPA service.

3.7 SBUs have been asked to consider which services may be suitable to include in our SMS texting service for FFT. This will be discussed at the next Quarterly Feedback Group in February.

4. Shared Experience Stories

4.1 Two service users shared their stories in quarter three. One story was shared with the Board of Directors from a foster carer supporting two children under the care of the CAMHS Targeted Team. They credited the team with supporting the children through an incredibly difficult crisis and thanked them for what a huge difference they had made to the children's behaviour and outlook. Another story was shared with the Council of Governors by a service user who had previously been in medium and low secure services and is now supported by the Offending Behaviour Intervention Service (OBIS). The service user was very thankful to OBIS for supporting them over the last seven years and feels that they have had their 'second chance' at life. The attendees at the meeting remarked that the story was one of hope and inspiration.

A shared learning paper has been adapted by the Experience Team to ensure that teams are aware of stories that have been shared and any learning points and good practice. This also includes feedback from the Board or Council of Governors and will be created for each story moving forward. The document will be cascaded through Practice Governance meetings.

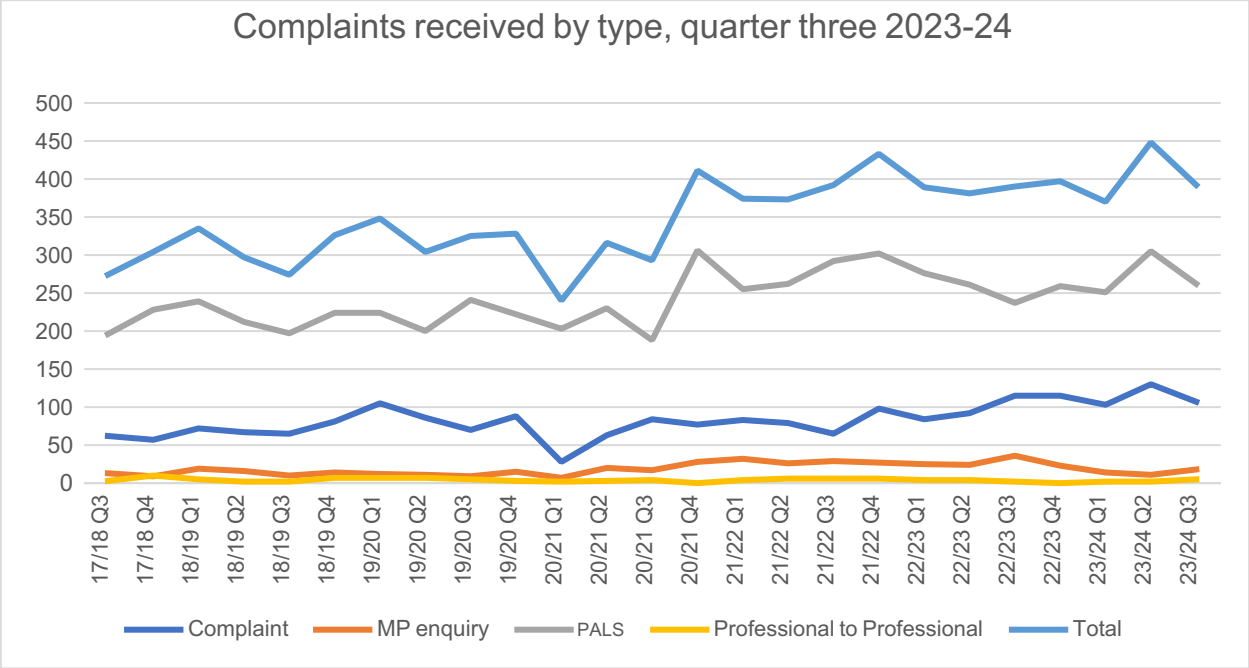
5. Complaints and PALS

5.1 In quarter three, 2023-24 we received 130 complaints compared to 137 in quarter two. Included in this figure are 18 MP enquiries, compared to nine in quarter one. There were five professional to professional complaints, compared to two in the previous quarter.

5.3 There were 264 PALS enquiries in quarter three compared to 308 in quarter two. (Quarter two had seen a 22% increase compared to quarter one.) 55 of the PALS enquiries received were not related to HPFT compared to 64 in the previous quarter.

5.4 In the quarter three 145 complaints were closed compared to 125 complaints quarter two; six had their consent refused, 65 were not upheld, 53 were partially upheld, 14 were upheld, seven were withdrawn. (Please note that complaints closed during quarter one were not necessarily received in the same quarter).

Graph 4



5.5 Appendix 1 provides detail on the complaint subjects and sub-subjects, the majority of complaints came under the theme of “patient care”.

5.6 Key areas to highlight in the quarter: 39% of all complaints received were for Adult Community Mental Health Services (ACMHS), this is a decrease compared to 46% in quarter two. Patient care was again the main theme followed by communication, in particular communication breakdown with the service user. There were eight concerns raised that mention ADHD.

5.7 The number of complaints regarding CAMHS remained unchanged in quarter three at 21. The main subject was patient care and care planning. There were five concerns related to ADHD.

5.8 In Unplanned Care, care and treatment, communication and values and behaviours were the main themes of the concerns raised.

5.9 With regard to the key performance metrics for complaint management, the average number of days taken to acknowledge complaints in quarter three was six working days, it was three (3.5) working days in the previous quarter. The nationally mandated target is three working days. The average number of days taken to respond to new complaints that were closed in quarter three was 45 days, this compares to 42 in quarter two. The timeframe to respond should be 35 working days. The time taken to reopened complaints was an average of 63 working days, the target is 60 working days. The figure is calculated by looking at all complaints closed in the period and removing any that were withdrawn by the complainant, did not fall under the HPFT complaints procedures or where, due to the process being paused, the clock was stopped.

5.10 Equality monitoring data is requested from complainants when registering a complaint. Of the 130 complaints received in quarter three, we received six completed equality monitoring forms. One complaint received in quarter three stated that there had been

discrimination due to the service user's autism diagnosis. This complaint is currently being investigated.

5.11 Benchmarking data is now sent to NHS Digital annually. The report shows that HPFT received 391 new complaints in the year 2022-23 compared to 429 for East London Foundation Trust, 396 for Essex Partnership NHS Trust and 225 for South London and Maudsley NHS Foundation Trust.

5.12 Information regarding the complaint's evaluation surveys returned in quarter two is not currently available due to the migration of survey data to the new platform. New links and surveys are currently being created and will be sent out to complainants following their response letter as soon as possible. A CQI project to improve the survey questions is also underway.

5.13 In quarter three the Parliamentary and Health Service Ombudsmen (PHSO) and Local Government Ombudsman (LGO) requested information regarding five complaints (the same number as in the previous quarter). One case was closed as the LGO decided not to investigate. During a webinar with the Ombudsman, they confirmed that complaints received by them have increased by 20% this year (health and other public sectors).

6. Actions and Learning from Feedback

6.1 Teams are required to take local action based on the feedback received. "You said, we did" posters have now been reintroduced and teams are expected to take local ownership of their actions.

6.2 All teams are required to record actions following complaints on Datix in line with the process for Serious Incidents. This will ensure that teams can monitor progress of their actions through to completion. Currently, Planned Care in East and North Herts are the only teams recording their actions. There are currently 140 actions recorded on Datix, of which 121 have been completed. The main theme of the actions in progress, or completed, is communication and record keeping.

6.4 A new Peer Listening Project is underway with the Mental Health Diabetes Service to understand the experience of care. Peer interviews will take place in January.

6.5 The Experience Team continue to promote the importance of listening and the "Listening Skills" training sessions run by an EbE. One session is due to take place in the SW ACMHS team in February and another is planned for the staff "Big Conversation" in March.

6.6 We have commenced planning for 2024/25, including a workplan for the year that will be reviewed by the new Experience Group, and agreeing our annual plan objectives. Draft annual plan objectives are:

- To ensure we have robust and effective mechanisms for service user and carer feedback. This will involve increasing our range of mechanisms, and developing a suite of approaches to ensure that we obtain feedback from diverse groups;
- To develop an approach for triangulating and understanding feedback from all sources; and
- To move from listening to action: support the organisation to take action on what we are hearing.

7. Involvement

7.1 In quarter three, there were 557 hours of involvement activity, marking a 20% increase from the 454 hours reported in quarter two.

7.2 Out of the total time commitment to involvement activity, Trust meetings account for 26% (equivalent of 146 hours) of all activities. 26% (equivalent to 131 hours) was set aside for specialist involvement in Trust meetings. An additional 15% (equivalent to 82 hours) was committed to interview panels, while 13% (equivalent to 73 hours) was designated for Council meetings. Moreover,10% (equivalent to 55 hours) was dedicated to participation in continuous quality improvement (CQI) projects.

7.3 In addition to these activities, EbEs were also engaged in various other tasks, such as staff inductions, peer experience projects, quality visits, SBU meetings, and sharing their personal stories.

7.4 A new co-led taskforce has been set up to implement the new EbE payments system. This has been a key improvement priority identified by EbEs; and an opportunity to use the CQI methodology from recent training, bringing together a number of stakeholders in the process. This has also led to the re-establishment of regular face to face meetings for EbEs to re-connect and support each other.

8. Volunteering

8.1 There are currently 12 active volunteers registered in various roles across our services. Their roles include: administration, meet and greet, ward visitors, therapy dogs, check and chat and activity support. We currently have three volunteers off sick, two of whom have not volunteered in the last six months but all plan to return when well.

8.2 In quarter three we had three leavers; one had started volunteering hoping for a student placement but this had not been discussed or agreed when applying. The other two leavers found paid employment.

8.3 There were five volunteers recruited in quarter three, however none of the five took up their roles. This was due to taking up paid employment through the HPFT bank, issues with the right to work/visa issues, unable to access the location they applied to. Lessons have been learnt and we will specifically introduce a standard interview question around accessing the location of the role. We are also reviewing advertising volunteering roles on TRAC where people are looking for paid employment rather than voluntary roles.

8.4 Volunteer recruitment was paused in quarter three to ensure the continued safe and supported management of existing volunteers. DBS checks and mandatory training were reviewed. Volunteers are being encouraged to complete online training and face to face training for volunteers is being reinstated in quarter four for the first time since the Covid pandemic.

8.5 A new approach to volunteering is being developed and will be discussed at Trust Management Group in February. This will enable us to maximise opportunities brought by volunteering to improve the experience of care and involvement. This will also be aligned to recruitment initiatives and Expert by Experience personal development opportunities.

9. Advocacy

9.1 Opening Doors: During quarter three group sessions were held at the Broadland Clinic and Astley Court. Topics discussed were Section 117 leave, education, health screening, moving on, physical health and issues relating to the hospital and staffing. Opening Doors also provided individual advocacy sessions to support service users with concerns about the hospital.

9.2 Pohwer: Norfolk: The advocate has provided seven service users with support with issues such as: communicating with professionals, ward rounds, care and treatment reviews, medication, Section 17 leave, etc. The advocate also attends monthly

community meetings to support the service users. Hertfordshire: 19 service users were supported across specialist services in Herts in quarter three. Ward rounds, CPA, CTR, tribunals and general communication support.

9.3 The services currently provided by Pohwer in Herts are currently being retendered, HPFT and people with a lived experience are involved in the selection.

9.4 We are commencing work with other organisations who promote the service user voice and advocacy such as Autism Herts, Healthwatch to bring in further feedback. We are considering how to formalise the involvement of these organisations as part of our refreshed approach to Experience.

10. SBU Updates

10.1 We have seen a number of the SBUs continuing to develop more opportunities for co-production, involvement and improving service user and carer experience. Particularly of note for this quarter:

10.2 CAMHS: Forest House is introducing a new initiative centred around coping interventions, designed to assist young people in understanding and managing their emotions and behaviours. The roll out will begin with staff, allowing them to model these interventions effectively, before extending the program to the young people. Parent Groups run fortnightly to provide parents and carers with comprehensive information about our services, enriched by valuable insights from guest speakers, including professionals like dietitians and social workers. Community meetings take place every morning. These meetings follow a structured agenda aimed at fostering a positive and engaging environment. A diary or timetable for the day is presented to the young person to ensure they are informed of daily activities and organised for the day. The CCATT Team is actively planning the initiation of a parent group in the near future. With established connections to HCC and PALMS, the team works collaboratively to ensure that safety plans incorporate the perspectives of family, network, and carers, valuing their voices and opinions. Having completed an online survey, the team use the feedback gathered during their away day, which encompassed positive behaviour planning and the establishment of the CCATT promise as a tangible outcome. The team has now embarked on the CCATT Promise Project, a co-produced initiative that integrates feedback from carers, parents, and children/young people and is based on Think Family approach.

10.3 Older Peoples' Inpatient Units: The experience champion role has been approved and current work is ongoing to implement and deliver this on the units. Meetings will be arranged with the experience team to support and promote this initiative. MHSOP are thinking about how to measure and record informal feedback that is provided via telephone, following assessment and face to face interactions. Inpatient services have Mutual Help meetings ongoing at Victoria Court, Seward Lodge and Wren Ward. Carers groups are sporadic, but reminders have been sent to the teams to ensure these are happening consistently, the therapy team are working to ensure these occur on a regular basis. The inpatient teams are encouraging the 1-1 named nurse sessions which should be occurring on a weekly basis, this is an opportunity for SU's to raise concerns or any changes to their care, care plan or treatment. Inpatient services recently implemented dementia care planning, which is an initiative that ensures involvement from relatives and the SU is evidenced in the care plan and allows the team to focus on person centred care, this is written by the named nurse during a 1-1 session with the SU and relative present ensuring and enhancing co-production. During the Christmas period the units ran several events, one of these events was a carolling service which received excellent attendance and feedback from families. Victoria Court had a pilot of an "Elf-Day" which was a day in which staff and families would attend Victoria Court dressed as elves, this also received excellent feedback from families and the team thoroughly enjoyed the day.

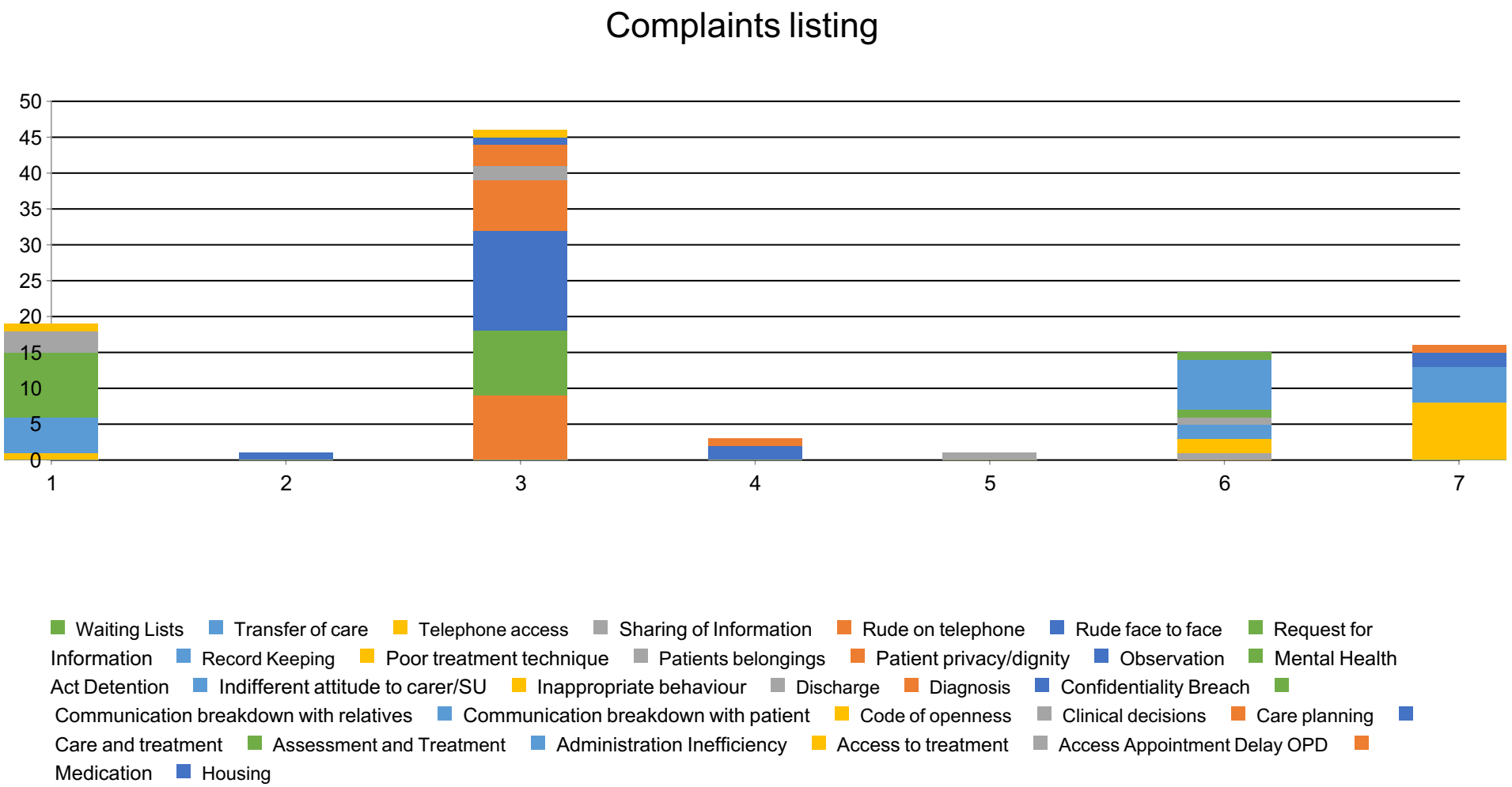
10.4 Unplanned Care: Carers Involvement and Support: There are established carers groups in Kingfisher Court, Albany Lodge and Oak Ward. Each ward has a linked Carers Champion that support with the facilitation of these groups and keep the carers boards updated. Carers Essential Training is being promoted and monitor for all staff to access. Carer Welcome Letter has been developed and will be adapted for the Inpatient Wards and Crisis Resolution Home Treatment Teams (CRHTT) to be given to the Carer once they have been identified. Inpatient carers focus groups have started, with multiple sessions held and good feedback gathered. Carer Involvement Leads (CIL) are providing initial support to OT inpatient lead and Carer Champions to facilitate carer drop -in sessions at Kingfisher Court covering carer support in the community, discharge planning and peer support. Swift Ward, Oak Ward and Albany Lodge have started carer drop-in sessions. The findings of the carers engagement and involvement audit are being discussed in teams and actions worked through. Carer handbooks have been updated, carers welcome letter approved, and wards are now giving these out. Carers Communication Document: Following feedback from the Carers Group at Kingfisher Court, The Professional Lead OT and Carers have Coproduced a carers communication document to enable carers to be able to share important information about their cared for person on admission. This document has been produced following concerns that Carers are not given the opportunity to give additional important personal information that supports their cared for person while they are on the Ward. This includes what we can put in place to support the Carer to enable discharge and also the carers hopes and fears around discharge. Making Services Better Group: We have invited Experts by Experience to be the Core members of our 'Making Services Better Group'. The aim of the Acute Pathways Making Services Better Group will be Service Improvement and Co-production, Communication and Engagement and Understanding Service User Feedback. The Experts by Experience are all currently part of the work we are doing in Unplanned Care and involved in ongoing improvement work. The group will work actively through our service improvement from idea generation to transformation and providing feedback and assurance to the Quality and Risk meeting and The Acute Pathway Improvement Project (APIP).

10.5 Planned Care: CQI project in Watford on reducing OPA's Watford ACMHS have started this project to reduce the waiting time for the first outpatient's appointment to five weeks in the next six months (by April 2024). This is as a result of feedback from service users who have shared their experiences with wait times and appointments. FACT Expansion project across ACMHS services experts by experience - The Flexible Assertive Community Treatment Team (FACT) operates as a mini team within the wider ACMHS and will provide time-limited, personalised care. The expansion project aimed to expand the mini teams for three ACMHS services, Watford, Dacorum and East and South East. A service user was involved in designing the process and policies that were finalised in December 2023. EPMHS Service User Advisory Board: The Primary Care Mental Health Service User Advisory Group has been set up to improve co-production within primary care mental health drawing on the experience of those who have used these services. Members will join working groups which look at our literature/communications and development of the service that is offered. ADHD Pathway: An EbE joins the monthly ADHD Pathway Meeting and looks at the process, pathway, design, wait times etc. ACOMHS questionnaires sent for feedback - during ACOMHS accreditation, service users and carers were involved and were sent questionnaires to complete to give feedback on the services they had received. Digitally empowered service user/carer group (DESU) newsletter – reports on the Trust's current digital coproduced projects. Interviews involving EbE – are an active and essential part of the interview process in planned care.

10.6 LD&F: The Making Services Better Group (MSB) have continued on their Continuous Quality Improvement journey during the last quarter with the Health Access Champions completing their CQI training. Moving forward they will see how they can provide further

input including co-facilitating courses and creating an introductory video. The group have also provided feedback on a Healthy Lifestyle and Wellbeing Plan and a Physical Health Survey which were developed to help support the physical health of service users within Secure Services. The MSB group have also reviewed the first draft of the LD easy-read care plan and also provided feedback on the Trust Digital Strategy refresh as well as some new patient outcome measures that we are planning to use. Easy-Read Care Plan: A small working group has been developing an improved easy-read care plan for LD inpatient and community services with the aim of enabling service users to better understand and input into their care. This is now being widened to include representatives from Herts, Bucks, Essex and Norfolk so that we can try to adopt a consistent care plan template across all LD services within the SBU. Use of Easy-Read Software: In some inpatient services, there is an ongoing pilot to use the easy-read software to support the local house / community meetings so we can better record the outcomes of these meetings and make them more engaging. There is also a gradual roll -out of the software across the LD community teams in Herts, Bucks and Essex to seek service user and carer feedback with a view to sharing this feedback with the teams monthly and agreeing what steps we need to take to improve services alongside understanding what is already working well. Blanket Restrictions on Inpatient Wards: Following on from the new Blanket Restrictions policy being approved, the SBU are rolling out a service user survey that focuses on restrictions within inpatient units. This is a resource produced by the Restraint Reduction Network. The survey provides an opportunity for us to understand what restrictions service users feel they are under on our units and for us to then work with them to identify any blanket restrictions and either remove these or ensure a clear rationale and monitoring process are in place. It will also give us a platform to work with staff to improve their understanding of blanket restrictions as this is an area that can be quite difficult to fully understand when trying to balance safety and clinical treatment alongside least restriction. Service User Outcomes: The SBU continue to develop a suite of outcome measures for clinicians, service users and carers to complete. The use of a suite of measures enables more individualised decision making about the most appropriate tool to use to monitor outcomes and views on outcomes to enhance care planning and goal setting in the most collaborative way possible. A trial of the Clinical Global Impressions (CGI) Scale (clinician, service user and carer rated) for service users with learning disabilities is currently underway in Norfolk as a RADiANT research network project. A previous project involving service users and carers indicated that the CGI scale was preferable as a simple scale that was easily understood.

Appendix 1 – Complaints Themes



Hertfordshire Partnership University NHS Foundation Trust

Report to the PUBLIC Board of Directors

Meeting Date:	8 February 2024	Agenda Item: 7c
Report Title	Guardian of Safe Working Hours Quarterly Report Q3 Oct 2023-Dec 2023	For publication: Yes ☒ No ☐
Report Author (s)	Dr Dinal Vekaria, Guardian of Safe Working	
Approved by:	Prof Asif Zia, Chief Medical Officer	

The Board is asked to:

Receive: To receive and discuss, in depth, noting the implications for the Board or Trust without formally approving it.

Executive Summary

- This is the Quarterly Guardian Report, covering Oct - Dec 2023.
- During this quarter there were 6 exception reports raised by our Junior Doctors.
- Overall, there has been a slight increase in bank locum spend since the previous report- mainly the impact of industrial strike action.
- To educate Junior Doctors, the Guardian of Safe working delivers a presentation at each junior doctor induction. During the presentation, Junior Doctors are made aware of exception reporting process. All junior doctors including Trust doctors have the ability to submit exception reports.

Recommendations

The Board is asked to:

- Please note the ongoing regularly presented information.
- No decision required.

Implications

Risk and Assurance	Risks are mitigated by comprehensive on-call medical cover and cross cover, especially during strike periods.
Equality, Diversity and Human Rights	We support trainees who have any health issues/limited abilities to work out of hours and also any Less than Full Time Trainees.
Quality	We maintain a high quality medical on call service to ensure patient safety out of hours.
Financial	At present, any Exception reports are managed with Time off in Lieu.

	We have so far avoided any financial fines and aim to continue this way.
Service Users and Carer Experience	*n/a*
People	Regular meetings with Junior Doctor Forums and reps to resolve issues about On-Call work including local terms and conditions, travel, handover, accommodation etc.
Legal and Regulatory	The robust nature of a 4-doctor 1st on call and a Residential 2nd on call doctor should display the trust's commitment to providing high quality medical care for our patients' wellbeing and both mental and physical health.
Digital	We use digital systems, virtual and in-person handovers and electronic rota updates and sharing information.
System	Excellent relationships with wider MDT- for example CATT and Liaison team working alongside on-call doctors.
Sustainability	*n/a*

Strategic Objectives this report supports	Please tick any that are relevant
1. We will improve service user and carer experience, placing emphasis on shared decision-making, co-production and recovery	
2. We will provide high quality care and support that is safe and achieves the best outcomes for service users and carers.	✓
3. We will attract, develop, and retain a skilled, compassionate workforce by creating inclusive and thriving workplaces.	✓
4. We will address inequalities to improve out-comes and advance equity for people from all communities.	✓
5. We will work in partnership in everything we do to meet the needs of communities and the people we support.	✓
6. We will be a learning organisation that encourages innovation, research and continuous quality improvement.	✓

Guardian of Safe Working Hours Quarterly Report Q3 Oct-Dec 2023

1) Executive summary

- This is the Quarterly Guardian Report, covering Oct-Dec 2023.

- During this quarter there were 6 exception reports raised by our Junior Doctors.

- Overall, there has been a slight increase in bank locum spend since the previous report- mainly the impact of industrial strike action.

- The Guardian of Safe working delivers a presentation at each junior doctor induction to ensure that the trainees are aware of exception reporting process. All junior doctors including Trust doctors have the ability to submit exception reports.

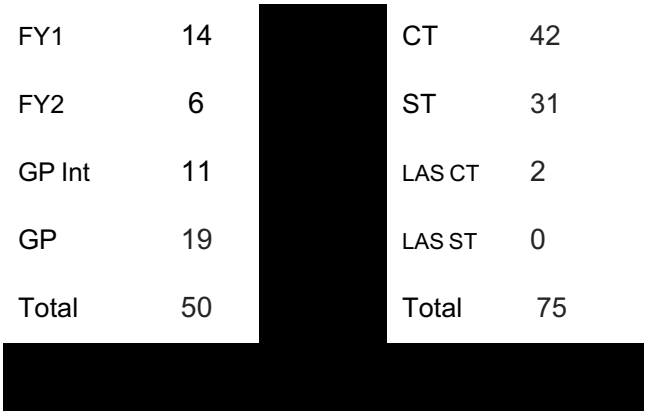
- To raise awareness around Exception reporting, the Guardian also practically demonstrate the exceptional reporting process. In addition, I have attended monthly Junior Doctor Forums to raise this, and also asked for trainee reps to circulate information re: Exception reporting and how to escalate on WhatsApp Groups (which are much more likely to be read over “another email”).

2) Junior Doctor posts Numbers

- Data below gives the number of trainees of different grade working for the organisation. There are separate arrangements between HPFT and local trusts around core trainees rotating through psychiatric posts in Buckinghamshire, Norfolk and Essex.

- There are currently 124 doctors of different grades in training in the trust (see below for breakdown). Most of the trainee posts are in Hertfordshire. Trust Doctors posts have been recruited from overseas against posts that were left vacant after national recruitment however the number of Trust doctors have reduced due to increase in trainee doctors.

- Current trainee breakdown:



3) Exception reports (in regard to working hours)

- There were 6 exception reports raised by the junior doctors in this Quarter. Below tables provide the breakdown by department and grade of junior doctors.

Exception reports by department				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
General adult psychiatry	0	6	4	2
Learning disability and forensic	0	0	0	0
Old age psychiatry	0	0	0	0
Child and adolescent psychiatry	0	0	0	0
Total	0	6	4	2

Exception reports by grade				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
F1/F2	0	0	0	0
GPST	0	0	0	0
CT1-3	0	6	4	2
ST4-6	0	0	0	0
Trust	0	0	0	0

- The Exception reports were all due to Cross Cover – they had been resolved with a pre-agreed pay lift for cross cover.

- All exception reports from previous quarters have been reviewed by the Guardian of Safe Working.

- HPFT has one of the lowest numbers of exception reports in the region.

4) Benchmarking

EPUT: 124 doctors (annual average)

Exception reports Trainees via the Allocate reporting system from Jan 2023 - Jan 2024 raised 20 exception reports.

HPFT: 126 doctors (annual average)

Exception reports Trainees via the Allocate reporting system from Jan 2023 - Jan 2024 raised 25 exception reports.

5) Work schedule reviews

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

6) Fines

- No fines were issued during this period.

7) Rota Gaps and Cover

- The main issues were the Industrial Action in December.
- Due to no industrial action in October and November, there was a slight decrease in locum spend compared to last quarter.
- The vast majority of cover has been provided by Bank locums- - we aim to use our own internal locums when possible, to maintain safety (doctors who are familiar with systems/IT)

- All doctors doing locums completed the 48-hour opting out declarations.

8) Locum work by HPFT doctors for other NHS Trusts

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

Summary

- This quarterly report provides data on the safe working hours for junior doctors.

- The 1st on call rota frequencies were all 1 in 12 and 1 in 13. The 2nd on call rota was 1 in 13 with 4 SAS underpinning.

- There have been 6 exception reports in this quarter, 4 have been closed, awaiting closure on the other 2.
- In relation to sickness absence Medical staffing have a robust system in place to ensure accurate reporting as well as return to work interviews are taking place.

- Most of the gaps have been covered by Bank locums/ cross cover (cross cover also necessitates an Exception report which have been all 6 this quarter).

- The Guardian of Safe Working attends and co-chairs a monthly Junior doctor forum that is run virtually. In addition, there are also meetings held with Junior Doctor Reps, Guardian of Safe working, DME's and Medical Staffing in order for any concerns or questions to be raised and resolved in a timely manner.

Dr Dinal Vekaria , Jan 2024

NHS
Hertfordshire
Partnership University
NHS Foundation Trust

Report to the Public Board of Directors

Meeting Date:	8 February 2024	Agenda Item: 7d
Report Title	Month 9/Quarter 3 People and OD Report (December 2023)	For publication: Yes ☒ No ☐
Report Author (s)	Louise Thomas, Deputy Director of People and OD	
Approved by:	Jo Humphries, Chief People Officer	

The Executive is asked to:
Receive the attached report.

Executive Summary

The key headlines from Quarter 3/Month 9 (December) are as follows:

Workforce Recruitment

- Overall steady progress to fill vacant positions continues with the lowest vacancy rate in over four years in Q3 of 11% (Trust target 10%).
- The Trust has 355FTE more staff in post than this time last year
- Healthy pipeline of 583FTE posts of which 205 have external candidates in the firm offer/start phase.
- The Integrated Governance Committee received a deep dive review of workforce planning which concluded we are in line with our 2023/4 workforce plans and ahead of plan on our 5 year workforce plan set in 2021.
- Key hotspots remain certain geographies and roles which are being addressed through detailed recruitment strategies and overseen by the Recruitment and Retention Group, People and OD Group and the Executive Committee.
- Close monitoring and actions to reduce agency and bank utilisation continues to ensure financial, quality and safety standards are being met.

Workforce Retention

- Staff Turnover is consistently and steadily decreasing to 10.5% at the end of Q3, the lowest it has been in over two years (Trust target 8%).
- Stability rate (leavers within the 1st 12 months of employment) has improved from 16.1% to 14.1% over the last year.
- The Trust has been accepted on Cohort 2 of the Retention Exemplar Programme providing additional funding to support delivery of key retention programmes of work
- 95.5% have a current appraisal in place at the end of Q3, which is the highest compliance rate historically achieved (Trust target 95%)
- Sickness absence has seen a slight increase to 5% as anticipated driven by respiratory infection and in line with last years peak of 5.5% in the same period.
- Employee relations cases remain steady with increased focus on eliminating potential bias in all case management stages.

Training

- Mandatory training rates have reduced from 92.5% at the end of Q2 to 89.6% at the end of Q3. This was driven by challenges with automated data migration from Discovery to ESR being incomplete and a plan is in place to restore performance to Trust target.

- 134 apprenticeships in place (106 end Q2) with a new strategy in development to fully embed within our early careers pathway and align with vacancy profile and recruitment hotspots.
- The portfolio of personal development continues to increase with new programmes and access to online learning resources.

Recommendations

The Board is asked to receive this report.

Implications

Risk and Assurance	Provides assurance in relation to key People and OD risks.
Equality, Diversity and Human Rights	Provides detailed demographic profiles and quarterly updates on our Workforce Race Equality and Workforce Disability Equality Scheme data.
Quality	N/A – no proposal being made
Financial	N/A – no proposal being made
Service Users and Carer Experience	The effective management and leadership of our people has a direct impact on service user and carer experience. The attached report provides details on key people metrics and actions being taken.
People	The report provides detailed metrics and actions in relation to the recruitment and retention of staff.
Legal and Regulatory	N/A
Digital	N/A
System	N/A
Sustainability	N/A

Strategic Objectives this report supports	Please tick any that are relevant ✓
1. We will improve service user and carer experience, placing emphasis on shared decision-making, co-production and recovery	
2. We will provide high quality care and support that is safe and achieves the best outcomes for service users and carers.	
3. We will attract, develop, and retain a skilled, compassionate workforce by creating inclusive and thriving workplaces.	✓
4. We will address inequalities to improve out-comes and advance equity for people from all communities.	
5. We will work in partnership in everything we do to meet the needs of communities and the people we support.	
6. We will be a learning organisation that encourages innovation, research and continuous quality improvement.	

Hertfordshire Partnership University NHS Foundation Trust

Trust People and OD Report December 2023 (Quarter 3)

as one

Our values
Welcoming Kind Positive Respectful Professional

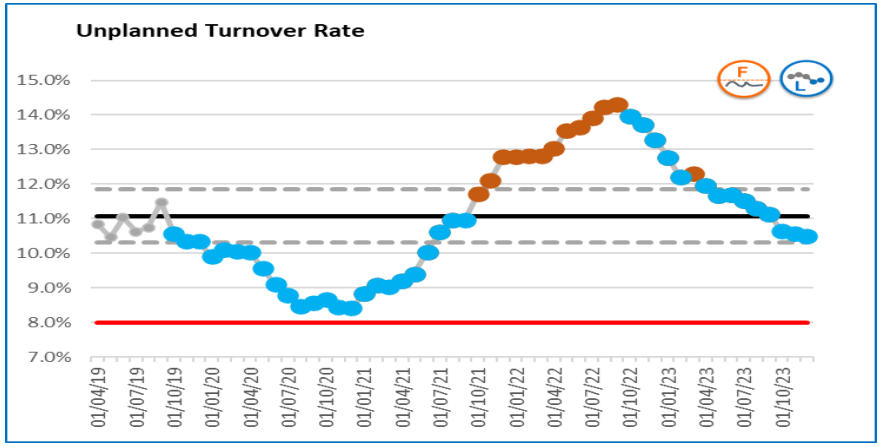
Contents

1. Overview

Metric	Previous Months											Current Month		Trend		
	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Trust Target		Variation	
Staff in Post - Headcount	4012	4052	4083	4100	4121	4120	4122	4138	4200	4270	4278	4279				
Staff in post - FTE	3636.30	3664.79	3702.91	3715.75	3743.59	3739.10	3741.66	3755.56	3816.61	3881.05	3897.75	3897.40				
Budgeted Establishment FTE	4157.99	4186.74	4198.26	4230.50	4245.48	4257.85	4263.57	4254.48	4368.31	4345.83	4374.20	4379.98				
Vacant FTE	521.69	521.95	495.35	514.75	501.89	518.75	521.91	498.92	551.70	464.78	476.45	482.58				
Vacancy Rate	12.6%	12.5%	11.8%	12.2%	11.8%	12.2%	12.2%	11.7%	12.6%	10.7%	10.9%	11.0%	10%			
Total Turnover Rate	16.7%	16.0%	15.8%	15.5%	15.3%	15.5%	15.4%	15.4%	15.2%	14.6%	14.7%	14.8%	14%			
Unplanned Turnover Rate	12.8%	12.2%	12.3%	12.0%	11.7%	11.7%	11.5%	11.3%	11.1%	10.7%	10.6%	10.5%	8%			
Starters Headcount	90	66	63	77	51	42	55	79	117	94	44	32				
Leavers Headcount	44	33	67	50	43	59	60	60	78	36	45	50				
Stability Rate	84.4%	84.5%	86.0%	85.2%	85.3%	86.5%	86.1%	86.4%	86.1%	86.1%	85.9%	85.9%				
Sickness Rate	5.0%	4.9%	5.1%	4.4%	4.3%	4.4%	4.3%	4.4%	4.4%	5.1%	5.2%	5.0%	4%			
Training Compliance Rate	92.7%	92.9%	87.6%	89.0%	90.0%	91.0%	92.0%	92.0%	92.5%	92.6%	86.4%	89.6%	92%			
Appraisal Rate	85.6%	84.7%	85.9%	86.3%	85.1%	86.0%	90.4%	92.1%	93.7%	94.1%	95.1%	95.5%	95%			
Bank Spend	£2,226,630	£2,272,368	£2,226,165	£2,216,972	£2,502,377	£2,749,160	£2,464,320	£2,694,222	£2,635,612	£2,795,926	£2,703,823	£2,672,887				
Agency Spend	£1,340,857	£1,080,570	£1,869,589	£1,075,919	£1,059,957	£908,385	£943,314	£979,497	£990,461	£970,494	£971,648	£973,113				

- The number of staff in post increased by 81 FTE compared to Quarter 2 (Q2).
- Turnover rate is steadily decreasing to the lowest it has been in over two years at 10.5%
- Registered nursing, medical, psychology and AHP staff remain the most challenging areas for recruitment and retention,
- Bank spend is stable over the period though Agency spend reduced by an average of £18.8k per month during Q3.
- Mandatory training rates have reduced from 92.5% at the end of Q2 to 89.6% at the end of Q3. This is as a result of challenges with automated data migration from Discovery to ESR.
- Appraisal compliance has increased to the highest rate ever achieved and is now exceeding our 95% target.
- Sickness absence increased from 4.4% at the end of Q2 to 5% at the end of Q3, due to high rates of respiratory infections and increased mental ill health related absence.

2. Retention


Unplanned Turnover Rate
15.0%
14.0%
13.0%
12.0%
11.0%
10.0%
9.0%
8.0%
7.0%
01/04/19
01/07/19
01/10/19
01/01/20
01/04/20
01/07/20
01/10/20
01/01/21
01/04/21
01/07/21
01/10/21
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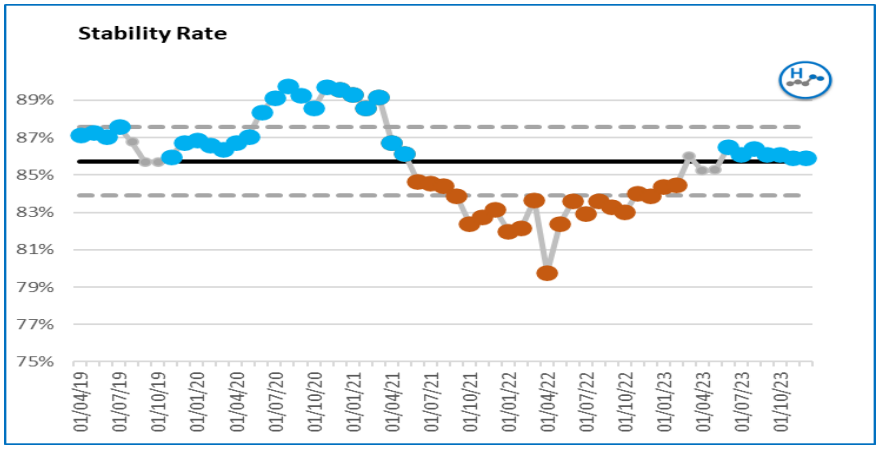
Stability Rate
89%
87%
85%
83%
81%
79%
77%
75%
01/04/19
01/07/19
01/10/19
01/01/20
01/04/20
01/07/20
01/10/20
01/01/21
01/04/21
01/07/21
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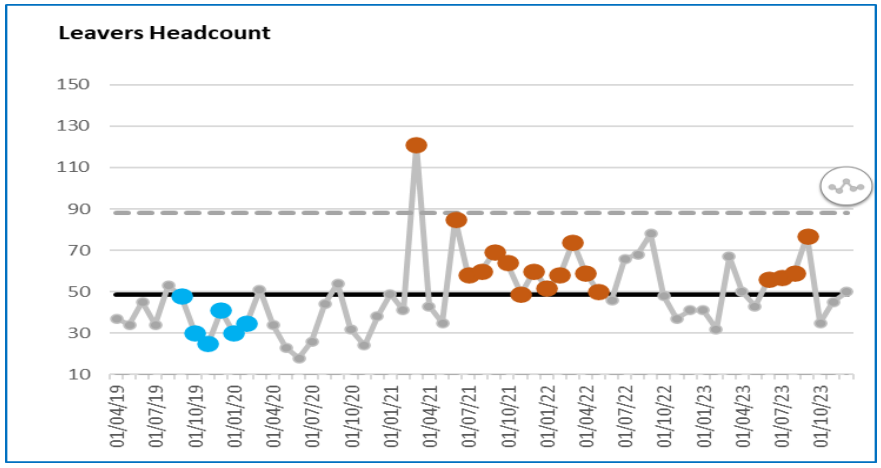
Leavers Headcount
150
130
110
90
70
50
30
10
01/04/19
01/07/19
01/10/19
01/01/20
01/04/20
01/07/20
01/10/20
01/01/21
01/04/21
01/07/21
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01/01/23
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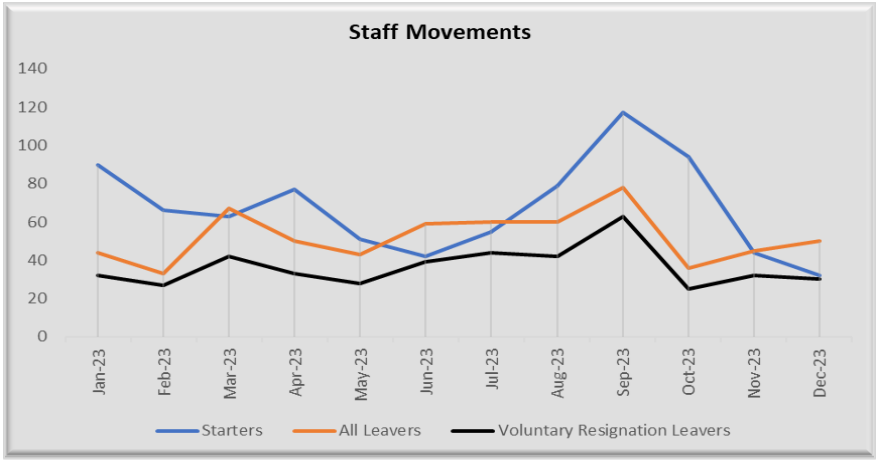
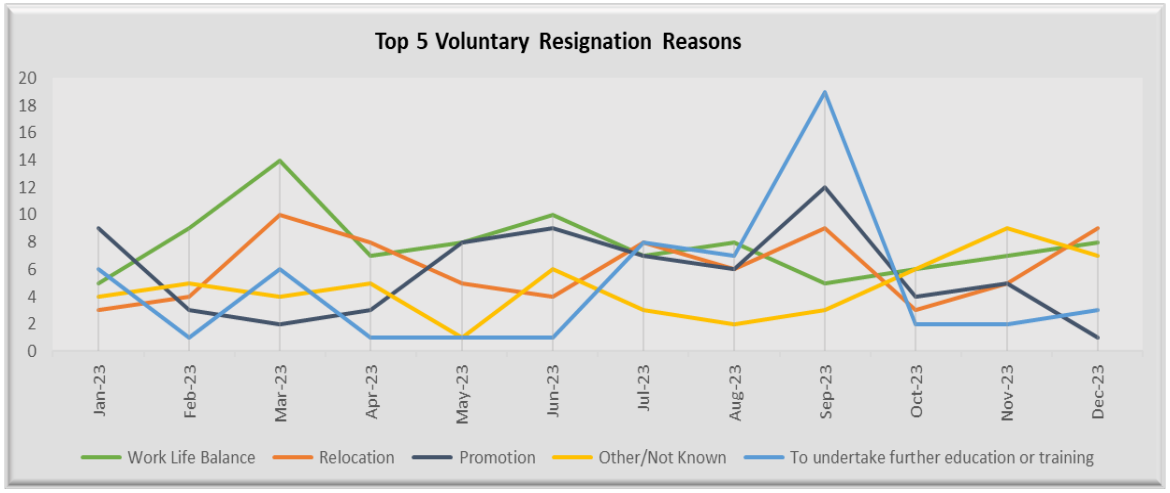
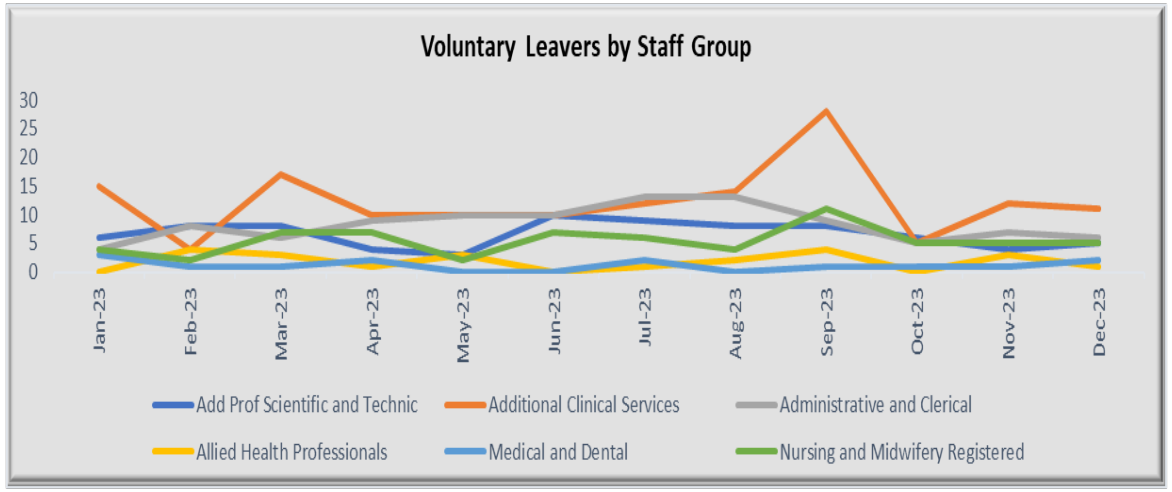
01/10/23


Staff Movements
140
120
100
80
60
40
20
0
Jan-23
Feb-23
Mar-23
Apr-23
May-23
Jun-23
Jul-23
Aug-23
Sep-23
Oct-23
Nov-23
Dec-23
Starters
All Leavers
Voluntary Resignation Leavers

2. Retention

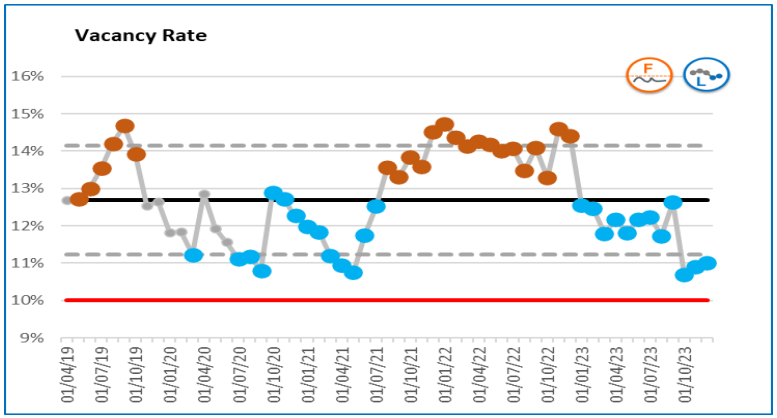


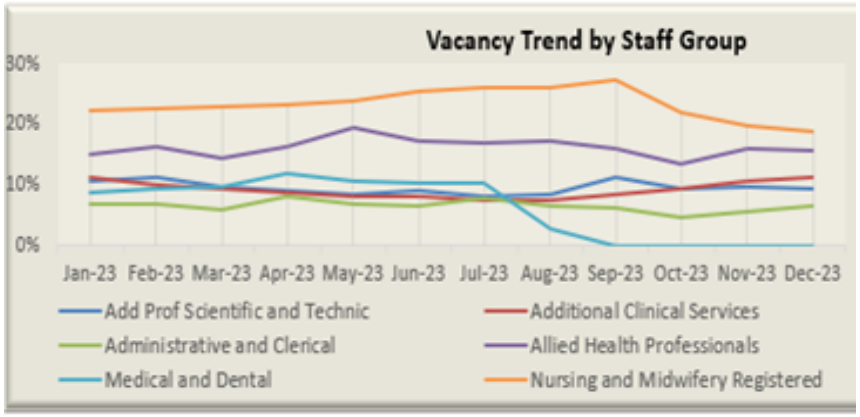


Turnover has reduced throughout 2023/4, reducing further from 11.1% at the end of Q2 to 10.5% at the end of Q3.

The Trust has been accepted onto the NHS England Retention Exemplar Programme which enables additional, intensive support to assist us in further building on our retention successes.

3. Recruitment





#Perfect Process	Step	From	To	Target working days	Corporate Support Services	Planned Care	Learning Disability & Forensic	East & North Herts	Unplanned Care	Trust (Overall)
Time to approve vacancy	1	Requested	Granted	2	3.1	4.2	4.3	4.2	4.6	4.1
Time to advertise	2	Granted	Adv Start	1	2.7	1.7	2.5	1.1	2.3	2.1
Advert duration	3	Adv Start	Close Adv	10	10	10	10	10	10	10.0
Time to move to shortlisting	4	Adv close	Shortlist	2	2.1	1.1	1.2	1.4	1.1	1.4
Time to shortlist	5	Shortlist	I/V Gateway	2	3.4	3.1	3.8	3.3	3.5	3.4
Time to send interview invites	6	I/V Gateway	Setup	2	0.7	0.6	0.3	1.1	0.3	0.6
Time to update interview outcomes	7	Last IV	Offer Gateway	2	1.8	2.9	2.5	2.2	1.2	2.1
Time to send conditional offer	8	Offer Gateway	Cond Offer	1	1.3	2.4	2.5	1.7	1.8	1.9
Conditional offer to Checks OK	9	Cond Offer	Checks OK	28	25.8	12.8	15.1	18.3	24.2	19.2
Checks OK to starting letter sent	10	Checks OK	Start letter sent	2	0.3	2	4.3	0.4	2.8	2.0
Total				**52**	**51.2**	**40.8**	**46.5**	**43.7**	**51.8**	**46.8**

3. Recruitment

The net impact of new starters, leavers and an increased establishment has resulted in our vacancy rate reducing from 12.6% at the end of Q2 to 11% at the end of Q3. The establishment has risen by 176 FTE this financial year.

Vacancy rates in our key staff groups are:

- Registered nursing – 18.88% (down from 27.36% in Q2). This is the lowest nurse vacancy rate achieved for two years. During the Quarter, staff in post increased by 76 FTE, whilst the establishment reduced by 9 FTE. The pipeline remains healthy, with 61 external candidates in the recruitment pipeline at offer/starting stage.

- Allied Health Professionals (AHPs) – 15.83% (down from 15.97% in Q2) During the Quarter, the establishment increased by 3.5 FTE, whilst staff in post increased by 3.3 FTE. Band 5 OTs remain a particular challenge, although we have 24 OT apprentices currently, with some qualifying in January and September 2024.

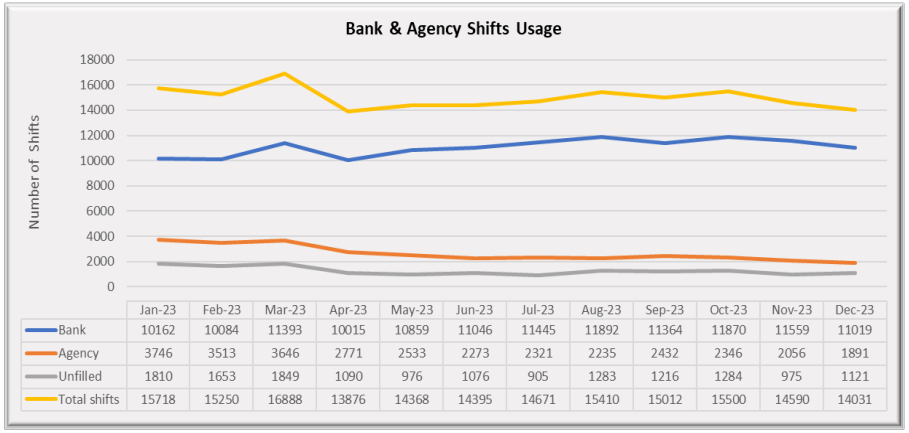
- HCSWs – 10% (up from 6.2% in Q2). Although the establishment increased by 3.6 FTE, staff in post reduced by 21 FTE. There is currently a pipeline of 40 FTE

- Medical staff – 38 medical vacancies (down from 41 in Q2); 24 are Consultant vacancies (up from 22 – 3 with agreed start dates); 12 (down from 18) are Specialty Doctor vacancies, 2 of which have been successfully recruited to with agreed start dates.

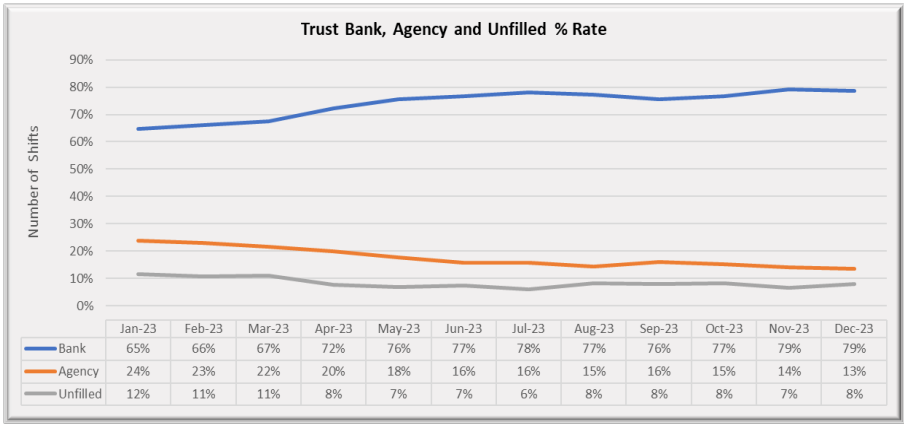
- Psychology – 22% (down from 25.67% in Q2). The establishment increased by 2 FTE and staff in post increased by 7.5 FTE during Q2. We are working to expand our mental health wellbeing practitioners and clinical associate psychology apprentices.

- Social Work – 11% (down from 15.27% in Q2). During Q2, the establishment increased by 0.3 FTE and staff in post increased by 7.3 FTE. 3 staff commenced their social work apprenticeship in September 2023.

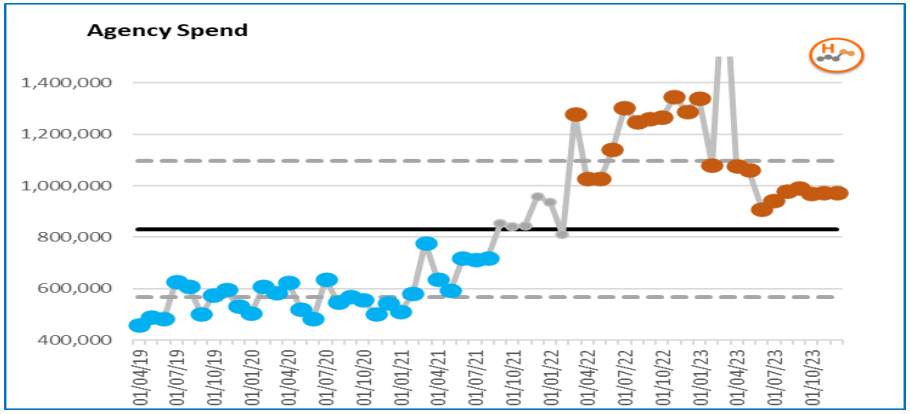
4. Temporary Staffing

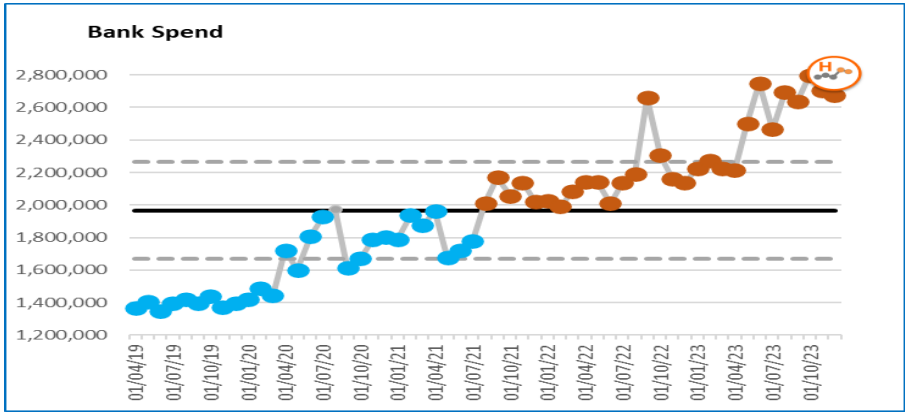


	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Bank	10162	10084	11393	10015	10859	11046	11445	11892	11364	11870	11559	11019
Agency	3746	3513	3646	2771	2533	2273	2321	2235	2432	2346	2056	1891
Unfilled	1810	1653	1849	1090	976	1076	905	1283	1216	1284	975	1121
Total shifts	15718	15250	16888	13876	14368	14395	14671	15410	15012	15500	14590	14031



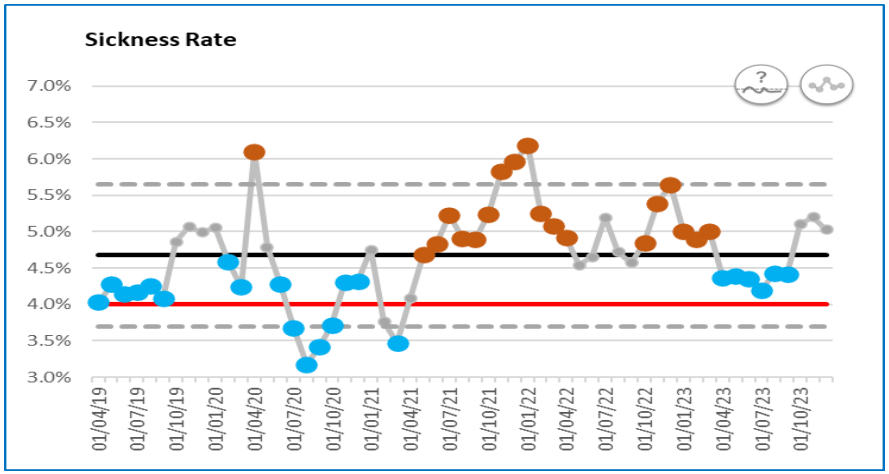
	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Bank	65%	66%	67%	72%	76%	77%	78%	77%	76%	77%	79%	79%
Agency	24%	23%	22%	20%	18%	16%	16%	15%	16%	15%	14%	13%
Unfilled	12%	11%	11%	8%	7%	7%	6%	8%	8%	8%	7%	8%

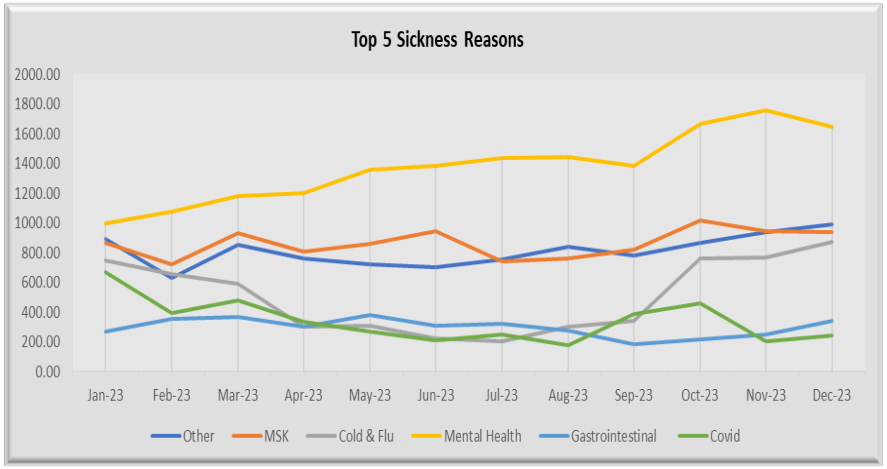




- Temporary staffing demand reduced during Q3 to the same level experienced in April/May. Bank spend remained around the same level as at the end of Q2. Agency spend reduced by an average of £18.8k per month during Q3.
- Bank fill rates increased from 76% at the end of Q2 to 79% at the end of Q3, whilst agency fill reduced from 16% fill to 13% and significantly lower than in Q3 of the previous year, when it was 25%.
- The Financial Recovery Board and Agency Panel are scrutinising all agency spend and monitoring the impact of ongoing actions being taken to continuously reduce spend.

5. Health and Wellbeing





- Sickness absence increased from 4.4% at the end of Q2 to 5% at the end of Q3, mostly as a result of high levels of respiratory infections and rising mental ill health related absence, which remains our primary reason for absence.
- Whilst our current wellbeing support to staff is well rated by staff in the pulse and annual staff surveys, it has not appeared to have a material impact on mental ill health related absence, although is may have contributed to avoiding still further increases. A new focus for 24/25 will be on prevention, particularly at local level. A manager's toolkit for supporting staff mental health has already been launched and new compassionate leadership training is being prepared for rollout.

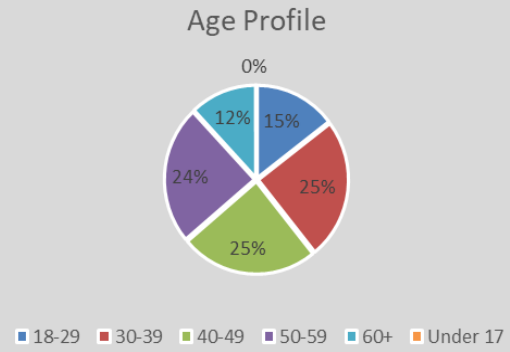
6. Employee Relations

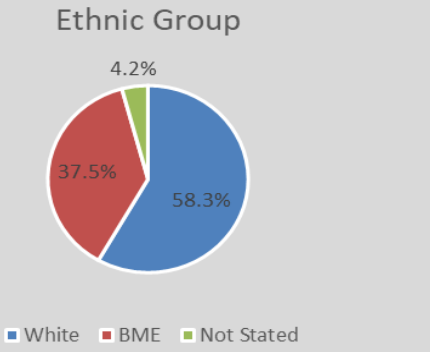
Disciplinary Cases		0 - 5 working days	6 – 10 working days	11+ working days	Notes
	Fact Find (6) (Date incident notified to date referred to decision making panel)	4	1	1	4 BAME 2 White 1 not stated
	Fact Find Outcome (28) Current investigations (Date decision making panel outcome to date investigation commences/letter of concern/other outcome notified to employee).	4	1	20	20 BAME 8 White (3 TOR still pending)
		0 - 12 weeks	13 – 18 weeks	19+ weeks	Notes
	Suspension	2	2	6	5 BAME 4 White 1 not stated
	Alternative Duties	3	3	3	3 White 6 BAME
	Formal Investigation (5) (Date investigating manager appointed to date investigation report sent to commissioning manager)	2	2	1	1 BAME 4 White
		0 - 5 working days	6 – 10 working days	11+ working days	Notes
	Commissioning Manager Review (Date investigation report sent to commissioning manager to date employee notified of outcome)	5	1	0	
		0 - 7 weeks	8 - 12 weeks	13+ weeks	Notes
	Formal Hearing Stage (Date of decision to refer to hearing to date employee notified of hearing outcome)	5	1	0	
	Appeal Stage (Date of receipt of formal appeal to date employee notified of hearing outcome)	0	1	0	1 White
TOTAL DISCIPLINARY MATTERS		44			

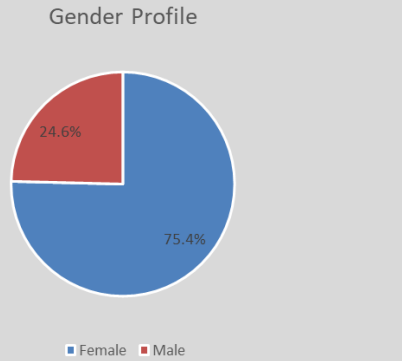
Medical Cases 1		0 - 12 weeks	13 – 18 weeks	19+ weeks	Notes
	Medical Conduct 1	0	0	1	1 BAME
	Medical Capability	0			
TOTAL MEDICAL CASES		1			
Grievances		0 - 12 weeks	13 – 18 weeks	19+ weeks	Notes
	Informal Grievance	2	1		2 BAME 1 White
	Formal Grievance	3	1	8	5 BAME 7 White
TOTAL GRIEVANCE CASES		15			
Capability Cases		No. Cases			
	Informal Capability Management	0			
	Formal Capability Management	2			1 BAME 1 white
TOTAL CAPABILITY CASES		2			
TOTAL OTHER CASES (B&H)		0			
TOTAL EMPLOYMENT TRIBUNAL CASES		5			4 BAME 1 White
TOTAL EMPLOYEE RELATIONS CASES		67			

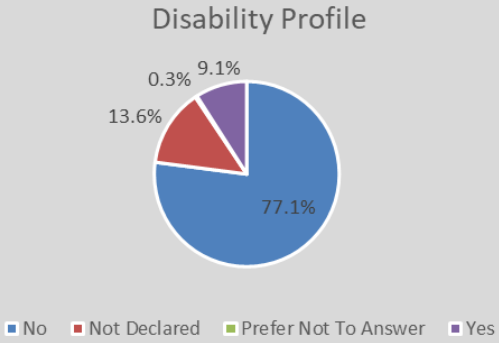
- Steady numbers of disciplinary, grievance and employee suspension cases vs Q2 There remain 5 employment tribunal claims, of which 2 are from the same claimant.
- BAME staff continue to be overrepresented which is being closely monitored and all processes being reviewed to eliminate unintentional bias.
- Delays in the process are exacerbated by employee ill health though further improvements are underway to minimise the time employees' are unable to work.

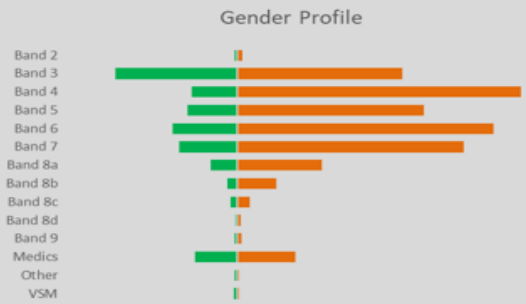
7. Belonging and Inclusion (Beta Dashboard)

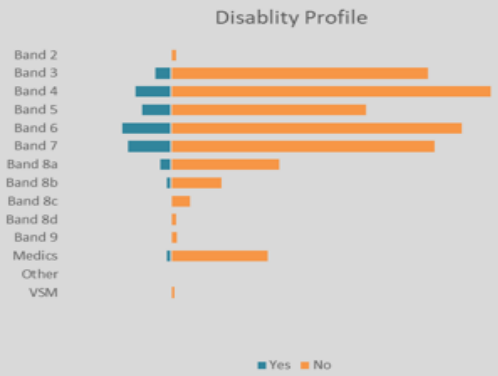


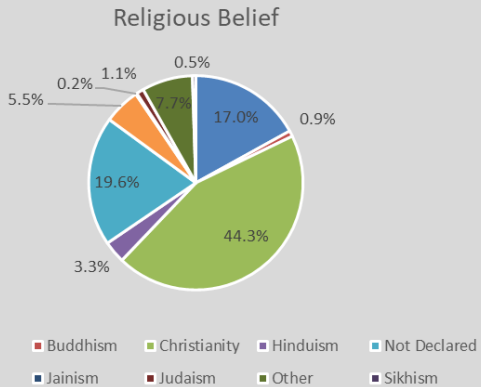


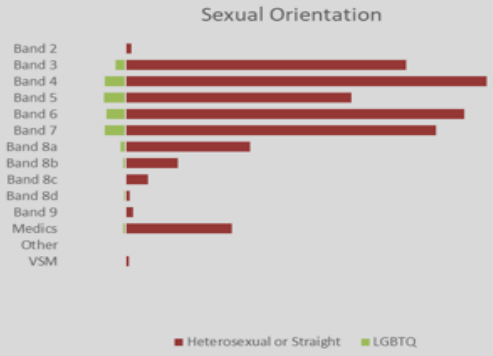


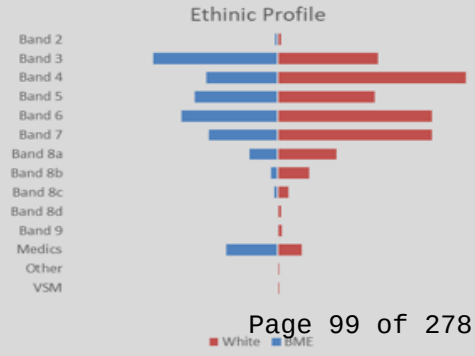












NHS
Hertfordshire
Partnership University
NHS Foundation Trust

7. Belonging and Inclusion – WRES & WDES

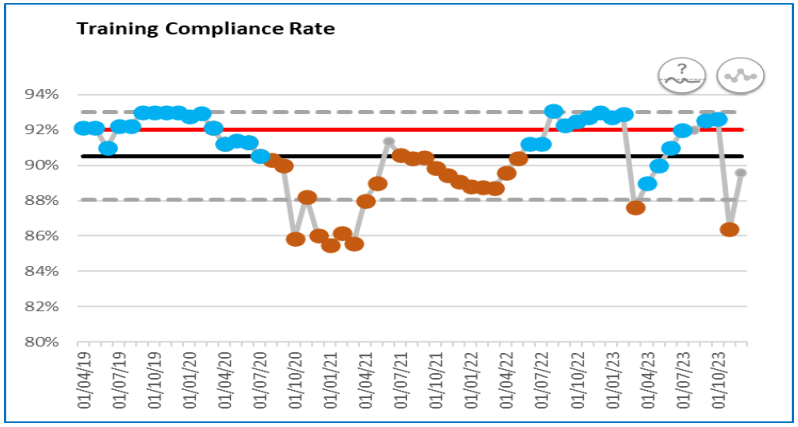
WRES	2020	2021	2022	2023	Q1 23-24	Q2 23-24	Q3 23-24
Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants	1.22	1.26	1.34	1.53	1.25	2.25	1.63
Relative likelihood of BME staff entering the formal disciplinary process compared to white staff	1.03	2.4	2.87	3.46	1.66	1.44	
Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff	1.12	1.35	0.46	1.06	0.37	0.36	0.4
BAME percentage of VSM staff	25%	12.5%	12.5%	25%	23.5%	23.5%	23.5%
BAME Board membership (voting)	12.5%	6.7%	15.4%	13.3%	13.3%	13.3%	13.3%

WDES	2020	2021	2022	2023	Q1 23-24	Q2 23-24	Q3 23-24
Relative likelihood of non-disabled applicants being appointed from shortlisting across all posts compared to disabled applicants	1.23	0.77	1.13	0.96	5.21	0.59	0.53
Relative likelihood of disabled staff entering the formal capability process compared to non-disabled staff	0	53.28	0	0	0	0	
Percentage of disabled 8c -VSM staff – non-clinical	0%	5.6%	4.9%	7.5%	7.3%	7.7%	7.1%
Percentage of disabled 8c -VSM staff - clinical	2.94%	5.6%	2.6%	2.6%	0	0	0
Disabled voting Board membership	0%	20%	7.69%	6.67%	6.67%	6.67%	6.67%

9. Staff Development – Mandatory Training

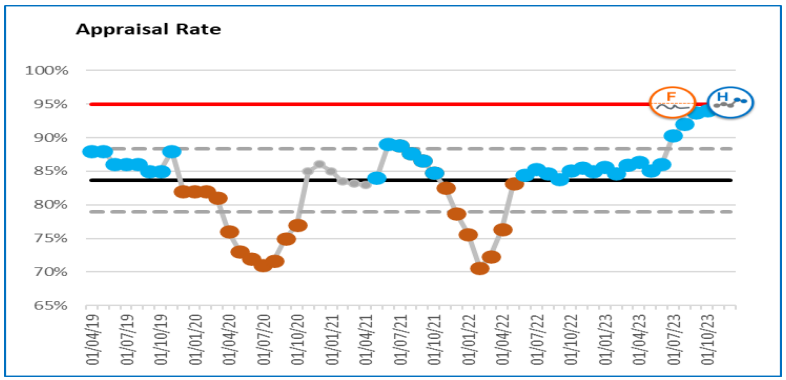
Face to Face Courses	Sep	Dec
BLS	80%	79%
ILS	85%	83%
PBLS	68%	75%
Advanced M&H	83%	76%
Basic M&H	87%	86%
Respect 3a	95%	75%
Respect Level 3b	70%	72%
Respect Level 4	75%	62%
Respect Level 4/5 (Norfolk)	88%	76%
Respect Level 5	79%	79%

eLearning Courses	Sep	Dec
Administration of Medicines M & C [3 Years]	67%	71%
Administration of Medicines RNs and Nas	95%	92%
Clinical Risk Assessment and Management [3 Years]	94%	91%
Complaints [None]	92%	Paused
Data Security Awareness [1 Year]	92%	88%
Equality, Diversity & Human Rights [3 Years]	96%	95%
Fire Safety [1 Year]	94%	81%
Fire Safety [2 Years]	94%	88%
Food Hygiene [3 Years]	94%	85%
Health, Safety & Welfare [3 Years]	97%	95%
Infection, Prevention & Control Level 1 [2 Years]	94%	84%
Infection, Prevention & Control Level 2 [2 Years]	95%	93%
Ligature Awareness [3 years]	98%	98%
Mental Capacity Act and Deprivation of Liberty Safeguards	93%	91%
Mental Health Act [3 Years]	94%	92%
Moving and Handling L1 [3 Years]	96%	89%
Physical Health	96%	88%
Preventing Radicalisation Basic	88%	91%
Preventing Radicalisation Level 3	83%	83%
Safeguarding Adults Level 1 [3 Years]	97%	95%
Safeguarding Adults Level 2 [3 Years]	94%	93%
Safeguarding Adults Level 3 [3 Years]	92%	88%
Safeguarding Children Level 1 [3 Years]	97%	93%
Safeguarding Children Level 2 [3 Years]	94%	92%
Safeguarding Children Level 3 [3 Years]	96%	85%



- Mandatory training compliance has reduced from 92.5% at the end of Q2 to 89.6% at the end of Q3. This was mostly due to challenges with automated data migration from Discovery to ESR.
- Additional training courses continue being run for paediatric BLS, as a result of an expanded cohort of staff requiring the training.
- Additional courses have been added to increase compliance for Respect Modules 4 and 5. A new venue for respect level 5 training has been identified to reduce the training backlogs and enable staff to take up their role fully and promptly
- Tier 1 Oliver McGowan eLearning launched in July. Our compliance has further increased from 51% at the end of Q2 to 66% at the end of Q3, with a campaign launching to increase to full compliance by the end of March 2024.
- Regular reporting of compliance is monitored by SBUs and corporate services. The People and OD Group maintains oversight on compliance and is scrutinising performance trajectories and actions being taken to further improve compliance.

9. Staff Development - Appraisal, Induction & CPD



- Appraisal compliance has increased from 93.7% at the end of Q2 to 95.5% at the end of Q3, which is the highest compliance rate historically achieved and now exceeding our target of 95%.
- These improvements are as a result of the new appraisal window system which ran until the end of July 2023 and the new Appraisal App, which launched at the start of April 2023.
- Information from the App has been used to carry out a comprehensive training needs analysis and our refreshed development offer to staff has now been confirmed.
- We are now preparing for our 2024/5 appraisal window and making final updates to te App to reflect learning from 2023/4.
- The People and OD Group will continue to monitor compliance and approve our training, talent management and succession plans.

Simulation Hub

- 2 sessions held in December – Physical health (learning from incidents) and a Medical Emergencies session as part of the junior doctors' induction
- All feedback from delegates was excellent

Medical Education

- 1 CPD event took place in December, number of attendees 141
- 2 Joint Weekly Academic Sessions took place with 130 attendees across the 2 sessions
- 2 CT Balint events, 37 attendees attended over the 2 sessions
- Junior Doctor Induction took place with 60 Foundation and GP doctors attending.
- 2 MRCPscyh Teaching session took place in December. Both sessions were delivered both in person and virtually with 54 attendees across both sessions.
- The mock CASC exam was successfully run on the 8th December at Saffron Ground, Stevenage. The mock consisted of 16 stations split into 8 stations in the morning and 8 stations in the afternoon, involving trainees, examiners and actors.

Induction

- 41 staff attended in December
- Session rated 4.7/5
- Onboarding experience rated 4.3/5

Mandatory Training

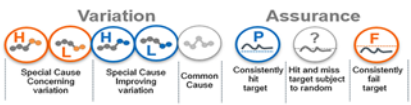
- 438 staff attended face to face mandatory training in December
- Highest attended = BLS = 150

Continuing Professional Development

- CPD spend to date £250k
- £70k further spend planned before 1st Apr 24
- On track to spend all of funding allocation

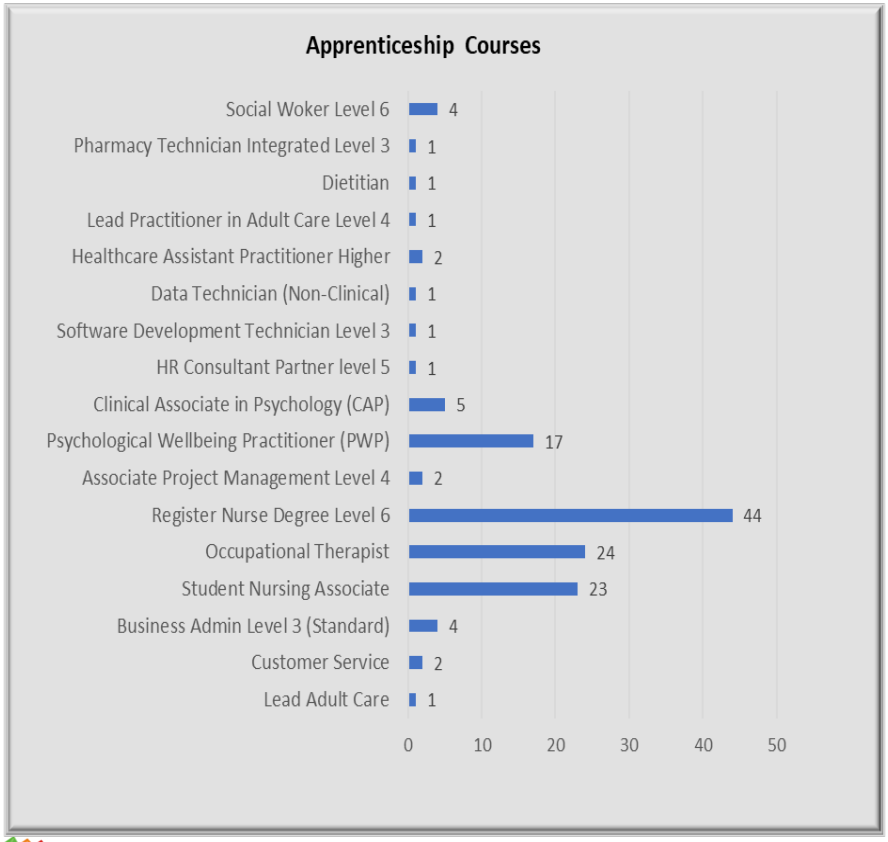
Leadership Development

- 4 HPFT leaders have bare undertaking the ICS Emerging System Leaders Programme
- Band 6 nurse leaders development programme launched in November
- 19 staff undertaking Leadership Academy Cohort 13
- 3 staff undertaking the ICS Inclusive Career Development Programme
- 381 people actively accessing NHS Elect course; 561 online learning hours
- Kinder Manager workshops rolled out to support implementation of the NHS Expectations of Line Managers guidance.



9. Staff Development - Apprenticeships

Levy Pot	
Current Funds	£1,809,48(
Funds spent since Jan 23	£774,05
Estimated spend for the next 12 months	£417,52
Funds Expiring in Jan 24	£33,84



- We currently have 134 apprentices (up from 106 at the end of Q2).
- Whilst we are growing our apprenticeships, we continue not to fully utilise our levy pot. Work is being undertaken to ensure the apprenticeship pipeline is embedded within our early careers strategy, aligned to our vacancy profile and fully optimised in terms of funds utilisation.
- In addition to our apprentices, we have increased our qualified Professional Nurse Associates (PNAs) from 28 to 29. PNAs carry out restorative supervision sessions, career conversations and support improvement projects.
- A task and finish group is exploring how apprenticeships across our professional groups can be expanded to increase our supply of registered professionals.
- We continue to provide in-house functional skills training to support people to undertake apprenticeships.
- 3 staff have commenced a three-year Social Worker Apprenticeship programme, which is a first for the Trust.
- The community transformation programme is expected to create further opportunities to expand our apprenticeships.
- The Trust has part funded 8 members of staff to undertake an Open University Registered Learning Disability nurse degree programme as direct action to improve the pipeline in Norfolk and Essex.

10. Conclusion

The key headlines from Quarter 3/Month 9 (December) are as follows:

- Vacancy rates have reduced from 12.6% in Q2 to 11% in Q3. During Quarter 3, the Trust achieved the lowest vacancy rates experienced in over four years. The establishment rose by 176 FTE this financial year
- The number of staff in post increased by 81 FTE compared to Q2 due to positive recruitment and retention.
- Our turnover rate reduced from 11.1% at the end of Q2 to 10.5% at the end of Q3, which is the lowest it has been in over two years.
- We continue to have a healthy pipeline of 583 FTE posts, 205 of which have external candidates in the firm offer/starting phase, which means we predict a further reduction in our vacancy rates in Quarter 4. The time to hire reduced from 51.4 days at the end of Q2 to 46.8 days at the end of Q3, which is below our target of 52 days
- The Recruitment and Retention Group and People and OD Group are monitoring performance and overseeing implementation of our recruitment and retention plans, which particularly target the recruitment pipeline and retention in hot spot areas and staff groups.
- Agency use is being scrutinised by the Agency Panel and Financial Recovery Board to monitor progress against trajectories to achieve the 2023/4 Trust targeted agency spend. Agency spend during Q3 was £18.8k less per month than the previous Quarter.
- The co-produced Belonging and Inclusion Strategy launched in November and the supporting action plan is being implemented with ambitious targets for improvement across all workforce metrics. This report includes our quarter WRES and WDES data (save for the staff survey data which is under embargo) and the first iteration of a new belonging and inclusion dashboard, intended to provide greater visibility of diversity across our workforce.
- Appraisal rates increased from 93.7% at the end of Q2 to 95.5% at the end of Q3, which is the highest compliance rate historically achieved and now exceeding our target of 95%.
- Mandatory training rates have reduced from 92.5% at the end of Q2 to 89.6% at the end of Q3. This was mostly due to challenges with automated data migration from Discovery to ESR. Work to address the issues manually has taken place during December and January.
- Sickness absence increased from 4.4% in Q2 to 5% at the end of Q3 owing to increases in mental ill health related absence and respiratory infections As a result, our staff wellbeing offer is being refreshed to focus on targeted prevention.

The People and OD Group continue to monitor and oversee plans to continue improvements against each of the workforce key performance indicators.

Hertfordshire Partnership University NHS Foundation Trust

Report to the PUBLIC Board of Directors

Meeting Date:	8 February 2024	Agenda Item: 8
Report Title	Report of the Finance and Investment Committee held on 23 November 2023	For publication: Yes ☒ No ☐
Report Author (s)	Helen Edmondson, Head of Corporate Affairs & Company Secretary	
Approved by:	Philip Cave, Chief Finance Officer	

The Board is asked to receive
To provide the Board with an overview of the work undertaken by the Finance and Investment Committee at its most recent meeting on 23 November 2023.

Executive Summary
Report details the work of the Finance and Investment Committee which met on 23 November 2023. There were no matters for formal escalation to the Board.

Recommendations
The Board are asked to RECEIVE AND NOTE the report below. There are no formal escalations.

Implications	
Risk and Assurance	The Committee that is responsible for providing assurance regarding financial and commercial risks
Equality, Diversity and Human Rights	The Committee considered the Annual Plan and performance metrics which support delivery equity of provision.
Quality	The Committee that is responsible for providing assurance regarding financial and commercial risks, which are closely aligned with management of quality.
Financial	The Committee considered a number of reports which detailed the financial position for the Trust.
Service Users and Carer Experience	The Committee considered annual plan delivery, performance metrics and reports on services all of which impact on service user experience
People	Ensuring the delivery of financial plan is important to ensuring positive staff experience.
Legal and Regulatory	

	Meeting statutory financial duties is a key legal requirement
Digital	Committee noted positive impact of digital and technological solutions
System	Increasingly the Trust works with system partners to agree priorities and funding.
Sustainability	No implications

Strategic Objectives this report supports	Please tick any that are relevant
1. We will improve service user and carer experience, placing emphasis on shared decision-making, co-production and recovery	✓
2. We will provide high quality care and support that is safe and achieves the best outcomes for service users and carers.	✓
3. We will attract, develop, and retain a skilled, compassionate workforce by creating inclusive and thriving workplaces.	✓
4. We will address inequalities to improve out-comes and advance equity for people from all communities.	
5. We will work in partnership in everything we do to meet the needs of communities and the people we support.	✓
6. We will be a learning organisation that encourages innovation, research and continuous quality improvement.	

Hertfordshire Partnership University NHS Foundation Trust

Report from Finance and Investment Committee held on 23 November 2023

1. Introduction

1.1 This paper provides the Trust Board with a summarised report highlighting key Finance and Investment Committee (FIC, the Committee) business and issues arising from the meeting.

1.2 The Committee met on 23 November 2023 in accordance with its terms of reference and was quorate. The meeting 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. Deep Dive – Commercial Strategy

2.1 The Committee received a deep dive on Delivering Value Programme for 2023/24 which equates to £15m. Committee members were taken through the three key elements of the programme noting the majority of areas were recurrent.

2.2 The Committee were taken through the schemes that make up the Delivering Value (DV) Programme that span all Trust departments and the performance of the schemes to date. It was noted that the significant schemes in the programme relate to Out of Area Placements, Rates rebate, reduction in agency spend and social care placements. It was reported that the DV programme is on plan to deliver the forecast £15m.

2.3 The Committee was updated on the development of the DV programme for 2024/25, noting that a workshop had been held with departments to identify areas for efficiency and transformation.

2.4 The discussion at Committee highlighted the need for the Trust to secure funding that covered the costs for the services commissioned. It was also identified that Committee members would welcome a discussion regarding the Quality Impact Assessments for the schemes but noting that this would be covered by the Integrated Governance Committee.

3. Finance

3.1 The Committee received a report that set out the Trust' financial position at month seven. It was reported that the Trust had agreed a £1.8m deficit plan for 2023/24. The year-to-date financial position is a deficit of £3.9m which is

£1.8m worse than plan. It was noted that this position included the phasing in of additional resources from the Integrated Care Board (ICB) originally planned to be phased in at month twelve.

3.2 The Committee noted the key drivers for the deficit position were usage of secondary commissioned private acute mental health beds driven by demand and an increase in usage of agency/bank staff to support the acuity of patients in wards and in physical acute hospitals.

3.3 The Committee were updated on the regional and ICB financial position. And that since the last meeting the Board had met and agreed an updated forecast position for 2023/24. The revised forecast position for the Trust was a £4.2m deficit and it was reported that the system had agreed a revised plan of break even.

3.4 Committee members discussed the risks to being able to deliver the revised forecast plan, noting that seasonal demand and an increase in demand for beds would have a detrimental impact.

3.5 Following discussion at the previous Committee meeting an update on the secondary commissioning of health and social care placements was provided. It was reported that the Trust commissions health and social care placements and home support from third party providers where service user needs cannot be met within the Trust bed base because there are no available beds, or the Service User requires a service that the Trust does not provide.

3.6 It was noted that Social Care is funded by Hertfordshire County Council (HCC) on a block contract basis providing £21.2m in 2023/24 to fund service user placements, supported living and adult social work staffing.

4. Capital Plan 2023/24

4.1 The Committee received an update on the progress of the 2023/24 Trust capital plan. Since the last report to Committee approval for the Mental Health Urgent Care Centre (MHUCC) had been given and for which the Herts and West Essex System have agreed to re-allocate additional CDEL.

4.2 It was reported that the initial gross Capital Investment Programme for 2023/24 was £12.8m; the available net CDEL was £11.4m and a disposal was expected to add £1.35m to the available CDEL, to give the gross programme value.

4.3 The Committee noted spend against the programme is currently on track, and that there were a significant number of schemes planned for the second half of the year. It was reported that the Trust expected that CDEL will be spent in full for the year. Committee members discussed and agreed changes to the capital plan including move of disposal date into 2024/25.

5. Specialist Residential Services (SRS)

5.1. The Committee received a detailed report on the transition of SRS to the new care provider. Committee members were updated on the mobilisation of the new service provider and completion of decommissioning of SRS as a hospital site.

5.2 The Committee considered in some detail the plans regarding the estates, noting that it was likely to be a complex and lengthy process for them to move to different ownership. It was confirmed that the buildings were in good condition but that the new provider planned to refurbish them to better meet service users needs. It was agreed that details of the estates and any associated finance risks would be considered at a future meeting.

6. Planning

6.1 The Committee received an update on the current position regarding each of the Trust's major contracts for the 2023/24 financial year. Committee members noted that we are close to completing a contract variation for 2024/25 with Hertfordshire County Council.

6.2 It was reported that the Trust had carried out a detailed review of Trust spending on social care and this will feed into discussions with commissioners regarding funding for 2024/25 and future years.

6.2 The Committee received an update on the Essex Learning Disability Services noting the existing seven-year contract. And that following a procurement process Norfolk commissioners had awarded the Trust the contract for Astley Court.

6.4 The meeting was informed the meeting that the Survivors of Sexual Assault Tender had been successful, and the Trust was now setting up the new service with a planned go live 1st April 2024.

7. Digital

7.1 The Committee received an update on progress with the implementing the Trust's Digital Strategy. It was reported that of the twenty-one projects for 2023/24 the majority had been delivered or were forecast to by the end of the year. The Committee discussed projects that are experiencing delays, and which pose a risk to delivering the year end position.

7.2 Committee members noted that in 2024/25 the Trust would be making further investment in digital. Committee members stressed the importance of being able to quantify the full range of benefits of new technology and it was agreed that future update reports would include details of identified financial and non-financial benefits.

8. Matters for escalation to the Board

7.1 There were no matters for formal escalation to the Board.

7.2 The Board is asked to note that the approved the process of self-assessment and would be considering the feedback at its meeting in January and would form part of the Committee's report to Board.

Appendix one – Agenda items 23 November 2023

Subject
Apologies for Absence
Declarations of Interest
Notes of the briefing held on 18 September 2023 Minutes of meeting held on 26 October 2023
Matters Arising Schedule
DEEP DIVE
Delivering Value
OPERATIONAL
Finance Report
Secondary Commissioning Costs
Capital Plan 23/24 Update
Commercial and Contract Update
Specialist Residential Service Update
STRATEGIC
Planning Update
Digital Portfolio Update
OTHER BUSINESS
Proposal for Committee self-assessment
FIC Business Programme
Any Other Business
Date of next meeting: 26 January 2024

Hertfordshire Partnership University NHS Foundation Trust

Report to the Public Board of Directors

Meeting Date:	8 February 2024	Agenda Item: 8
Report Title	Report of the Finance and Investment Committee held on 26 January 2024	For publication: Yes ☒ No ☐
Report Author (s)	Helen Edmondson, Head of Corporate Affairs & Company Secretary	
Approved by:	Philip Cave, Chief Finance Officer	

The Board is asked to receive
To provide the Board with an overview of the work undertaken by the Finance and Investment Committee at its most recent meeting on 26 January 2024.

Executive Summary
Report details the work of the Finance and Investment Committee which met on 26 January 2024. The Committee also considered a number of reports that provided assurance regarding finance, performance and governance.

Recommendations
The Board are asked to note: 1. The Committee have completed and considered the results of their self-assessment. 2. The Committee have recommended their updated Terms of Reference for the Board to approve. There were no other matters for formal escalation to the Board

Implications	
Risk and Assurance	The Committee that is responsible for providing assurance regarding financial and commercial risks
Equality, Diversity and Human Rights	The Committee considered the Annual Plan and performance metrics which support delivery equity of provision.
Quality	The Committee that is responsible for providing assurance regarding financial and commercial risks, which are closely aligned with management of quality.
Financial	

	The Committee considered a number of reports which detailed the financial position for the Trust.
Service Users and Carer Experience	The Committee considered annual plan delivery, performance metrics and reports on services all of which impact on service user experience
People	Ensuring the delivery of financial plan is important to ensuring positive staff experience.
Legal and Regulatory	Meeting statutory financial duties is a key legal requirement
Digital	Committee noted positive impact of digital and technological solutions
System	Increasingly the Trust works with system partners to agree priorities and funding.
Sustainability	No implications

Strategic Objectives this report supports	Please tick any that are relevant
1. We will improve service user and carer experience, placing emphasis on shared decision-making, co-production and recovery	✓
2. We will provide high quality care and support that is safe and achieves the best outcomes for service users and carers.	✓
3. We will attract, develop, and retain a skilled, compassionate workforce by creating inclusive and thriving workplaces.	✓
4. We will address inequalities to improve out-comes and advance equity for people from all communities.	
5. We will work in partnership in everything we do to meet the needs of communities and the people we support.	✓
6. We will be a learning organisation that encourages innovation, research and continuous quality improvement.	

Report from Finance and Investment Committee held on 26 January 2024

1. Introduction

1.1 This paper provides the Trust Board with a summarised report highlighting key Finance and Investment Committee (FIC, the Committee) business and issues arising from the meeting.

1.2 The Committee met on 26 January 2024 in accordance with its terms of reference and was quorate. The meeting 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

2.1 The Committee received a report that set out the Trust's financial position at month nine. It was reported that the Trust had originally agreed a £1.8m deficit plan for 2023/24. The year-to-date financial position is a deficit of £4.0m. It was noted that this position included the phasing in of additional resources from the Integrated Care Board (ICB) originally planned to be phased in at month twelve and included industrial action funding.

2.2 It was noted that the key contributors to the financial deficit are the above planned usage of secondary commissioned beds driven by demand and an increase in usage of agency/bank staff to support the acuity of patients in wards and in physical acute hospitals.

2.3 It was reported that during November 2023 the Trust worked with the Herts and West Essex Integrated Care System to review the year end forecast. It was agreed at that this the time that revised forecast for the Trust would be a £4.2m deficit, and this was part of a system wide breakeven forecast. It was noted that this forecast was subject to there being no further industrial action after November 2023. The Committee discussed the impact of the industrial action that had taken place during December and January.

2.4 The Committee were updated on the regional and ICB financial position. The Committee were informed that at the January 2024 Board meeting it had been agreed to amend the Trust's financial forecast for 2023/24 in light of the expected industrial action costs and a revised forecast of £4.8m deficit had been agreed.

2.5 The Committee were informed that the Delivering Value programme was on track to deliver the plan in full for 2023/24.

2.6 It was reported that the capital plan for 2023/24 was slightly underspent but the Trust remained confident that the full plan would be delivered by year end. In response to Anne Barnard's question about year end forecast for the capital plan, it was reported that finance and estates team were working closely together to monitor the programme and ensure the plan is fully delivered.

2.7 In response to questions Phil Cave set out the cash position of the Trust and clarified the system's expectations that the resources would not be allocated to new expenditure. In response to Dipo Oyewole's question Phil Cave provided an update on the unresolved contract queries for 2023/24.

2.8 It was agreed that the next Committee meeting would receive an update on non-pay expenditure following review by the Executive Team and Financial Recovery Group.

3. Capital Plan 2024/25

4.1 The Committee received an update on the progress of developing the Trust's capital plan for 2024/25. It was noted that the total plan for the year was likely to be just over £10m, a reduction on previous years and that this was a working figure as the detailed planning guidance was not yet published. It was noted that there was an unclear picture regarding digital capital for the year.

4.2 The process for developing the plan was presented noting the significant involvement of operational teams in identifying appropriate schemes. The Committee supported the commitment to completion of existing schemes and schemes that related to service user and staff safety. It was noted that the next stage was the prioritisation of the schemes which would have clinical input. It was noted that the final plan would be brought back for approval at the March 2024 Committee meeting.

4. East of England Provider Collaborative

4.2 The Committee considered an update report on the East of England Provider Collaborative. It was reported that the Children and Young People transformation has focused on all providers in the collaborative building up their training capacity to manage the expectation of treating eating disorders within the general adolescent units (GAU). A business case is being prepared that will propose to expand the out of hospital offer using a virtual model similar to adults with Cambridge and Peterborough NHS Foundation Trust (CPFT) is likely to pilot this initially with other hub sites being considered. It was noted that there remained financial pressures due to out of area placements.

4.3 The Committee was updated that Secure Learning Disabilities services are currently experiences lower levels of bed usage and as a result there are a

number of proposals and business cases being developed to enable the reconfiguring of services.

4.4 It was reported that Adult Eating Disorder Services had launched the Virtual Intensive Team (VIT) and the service had started to accept referrals. It was noted that the new service is hosted by the Trust on behalf of the Provider Collaborative.

4.5 With regard to perinatal services, the Collaborative has agreed to resubmit its clinical model to NHS England by the beginning of March 2024. A new assessment panel has been scheduled for early March with the final business case and decision by the Collaborative to be made later in the month.

4.6 Committee noted the likely year-end financial favourable position for the Collaborative and were updated on the risks to this.

5. Planning 2024/25

5.1 The Committee considered a report that provided an overview of the planning process for 2024/25. It was noted that Trust is awaiting national guidance on plans for mental health, learning disabilities and neurodevelopmental areas. It was reported that in 2024/25 there is expected to be a greater focus on the quality of mental health, learning disability and autism inpatient services and a greater focus on autism and Attention Deficit Hyperactive Disorder (ADHD).

5.2 The Committee were updated on the work to underway to develop the Trust's Annual Plan and likely priority areas for the Trust, details of which will form part of the discussions with commissioners and the commissioning intentions that will be sent by the Trust.

5.3 It was reported that the Trust's financial planning model is built from the 2023/24 forecast outturn position and is reflective of national and local planning assumptions, as agreed at that time. And will include assumptions of trusts 'living within their means' and no growth in activity or workforce.

5.4 Committee members discussed the fact that the Trust has a significant level of non-recurrent income and the risks that this brings to the delivery of a sustainable financial plan.

5.5 The target for the 2024/25 Delivering Value programme was discussed, aiming to maximise schemes that are cash releasing and provide recurrent benefits. The Committee was updated on the work to corporate, operational and clinical teams to identify schemes.

5.6 Committee members discussed progress with in the absence of formal planning guidance, noting that discussion with commissioning were on going and preparatory work was well underway.

6. Business Cases

6.1 Female Learning Disability Forensic Unit Business Case.

6.1.1 The Committee considered and approved the updated Female Learning Disability Forensic Unit Business Case. It was noted that the Business Case had previously been agreed by the Committee and Board in autumn 2022 but had been revised following feedback from the East of England Provider Collaborative.

6.1.2 It was reported that the business case forms part of the wider bed reconfiguration proposals for Learning Disability secure services following the successful reduction of males with a learning disability in secure care. It was noted that very few services support female Learning Disability forensic service users nationally and as a result they are either placed in specialist units hundreds of miles from home or supported in mainstream services, which struggle to meet their needs. The Committee heard that as a result, outcomes and experience for this cohort are poor and represents a significant inequality compared to males and women without a learning disability.

6.1.3 The Committee welcomed the involvement of clinical and operational teams in the review of the development of the clinical model and business case. The revised model detailed a low secure service, and that the assessment of the required bed numbers was based on an analysis of data on current cases. The Committee noted that this proposal aligned with the Trust's role as a national and regional leader of Learning Disability services.

6.1.4 It was noted that the proposed service would require investment by the East of England Provider Collaborative rather than local commissioners. It was also noted that the proposal required capital investment to upgrade the environment to meet the needs of this cohort of service users.

6.1.5 The Committee supported the revised business case. Committee members discussed the specific risks with managing such a unit and the importance of there being a different model which is autism friendly and staffed with psychologically minded staff.

6.1.6 The Committee approved the business case noting that the next step was for it to be considered by the East of England Provider Collaborative following which it would be considered by the Board for approval.

6.2 Quality Management System

6.2.1 The Committee discussed and approved the outline business case for the contracting of a commercial partner to support the Trust implement a quality management system over a three-year period. Committee members discussed and provided feedback on the proposed procurement approach.

6.2.2 It was noted that a full business case will be brought to Committee and Trust Board for approval following the completion of the procurement exercise.

6.3 Electronic Patient Record

6.3.1 The Committee discussed and approved the outline business case for the Trust's electronic patient record. Committee members supported the approach outlined noting the work undertaken to engage with staff and users of the digital system.

6.3.2 A full business case will be brought to Committee and Trust Board for approval following the completion of the procurement exercise.

7. Annual Plan 2023/24

7.1 The Committee considered the Annual Plan report for quarter three. It was reported that quarter three had been a challenging period for the Trust and the wider health and care system with continued demand and acuity pressures and significant periods of Industrial Action. Despite these pressures the Trust delivered against most milestones for the quarter and is on track to meet the majority of the outcomes for 2023/24. In particular four out of six objectives had achieved the quarterly milestones and five out of six objectives are forecast to meet the end of year outcomes.

7.2 Committee members discussed the links between the Annual Plan objectives and reporting on performance metrics. It was noted that the Annual Plan objectives are often developmental and those set for 2023/24 would likely have an impact in 2024/25 onwards.

7.3 In response to Anne Barnard's question Sandra Brookes reported on the progress with the transformation of community services, noting that there had been some delays.

8. Performance 2023/24

8.1. The Committee considered the quarter three report on performance for 2023/24. The report set out that things remained challenging, but that of the 63 key performance indicators almost 63% of them had met or exceed the target. Committee members noted that there remained challenges in delayed transfers of care, access for Children and Young People and adult mental health services and adult Eating Disorders.

8.2. Areas of strong performance were recovery in in appropriate out of care beds usage, Talking Therapies, Children and Young people in crisis receiving assessment, Adult Crisis seeing people who needed an emergency appointment, along with steady progress across a number of metrics including workforce.

8.3. Committee members welcomed the inclusion of activity information in the report as it provides helpful context to the performance data.

The improvement in Adult community mental health services was noted, with expectation that the position will be recovered by end of quarter four. It was

reported that Children and Young People community services are on weekly oversight by the Executive Team. In response to Jon Walmsley's question regarding quality of appraisals, Helen Edmondson detailed that information from the staff survey would provide details on the position.

9. Governance

9.1 The Committee considered the results of the Committee's self-assessment. The positive results were noted in particular the improved scores across the majority of the questions. Themes from the feedback noted the improvement in quality of reports, how the Committee is clear on its role regarding reviewing financial plans and business cases. Also, that the meeting is well chaired and that the briefing of members outside the formal meeting are well received. In the spirit of improvement, a small number of development areas were identified related to the development of Committee's role with regard to financial risks and need to strengthen its role with regard to equality and diversity aspects of the Committee's work.

9.2 The Committee considered and recommended its revised Terms of Reference for the Board to approve.

10. Matters for escalation to the Board

10.1 The Committee have completed and considered the results of their self-assessment.

10.2 The Committee are recommending their updated Terms of Reference for the Board to approve.

Appendix one – Agenda items 26 January 2024

Apologies for Absence
Declarations of Interest
Minutes of meeting held on 23 November 2023
Matters Arising Schedule
PERFORMANCE ASSURANCE
Finance Report: Month 9 and end of year & right of use assets
East of England Collaborative
STRATEGIC
Planning a) Financial Planning 2024/25 b) Contracts Update 2024/25 c) Capital Plan 2024/25 d)
Quality Management System Outline Business Case
Electronic Patient Record Outline Business Case
Female Forensic Learning Disability Business Case
East and North Inpatient beds
QUARTER THREE REPORTS
Quarter 3 Annual Plan
Quarter 3 Performance Report
GOVERNANCE
Results of Committee self-assessment
Review of Terms of Reference
FIC Business Programme

Hertfordshire Partnership University NHS Foundation Trust

Report to the PUBLIC Board of Directors

Meeting Date:	8 February 2024	**Agenda Item:** 8a
Report Title	Performance Report – Quarter 3 2023/24	**For publication:** **Yes** X **No**
Report Author (s)	Sally Wilson, Head of Performance Improvement	
Approved by:	Philip Cave, Chief Finance Officer	

The Trust Board is asked to:
The Trust Board is recommended to receive the report, discuss key areas of performance and to note actions being taken to improve performance.

Executive Summary

At the end of Quarter 3 2023/24, 63% (38/60) of our Key Performance Indicators across the five operational performance domains were either fully met or almost met.

The Trust performed well in:

- The feedback that we received from our service users and carers. We met or exceeded all our Having Your Say indicators in December.
  - Service users recommending the Trust services to friends and family if they needed them (83% of cases against an 80% target).
  - Service users saying that staff are welcoming and friendly (97% against a target of 95%).
  - Service users saying they know how to access support and advice in a crisis (85% against an 83% target).
  - Service users saying that they are involved in decisions about their care (90% against an 85% target).
  - Carers saying that that they feel valued by staff (75% against a 75% target).
  - Inpatients reporting that they feel safe (85% against an 85% target – the first time target has been met since December 2021).

- Reducing the number of people who are inappropriately placed in out of area beds to a total of 11 bed days in December; compared to over 400 bed days at the end of September. Five additional out of area beds have been secured as part of our winter pressures mitigation plan.

- People discharged from our inpatient services receiving a follow up contact within 48 hours – 88% against a target of 80%.

- People with suspected first episode psychosis engaged with their care co-ordinator within 14 days (80% against a target of 60%)

- The proportion of people receiving Talking Therapies receiving treatment within specified waiting times (94% within 6 weeks against a 75% target and 100% within 18 weeks against a 95% target.

- The Adult Crisis Team seeing everyone who needed an emergency appointment within four hours, face-to-face –100% against a target of 98%.

- Children and Young People in crisis receiving assessment within 4 hours in 99% of cases against a 95% target.

- Our Targeted Team that ensures the wellbeing of Children and Young People with mental health needs who are looked after, met both their targets of making contact with the child's social worker within 14 days and having a consultation within 28 days (both at 100% against an 85% target).

- The Appraisal rate was met at 95% against a 95% target. This is the highest performance ever achieved against this indicator.

Our key areas of focus where we have significant challenges are:

- The number of people who are clinically ready for discharge but are delayed remains high at 16% of our bed base (the equivalent of 57 people). We continue to work to plan discharge from the point of admission and are working with our partners in Hertfordshire County Council to improve access to placements for people who have complex needs.
- Improving access times in our Community CAMHS Service where waits continued to increase, except in the North Quadrant. There has been successful recruitment in the East Quadrant, which is expected to stabilise, along with the South Quadrant during Quarter 4; whilst West Quadrant is expected to stabilise in Quarter 1 of 2024/25. We launched a Continuous Quality Improvement project to tackle demand and capacity issues across all services in the latter part of December.
- Adult Eating Disorder Service is failing to meet access targets due to an increase in demand, combined with vacancies. The Executive team are overseeing a service Improvement Plan, with increased management input and a focus on improving processes and filling vacancies.
- Adult Services continue to improve their position and have actively reduced the waiting list for assessments. Three quadrants have now achieved recovery of target and the remaining South Quadrant is expected to recover target by the end of Quarter 4.
- The recording of ethnicity and other demographic information to inform how we plan and deliver our services. This is closely linked to our PCREF work and to reliably show equality of access we need to reduce the number of people who have 'not stated' or 'not known' as their status. We are developing an App to help with ease of recording and consulting service user councils on a one-off exercise to ask people for this information.
- Turnover (10.5% against a target of 8%) and vacancy rates, whilst at the lowest they have been in over two years, remain a challenge. In particular, the recruitment and retention of our skilled workforce within the medical, registered nursing and allied health professional groups. We continue to focus on recruiting staff as well as ensuring that we continuously improve the experience of our people so that we retain our staff and maintain our position as one of the best mental health and learning disability trusts to work for in the country.

Details of the actions we are taking to improve performance are summarised in the report.

The report now includes activity information which shows a year-on-year increase in contacts of 4%, a referral increase of 15% and a discharge increase of 7%.

This Quarter 3 report was discussed at the Executive Team Meeting on 17th January 2023 and at the Finance and Investment Committee on 26th January 2023.

Recommendations

The Trust Board is recommended to receive the report, discuss key areas of performance and to note actions being taken to improve performance.

Strategic Objectives this report supports	Please tick any that are relevant
1. We will provide safe services, so that people feel safe and are protected from avoidable harm	✓
2. We will deliver a great experience of our services, so that those who need to receive our support feel positively about their experience	✓
3. We will improve the health of our service users through the delivery of effective evidence-based practice	✓
4. We will attract, retain & develop people with the right skills and values to deliver consistently great care & 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)	

Quarter 3 2023/24 Performance Report

1. Background

1.1. This report provides an overview of the Trust's performance at the end of December 2023 and an update on the actions being taken to improve performance.

1.2. In line with NHS best practice, we use Statistical Process Control (SPC) techniques offering further insights into our performance by demonstrating the underlying variation and consistency of our key performance indicators. This approach allows us to better understand what our performance is now, the direction it is going, and provides greater assurance on how likely the Trust is to meet targets.

1.3. There are two main types of information introduced as part of SPC. The first is Assurance and identifies how consistently our processes are likely to meet the target. The second is Variance which describes the trend for the trajectory over time, including statistically significant variations.

1.4. The following icons are used to represent variance and assurance in this report. Icons are colour coded for easier interpretation with blue for improvement, grey for no significant change and orange for deterioration.

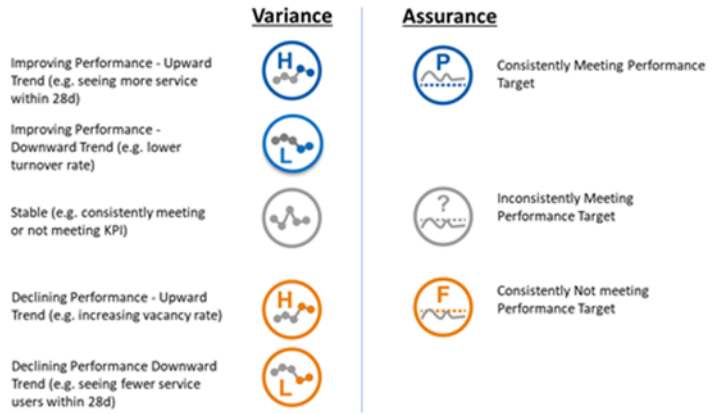


Figure 1 – SPC Icons

1.5. Some of our KPIs do not lend themselves to using the SPC approach and as a result do not have the associated variation and assurance analysis. These will appear without a variation or assurance indicator in the tables.

2. December 2023/24 Performance Summary

2.1. In December, we continued to see pressure on our inpatient services, with a high number of people experiencing delays when clinically ready for discharge, due largely to the limited number of community placements suitable for people with complex needs.

2.2. We continued to focus on improving our access times whilst maintaining a balance of providing timely and effective treatment to the people who use our services.

2.3. At the end of December Quarter 3, 63% (38/60) of our Key Performance Indicators were either fully met or almost met.

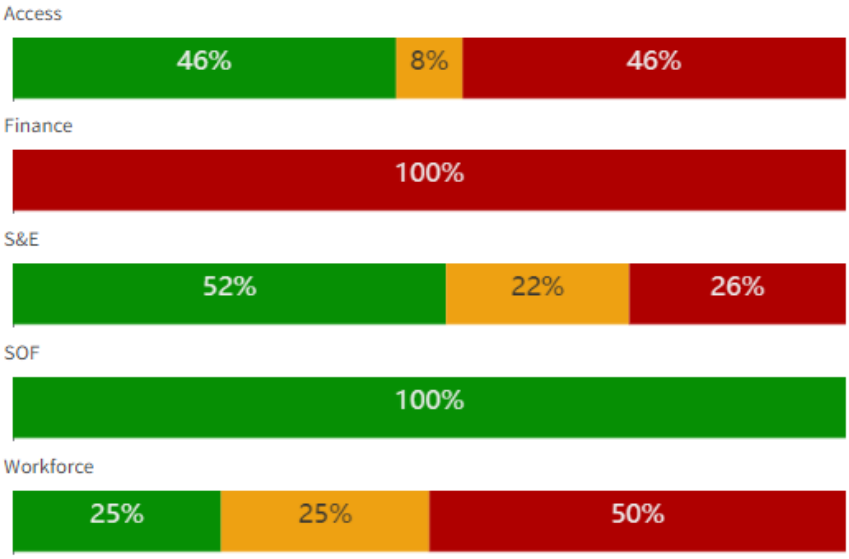


Figure 2 – Percentage of KPIs met in December 2023

2.4. Key areas of strong performance at the end of December include:

- The feedback that we received from our service users and carers. We met or exceeded all our Having Your Say indicators in December.
  - Service users recommending the Trust services to friends and family if they needed them (83% of cases against an 80% target).
  - Service users saying that staff are welcoming and friendly (97% against a target of 95%).
  - Service users saying they know how to access support and advice in a crisis (85% against an 83% target).
  - Service users saying that they are involved in decisions about their care (90% against an 85% target).
  - Carers saying that that they feel valued by staff (75% against a 75% target).
  - Inpatients reporting that they feel safe (85% against an 85% target – the first time target has been met since December 2021).

- Reducing the number of people who are inappropriately placed in out of area beds to a total of 11 days in December; the equivalent of one third of a person, compared to over 400 bed days at the end of September. Five additional out of area beds have been secured as part of our winter pressures mitigation plan.

- People discharged from our inpatient services receiving a follow up contact within 48 hours – 88% against a target of 80%.

- People with suspected first episode psychosis engaged with their care co-ordinator within 14 days (80% against a target of 60%)

- The proportion of people receiving Talking Therapies receiving treatment within specified waiting times (94% within 6 weeks against a 75% target and 100% within 18 weeks against a 95% target.

- The Adult Crisis Team seeing everyone who needed an emergency appointment within four hours, face-to-face –100% against a target of 98%.

- Children and Young People in crisis receiving assessment within 4 hours in 99% of cases against a 95% target.

- Our Targeted Team that ensures the wellbeing of Children and Young People with mental health needs who are looked after, met both their targets of making contact with the child's social worker within 14 days and having a consultation within 28 days (both at 100% against an 85% target).

- The Appraisal rate was met at 95% against a 95% target. This is the highest performance ever achieved against this indicator.

Our key areas of focus where we have significant challenges are:

- The number of people who are clinically ready for discharge but are delayed remains high at 16% of our bed base (the equivalent of 57 people). We continue to work to plan discharge from the point of admission and are working with our partners in HCC to improve access to placements for people who have complex needs.
- Improving access times in our Community CAMHS Service where waits continued to increase, except in the North Quadrant. There has been successful recruitment in the East Quadrant which is expected to stabilise, along with the South Quadrant during Quarter 4; whilst West Quadrant is expected to stabilise in Quarter 1 of 2024/25. We launched a Continuous Quality Improvement project in December to review the demand of the service versus the capacity the Trust has to deliver care. The aim is to improve access to services.
- Adult Eating Disorder Service is failing to meet access targets due to an increase in demand, combined with vacancies. A service Improvement Plan is in place providing additional management oversight, input and a focus on improving processes and filling vacancies.
- Adult Services continue to improve their position and have actively reduced their waiting list for assessments. Three quadrants have now achieved recovery of target and the remaining South Quadrant is expected to recover target by the end of Quarter 4.
- The recording of ethnicity and other demographic information to inform how we plan and deliver our services. This is closely linked to our PCREF work and to reliably show equality of access we need to reduce the number of people who have 'not stated' or 'not known' as their status. We are developing an App to help with ease of recording and consulting service user councils on a one-off exercise to ask people for this information.
- Turnover (10.5% against a target of 8%) and vacancy rates, whilst at the lowest they have been in over two years, remain a challenge. In particular, the recruitment and retention of our skilled workforce within the medical, registered nursing and allied health professional groups. We continue to focus on recruiting staff as well as ensuring that we continuously improve the experience of our people so that we retain our staff and maintain our position as one of the best mental health and learning disability trusts to work for in the country.

3. Single Oversight Framework

3.1. The NHS oversight framework has gone through significant changes with the majority of the key performance indicators now being monitored at Integrated Care Board level. The Trust continues to monitor the only Trust level Mental Health indicator (inappropriate out of area placements) as well as five other indicators as part of this domain. At the end of December, the Trust has met all key performance indicators in this domain.

3.2. People with a first episode of psychosis can access our specialist PATH service within 14 days of referral in 80% of cases against the national target of 60%. The target level has consistently been met since May 2023.

3.3. Our Data Quality Maturity Index Score was at 97% against a 95% target; a stable level maintained for the last 8 months.

3.4. We continued to perform well in our Talking Therapy Services with the overall proportion of people receiving Talking Therapies moving into recovery (51% against a target and national average of 50%) and receiving treatment within specified waiting times (94% within 6 weeks against a 75% target and 100% within 18 weeks against a 95% target.

3.5. Inappropriate out of area placements continued to improve in December, with a total of 11 days – the equivalent of one third of a person for the month, and ahead of our recovery trajectory.

3.6. The table below summarises the end of December position for our Single Oversight Framework key performance indicators. Details of actions we are taking to improve our performance as can be found in Appendix 1.

Single Oversight Framework	Month	Performance	Target	Variation	Assurance	Mean
People with a first episode of psychosis begin treatment with a NICE-recommended package of care within 2 weeks of referral (National)	Dec-2023	80%	60%			78.1%
Improving Access to Psychological Therapies (IAPT)/talking therapies Proportion of people completing treatment who move to recovery (National)	Dec-2023	52%	50%			52.7%
Inappropriate out-of-area placements for adult mental health services (National)	Dec-2023	11	491	N/A	N/A	N/A
Improving Access to Psychological Therapies (IAPT)/talking therapies - 18 weeks (National)	Dec-2023	100%	95%			100%
Improving Access to Psychological Therapies (IAPT)/talking therapies Waiting time to begin treatment (from IAPT minimum data set) - within 6 weeks (National)	Dec-2023	94%	75%			95.3%
Data Quality Maturity Index (DQMI) – MHSDS dataset score (National)	Sep-2023	97%	95%			96.4%

4. Access

Table 1 – Single Oversight Framework KPIs

4.1. At the end of December, the Trust has met eleven out of the twenty-four access key performance indicators and almost met two more.

4.2. Following the remodelling of our adult crisis service in response to the new waiting time standards, we met 100% of 4 hour waits against the existing target of 98% and 65% of 24 hour waits – no target set. Further work on validation and accurate recording is underway for the 24-hour category. Adult Crisis Services continued to meet their target to ensure that everyone

admitted to an inpatient ward has had a prior assessment to seek the least restrictive alternative (100% against a target of 95%). We continue to perform well on our access targets to assess people with potential mental health needs who are in A&E (92% of people seen within one hour) and acute hospital wards (100% of people seen within 24 hours).

4.3. Our CAMHS Targeted Team have recovered their performance, as per their action plan, and met 100% of both their 14 day and 28-day indicators. The CAMHS Crisis Team met their 4-hour wait indicator for the sixth consecutive month, at 99% against a 95% target.

4.4. In our Community CAMHS Service waits continued to increase, with the exception of the North Quadrant. 53% of children and young people were seen within 28 days in December, against a target of 95% and 25% of those needing to be seen within 7 days, against a target of 75%. There has been successful recruitment in East Quadrant, which is expected to stabilise, along with the South Quadrant during Quarter 4; whilst West Quadrant is expected to stabilise in Quarter 1 of 2024/25. A detailed Quadrant Waiting Times Recovery Plan is currently being finalised. We launched a Continuous Quality Improvement project to tackle demand and capacity issues across all services in the latter part of December.

4.5. Adult Eating Disorder Service is failing to meet access targets due to an increase in demand, combined with vacancies. 35% of people received a routine assessment within 28 days in December against a target of 98%. The service is currently under the highest level of oversight, with increased management input and a focus on improving processes and filling vacancies.

4.6. Children's Eating Disorder Services saw 86% of urgent referrals within the 7-day target of 95% and 77% of routine referrals within 28 days against a target of 95%.

4.7. Adult Services continue to improve their position and have actively reduced their waiting list for assessments. Three quadrants have now achieved recovery of target and the remaining South Quadrant is expected to recover target by the end of Quarter 4.

4.8. Our Early Memory Diagnosis Service saw a further drop in performance in December (69% against a target of 80%). Recovery of the waiting time standard had been predicted for Quarter 3 but was not achieved due to a continued high level of referrals, staff sickness and the effect of the junior doctors' strikes. Work is underway in the service to re-model recovery figures and improve the efficiency of the current triage process, thus reducing the number of people who do not go on to receive a diagnosis.

4.9. Our Talking Therapy Services remain below their access targets for the number of people entering treatment (ranging from 81% - 86% of the target). This is an issue across England and we are working with National and Regional Teams to improve this.

4.10. The table below summarises the end of December 2023 position for our access key performance indicators. Details of actions we are taking to improve our performance can be found in Appendix 1.

Access	Month	Performance	Target	Variation	Assurance	Mean
Percentage of inpatient admissions that have been gate-kept by crisis resolution/ home treatment team (Contractual)	Dec-2023	100%	95%			97.2%
MHLT Response times: 1 hour wait for AandE referrals (National)	Dec-2023	92%	90%			94.4%

Access	Month	Performance	Target	Variation	Assurance	Mean
CAMHS referrals meeting assessment waiting time standards - CRISIS (4 hours) (Contractual)	Dec-2023	99%	95%			91.7%
Number of new cases of psychosis (National)	Dec-2023	210	112.5	N/A	N/A	N/A
CAMHS referrals meeting social worker contact waiting time standards - TARGETED SERVICE 14 DAYS (Contractual)	Dec-2023	100%	85%			94.4%
CAMHS referrals meeting assessment waiting time standards - TARGETED SERVICE 28 DAYS (Contractual)	Dec-2023	100%	85%			69.4%
Urgent referrals to community mental health team meeting 24 hour wait (Contractual)	Dec-2023	100%	95%	N/A	N/A	N/A
Urgent referrals to community eating disorder services meeting 96 hour wait (Contractual)	Dec-2023	100%	98%	N/A	N/A	N/A
CRHTT referrals meeting 4 hour wait (Contractual)	Dec-2023	100%	98%			100%
MHLT Response times: 24 hour wait for ward referrals (National)	Dec-2023	100%	90%			97.6%
Urgent referrals to Specialist Community Learning Disability Services meeting 24 hour wait (Contractual)	Dec-2023	No Referrals	98%	N/A	N/A	N/A
Rate of referrals meeting maximum 18 week wait time from referral to treatment for all mental health and learning disability services (National)	Dec-2023	95%	98%			94.7%
Routine referrals to Specialist Community Learning Disability Services meeting 28 day wait (Contractual)	Dec-2023	97%	98%			98%
Number of people entering IAPT / Talking Therapies treatment (ENCCG) (National)	Dec-2023	81%	100%			85.2%
Number of people entering IAPT/ Talking Therapies treatment (HVCCG) (National)	Dec-2023	86%	100%			85.4%
Number of people entering IAPT / Talking Therapies treatment (Mid Essex) (National)	Dec-2023	82%	100%			78%

Access	Month	Performance	Target	Variation	Assurance	Mean
Routine referrals to community mental health team meeting 28 day wait (Contractual)	Dec-2023	77%	95%			57%
CAMHS Eating Disorders - Routine 28 day Waited. (National)	Dec-2023	77%	95%			62.3%
EMDASS Diagnosis within 12 weeks (Contractual)	Dec-2023	69%	80%			47.8%
Routine referrals to community eating disorder services meeting 28 day wait (Contractual)	Dec-2023	35%	98%			77.9%
SPA referrals with an outcome within 14 days (Internal) (Internal)	Dec-2023	88%	95%			93.9%
CAMHS referrals meeting assessment waiting time standards - ROUTINE (28 DAYS) (Contractual)	Dec-2023	53%	95%			73.2%
CAMHS referrals meeting assessment waiting time standards - URGENT (P1 - 7 DAYS) (Contractual)	Dec-2023	20%	75%			71%
CAMHS Eating Disorders - Urgent referrals seen within 7 Days. (National)	Dec-2023	86%	95%			60.8%

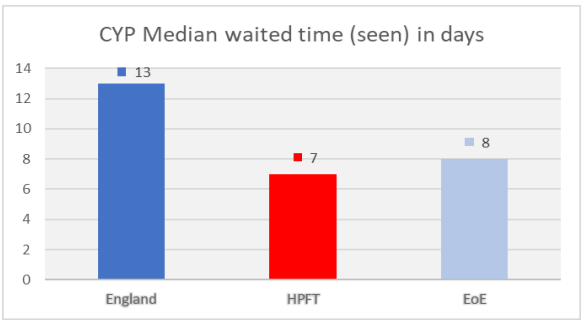
Table 2 - Access Key Performance Indicators

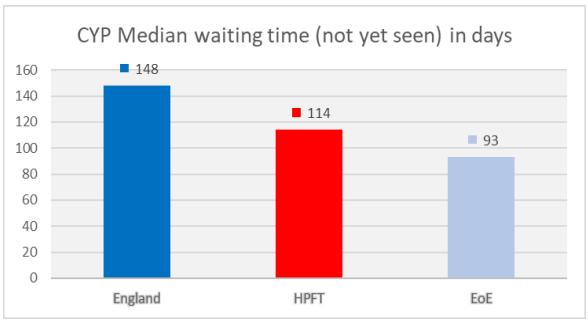
4.11. New Waiting Time Standards

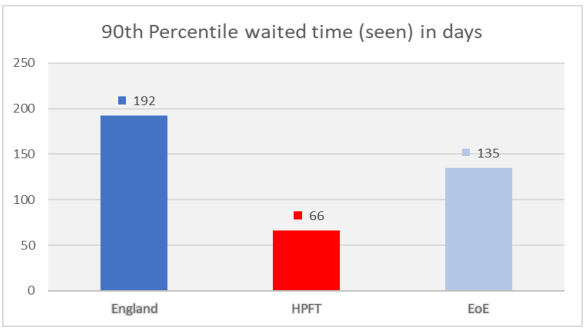
In November NHSE published data at ICB level on the longest waits for the proxy measures on the new waiting time standards for adults and children and young people.

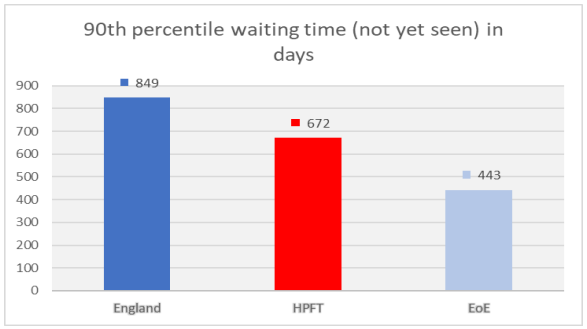
There are currently no performance standards or targets proposed for these metrics and the focus is on improving data quality to ensure an accurate picture of performance is being given across the country. The charts below show the latest data available at provider level for HPFT, including a comparison with Regional and National performance.

Children and Young People





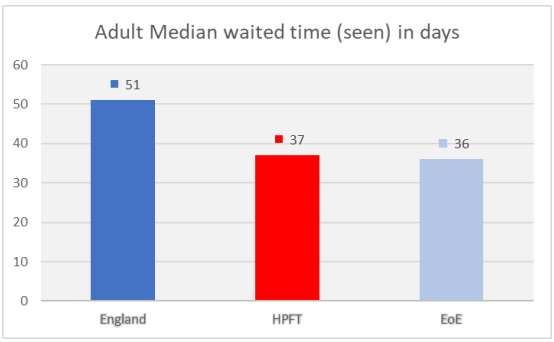


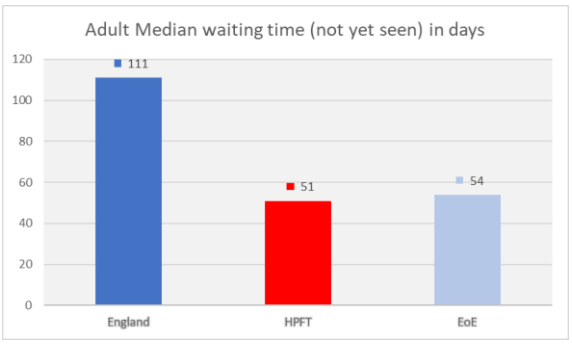


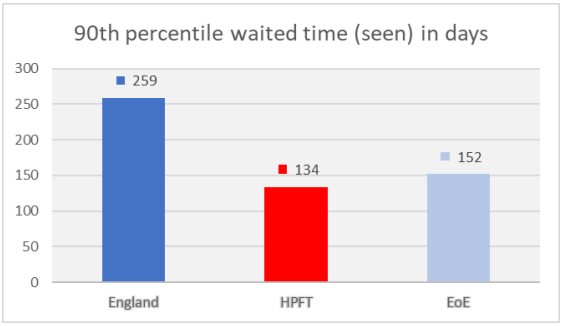
HPFT compares favourably with both England and East of England on the waited times for children who have been seen.

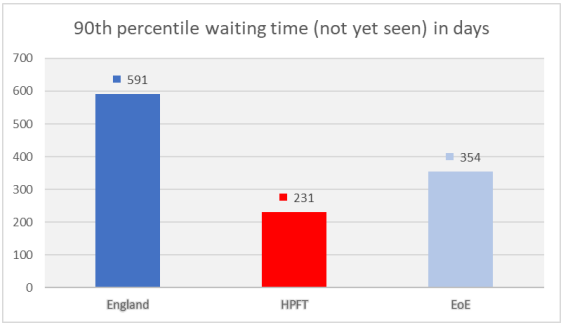
Our waiting times (not yet seen) are higher than the East of England average, but lower than the England average. This is likely to be due to the inclusion of ADHD in the data. NHSE are considering whether ADHD waits should be excluded from the final standard.

Adults and Older Adults









HPFT compares well against England and East of England averages in both waited and waiting categories.

A CQI workshop is scheduled for 18th January, to ensure that the trust has all necessary steps in place to meet the full standard when it is introduced at the end of Q4, including relevant SNOMED and intervention codes.

4.12. Equality of Access

As part of the trust's work on the Patient and Carers' Equality Framework (PCREF) a review was undertaken to look at equality of access to our services. We looked at everyone who was accepted into a service between January 2017 and July 2023 to get a sufficient sample size. The findings were:

- Per 100,000 population, people of mixed race; white and black Caribbean and any other black background had a significantly higher rate of entering our services than those who were white British. All other ethnic groups had a significantly lower rate.
- There was either no difference or shorter waiting times for people with an ethnicity other than white British.
- There was no evidence of people with an ethnicity other than white British leaving the service more frequently before treatment and the African ethnic group had a significantly lower rate of leaving before treatment.
- There is a need for improved ethnicity recording, with 29% of service users currently identified as 'not stated' or 'not known'. Actions to improve this include the introduction of an App with a data collection exercise asking all service users to give their ethnicity, staff education on the importance of ethnicity and other demographic data in equalities and enhanced team dashboards on SPIKE.

5. Safe and Effective

5.1. At the end of December 2023/24, the Trust met twelve out of twenty-three key performance indicators in the Safe and Effective domain and almost met a further five.

5.2. We continue to ensure that anyone leaving our inpatient services receives a follow-up contact within 48 hours, in line with research and best practice (88% against an 80% target).

5.3. People completing a course of treatment in our Talking Therapy (IAPT) services are moving toward recovery at 51%, a rate that is above the national standard of 50%. However, performance in East and North CCG and Mid-Essex CCG fell below the 50% level in December but was compensated for by Herts Valleys CCG who achieved 55%.

5.4. We received very positive feedback from our Service Users and Carers in December:

- Service Users recommending the Trust services to friends and family if they needed them (83% of cases against an 80% target).
- Service users saying that staff are welcoming and friendly (97% against a target of 95%).
- That they know how to access support and advice in a crisis (85% against an 83% target).
- That they are involved in decisions about their care (90% against an 85% target).
- Carers saying that that they feel valued by staff (75% against a 75% target).
- Inpatients reporting that they feel safe (85% against an 85% target – the first time that target has been met since December 2021).

5.5. The number of people who are delayed in our services when they are clinically ready to leave remains high at 16%, an average of 57 people, and we continue to work in partnership with Hertfordshire County Council to increase access to places for people who need more complex care in the community or who may have high social care needs. We are recruiting additional

social workers specifically to focus on delayed transfers of care and improve the flow through our inpatient services.

5.6. The recording of ethnicity, employment and accommodation all remain below target levels of 90% and 85% respectively. Improved recording is of particular importance with the need to ensure equality of service provision and outcomes through our PCREF work. An App is being introduced to improve ease of recording and a one-off exercise to ask service users their demographic details is planned alongside enhanced Team Dashboards on SPIKE and clear communications about the importance of recording demographic data to support equality of service provision.

5.7. Our continued focus on physical health checks for people with psychosis in our community (92% against a 95% target) and PATH (87% against a 90% target) services, has resulted in improvement, with both services almost achieving target.

5.8. The Table below summarises the end of December position for our safe and effective key performance indicators with actions we are taking to improve in key areas summarised in Appendix 1.

KPI	Month	Performance	Target	Variation	Assurance	Mean
Rate of acute Inpatients reporting feeling safe (Internal)	Dec-2023	85%	85%			73.7%
Rate of carers that feel valued by staff (Internal)	Dec-2023	75%	75%			78.8%
Rate of service users that would recommend the Trust's services to friends and family if they needed them (National)	Dec-2023	83%	80%			81.3%
Talking Therapies / IAPT % clients moving towards recovery (HVCCG) (National)	Dec-2023	55%	50%			55%
Talking Therapies / IAPT % clients moving towards recovery (Mid Essex) (National)	Dec-2023	52%	50%			50.5%
Rate of Service Users saying they have been involved in discussions about their care (Internal)	Dec-2023	90%	85%			85.2%
Rate of service users saying they are treated in a way that reflects the Trust's values (Internal)	Dec-2023	82%	80%			83.1%
Rate of Service Users Saying staff are welcoming and friendly (Internal)	Dec-2023	97%	95%			95.8%
The percentage of people under adult mental illness specialties who were followed up within 48 hrs of discharge	Dec-2023	88%	80%			83.5%

KPI	Month	Performance	Target	Variation	Assurance	Mean
from psychiatric in-patient care (Internal)						
The percentage of people under adult mental illness specialties who were followed up within 7 days of discharge from psychiatric in-patient care (National)	Dec-2023	100%	95%			97.8%
Rate of Service Users saying they know how to get support and advice at a time of crisis (Internal)	Dec-2023	85%	83%			81.5%
Complete and valid submissions of metrics in the monthly Mental Health Services Data Set submissions to NHS Digital: (National)	Dec-2023	99%	95%			99.7%
Percentage of eligible service users with a PbR cluster (Contractual)	Dec-2023	91%	95%			93.4%
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in early intervention in psychosis services (Contractual)	Dec-2023	87%	90%			81.8%
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in community mental health services (Contractual)	Dec-2023	92%	95%			84.6%
Rate of service users with a completed up to date risk assessment (inc LDandF and CAMHS from Apr 2015) Seen Only (Contractual)	Dec-2023	94%	95%			92.1%
Talking Therapies / IAPT % clients moving towards recovery (ENCCG) (National)	Dec-2023	48%	50%			51.2%
Percentage of eligible service users with a completed PbR cluster review (Contractual)	Dec-2023	62%	95%			66.2%
Data completeness against minimum dataset for Ethnicity (MHSDS) (National)	Dec-2023	84%	90%			84.6%
Delayed transfers of care to the maintained at a minimal level (National)	Dec-2023	16%	3.5%			16.3%

KPI	Month	Performance	Target	Variation	Assurance	Mean
Complete and valid submissions of metrics in the monthly Mental Health Services Data Set submissions to NHS Digital (Accommodation) (National)	Dec-2023	75%	85%			72.9%
The proportion of those on Care Programme Approach (CPA) for at least 12 months who had a CPA review within the last 12 months (Contractual)	Dec-2023	86%	95%			74.6%
Complete and valid submissions of metrics in the monthly Mental Health Services Data Set submissions to NHS Digital (Employment) (National)	Dec-2023	75%	85%			72.9%

Table 3 - Safe and Effective Key Performance Indicators

6. Workforce

6.1. The Trust met one out of four Workforce indicators at the end of December.

6.2. We have continued to deliver improvements in appraisal (95.46% against a 95% target) and unplanned turnover (10.49% against an 8% target) compared to the start of the year. Staff continue to recommend the Trust as a place to work in our quarterly pulse surveys, however, our Quarter 3 results are taken from the annual National Staff Survey, the results of which are yet to be finalised and under embargo.

6.3. Recruiting and retaining our skilled workforce remains our biggest challenge in delivering services, with similar challenges across the NHS, particularly for the medical, registered nursing and allied health professional groups. We continue to focus on recruiting staff as well as ensuring that we continuously improve the experience of our people so that we retain our staff and maintain our position as one of the best mental health and learning disability trusts to work for in the country.

6.4. Our staff in post figures and vacancy rates (11%) have significantly improved this year; a result of increased and successful recruitment and retention activity. Registered nurse vacancy rates have reduced by 8.5% since the end of Q2 and our overall vacancy rate has reduced by 1.6% in the same period, despite continued growth in our establishment. Both our turnover and vacancy rates are the lowest they have been in over two years and we have 182 FTE more staff in post since the start of 2023/24.

6.5. The table below summarises the end of December position for our workforce key performance indicators.

KPI	Month	Performance	Target	Variation	Assurance	Mean
Rate of staff with a current PDP and appraisal (Contractual)	Dec-2023	95%	95%			85.1%
Mandatory Training (Contractual)	Dec-2023	90%	92%			90.9%
Sickness rate (National)	Dec-2023	5%	4%			4.9%
Turnover rate (Internal)	Dec-2023	10%	8%			12.6%

Table 4 - Workforce Key Performance Indicators

7. Finance

7.1. The Trust achieved an operating deficit of £478k in December, which brought the year-to-date (YTD) operating position to a £4.005m deficit, £1031k adverse to the budget. This is a deterioration from the month 8 position against budget, primarily driven by an increase in external bed usage over the Christmas period and additional non-pay costs.

7.2. The key drivers of the financial position remain the use of Secondary Commissioned beds and bank and agency spend above plan driven by observations on inpatient wards and industrial action.

7.3. The Trust is now forecasting a deficit of £4.8m however continues to work closely with the ICB to bridge this gap. Further details can be found in the finance section of the Board papers.

KPI	Period	Performance	Target
Year to Date Financial Position	Dec-2023	£4,005k deficit	0
NHS Agency Price Caps	Dec-2023	505 Breaches	0 Breaches
Year to Date Delivering Value Achieved	Dec -2023	£10,785	£11,048k

Table 5 - Finance Key Performance Indicators

8. Activity Summary

8.1. The tables below show a comparison of activity for Quarters 1 – 3 2022/23 and Quarters 1 – 3 2023/24, across our secondary care service groups. Please note that Child and Adolescent Mental Health Services are excluded from the Referral and Discharge figures due to migration activity which skews the data. Key changes are:

- A 19% increase in referrals reaching Adult Mental Health Service Teams
- An overall increase in referrals of 15%
- An overall increase in discharges of 7%
- An overall increase in contacts of 4%.
- An increase of 3% in acute admissions.

Referrals			
Cohort	Q1-Q3 22/23	Q1-Q3 23/24	+/-%
Adult Mental Health Services	12784	15177	19%
Mental Health Services for Older People	4832	5149	7%
Specialist Learning Disabilities	1524	1684	10%
Trustwide	19140	22010	15%

Discharges			
Cohort	Q1-Q3 22/23	Q1-Q3 23/24	+/-%
Adult Mental Health Services	11892	13250	11%
Mental Health Services for Older People	5099	5260	3%
Specialist Learning Disabilities	1759	1597	-9%
Trustwide	18750	20107	7%

Total Contacts			
Cohort	Q1-Q3 22/23	Q1-Q3 23/24	+/-%
Adult Mental Health Services	153013	163491	7%
Child and Adolescent Mental Health Services	32928	33768	3%
Mental Health Services for Older People	29240	28293	-3%
Specialist Learning Disabilities	38899	39690	2%
Trustwide	254080	265242	4%

Acute Admissions			
Cohort	Q1-Q3 22/23	Q1-Q3 23/24	+/-%
Acute Admissions	1154	1191	3%

9. Quality Account

9.1. A Quality Account is a published report about the quality of services and improvements offered by an NHS healthcare provider and is reported every Quarter. We report on the quality of the services as measured by looking at:

- patient safety
- how effective patient treatments are
- patient feedback about care provided

9.2. In Quarter 3 we met three out of the five reportable Quality Account indicators. The indicator for staff wellbeing is reportable on an annual basis and indicators 4 and 5 require validation and will be reported in Quarter 4.

9.3. Rate of service users who have a completed risk assessment within the last 12 months was almost met.

9.4. Urgent CAMHS referrals seen within 7 days was unmet, with three children seen out of this timescale due to capacity issues within the service.

9.5. The table below summarises the Quarter 3 position for our Quality Account Indicators.

Number	Service User Safety	Target	Quarter 1	Quarter 2	Quarter 3	Quarter 4
1	Rate of service users who have a completed risk assessment within the last 12 months	>=95%	94%	93%	94%	
2	Routine referrals to Specialist Community Learning Disability Services meeting 28-day wait.	>=95%	96%	98%	99%	
3	The percentage of service users who are followed up within 48 hours after discharge from psychiatric inpatient care during the reporting period.	>=80%	89%*	87%	87%	
	Clinical Effectiveness					
4	Achieving high quality 'formulations' for CAMHS inpatients	>=80%	100%	TBC	TBC	
5	Reducing the need for the use of restrictive practice in adult and older adult inpatient settings.	>=80%	97%	96%	TBC	
6	Urgent CAMHS referrals seen within 7 days	>=75%	80%	67%	47%	
	Service User, Carer and Staff Feedback					
7	If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation (Staff FFT)	>=68%	69%	73%	N/A**	
8	Rate of service users that would recommend the Trust's services to friends and family if they needed them	>=75%	80%	80%	84%	
9	HPFT takes positive action to support my health and wellbeing. Staff wellbeing at work (Annual Staff Survey)	>=72%				

Updated percentages * No Pulse Survey due to Staff Survey

10. Conclusion and Recommendations

10.1. The Trust met or almost met 63% (38/60) of our key performance indicators at the end of December 2023.

10.2. The Trust Board is recommended to receive the report, discuss key areas of performance and to note actions being taken to improve performance.

11. Appendices

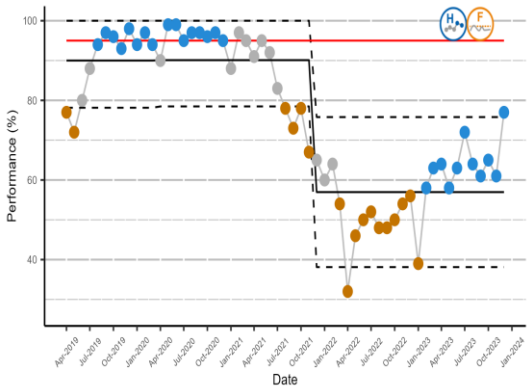
APPENDIX 1 – EXCEPTION REPORT

11.1. This section summarises the indicators where we are not currently meeting target and the steps we are taking to improve performance in these areas. It is organised into logical groups (Inpatient, Adults, CAMHS etc) for ease of reference.

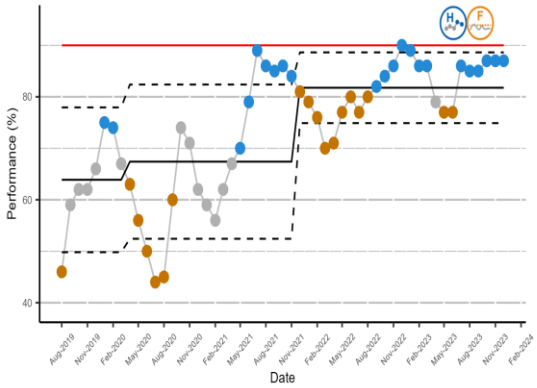
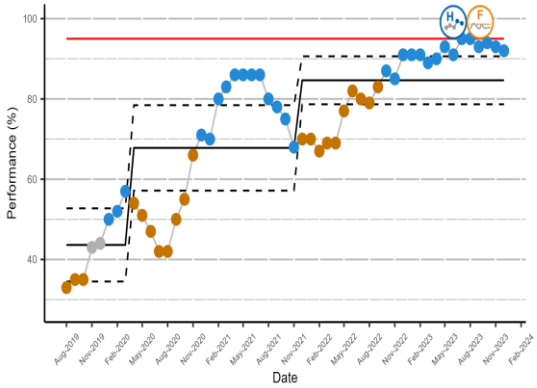
11.2. Each summary is broken into 5 sections (columns)

- KPI – Is the name of the indicator and the description is normally aligned to the KPI that the project aims to recover.
- Chart – Statistical Process Control Chart showing the target (red line), trend line (grey / blue / orange dots joined by a grey line), and the upper and lower limits of normal variance levels (dotted grey lines). Please note that the dotted lines step up / down in accordance with changes in variation in alignment with the pre, during and post the COVID-19 pandemic.
- What the data is telling us – a written interpretation of the chart.
- Summary – A brief description of the root cause / problem identified.
- Key actions – the steps we are taking to recover performance.

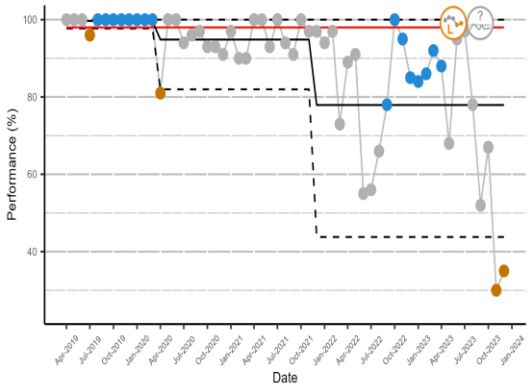
Adult Community MH Services

KPI	Chart	Narrative	Summary	Key Actions
Routine referrals to community mental health team meeting 28 day wait		**Dec-2023** 77% **Variance Type** Special Cause Variation: Latest value above upper control limit (improvement) Latest 6 data points are above mean (improvement) **Latest Target** 95% **Assurance** Consistently not meeting performance target	There has been continued improvements in waiting times, sustained across the holiday period. At the start of January: E&SE compliance at 96.3% North compliance at 89.74% SW compliance at 58.16% (significant improvement on Nov) NW compliance at 91.94% (significant improvement on Nov) Recovery is predicted for the end of Quarter 4. Continued impact of adult ADHD referrals on capacity.	• Weekly SBU Performance Oversight meeting • Continue to use agency workers and out of hours clinics to meet some of the shortfall between the capacity of the substantive workforce and demand for assessment. • Recruitment action plans in areas of most challenge, with overall vacancy rate of 15.58% • Clinical reviews of outcomes of first contact assessments, initial assessment and onward clinical plans, including RRMs to improve flow • PARIS ADHD locality-based teams are in process of being set up to improve quality of reporting. First 2 teams have gone live in E&SE • ADHD business case for commissioners

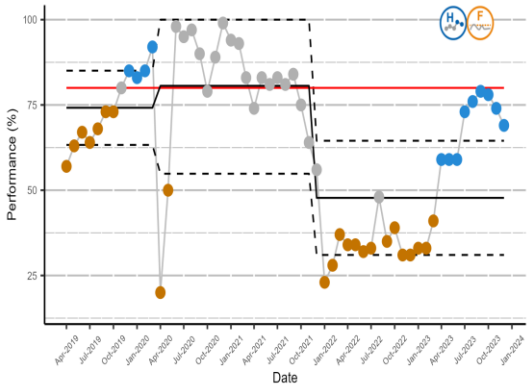
Adult Community MH Services

KPI	Chart	Narrative	Summary	Key Actions
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in early intervention in psychosis services		**Dec-2023** 87% **Variance Type** Special Cause Variation: Latest 6 data points are above mean (improvement) Two of three data points within upper zone A (improvement) **Latest Target** 90% **Assurance** Consistently not meeting performance target	Capacity issues related to vacancies have meant that Clinical Nurse Specialists have had to cover day to day work in the team. We continue to be in the top quartile nationally for physical health performance in EIP services.	• Ongoing recruitment to vacancies • Continued reminders to staff when health checks are due • Continued monitoring in team meetings and MDTs using SPIKE reports.
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in community mental health services		**Dec-2023** 92% **Variance Type** Special Cause Variation: Latest value above upper control limit (improvement) Latest 6 data points are above mean (improvement) **Latest Target** 95%	Significant progress has been made on this indicator, All teams with the exception of West Quadrant are meeting or exceeding target. Performance in December has been affected by the Junior Doctors' strike and vacancies. Expected to recover by the end of January.	• Strengthening nurse-led clinics to ensure consistent delivery of checks. • Continue to focus on advance booking and telephone reminders to address small numbers of overdue health checks

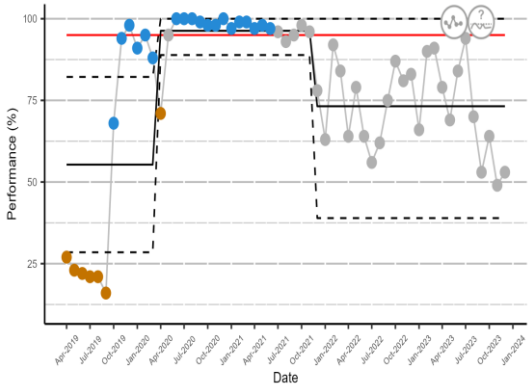
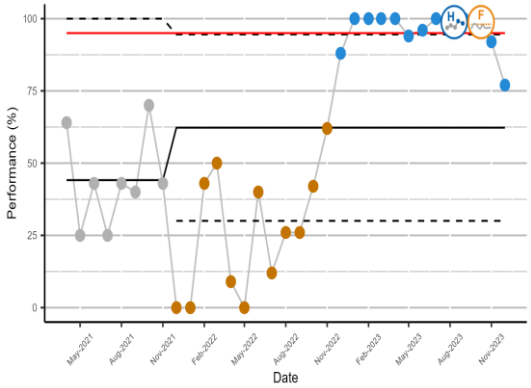
Adult Community MH Services

KPI	Chart	Narrative	Summary	Key Actions
		Assurance Consistently not meeting performance target		
Routine referrals to community eating disorder services meeting 28 day wait		**Dec-2023** 35% (Provisional) **Variance Type** Special Cause Variation: Latest value below lower control limit (concern) **Latest Target** 98% **Assurance** Inconsistently meeting performance target	Referrals to CEDS in Q3 were 23% up on Q2, although they decreased in December. There are currently 86 service users on the 28-day waiting list. All referrals are screened and prioritised for risk and urgency. An Initial Assessment team has been set up for CEDS to improve oversite of the assessment function of the service. A Service Improvement Action plan is in place.	• Additional Service Manager in post to support SLL with leadership capacity and oversight. New SM starts in Jan • Recruitment has improved, with 8 new staff starting in Jan/Feb. • There are 4 vacancies and 1 Mat leave cover to recruit to • Additional medical support has been put in place and support is being provided to deliver physical health clinics; new medical post pending start-date. • Reporting system developed for SPIKE to improve detailed oversight and clinical management. • Work is being implemented around booking appts on system & accuracy of recording.

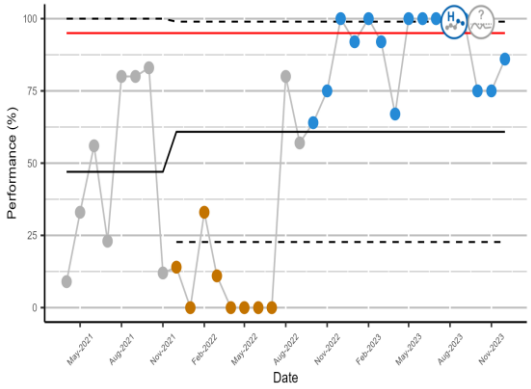
Older Adult Services

KPI	Chart	Narrative	Summary	Key Actions
EMDASS Diagnosis within 12 weeks		**Dec-2023** 69% **Variance Type** Special Cause Variation: Latest value above upper control limit (improvement) Latest 6 data points are above mean (improvement) **Latest Target** 80% **Assurance** Consistently not meeting performance target	The EMDASS service has been vulnerable to surges in demand since Covid and the clinical capacity available to meet the demand has been variable over the past few years. This resulted in an increase in people waiting for diagnosis. There was a sharp rise in referrals during June / July 2022 which increased the waiting list. Following recovery intervention, the waiting list reduced significantly during 2022/23, and the service was close to meeting the 80% target. Junior doctors' strikes combined with leave and increased sickness over the Christmas period has resulted in an increase in the waiting list and an associated drop in performance. A plan is in place to change the clinical delivery model to increase capacity and therefore be less vulnerable to surges in demand.	• Recovery plan and modelling currently being reviewed. • Bi-weekly MD led meetings to monitor progress. • CQI actions in place to model and monitor revised pathways.

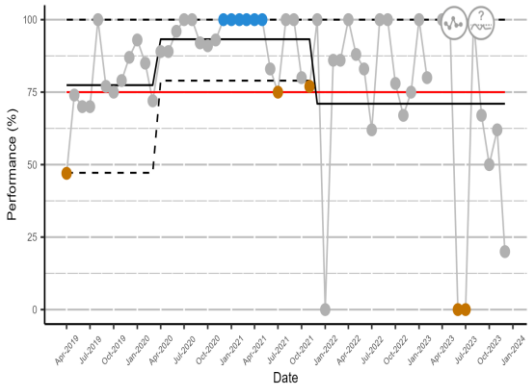
Children and Adolescent MH Services

KPI	Chart	Narrative	Summary	Key Actions
CAMHS referrals meeting assessment waiting time standards - ROUTINE (28 DAYS)		**Dec-2023** 53% **Variance Type** The KPI is currently undergoing common cause variation **Latest Target** 95% **Assurance** Inconsistently meeting performance target	An increase in demand, post-COVID, combined with capacity issues in our Single Point of Access (SPA) Service resulted in an increased number of children and young people waiting for an initial assessment across Hertfordshire. Referral numbers have now stabilised. We have seen limited recovery notably in the North Quadrant and expect stabilisation in the East and South Quadrants by the end of Quarter 4 2023/24 following successful recruitment. West Quadrant is expected to stabilise its position in Quarter 1 24/25 when the result of current recruitment will be realised.	• Focused recruitment activity for vacancies – particular focus on West Quadrant at present. • Weekly recovery meeting led by MD to monitor recovery, including cover and replacement for current vacancies and job planning for individual care professionals. • Review of resource across all quadrants to improve equity of service delivery. • Detailed recovery plan in place, including CQI projects, risk management and demand and capacity initiatives.
CAMHS Eating Disorders - Routine 28 day Waited.		**Dec-2023** 77% **Variance Type** Special Cause Variation: Latest 6 data points are above mean (improvement) **Latest Target** 95% **Assurance**	The Eating Disorders Team had been performing consistently until a spike in referrals from June 23 and a simultaneous increase in vacancies, causing capacity issues.	The following actions are in place to improve access to the service: • Caseload and rag rating review and equitable redistribution of caseload across workforce • Agreement for First Steps ED Service to take some of the stabilised children and young people from our caseload. • Additional 2 x Band 5 nurses for 1 day per week • Agreement for bank and agency to support with extra demand

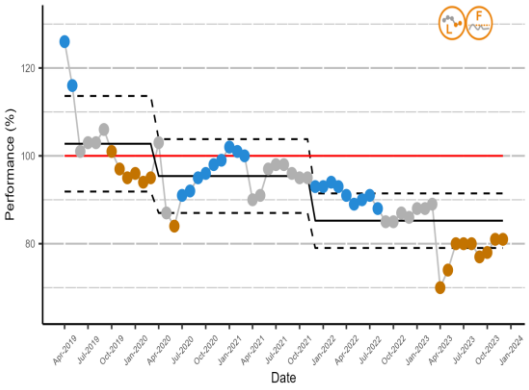
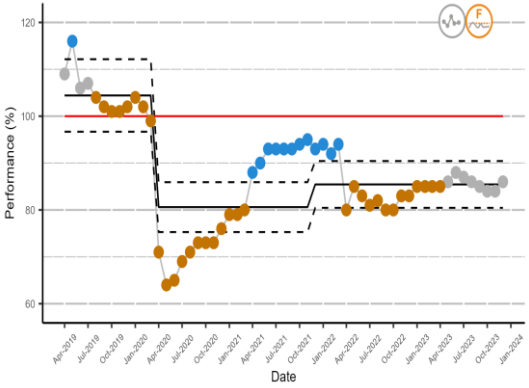
Children and Adolescent MH Services

KPI	Chart	Narrative	Summary	Key Actions
		Consistently not meeting performance target		• Recruitment in progress and at pace • Strict adherence to inclusion criteria and service specification with non-ED diagnostic cases being signposted to relevant services • ED Consultation to referrers in place to support other services
CAMHS Eating Disorders - Urgent referrals seen within 7 Days.		**Dec-2023** 86% **Variance Type** Special Cause Variation: Latest 6 data points are above mean (improvement) **Latest Target** 95% **Assurance** Inconsistently meeting performance target	One person was seen outside of the seven day period due to additional information required before their appointment.	The following actions are in place to improve access to the service: • Caseload and rag rating review and equitable redistribution of caseload across workforce • Agreement for First Steps ED Service to take some of the stabilised children and young people from our caseload. • Additional 2 x Band 5 nurses for 1 day per week • Agreement for bank and agency to support with extra demand • Recruitment in progress and at pace • Strict adherence to inclusion criteria and service specification with non-ED diagnostic cases being signposted to relevant services • ED Consultation to referrers in place to support other services

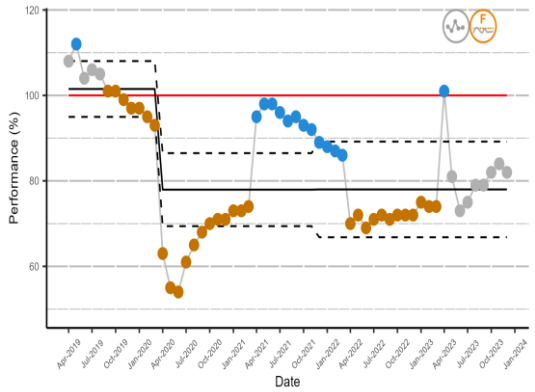
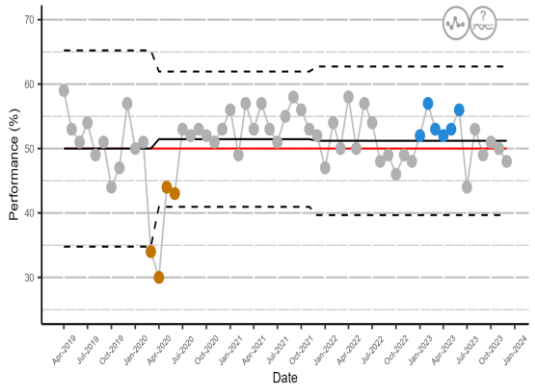
Children and Adolescent MH Services

KPI	Chart	Narrative	Summary	Key Actions
CAMHS referrals meeting assessment waiting time standards - URGENT (P1 - 7 DAYS)		**Dec-2023** 20% **Variance Type** The KPI is currently undergoing common cause variation **Latest Target** 75% **Assurance** Inconsistently meeting performance target	The service received five urgent referrals in December. Capacity issues within the CAMHS service resulted in four children being seen outside of the 7-day period.	• Ongoing work in CAMHS to recruit staff to vacancies and ensure capacity to see children within the 7 day timeframe. • Actions as for CAMHS 28 day KPI.

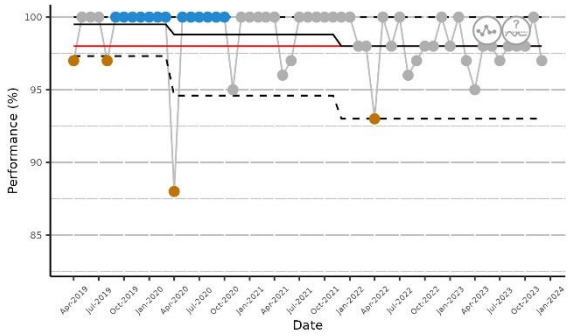
Talking Therapies (IAPT) Services

KPI	Chart	Narrative	Summary	Key Actions
Number of people entering Talking Therapies (IAPT) treatment (ENCCG)		**Dec-2023** 81% **Variance Type** Special Cause Variation: Latest 6 data points are below mean Two of three data points within lower zone A (concern) **Latest Target** 100% **Assurance** Consistently not meeting performance target	Access remains a challenge, particularly where referrals to the service remain below that required to achieve the access target. This is reflected in regional and national data. A comms and marketing plan, including social media, is in place to target specific under-represented groups.	• Following rebranding, the National team have confirmed that a NHS Talking Therapies national communications campaign is planned for launch 15 January 2024. • We are recruiting to an Engagement & Outreach post in Mid Essex to support the marketing plan and improve referrals in this area. • Workshops for Schools/Colleges continue until March 2024
Number of people entering Talking Therapies (IAPT) treatment (HVCCG)		**Dec-2023** 86% **Variance Type** The KPI is currently undergoing common cause variation **Latest Target** 100% **Assurance** Consistently not meeting performance target		

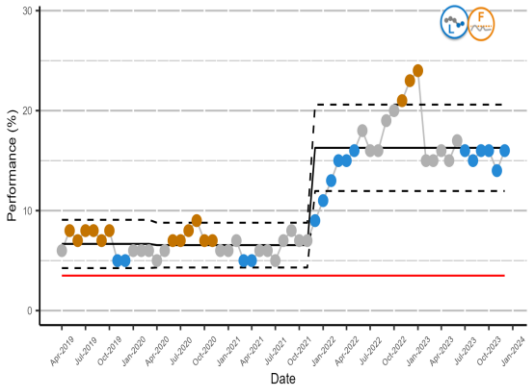
Talking Therapies (IAPT) Services

KPI	Chart	Narrative	Summary	Key Actions
Number of people entering Talking Therapies (IAPT) treatment (Mid Essex)		**Dec-2023** 82% **Variance Type** The KPI is currently undergoing common cause variation **Latest Target** 100% **Assassurance** Consistently not meeting performance target		
Talking Therapies (IAPT) % clients moving towards recovery (ENCCG)		**Dec-2023** 48% **Variance Type** The KPI is currently undergoing common cause variation **Latest Target** 50% **Assurance** Inconsistently meeting performance target	Recovery rates in the service are historically above the 50% target level, but fell to 48% in December.	• The service is undertaking a review of recovery figures in December to understand the reasons for the drop in performance.

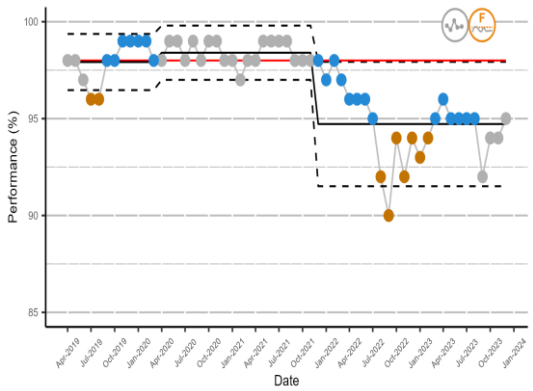
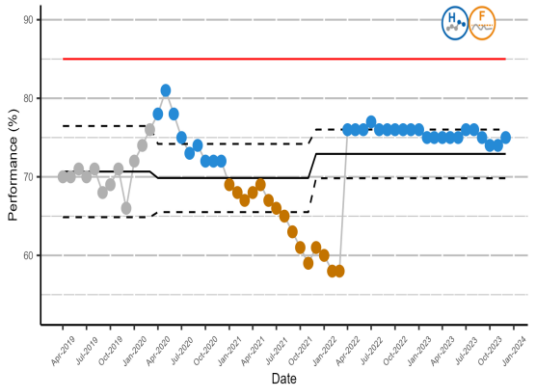
Learning Disabilities and Forensics

KPI	Chart	Narrative	Summary	Key Actions
Routine referrals to Specialist Community Learning Disability Services meeting 28 day wait (Contractual)		**Dec-2023** 97% **Variance Type** The KPI is currently undergoing common cause variation **Latest Target** 98% **Assurance** Inconsistently meeting performance target	One person was seen outside of the 28-day time-frame on day 29. This was due to their carer's availability.	No remedial action required.

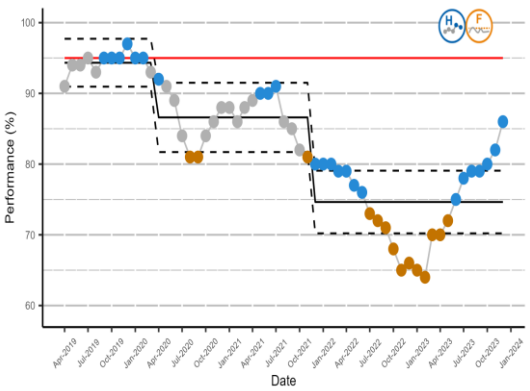
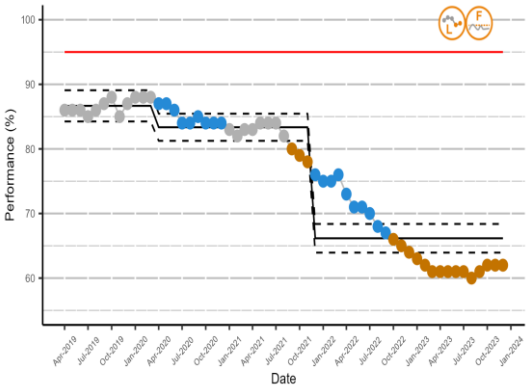
Inpatient Services

KPI	Chart	Narrative	Summary	Key Actions
Delayed transfers of care to the maintained at a minimal level		**Dec-2023** 16% **Variance Type** Special Cause Variation: Latest 6 data points are below mean (improvement) **Latest Target** 3.5% **Assurance** Consistently not meeting performance target	The data for the number of people who are ready to move on from our inpatient services but are delayed has shown improvement over the last 5 months. We continue to experience difficulties in finding suitable placements and care packages for service users with complex needs. We have made changes to put social care at the forefront of the pathway and we expect this to have a positive effect on delays. We expect the actions we have put in place to reduce our delays in line with National expectations, to an agreed level by Quarter 4 2023/24	• Social worker now in place for Swift and 72 -hour meeting; additional support of two further social workers to be put in place to support both delayed discharges and out of area placements. • Strengthened contractual management arrangements to introduce contractual lengths of stay targets for each service, with exception reporting. • Continue to deliver MADE type events with key stakeholders. • Enhanced Discharge team almost fully recruited - ways of working developed. Home Group actively working with team as part of the EDT. • Wider system work, led at Executive level, to support placement of longer-term DToC alongside bespoke planning • Analysis of reasons for different types of DToC and focussed action plan developed against key themes. • Senior engagement / cover at DTC meetings • Re-focus of discharge projects within the APIP programme

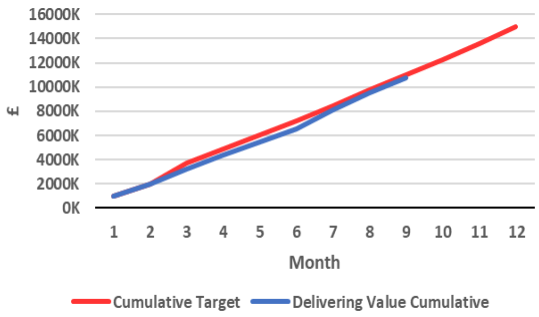
Trust-Wide Indicators

KPI	Chart	Narrative	Summary	Key Actions
Rate of referrals meeting maximum 18 week wait time from referral to treatment for all mental health and learning disability services		**Dec-2023** 95% **Variance Type** The KPI is currently undergoing common cause variation **Latest Target** 98% **Assassurance** Consistently not meeting performance target	Sustained high demand in our services and delays in initial assessments is impacting on our 18-week wait to treatment times, particularly in hard to recruit areas. Recovery of waiting list in areas that are seeing service users who have already waited more than 18 weeks have impacted on performance. Recovery expected by the end of Quarter 4.	• Focused recovery work on access times that will result in overall improvement of our referral to treatment times, including a focused piece of work in ACMHS using NHSE methodology. • Work to improve flows and caseloads within our services and improve RTT timeframes.
Complete and valid submissions of metrics in the monthly Mental Health Services Data Set submissions to NHS Digital (Accommodation)		**Dec-2023** 75% **Variance Type** Special Cause Variation: Latest 6 data points are above mean (improvement) **Latest Target** 85% **Assurance** Consistently not meeting performance target	Data quality campaign in previous quarters had limited success, increasing compliance temporarily. Recovery expected by the end of Quarter 4.	• A long-term solution has been developed to provide an app for staff, which shows their caseload and enables them to update records without navigating in the EPR. The app has been successfully tested and is ready for go-live. • One-off contact to ensure all demographic information is captured – scheduled for go-live 17th January 2024.

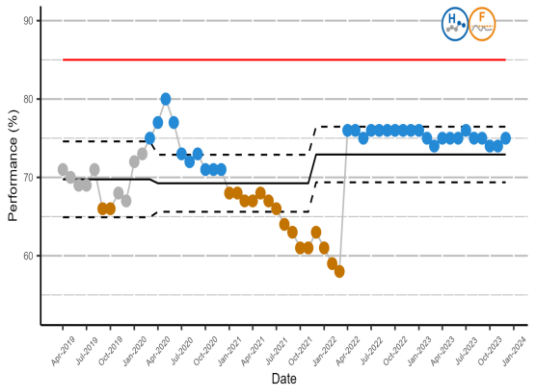
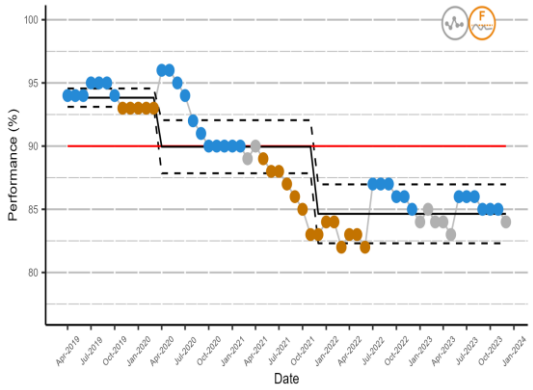
Trust-Wide Indicators

KPI	Chart	Narrative	Summary	Key Actions
The proportion of those on Care Programme Approach (CPA) for at least 12 months who had a CPA review within the last 12 months		**Dec-2023** 86% **Variance Type** Special Cause Variation: Latest value above upper control limit (improvement) Latest 6 data points are above mean (improvement) **Latest Target** 95% **Assurance** Consistently not meeting performance target	Service users with high complexity needs having an annual Care Plan Approach review declined from the start of the pandemic. As part of the trust business continuity planning (BCP) arrangements, this time we made changes to the risk assessment, contact approach and crisis planning. This allowed us to increase contact and provide more support to service users on CPA. This practice continued post-pandemic. Our Community Transformation programme is planning the transition from CPA to PCSP in collaboration with commissioners.	• We have improved our overall risk management and care planning to meet the challenge of rising complexity in cases on every clinical contact. • We are adapting our Care Plan Approach to take advantage of this and make the CPA process more streamlined. • Nationally, the system is moving away from CPA towards personalised care and support plans (PCSP).
Percentage of eligible service users with a completed PbR cluster review		**Dec-2023** 62% **Variance Type** Special Cause Variation: Latest value below lower control limit (concern) Latest 6 data points are below mean (concern) **Latest Target** 95%	HONOS cluster reviews were introduced as part of the Payment by Results initiative. Performance declined over the Covid period and has not taken priority over access and safety indicators.	• Review of clinical outcome measures is underway as part of the Transformation Programme

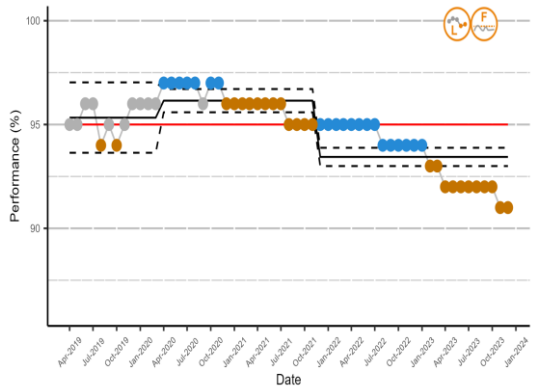
Trust-Wide Indicators

KPI	Chart	Narrative	Summary	Key Actions
		Assurance Consistently not meeting performance target		
Delivering Value		**Dec-2023** £1,289k **Variance Type** SPC unapplicable to KPI **Latest Target** £1,285k **Assurance** N/A	The Trust achieved savings of £1.28m in December, which is £4k above Plan in month and £264k behind plan YTD. YTD underperformance reflects the delay in achievement of OOA bed reductions, the non achievement of Social and rehab placement reductions and the delay in achieving reductions in observation numbers. The saving on OOA beds relates to the agreement of a contract with a private provider at a bed day rate lower than Plan and in month 9, the holding of Acute placements at a lower level than plan at a time when they were expected to increase through winter months. Recurrent savings YTD amount to £8.9m with £1.84k on a non-recurrent basis. The Trust's DV is currently forecast to deliver the full £15m planned savings.	• Continue to pursue all avenues of income. • Continue with current OOA bed trajectory

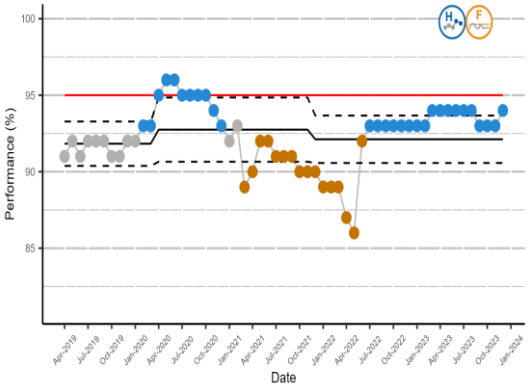
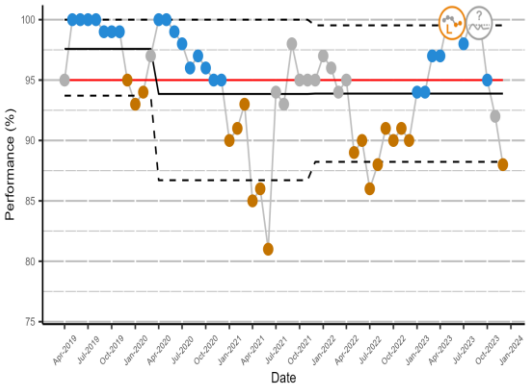
Trust-Wide Indicators

KPI	Chart	Narrative	Summary	Key Actions
Complete and valid submissions of metrics in the monthly Mental Health Services Data Set submissions to NHS Digital (Employment)		**Dec-2023** 75% **Variance Type** Special Cause Variation: Latest 6 data points are above mean (improvement) **Latest Target** 85% **Assurance** Consistently not meeting performance target	Data quality campaign in previous quarters had limited success, increasing compliance temporarily. Recovery is expected in Q4	• A long-term solution has been developed to provide an app for staff, which shows their caseload and enables them to update records without navigating in the EPR. The app has been successfully tested and is ready for go-live. • One-off contact to ensure all demographic information is captured – scheduled for go-live 17th January 2024.
Data completeness against minimum dataset for Ethnicity (MHSDS)		**Dec-2023** 84% **Variance Type** The KPI is currently undergoing common cause variation **Latest Target** 90% **Assurance** Consistently not meeting performance target	Data quality campaign in previous quarters had limited success, increasing compliance temporarily. Recovery is expected in Q4	• A long-term solution has been developed to provide an app for staff, which shows their caseload and enables them to update records without navigating in the EPR. The app has been successfully tested and is ready for go-live. • One-off contact to ensure all demographic information is captured – scheduled for go-live 17th January 2024.
Percentage		**Dec-2023**		

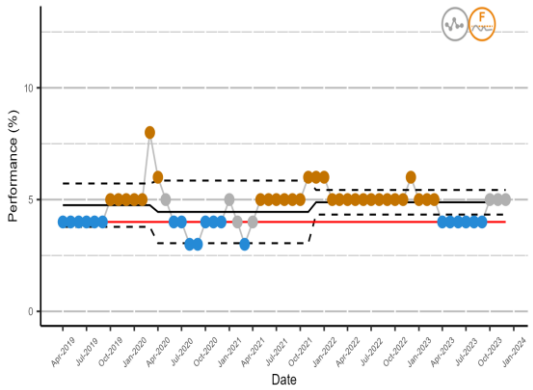
Trust-Wide Indicators

KPI	Chart	Narrative	Summary	Key Actions
		91% **Variance Type** Special Cause Variation: Latest value below lower control limit (concern) Latest 6 data points are below mean (concern) **Latest Target** 95% **Assurance** Consistently not meeting performance target	HONOS assessments were introduced as part of the Payment by Results initiative. Performance declined over the Covid period and has not taken priority over access and safety indicators.	• Review of clinical outcome measures is underway as part of the Transformation Programme
NHSI agency price caps		**Dec-2023** 505 **Variance Type** SPC unapplicable to KPI **Latest Target** 0 **Assurance** N/A	Recruitment challenges in key professions such as medical and nursing are the primary drivers. Adult Community teams continue to look for innovative ways to recruit and manage current demand levels	• Continued recruitment support in difficult to recruit teams
Rate of service users with a comple		**Dec-2023** 94%	Performance has improved with the introduction of new recording method for risk and is now 1% below target	

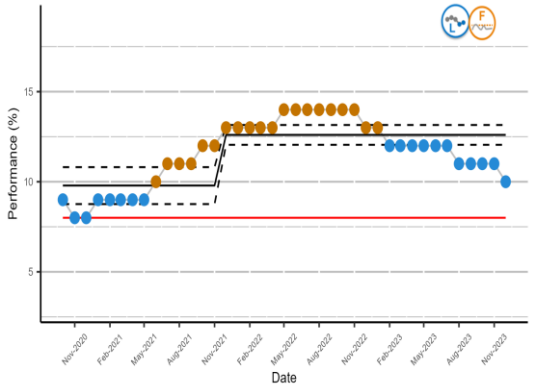
Trust-Wide Indicators

KPI	Chart	Narrative	Summary	Key Actions
		**Variance Type** Special Cause Variation: Latest value above upper control limit (improvement) Latest 6 data points are above mean (improvement) **Latest Target** 95% **Assurance** Consistently not meeting performance target	level. Changes to process in LD&F resulted in a 1% drop in September. Full recovery expected by the end of Q4.	• Simulation suite training rollout continues for teams with low assessment compliance. • Survey on success of pilot of new Paris changes undertaken and roll-out of new features now complete. • Additional guidance for staff added to Paris to aid completion
SPA referrals with an outcome within 14 days (Internal)		**Dec-2023** 88% **Variance Type** Special Cause Variation: Latest value below lower control limit (concern) **Latest Target** 95% **Assurance** Inconsistently meeting performance target	SPA has a history of meeting this target. During December SPA experienced challenges with CAMHS outputs due to some additional, necessary processes around Step 2 and PALMS HCT referrals.	• Focussed work from CAMHS teams undertaken in early January to bring this back into line. • Full recovery expected by mid-January 2024.
Sickness ra		**Dec-2023**		

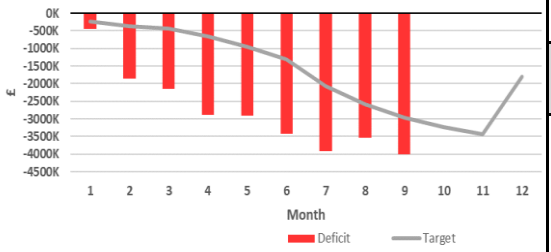
Trust-Wide Indicators

KPI	Chart	Narrative	Summary	Key Actions
		5% **Variance Type** The KPI is currently undergoing common cause variation **Latest Target** 4% **Assurance** Consistently not meeting performance target	Sickness absence traditionally increases during Q3 and Q4. Absence rates have significantly increased in relation to colds and flu and mental ill health related absence has increased to an historically high level and continues to be the main reason for staff absence.	• Work is in progress to explore the expansion of our mental wellbeing support to staff, focussing on prevention. • A manager's toolkit for supporting staff mental health has been launched to ensure all staff are well supported. • The NHS Expectations of Line Managers and training is also being rolled out to ensure local support and mental ill health prevention. • To date, our work on self-care has led to improvements in our annual staff survey results and pulse survey results. • The People and OD Group continues to monitor the impact of our wellbeing plans.
Turnover rate		**Dec-2023** 10% **Variance Type** Special Cause Variation: Latest value below lower control limit (improvement) Latest 6 data points are below mean (improvement) **Latest Target**	Our unplanned turnover has reduced to from 10.6% to 10.49%. Our staff in post has increased by 182 FTE since the start of 2023/4 and by 335 FTE compared to this time last year.Our unplanned turnover rate remains above the target of 8% and the SPC chart indicates that historically we have not been able to meet this target. However, the SPC chart shows a positive improving trend and that whilst we expected to meet 11% turnover by November 2023, we	• Staff benefits and support offer • Comprehensive wellbeing offer • Staff survey 'You said, together we did' • Violence and aggression CQI project • Implementing our co-produced Belonging and Inclusion Strategy • Launched our new Appraisal App and appraisal window to ensure all our staff receive an appraisal that

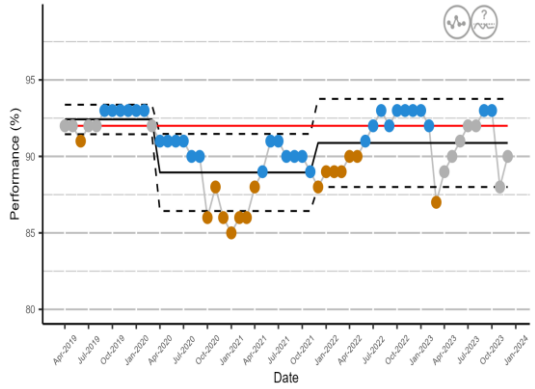
Trust-Wide Indicators

KPI	Chart	Narrative	Summary	Key Actions
		8% **Assurance** Consistently not meeting performance target	have achieved this earlier than expected and our turnover rate is the lowest it has been in over two years. Our 2022 annual staff survey results show us to be the joint third best mental health trusts to work for in the country. Our results also helped to reaffirm our top three areas of focus: improving self-care, reducing violence and aggression and embedding a culture of belonging and inclusion, each of which have been supported by a comprehensive programme of work to further improve staff experience and thus reduce turnover. Our 2023 results are yet to be finalised and are under embargo. However, we are already putting in place plans to coproduce our staff survey action plan with our people. A recruitment and retention toolkit and workshop approach has been launched to address hot spot areas with the highest vacancy rates so ensure a holistic approach to focussing resources on the highest impact actions to address recruitment and retention in these areas. We have recently been accepted onto the NHS retention exemplar programme to further improve retention and share learning with other organisations.	helps to retain them by ensuring they feel valued, supported and developed. • Implementation of our staff survey action plan and encouraging high participation rates in our 2023 annual staff survey to keep hearing all voices and acting on them, with a coproduced action plan. • Implementation of a refreshed recruitment and retention toolkit approach to address vacancy rates in hot spot areas.

Trust-Wide Indicators

KPI	Chart	Narrative	Summary	Key Actions
Financial Position		**Dec-2023** £478k **Variance Type** N/A **Latest Target** 0 **Assurance** N/A	The Trust achieved an operating deficit of £478k in December, which brought the year-to-date (YTD) operating position to a £4.005m deficit, £1.031m adverse to the budget. This is a deterioration from the month 8 position against budget, primarily driven by an increase in external bed usage over the Christmas period and additional non-pay costs. The key drivers of the financial position remains the use of Secondary Commissioned beds accounting for £1,325k of the deficit and bank and agency spend above plan driven by observations on inpatient wards and industrial action.	• Due to the unsatisfactory financial position, the executive team have enhanced a number of financial controls, including agency/vacancy controls, reduced limits for sign off and enhanced financial scrutiny and governance.
Mandatory Training		**Dec-2023** 90% **Variance Type**	Mandatory training has been meeting or exceeding our 92% target since July 2023. In November, the Trust migrated learning management systems from Discovery to ESR.	• Manual inputting of training records has improved data quality and thus compliance

Trust-Wide Indicators

KPI	Chart	Narrative	Summary	Key Actions
		The KPI is currently undergoing common cause variation **Latest Target** 92% **Assurance** Inconsistently meeting performance target	There were some significant challenges to the data migration, which caused a reduction in compliance in November to 87.7%. Work has been carried out to manually input training records and further work to identify additional anomalies continues to be carried out, which will result in further manual inputting during January. The December mandatory training compliance figure is 90%	• Further manual inputting is taking place to improve this further • The digital team are assisting in providing analysis of anomalies between the Discovery and ESR system to identify further manual inputting required • A final check of training certifications against our mandatory training matrix will take place to assure data quality once all manual inputting is complete

NHS
Hertfordshire
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Report to the PUBLIC Board of Directors

Meeting Date:	8 February 2024	**Agenda Item:** 8b
Report Title	Annual Plan 2023/24 Quarter 3 Progress Report	**For publication:** **Yes** ☒ **No** ☐
Report Author (s)	Simon Pattison, Deputy Director of Strategy and Development Viv Smith, Business Manager	
Approved by:	David Evans, Chief Strategy & Partnerships Officer	

The Board are asked to:
Receive the report and note progress against the Annual Plan during Quarter Three.

Executive Summary

This report provides an overview of the progress during Quarter 3 of 2023/24 (Q3) against the Trust's Annual Plan. It also provides projected outcomes for the objectives at the end of the year.

Summary:
Following the Trust launch of Great Together, our new five-year strategy, the Annual Plan objectives were aligned to the new strategic objectives and have being reported on in this way from Quarter 2 onwards.

The Annual Plan comprises the six objectives of the Trust's 'Great Together' strategy. It describes the actions the Trust aims to take and the milestones we plan to achieve, by quarter, to deliver the agreed outcomes for the year.

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

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

Quarter 3 2023/24
Quarter 3 2023/24 (Q3) has again been a challenging period for the Trust and the wider health and care system with continued demand and acuity pressures and significant periods of Industrial Action. Despite these pressures the Trust delivered against most of the milestones for the quarter and is on track to meet the majority of the outcomes for 2023/24.

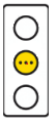
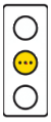
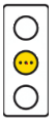
At the end of Q3:

- Four out of six objectives achieved the quarterly milestones
- Five out of six objectives are forecast to meet the end of year outcomes

81% of all year-end outcomes are predicted to be on track to be delivered (56/69 outcomes). This compares to 72% (50/69) at the end of Quarter 2 which is positive progress. Recovery actions are in place for the remaining 19% (13 outcomes) that are not on track in Q3, however the impact of demand pressures and ongoing industrial action has made 2023/24 a challenging year.

Table 1 below summarises Q3 and year end position for all objectives.

Table 1: Q3 and year end predicted achievement summary

Ref	Objective	Q3 23/24		23/24 Year End Predicted Outcomes	
		Milestone Achievement	RAG Rating	Year End Prediction	RAG Rating
SO1	We will improve service user and carer experience, placing emphasis on shared decision-making, co-production and recovery	11/17 (65%)		Amber	
SO2	We will provide high quality care and support that is safe and achieves the best outcomes for service users and carers	11/17 (65%)		Green	
SO3	We will attract, develop and retain a skilled compassionate workforce by creating inclusive and thriving workplaces	12/14 (86%)		Green	
SO4	We will address inequalities to improve out-comes and advance equity for people from all communities	9/12 (75%)		Green	
SO5	We will work in partnership in everything we do to meet the needs of communities and the people we support	11/15 (73%)		Green	
SO6	We will be a learning organisation that encourages innovation, research and continuous quality improvement	10/14 (71%)		Green	

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

The report provides an update on all annual objectives some of which have impact on equality, diversity and/or public and patient involvement.

Seen by: Executive Team 17th January 2024, Finance and Investment Committee 26th January 2024

Recommendations

The Board are asked to receive the report and note progress against the Annual Plan during Quarter Three.

Implications

Risk and Assurance	The Annual Plan was developed alongside an assessment of the major risks facing the organisation with the aim of addressing these across the Trust's objectives – for example in tackling recruitment and retention issues or addressing quality concerns. Delivering the Annual Plan in full will reduce the level of risk
Equality, Diversity and Human Rights	The Annual Plan includes a focus on improving equality and equity
Quality	The Annual plan includes work programmes that aim to improve Quality
Financial	The Annual plan includes key financial targets
Service Users and Carer Experience	The Annual Plan includes many items that focus on improving service user and carer experience
People	The Annual Plan includes key People related priorities
Legal and Regulatory	Delivering the Annual Plan effectively will improve the quality of care we deliver and the experience that service users and carers have when they come into contact with us, and so will support CQC compliance
Digital	The Annual Plan includes key digital priorities
System	The Annual Plan includes key system related work
Sustainability	The Annual Plan includes sustainability targets from the Trust's Green Plan

Strategic Objectives this report supports	**Please tick any that are relevant** ✓
1. We will improve service user and carer experience, placing emphasis on shared decision-making, co-production and recovery	✓
2. We will provide high quality care and support that is safe and achieves the best outcomes for service users and carers.	✓
3. We will attract, develop, and retain a skilled, compassionate workforce by creating inclusive and thriving workplaces.	✓
4. We will address inequalities to improve outcomes and advance equity for people from all communities.	✓
5. We will work in partnership in everything we do to meet the needs of communities and the people we support.	✓
6. We will be a learning organisation that encourages innovation, research and continuous quality improvement.	✓

TRUST ANNUAL PLAN 2023-24

QUARTER 3 PROGRESS REPORT – January 2024

1. Introduction

1.1. The Annual Plan is aligned to the Trust's six strategic objectives. It describes the actions the Trust aims to take and the milestones we plan to achieve, by quarter, to deliver the agreed outcomes for the year.

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

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

1.3. The report provides an update on the Quarter 3 2023/24 (Q3) milestones for the Trust's annual plan and the overall predicted achievement of objectives in 2023/24.

2. Achievement against Quarter 3 Milestones

2.1. At the end of Q3:

- Four out of six objectives achieved the quarterly milestones
- Five out of six objectives are forecast to meet the end of year outcomes

2.2. 81% of all year-end outcomes are predicted to be on track to be delivered (56/69 outcomes). This compares to 72% (50/69) at the end of Quarter 2 which is positive progress. Recovery actions in place for the remaining 19% (13 outcomes) that are not on track in Q3.

2.3. The impact of demand pressures and ongoing strikes, amongst other pressures, are making 2023/24 a challenging year.

2.4. During Quarter 3 two objectives did not achieve most (70%+) of the key milestones as planned. These were:

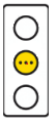
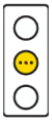
- Strategic Objective 1 (Service users and carers) – Essex commissioners are postponing a decision on expanding Learning Disability services in South Essex until they complete a wider neurodevelopmental review. There have also been some delays in work within adult community to develop a joint pathway with primary care mental health services and in the older adult crisis model review.
- Strategic Objective 2 (Quality Care and Outcomes) – the national inpatient quality review national programme has been slower to be finalised nationally than was anticipated; there have been some delays around the implementation of the integrated primary and community mental health model and around carers support within our social care cohort.

2.5. However positive progress has been made overall. Of note:

- A new research partnership has been developed with the Buckinghamshire New University
- There has been a significant reduction in the use of inappropriate out of area beds
- The Patient and Carer Race Equality Framework was launched nationally and we have made substantial progress with our local implementation
- An evaluation of the impact of primary care roles under the ARRS (Additional Roles Reimbursement) scheme in Stort Valley has been sent for publication, recognising the success of the model and impact on care & outcomes
- The Mental Health Urgent Care Centre is now at the implementation stage and will go live in Quarter 4
- Three service users at SRS (Specialist Residential Services) have transitioned to new placements and the project is on track for full handover to a new provider in January
- The Belonging and Inclusion strategy has been launched
- ESR (Electronic Staff Record) has been rolled out as our learning management system
- Electronic Prescribing has been implemented on 19 out of 27 wards

2.6. Table 2 below summarises the Quarter 3 achievement for all strategic objectives with details of the outcomes and commentary for these in Appendix 1.

Table 2 – Q3 Achievement against Milestones (Red: Below 59%, Amber 60-69%, Green 70+%)

Ref	Objective	Q3 23/24	
		Milestone Achievement	RAG Rating
SO1	We will improve service user and carer experience, placing emphasis on shared decision-making, co-production and recovery	11/17 (65%)	
SO2	We will provide high quality care and support that is safe and achieves the best outcomes for service users and carers	11/17 (65%)	
SO3	We will attract, develop and retain a skilled compassionate workforce by creating inclusive and thriving workplaces	12/14 (86%)	
SO4	We will address inequalities to improve out-comes and advance equity for people from all communities	9/12 (75%)	
SO5	We will work in partnership in everything we do to meet the needs of communities and the people we support	11/15 (73%)	
SO6	We will be a learning organisation that encourages innovation, research and continuous quality improvement	10/14 (71%)	

3. 2023/24 Year End Achievement Against Objectives

3.1. The Annual Plan objectives are aligned to the Trusts ‘Great Together’ strategic objectives.

3.2. The impact of demand pressures and ongoing industrial action, amongst other pressures, is again making 2023/24 a challenging year.

3.3. Five out of six objectives are RAG rated Green as projected ratings for year-end outcomes.

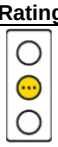
3.4. Strategic Objective 1 (Service users and carers) is projected to be Amber as we are below target on delayed transfers of care for adult mental health and waiting times for adult community and EMDASS (Early Memory Diagnosis and Support Service).

3.5. Across the six Strategic Objectives there are a number of key outcomes at year end which are currently rated red or amber. Action is in place to address these including:

- Recovery action plans are in place to recover performance in the following areas:
    - Community mental health waiting and referral to treatment times
    - CAMHS 28 day waiting times – although it should be noted it is unlikely performance will be fully recovered in 2023/4
    - Delayed Transfers of Care
    - EMDASS 12 week waiting to diagnosis times.
- Rigorous oversight of the Trust’s Delivering Value and Capital Plans are in place.
- We are working closely with partners through the MHLDA (Mental Health, Learning Disability and Autism) Health and Care Partnership to support the system wide ASD (Autism Spectrum Disorder) / ADHD (Attention Deficit Hyperactivity Disorder) pathway review for children and young people.

3.6. The table overleaf summarises the predicted year end achievement for all strategic objectives (SO) with details provided in Appendix 2. We have based this assessment on our assessment of delivery at year end.

Table 3: 2023-24 Predicted End of year Achievement against Objectives

Ref	Objective	23/24 Year End	
		Year End Prediction	RAG Rating
SO1	We will improve service user and carer experience, placing emphasis on shared decision-making, co-production and recovery	Amber	
SO2	We will provide high quality care and support that is safe and achieves the best outcomes for service users and carers	Green	
SO3	We will attract, develop and retain a skilled compassionate workforce by creating inclusive and thriving workplaces	Green	
SO4	We will address inequalities to improve out-comes and advance equity for people from all communities	Green	
SO5	We will work in partnership in everything we do to meet the needs of communities and the people we support	Green	
SO6	We will be a learning organisation that encourages innovation, research and continuous quality improvement	Green	

4. Conclusion

4.1. Overall good progress has been made during the quarter against the Quarter 3 milestones and towards year end outcomes. However, the ongoing impact of demand pressures and Industrial Action mean that 2023/24 is likely to remain a challenging year.

5. Recommendations

5.1. The Board are asked to receive the report and note progress against the Annual Plan during Quarter Three.

APPENDIX 1 – ANNUAL PLAN 2023/24 QUARTER 3 COMMENTARY AGAINST MILESTONES AND OUTCOMES

Strategic Objective 1 Senior Responsible Officer SB	**Q3 Key Actions / Milestones**	**Q3 Milestones Rating**
We will improve service user and carer experience, placing emphasis on shared decision-making, co-production and recovery **Key Priorities:** • **Address backlogs in care** across services • Expand **service user and carer involvement** • Strengthen our approach to **improving Service User and Carer experience** • Revitalise our **Recovery approach** across all services • Expand **adult crisis support and pathways** • Implement an **enhanced service for older people**, including dementia diagnosis	• Mobilise the new CAMHS ADHD service • 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 • Develop/embed an enhanced model of participation/coproduction with experts by experience/carers • Coproduce & reset user involvement across transformation programme and new service redesign projects • Coproduce & implement a new Peer Support structure, including training and development programme • Coproduce & implement Carer Experience and Outcome plans • Expand our approach to meaningful feedback from service users/carers • Embed shared decision making into routine clinical practice • Ensure policies are promoting recovery-focused care • Coproduce & deliver training with New Leaf • 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 • Improve pre-diagnosis support • Implement the new community and crisis model of older people's services, including care home support	 (11/17 = 65 %) Amber
	Commentary:	
	• Community mental health First Contact assessment will be rolled out in Q4 • Expand community LD services in south Essex - Not commenced due to delay in approval of business case by ICB • Older Adults county wide crisis pathway has been mapped and is at scoping transformation options phase	
Summary:	**Key Outcomes at Year End**	**Year End Outcomes Projection**
Good progress has been made in reducing out of area placements despite high levels of delayed transfers of care. Increasing demand for adult community services is impacting on waiting times. The Mental Health Urgent Care Centre will go live in Q4	• Reduction in backlog CAMHS ADHD cases • Proportion of adults in community mental health teams seen within 28 days • Achievement of national Referral to Treatment Times • Service user/carer positive feedback on involvement within community transformation • At least 98% of CQI projects have service users and carers involved • Service user Friends and Family Test Feedback • Increase in the number of compliments received • Reduction in the number of complaints received • Increase staff and service users trained in Shared Decision Making • Reduce inappropriate out of area placements • 20% reduction in delayed transfer of care • Achieve 12-week maximum wait for EMDASS • Successful implementation and evaluation of county wide memory diagnosis model	 Amber

Strategic Objective 2 Senior Responsible Officer JV	Q3 Key Actions / Milestones	Q3 milestones Rating
We will provide high quality care and support that is safe and achieves the best outcomes for service users and carers **Key Priorities:** • Enhance and further embed our **safety culture** • Implement suicide **prevention pathway** • Focus on **'fundamentals of care'** • Adopt a **Trauma Informed Approach** • Implement a **new adult community model of care** • Transform **Children & Young People's Mental Health** • Develop our approach to **7-day working** across services	• Review & adopt the new Patient Safety Incident Response Framework (PSIRF) • 'Zero tolerance' approach to V&A 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 • 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 • 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 • Co-produce HPFT's Trauma Informed Approach & Strategy • Implement the approach across inpatient services and prepare for community service adoption • Roll out integrated primary, community talking therapy service, integrating pathways with local Places/PCNs • 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 • Improve support for looked after children • Enhance support for the 18-25 cohort • Scope out and pilot new models of 7 day working focusing on access into acute services and maintaining flow	 (11/17 = 65%) Amber
	Commentary: • Pilot new models of 7 day working - Contract finalised but provider yet to find a property from which they can deliver the service	
Summary:	**Key Outcomes at Year End**	**Year End Outcomes Projection**
There has been a reduction in moderate and severe harm incidents. The roll out of Trauma Informed Approaches in inpatient settings has continued and the pilot of the Safety Plan has been completed. Fundamentals of care audit information is now available on SPIKE to enable easier reporting	• Achieve CQUIN target in relation to Restrictive Interventions • < service user to service user moderate and severe harm through violence & aggression (two targets) • < anonymous Freedom to Speak Up referrals as a percentage of the total • Increased compliance with antimicrobial prescribing quality • >50% service users who present to A&E are screened for suicide risk • Reduction in avoidable hospital admissions and A&E attendance from inpatient services • Improvement in Fundamentals of Care audits across the year • Introduction of Trauma Informed Approach (TIA) in inpatient settings and Trust wide training in place • Increase of 25% in service users on community rehab pathways • Individual Placement Support and Early Intervention Psychosis Long Term Plan priorities met (two targets) • Improve quality of Connected Lives assessments • CAMHS 28 day wait time is ≥95% sustainably achieved • Increase in number of CYP accessing support • EDT/virtual MH hospital discharge pilot evaluation and long-term model development • Increase in weekend discharges as a proportion of all discharges (Target 13%) • Reduction in S136 breaches	 Green

Strategic Objective 3 Senior Responsible Officer JH	Q3 Key Actions / Milestones	Q3 Milestones Rating
We will attract, develop and retain a skilled compassionate workforce by creating inclusive and thriving workplaces **Key Priorities:** • Build an open **culture of belonging and inclusion** • Establish **talent, training & development pathways and approach** • Develop our **collective leadership culture** • Reset our **fundamental standards** of people management	• 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 • 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 • Develop and implement new roles and career pathways to expand the opportunities available • Recruit more people with lived experience • Strengthen our coaching approach and mentoring across the organisation • Provide a suite of leadership development offers for all staff to further develop skills • Embed collective leadership culture through leader/team development, staff engagement, co-production work • Improve our onboarding and induction for new staff • Review and enhance our employee processes to deliver timely and fair outcomes from employment procedures	 (12/14 = 86%) Green
	Commentary: • Recruitment of more people with lived experience delayed due to Community Transformation stocktake	
Summary:	**Key Outcomes at Year End**	**Year End Outcomes Projection**
There has been continued good progress on unplanned turnover rates and completion of annual appraisals	• Unplanned turnover will be 11% or less • Vacancy rates will be 11% or less • Appraisal compliance rates will be 90% or above • Overall staff survey results will be as good or better than 2022/23 – result due in Q4 • National survey will be completed in Q4.	 Green

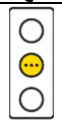
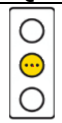
Strategic Objective 4 Senior Responsible Officer AZ	Q3 Key Actions / Milestones	Q3 Milestones Rating
We will address inequalities to improve out-comes and advance equity for people from all communities **Key Priorities:** • Work with local communities to **improve access & address inequalities** • Provide a better **experience & environment for Autistic People** • Enhance **preventative physical health interventions** • Roll-out **evidence-based pathways** to improve outcomes	• 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 • Implement our Autism strategy including training staff • Co-produce an evidence-based autism assessment pathway • Continue to develop autism friendly environments (inpatient & community) • Standardise physical health checks across the Trust to include preventative screening • Collaborate with system partners to strengthen our pathways between mental and physical healthcare • 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	 (9/12 =75%) Green
	Commentary:	
	• Autism training now available to all staff • Recruitment delays have impacted on progress with the autism assessment pathway • In Learning Disabilities there has been a focus on launching the Assessment and Treatment pathway	
Summary:	**Key Outcomes at Year End**	**Year End Outcomes Projection**
The quarter saw the formal launch of the Patient Carer Race Equality Framework nationally and engagement with partners to increase the take up of physical health checks	• PCREF (Patient Carer Race Equality Framework) in place and key actions delivered • Dashboards in place to include equality analysis • Provide at least 40% of staff with basic autism training • Increase number of people on the new autism assessment pathway • Inpatient and First Episode Psychosis patients will receive a health check (Target 90%) • Physical health checks for community service users with Serious Mental Illness (Target 75%) • Increase in appropriate responses to elevated NEWS2 markers • Decrease in smoking rates by service users who attend Clozapine clinics • Depression pathway – training programme in place and evaluation undertaken	 Green

Strategic Objective 5 **Senior Responsible Officer DE**	**Q3 Key Actions / Milestones**	**Q3 Milestones Rating**
We will work in partnership in everything we do to meet the needs of communities and the people we support **Key Priorities:** • Support the development and **delivery of the Hertfordshire MH, LD & Autism Health & Care Partnership** (HCP) • Advocate and maintain a **high profile for MH, LD & Autism** across Hertfordshire, Norfolk, Essex & Bucks Integrated Care Systems • Develop and deliver with the **East of England Collaborative** • Improve support for those with **co-occurring addictions** • Develop **Community LD and crisis pathway**	• 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 • Support development of MH, LD and Autism strategies within ICB/Ps and Place based HCPs • Refresh stakeholder plan; develop a structured approach to relationship management local/regional/national • Further build our relationships in Norfolk, Essex and Buckinghamshire • Review options around forensic provision and implications for HPFT • Commissioning of Perinatal Mother & Baby service (lead provider) supporting development of model of care • Continue as Lead Provider for CAMHS to support transformation & delivery across the region • 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 • 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	 (11/15 = 73%) Green
	Commentary:	
	• Relationships have been established across all ICBs. Key staff have taken voluntary redundancy from Essex ICB and new arrangements and relationships are being developed • Business case for Women's Forensic Unit to be finalised in Q4 • Pilot with CGL (Change Grow Live) delayed due to recruitment difficulties	
Summary:	**Key Outcomes at Year End**	**Year End Outcomes Projection**
Discussions are well underway to develop the MHLDA HCP into an Accountable Business Unit and there has been positive progress with Public Health around joint addictions work.	• Work programme around dual diagnosis delivered • 18-week pathway agreed for CYP with ASD/ADHD and mental ill health • Herts MHLDA HCP governance and funding model developed and in place • Positive feedback from well led review stakeholder survey (survey no longer planned by CQC) • HPFT positive impact showcased nationally • Stakeholders for feedback at 3 different points in the year and develop action plans to address any issues • Change to LD secure provision agreed and sustainable model agreed for HPFT • Perinatal commissioning mobilised by end of October - preparation work continuing - New deadline April 2024 • Reduction in number of CYP in out of area placements from EoE • Provide 40% of relevant staff with Dual Diagnosis training • Increase dual diagnosis recording • 95% LD physical health checks completed • Improve measurement of LD outcomes HCR20 • Improve measurement of LD outcomes as measured by LD HONOS • Structured relationship management approach across the different geographies	 Green

Strategic Objective 6 Senior Responsible Officer HA	Q3 Key Actions / Milestones	Q3 Milestones Rating
We will be a learning organisation that encourages innovation, research and continuous quality improvement **Key Priorities:** • Strengthen our **approach to innovation and continuous quality improvement** • Implement **new digital capabilities** • Reframe our approach to **sustainability and productivity** across the organisation • Expand our **research capacity and capabilities**	• 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 • Use the national Electronic Referral System for all Hertfordshire GPs into SPA • Deploy Paris Mobile to community services • Implement, digitise and automate more systems and processes • Consolidate the digital library self-help content • Establish our 'Green Committee' to coproduce & drive forward our green agenda • Reset 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 • 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	 (10/14 = 71%) Green
	Commentary: • Electronic Referral System delayed but expected to take place in Q4 • Paris Mobile being trialled in 3 services with further roll out planned in Q4 • Capital plan spend at 79% of target	
Summary:	**Key Outcomes at Year End**	**Year End Outcomes Projection**
CQI (Continuous Quality Improvement) has continued to develop with a monthly community of practice in place. Delivering Value plans for 2024/25 are in development with a large number of ideas proposed.	• 200 additional staff trained in CQI • Positive survey responses from staff and service users regarding experience of digital capabilities • Bed / Patient Flow system delivered • Demonstrable improvement in the Digital Maturity Assessment • Reduce use of gas and electricity across the Trust • Delivering Value programme delivered (£15m) • Approved capital plan delivered • Increase staff involved in research (Target 77) • Increase service users & carers "opting in" to research opportunities	 Green

APPENDIX 2 – ANNUAL PLAN 2023/24 END OF YEAR OUTCOMES

Note: Quarter One was reported on the old strategic objectives and so it is not possible to directly compare with subsequent quarters.

	Objective	Predicted			EOY	Year End Outcomes Commentary
		Q1	Q2	Q3	Q4	
1	We will improve service user and carer experience, placing emphasis on shared decision-making, co-production and recovery					Good progress has been made in reducing out of area placements despite high levels of delayed transfers of care. Increasing demand for adult community services is impacting on waiting times. The Mental Health Urgent Care Centre will go live in Q4
2	We will provide high quality care and support that is safe and achieves the best outcomes for service users and carers					There has been a reduction in moderate and severe harm incidents. The roll out of Trauma Informed Approaches in inpatient settings has continued and the pilot of the Safety Plan has been completed. Fundamentals of care audit information is now available on SPIKE to enable easier reporting
3	We will attract, develop and retain a skilled compassionate workforce by creating inclusive and thriving workplaces					There has been continued good progress on unplanned turnover rates and completion of annual appraisals
4	We will address inequalities to improve out-comes and advance equity for people from all communities					The quarter saw the formal launch of the Patient Carer Race Equality Framework nationally and engagement with partners to increase the take up of physical health checks
5	We will work in partnership in everything we do to meet the needs of communities and the people we support					Discussions are well underway to develop the MHLDA HCP into an Accountable Business Unit and there has been positive progress with Public Health around joint addictions work.
6	We will be a learning organisation that encourages innovation, research and continuous quality improvement					CQI has continued to develop with a monthly community of practice in place. Delivering Value plans for 2024/25 are in development with a large number of ideas proposed

NHS
Hertfordshire
Partnership University
NHS Foundation Trust

Report to the PUBLIC Board of Directors

Meeting Date:	08 February 2024	Agenda Item: 9
Report Title	Finance Report M9	For publication: Yes ☒ No ☐
Report Author (s)	Philip Cave, Chief Finance Office	
Approved by:	Philip Cave, Chief Finance Office	

The Trust Board is asked to: RECEIVE	
Receive:	To review the attached finance report and to discuss the actions being undertaken to mitigate the adverse financial position and forecast.

Executive Summary

Financial Plan

The annual plan for the Trust is a deficit of £1.8m.

The year-to-date financial position is a deficit of £4.0 which is £1.0m worse than plan. The key contributors to the financial deficit are the above planned usage of secondary commissioned beds driven by demand and an increase in usage of agency/bank staff to support the acuity of patients in wards and in physical acute hospitals.

The year-to-date position includes £0.7m of drawn forward ICB funding originally planned for month 12 and includes £1m additional funding for industrial action.

During November the Trust worked with the HWE ICS to review the year end forecast. It was agreed at that point that the new forecast for the Trust will be a £4.2m deficit, this was part of a system wide breakeven forecast. This forecast was subject to there being no further industrial action.

During December and January industrial action did take place with the estimated impact being £0.2m in December and £0.4m in January, the majority of the costs related to the purchase of additional private beds to assist patient flow in the Trust and local Acute Trusts. At the end of month 9 the Trust was circa £0.2m worse than the original forecast primarily driven by the impact of industrial action.

At the Board on 11th January 2024 it was agreed to amend the Trust's forecast in light of the expected £0.6m industrial action costs and the forecast is now a £4.8m deficit.

To deliver the new forecast there remain several risks to highlight, these include securing additional funding from the provider collaborative £1m, securing additional SRS income £1.1m and further cost reductions £1.5m. The forecast also excludes the impact of any further strike action.

Delivering Value

The Trust's delivering value plan for the year is £15m, at the end of M9 the Trust is £0.3m behind plan but expects to fully deliver by year end.

Capital

The Trust's capital plan for the year is £12.7m. At the end of M9 the Trust is underspent by £0.9m however it is fully expected that the full value will be spent by year end, this is closely monitored through the modernising our estate meeting. The key changes to the financial plan in year are an additional £1.3m CDEL allocation by HWE ICB to deliver the mental health assessment centre and the slippage in timeline of the disposal of Harper Lane into 2024/25. In addition, the Trust has a circa £6m increase in charges to CDEL relating to new or increased lease values, the Trust is in conversation with the HWE ICB and NHS E regional teams to ensure this is an allowable adjustment (this is a national issue).

The finance report was discussed in detail at the Executive Team meeting on 17th January 2023 and at the Finance and Investment Committee on 26th January 2023 where it was stated by the CFO that it is important to maintain financial grip over Q4.

Recommendations

The Trust Board are asked:

- To review the attached finance pack.
- To note the current financial deficit £4.0m and projected forecast £4.8m.
- To comment on the actions being taken to mitigate the position.

Implications

Risk and Assurance	Strategic Risk 5 on the Trust's Board Assurance Framework covers the financial risk of the organisation. This report provides one of the assurance controls by reporting to the Board on a regular basis the financial position.
Equality, Diversity and Human Rights	This report has no impact on Equality, Diversity and Human Rights.
Quality	This report does not directly impact on quality. Within the financial framework of the organisation any changes to services which had a financial impact would also have a quality impact assessment.
Financial	The report outlines the Trust's financial deficit of £4.0m, the risks to delivery of the plan and the mitigating actions.
Service Users and Carer Experience	There are no direct implications from the report on service users and carer experience.
People	All managers are expected to stay within their budgeted establishment.
Legal and Regulatory	This report fulfils the regulatory duty to keep the Board informed of the financial position of the organisation.
Digital	There are no direct implications on digital.
System	The Trust's financial plan is part of a Hertfordshire and West Essex ICS overall financial plan for the year of breakeven. If the Trust is unable to hit its plan this will have a negative effect to the system target.
Sustainability	There are no direct implications on sustainability.

Strategic Objectives this report supports	Please tick any that are relevant ✓
1. We will improve service user and carer experience, placing emphasis on shared decision-making, co-production and recovery	✓
2. We will provide high quality care and support that is safe and achieves the best outcomes for service users and carers.	
3. We will attract, develop, and retain a skilled, compassionate workforce by creating inclusive and thriving workplaces.	
4. We will address inequalities to improve out-comes and advance equity for people from all communities.	
5. We will work in partnership in everything we do to meet the needs of communities and the people we support.	
6. We will be a learning organisation that encourages innovation, research and continuous quality improvement.	

Hertfordshire Partnership University NHS Foundation Trust

December (M9) Financial Report 2023/24

08 February 2024

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Pages

Executive Summary

Financial Position to 30th November £000	In Month Budget £'000	In Month Actuals £'000	In Month Variance to Budget £'000	Year to Date Budget £'000	Year to Date Actual £'000	Year to Date Variance to Budget £'000
Income	28,580	29,427	846	257,256	264,591	7,335
Income - Provider Collaborative	4,017	4,450	433	36,156	38,603	2,447
Pay	19,228	20,515	(1,287)	175,200	181,151	(5,950)
Secondary Commissioning	4,490	4,371	119	37,808	39,138	(1,330)
Provider Collaborative	4,017	4,450	(433)	36,156	38,603	(2,447)
Other Operating Expenditure	4,983	4,817	166	44,743	46,762	(2,019)
Non Operating Expenses	276	201	75	2,479	1,545	934
Surplus / (Deficit)	(397)	(478)	(81)	(2,973)	(4,005)	(1,031)

- The financial plan for the year is a deficit of £1.8m as set out and agreed at the Board on 4th May 2023. This includes a £15m delivering value target. The phasing of the plan relies upon an additional £1.8m above the Trust's contract value and is subject to a system-wide memorandum of understanding. This income is phased in March 2024; hence the Trust will build up a deficit each month and then a surplus position for March. The year-to-date position includes £0.7m of the £1.8m planned in month 12.
- At the end of M9 the Trust has a deficit of £4.0m, which is £1.0m worse than plan and £0.2m worse than the revised forecast phasing. The key drivers for the financial position are: an overspend on secondary commissioned beds - driven mainly by the need for acute adults/ social care, and agency spend above plan driven by vacancy cover, observations on wards and industrial action. The variance in month against the revised phasing is driven by industrial action and with the expected impact in January the Trust has now reforecast to a £4.8m deficit for the year. This was agreed at Board on 11th January. Any further industrial action is likely to have an adverse impact on the financial forecast.

HPFT Key Drivers of 2023/24 Financial Position

Key Driver	YTD Impact £'m	Action
Plan	3.0	
Secondary Commissioning Costs	0.5	MH Crisis Assessment Centre Business Case/ OOA Action Plan
MH Patients in Acute Setting	0.8	MH Crisis Assessment Centre Business Case
Estates Hard/ Soft FM	1.2	Tighten operational control
Industrial Action	1.6	Reviewed by NHS E, cost include OOA placements
Industrial Action Income	(1.0)	Additional Income notified in November 2023
MOU Early Release	(0.7)	
Interest receivable	(0.9)	Benefit of higher interest rates
Other	(0.5)	
Total	4.0	

The YTD Position of £4.0m which is £1.0m worse than plan. This is circa £0.2m worse than expected against the revised forecast but includes the impact of industrial action in December.

HPFT Year End Forecast

Key Driver	Full Year Impact £'m	Comment
Plan	1.8	
Private Acute OOA beds	1.6	Worst case forecast
MH Patients in Acute Setting	1.4	MH Liaison services both adults and children
Industrial Action	1.4	To 31 October 23
MOU risk share	1.1	£0.7m received, balance of £1.1m in plan but not assured.
Unresolved contract anomalies	3.0	Not yet resolved with ICB Commissioners
MH Urgent Care Centre (MHAC)	0.7	Part year effect
Total deficit	11.0	

Source of improvement	Full Year Impact £'m	Comment
	11.0	
National funding for Industrial Action	(1.0)	Approved by ICB
MOU Payment Agreed to make to £1.8m	(1.1)	Approved by ICB
MHAC Income	(0.4)	Approved by ICB
MHAC Spend likely slippage	(0.3)	Trust Agreed
Additional income secured	(0.4)	Already secured (HBLICT/ICB)
Provider Collaborative	(1.0)	Fair share of likely underspend/ Requires Negotiation
SRS Income 22/23, 23/24 (NWL)	(1.1)	ICB Supported/ Requires Negotiation
Cost Control	(1.5)	Disclosed as Improvement in Savings
Industrial Action Impact Dec/ Jan	(0.6)	
Financial Position	4.8	Adverse £3.0m to original £1.8m deficit plan

- During November, the Trust reforecast its likely financial outturn and identified a potential downside financial position of an £11.0m deficit. The majority of this was driven by the current run rate plus a contract dispute for £3m with the ICB.
- The Trust had been working collaboratively with the HWE system and agreed a forecast deficit of £4.2m. The forecast was subject to no additional industrial, however during December and January this has occurred with an expected impact of £0.6m, it was therefore agreed at Board on 11th January to amend the forecast to a £4.8m deficit. There remain a number of risks to delivery which include; securing additional from the provider collaborative £1m, additional SRS income £1.1m and reducing cost in Q4 by £1.5m.

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HPFT Year End Forecast Phasing

Narrative	Month 7 position YTD	Month 8	Month 9	Month 10	Month 11	Month 12
Run Rate Spend		643	643	643	643	643
National Industrial Action funding		(1,042)				
Remaining MOU						(1,100)
Additional SRS Income						(1,100)
Provider Collaborative Income						(1,000)
Removal of the contract anomaly						3,000
Additonal Balance sheet flexibility/Additional savings			(425)	(425)	(425)	(425)
Monthly position		(399)	218	218	218	18
YTD Reforecast November 23	3,927	3,528	3,746	3,964	4,182	4,200
Industrial Impact December/ January			250	350	0	0
YTD Reforecast January 23	3,927	3,528	3,996	4,564	4,782	4,800

- The Trust's re-forecasted plan at the end of M9 (December) was a £3.8m deficit, however the actual position achieved was a £4.0m deficit. This change was primarily related to the impact of industrial action and the impact this had on flow of patients through Acute hospitals. The Trust has therefore had to purchase additional private sector capacity.
- The reforecast phasing above shows the expected deficits until year end reaching a £4.8m deficit.
- The Trust will continue to work closely with the HWE ICB to secure additional income to cover the deficit.

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Income

Block Contract Income £'000	In Month			YTD		
	Plan	Actual	Variance	Plan	Actual	Variance
Contract #1 Hertfordshire IHCCT	21,396	21,003	(393)	192,560	189,563	(2,998)
Contract #2 East of England	643	643	0	5,783	5,783	0
Contract #3 Essex LD	1,557	1,564	8	14,011	14,079	68
Contract #4 Norfolk (Astley Court)	295	282	(13)	2,651	2,472	(179)
Contract #5 IAPT Essex	521	462	(59)	4,693	4,341	(352)
Contract #6 Bucks Chiltern CCG	387	382	(5)	3,481	3,440	(41)
Contract #7 - PC Specialised Commissioning	1,647	1,719	73	14,819	15,531	712
Contract #8 - HWE ICB	-	736	736	-	7,088	7,088
Total Block Income	26,444	26,791	347	237,997	242,297	4,300

Other Income	In Month			YTD		
	Plan	Actual	Variance	Plan	Actual	Variance
Clinical Partnerships providing mandatory svcs (inc S31 a	183	564	382	1,645	3,366	1,720
Other - Cost & Volume Contract revenue	332	312	(19)	2,987	3,142	155
Education and training revenue	686	735	49	6,192	6,411	219
Misc. other Operating Revenue	446	600	154	4,023	5,843	1,820
Other clinical income from mandatory services	439	348	(90)	3,947	3,009	(938)
Research and development revenue	52	75	24	464	524	60
Grand Total	2,136	2,635	499	19,259	22,294	3,035

Commissioning Income	In Month			YTD		
	Plan	Actual	Variance	Plan	Actual	Variance
Provider colloborative	4,017	4,450	433	36,156	38,603	2,447
Grand Total	4,017	4,450	433	36,156	38,603	2,447
Total income	32,598	33,877	1,279	293,412	303,194	9,782

- The block contract income includes £1.0m for industrial action income notified in November. The position also includes nine twelfths of a disputed £3.0m contract value with the Herefordshire commissioners. The position also assumes 100% payment of CQUIN.
- Other Income is ahead of plan by £3,035k. The primary areas of additional income above plan are; CAMHS ADHD (£890k YTD matched with costs), Adult Primary Care (£430k YTD matched with costs), Patient Flow hub (£216k YTD matched to costs),
- There is £700k in miscellaneous income year to date associated with an early drawdown of the £1.8m ICB funding that is in the plan for month 12.
- Whilst the Provider Collaborative is reporting income above plan, this is matched by an increase in costs.

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Pay

Employee Expenses	WTE This Month			This Month			Year to Date			Annual
£000	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Actual	Variance	Budget
Permanent Staff										
Registered Nursing, Midwifery and He	1,080	839	241	(4,833)	(3,811)	1,022	(43,476)	(32,765)	10,711	(57,909
Allied Health Professionals	210	168	42	(884)	(739)	145	(7,959)	(6,657)	1,302	(10,665
Other Scientific, Therapeutic and Tech	827	744	83	(3,758)	(3,481)	277	(33,721)	(30,177)	3,544	(45,354
Support to nursing Staff	921	786	134	(2,879)	(2,308)	571	(25,906)	(21,149)	4,758	(33,057
Support to Allied Health Professionals	94	76	18	(216)	(202)	14	(1,944)	(1,865)	79	(3,820
Support to other clinical staff	73	66	7	(195)	(183)	12	(1,754)	(1,645)	109	(2,310
Medical and Dental	206	201	5	(1,993)	(2,325)	(333)	(17,926)	(20,489)	(2,563)	(23,922
NHS Infrastructure Support	968	905	63	(3,908)	(3,664)	243	(35,194)	(32,551)	2,643	(46,472
Other Pay	16	9	8	183	(153)	(336)	(459)	(1,411)	(951)	(774
Permanent Staff Total	4,395	3,794	600	(18,482)	(16,867)	1,616	(168,340)	(148,709)	19,631	(224,284
Bank										
Registered Nursing, Midwifery and He	36	129	(93)	(163)	(596)	(433)	(1,498)	(5,751)	(4,254)	(2,438
Allied Health Professionals	0	7	(7)	(1)	(35)	(34)	(7)	(222)	(215)	(9)
Other Scientific, Therapeutic and Tech	0	20	(20)		(123)	(123)		(1,000)	(1,000)	
Support to nursing Staff	149	428	(279)	(465)	(1,477)	(1,012)	(4,298)	(12,649)	(8,351)	(6,054
Medical and Dental	5	10	(5)	(41)	(207)	(166)	(370)	(1,850)	(1,480)	(554
NHS Infrastructure Support	15	72	(57)	(38)	(238)	(200)	(339)	(2,072)	(1,732)	(459
Other Pay	10	0	10	(39)		39	(349)	(3)	346	(12
Bank Total	215	666	(451)	(746)	(2,675)	(1,929)	(6,860)	(23,547)	(16,687)	(9,526
Agency										
Registered Nursing, Midwifery and Health visiting		83	(83)		(532)	(532)		(4,905)	(4,905)	
Other Scientific, Therapeutic and Technical Staff		7	(7)		(59)	(59)		(477)	(477)	
Support to nursing Staff		55	(55)		(157)	(157)		(1,945)	(1,945)	
Medical and Dental		8	(8)		(116)	(116)		(902)	(902)	
NHS Infrastructure Support		3	(3)		(64)	(64)		(550)	(550)	
Other Pay		0	0		(44)	(44)		(114)	(114)	
Agency Total	0	155	(155)	0	(973)	(973)	0	(8,894)	(8,894)	0
Total	4,609	4,615	(6)	(19,228)	(20,515)	(1,287)	(175,200)	(181,151)	(5,950)	(233,810

- Employee expenses performance is adverse to plan in December by £1.3m and by £5.95m YTD (3.4%). This includes the impact of the additional pay award above base plan backdated to April 23 in month 3 and the medical pay award processed in month 6. The plan has been updated by a total of £11.5m of additional budget and is forecast to be a shortfall of circa £500k across both substantive and bank staff against actual costs.
- Total expenditure on pay in December was £20.52m.
- Expenditure on staffing in December increased by £23k compared to expenditure in November. This reflects a reduction of £120k expenditure in LD&F services (£20k SRS, £20k Astley Court, £30k Broadlands), but an increase in unplanned care of £110k (£20k Aston Ward, £50k Albany Lodge, £26k Owl Ward, £13k).
- The overspend area remains in Support to Nursing staff which is driven by high levels of observations in inpatient settings and support provided to the Acute Trusts in Mental Health Liaison and C-CATT services.
- FTE data is reflective of the hours recorded and approved within E-Roster. It is therefore the most accurate for inpatient wards (support to nursing staff) and least accurate on Medical and NHS Infrastructure support, but this will improve with the continued roll out of E-Roster and recording of staff hours.

Secondary Commissioning

Secondary Commissioning Spend	Bed Days			This Month			Year to Date			Annual
£000	Last month	This month	Change	Plan £'000's	Actual £'000's	Variance	Plan £'000's	Actual £'000's	Variance	Plan £'000'
Health Spend										
High Dependency Rehab	974	913	(61)	375	453	(77)	3,379	4,083	(704)	4,50
Cambridge Tool - Health	1,470	1,550	80	23	76	(53)	207	613	(406)	27
Specialist Hospital	90	93	3	89	50	38	798	672	126	1,06
PICU	39	69	30	106	69	37	1,248	728	519	1,59
Acute	1,397	1,404	7	1,321	867	454	9,435	9,471	(36)	12,45
MHSOP - Organic	1,059	1,136	77	365	370	(5)	3,285	3,359	(74)	4,38
MHSOP - Assessment & Treatment					2	(2)		2	(2)	
Grand Total	5,029	5,165	136	2,278	1,887	391	18,351	18,929	(578)	24,27
Observations										
Health Placement Observations				90	47	42	807	1,061	(254)	1,07
PICU Observations				49	12	37	575	340	235	73
Acute Observations				305	276	29	2,180	1,748	432	2,87
Grand Total				443	336	108	3,561	3,148	413	4,68
Social Care										
Personal Budgets	0	0	0	296	513	(216)	2,651	3,266	(615)	3,53
Residential Placements	4,320	4,471	151	609	706	(97)	5,481	6,033	(553)	7,30
Nursing Placements	960	975	15	200	163	37	1,801	1,566	235	2,40
Social Care other	0	0	0		86	(86)		288	(288)	
Social Care Supported Living placements	7,200	7,489	289	671	684	(13)	6,038	5,926	111	8,05
FNC Income	0	0	0	(8)	(2)	(6)	(75)	(18)	(57)	(100
Grand Total	12,480	12,935	455	1,768	2,149	(381)	15,895	17,062	(1,166)	21,19
Grand Total				4,490	4,371	119	37,808	39,138	(1,330)	50,15

- Secondary Commissioning continues to represent a large portion of the Trusts overspend, however there has been a large swing from Adult Acute placements to rehab and social care placements as the largest overspend areas as the year has progressed.
- There has been a large decrease in the number of Acute bed days over the last 3 months that has begun to recover this position against the budget and will continue further, if held, during a winter period that forecasts an increase in bed usage. Bed usage over the Christmas period did increase in acute placements and this is expected to have a larger impact on the month 10 position. Continued high spend on rehab beds and Specialist hospital placements is now the largest pressure area as it supports step downs from Acute bed placements. Progress has been made in discharges in rehab beds though and spend is expected to reduce in month 10.
- Overspend against Social Care budgets reflect a continuing trend of utilising social care options of personal budget and placements as an alternative to an inpatient stay. Personal budgets in particular have increased significantly over the past 12 months and whilst preferable to an inpatient stay, do now represent an additional financial challenge. Further work is being undertaken with Herts County Council to ensure Social Care work is sufficiently funded.

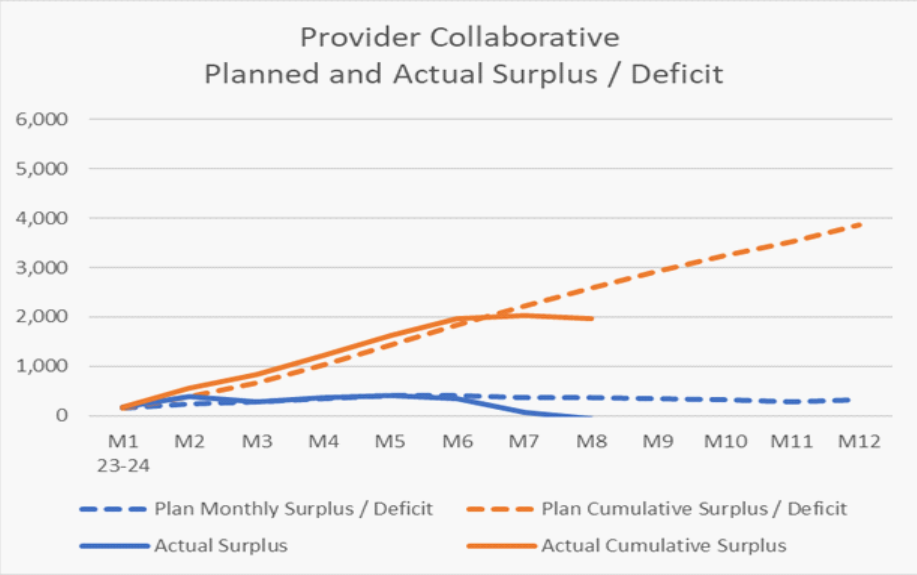
Non-Pay

£000	This Month Plan	This Month Actual	This Month Var.	Year to Date Plan	Year to Date Actual	Year to Date Var.	Annual Plan
Clinical supplies	32	33	(1)	291	425	(134)	389
Drugs	304	326	(22)	2,732	3,060	(328)	3,643
Other Contracted Services	725	827	(102)	6,433	6,256	177	8,607
Consultancy expense	1	32	(31)	9	322	(313)	12
Education and training expense	91	219	(127)	820	1,310	(491)	1,093
Hard & Soft FM Contract	777	665	111	6,989	7,268	(279)	9,319
Additional Hard FM	117	341	(224)	1,051	1,988	(937)	1,401
Information & Communication Technology - Contracts	434	393	41	3,902	3,500	402	5,203
Information & Communication Technology	182	186	(4)	1,630	1,734	(104)	2,184
Misc. other Operating expenses	358	(68)	426	3,191	2,159	1,031	4,266
Non-clinical supplies	68	92	(24)	613	825	(213)	817
Other Contracts	252	198	54	2,270	3,084	(814)	3,027
Site Costs	413	411	2	3,712	3,957	(245)	4,950
Travel, Subsistence & other Transport Services	325	272	54	2,961	3,118	(157)	3,937
CNST/LTPS/PES	102	102	(0)	920	920	(0)	1,226
Depreciation and Amortisation - owned assets	561	541	20	5,050	4,850	199	6,733
Depreciation and Amortisation - assets held under finance leases	241	248	(6)	2,170	1,985	184	2,893
Total Other Operating Expenditure	4,983	4,817	166	44,743	46,762	(2,019)	59,700
Interest Expense on Non-commercial borrowings	19	18	1	167	172	(5)	222
Interest Income	(115)	(201)	86	(1,038)	(1,936)	898	(1,383)
Interest Expense on Finance leases (non-PFI)	16	30	(15)	140	123	16	186
PDC dividend expense	352	342	10	3,164	3,075	89	4,218
Other Finance Costs	6	6	(0)	51	53	(2)	67
Depreciation Peppercorn	-	6	(6)	-	58	(58)	-
Total Non Operating Expenditure	276	201	75	2,483	1,545	938	3,310
Total Non Pay Expenditure	5,259	5,018	241	47,225	48,307	(1,082)	63,010

- Drug spend is adverse to plan in December by £22k and by £328k YTD. This is an area that expects a material reduction in spend following the lapsing of patents on some more expensive drugs.
- Education & Training Expense - Adverse to plan by £127k in month and £491k YTD. The largest expense area here is the support to provide mandatory training within the Learning & Development team.
- Hard & Soft FM Contract - favourable to plan by £111k in month and adverse by £279k YTD. Overspend here predominantly relates to variations to contract on both cleaning and catering. The additional hard FM costs are £937k over plan. This area is now subject to escalated sign off by MDs.
- Misc. Other Operating Expenses - £1,031k favourable against plan YTD. This is primarily team discretionary spend and this is being limited wherever possible as part of financial recovery.
- Other Contracts – Adverse £814k YTD. This primarily relates to CAMHS ADHD expenditure which is matched to income, but also some IM&T expenditure related to the Digital Strategy that is revenue in nature.
- Interest income is favourable to plan by £86k in month and £898k YTD. This is reflective of the Trusts healthy cash balances and the increased interest rates that have been announced by the Bank of England. The Trust looks to maximise its cash balances through proactive debt collection to maximise this opportunity.

Provider Collaborative

Service	Lead Provider	YTD Plan	YTD Actual	Variance
CAMHS	HPFT	2,009	1,049	(960)
Adult Secure	EPUT	(640)	(805)	(165)
Adult Eating Disorders	CPFT	1,218	1,730	512
Total		2,587	1,974	(613)



- Position at M8 (November)
- The Provider Collaborative has a full year budget of £152m spread over 3 service streams; CAMHS (£54m), Adult Secure (£85.8m) and Adult Eating Disorders (£12m). HPFT host the CAMHS Service line.
- The Provider Collaborative is reporting a net surplus to the end of November of £1,974k, however with an in month position adverse to plan of £419k for second month in a row. This follows a deterioration in the financial position in Children & Young People services. The Provider Collaborative are forecasting a large range of outturn position from a £1.6m deficit to £7.6m surplus and a mid-range position of £2.6m surplus, a material deterioration from the £5m surplus forecast in previous months. A further review of the forecast outturn will be completed as part of the closure of the month 9 accounts process. The Provider Collaborative continues to engage with all providers to ensure the full utilisation of this estimated underspend and HPFT are engaging to support the financial position of existing services and also seek to fund further transformation services where possible. HPFT are expecting to receive a portion of the underspend under the gain/loss share arrangement with other Collaborative partners. No gain share is currently reported in HPFT's financial position.

Delivering Value

Programme Themes £000	Plan	Actual	Variance	Plan	Actual	Variance
Planning assumptions	310	310	0	2,790	2,790	0
OOA beds	339	391	52	2,319	1,651	(668)
Rates rebate	-	-	0	700	680	(20)
Observations/agency reductions	58		(58)	447	87	(360)
Provider Collaborative income	-	-	0	-	-	0
Social Care & Rehab placements	56	-	(56)	432	-	(432)
Corporate schemes	71	64	(7)	359	668	309
Other SBU Schemes	33	-	(33)	255	93	(162)
Bank interest	-	106	106	-	1,070	1,070
Sub-total	867	871	4	7,302	7,039	(263)
Productivity schemes (Non-CRES)	418	418	0	3,746	3,746	0
Grand Total	1,285	1,289	4	11,048	10,785	(263)

- The submitted DV plan for 2022/23 is £15m. This comprises £10m of cash releasing efficiencies and £5m of productivity (non-cash releasing) benefits.
- The Trust achieved savings of £1.28m in December, which is £4k above Plan in month and £263k behind plan YTD. YTD underperformance reflects the delay in achievement of OOA bed reductions, the non-achievement of Social and rehab placement reductions and the delay in achieving reductions in observation numbers. The saving on OOA beds relates to the agreement of a contract with a private provider at a bed day rate lower than Plan and in month 9, the holding of Acute placements at a lower level than plan at a time when they were expected to increase through winter months.
- Recurrent savings YTD amount to £8.9m with £1.84k on a non-recurrent basis. The Trust's DV is currently forecast to deliver the full £15m planned savings.

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Capital

Capital Programme	Annual	Annual	Year to Date		
£000	Plan	Forecast	Plan	Actual	Variance
A Completion of Existing Schemes: Oak Ward	1,500	2,198	1,500	1,782	282
A Completion of Existing Schemes: Other	309	59	309	279	(30)
B Patient Safety Schemes: CCTV	706	1,089	706	962	256
B Patient Safety Schemes: Elizabeth Court	750	680	750	680	(70)
B Patient Safety Schemes: Other	1,283	1,188	914	1,188	274
C Recurrent: Backlog Maintenance	1,200	1,300	654	1,000	346
C Recurrent: Reactive Operational Capital	887	68	1,260	68	(1,192)
C Recurrent: Sustainability	500	500	378	414	36
C Recurrent: Digitisation	1,942	1,942	1,458	770	(688)
C Recurrent: Laptops/Tablets	880	880	657	678	21
D Discretionary: MH Crisis Assessment Centre	1,350	650		122	122
D Discretionary: Other	2,315	1,686	1,780	469	(1,311)
E Other					
E Right of Use	497	244	426	158	(268)
Total Gross Programme	14,119	12,484	10,792	8,570	(2,222)
Disposals	(1,350)	1	(1,350)	1	1,351
Total Net Programme	12,769	12,485	9,442	8,571	(871)

- Capital year-to-date spend to the end of Month 9 is £8.6m, against a year-to-date NHSE Plan of £9.4m. This is behind Plan by £0.9m due to several key projects spending more slowly than anticipated, and significant levels of VAT reclaims received..
- The programme for 2023/24 has been divided into groups relating to: Completion of Existing Schemes; Patient Safety Schemes; Recurrent requirements (Such as backlog maintenance and digital); and Discretionary Projects.
- In addition, there is Plan allocated to the Mental Health Urgent Care Centre, for which works have begun and which the Herts and West Essex system have agreed to fund in year.
- The planned disposal of Harper Lane, expected to net £1.35m, is no longer expected in 2023/24, however there is sufficient flex in the programme to accommodate this particularly with the additional System CDEL allocated; a revised proposal was presented to the Executive Team in October in relation to this.
- Overall, it is fully expected that CDEL will be utilised in full in 2023/24 as has been the case for the last few years.
- The Trust is still working through with NHS E regional teams to fully understand the impact of funding of right of use assets (leases- IFRS 16).

Balance Sheet

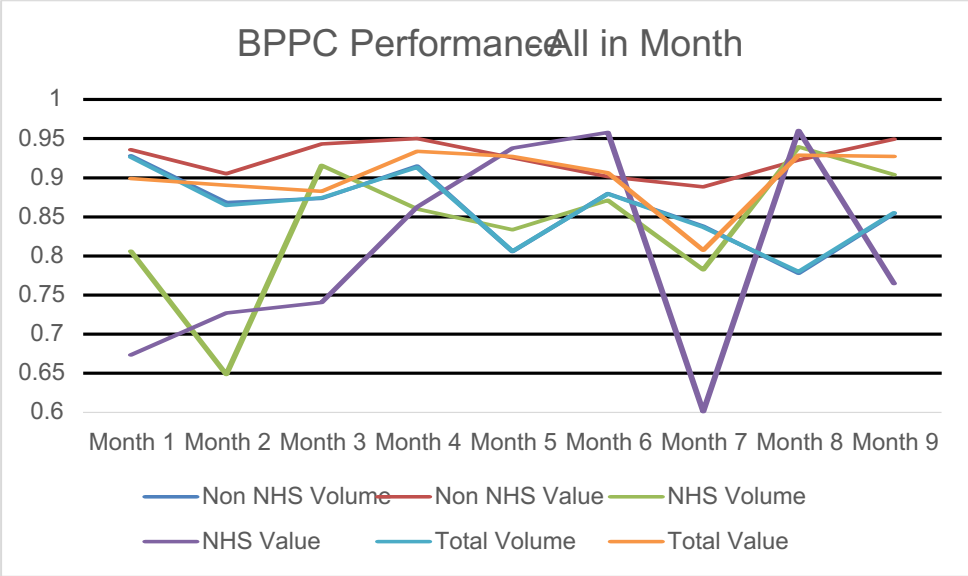
Statement of Financial Position	31 March 2023	Previous month 8	Movement in month 9	Current month 9	Movement YTD
	£000	£000	£000	£000	£000
Assets	258,189	252,519	3,366	255,884	(2,305)
Non Current Assets	183,345	184,631	3,497	188,128	4,783
Intangible Assets	2,975	2,710	(33)	2,677	(298)
Property Plant & Equipment	163,899	167,239	520	167,759	3,860
Tr & Oth Rec: Non-Nhs Rec	358	358	0	358	0
Other Assets	931	931	0	931	0
Right Of Use Assets	15,182	13,393	3,010	16,403	1,221
Current Assets	74,844	67,888	(131)	67,757	(7,088)
Inventories	60	60	0	60	0
Trade and Other Receivables NHS	17,352	10,030	2,081	12,112	(5,240)
Trade and Other Receivables Non NHS	4,479	14,636	(2,961	11,675	7,196
Credit Loss Allowance	(591)	(586)	0	(586)	5
Assets Held for Sale	1,274	1,274	0	1,274	0
Cash & Cash Equivalents GBS/NLF	52,181	42,281	697	42,978	(9,203)
Cash & Cash Equivalents Other	90	193	52	244	154
Liabilities	(89,940)	(87,797)	(3,844	(91,641)	(1,701)
Current Liabilities	(64,637)	(63,271)	(482)	(63,753)	884
Trade & Other Payables Capital	(1,922)	(2,078)	(521)	(2,599)	(677)
Trade & Oth Payables Non-Capital	(54,720)	(51,860)	(1,152	(53,011)	1,708
Borrowings	(3,023)	(2,950)	(18)	(2,968)	55
Provisions	(3,625)	(2,772)	425	(2,347)	1,278
Deferred Income	(1,347)	(3,612)	783	(2,829)	(1,481)
Non Current Liabilities	(25,303)	(24,526)	(3,362	(27,888)	(2,585)
Borrowings	(19,580)	(18,551)	(3,311	(21,862)	(2,282)
Provisions	(5,723)	(5,976)	(51)	(6,026)	(303)
Other Liabilities	0	0	0	0	0
Equity	(168,249)	(164,722)	478	(164,244)	4,005
Public Dividend Capital	(97,959)	(97,959)	0	(97,959)	0
Revaluation Reserve	(42,198)	(42,198)	0	(42,198)	0
Other Reserves	(641)	(641)	0	(641)	0
Income And Expenditure Reserve	(27,451)	(23,924)	478	(23,446)	4,005

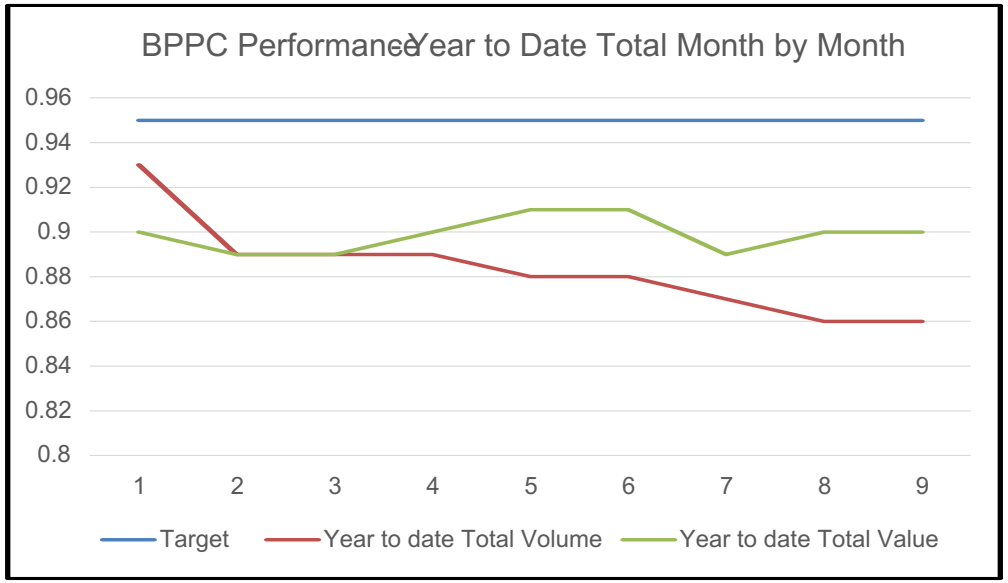
- Non-Current asset values reflect in-year additions (£11.7m YTD) less depreciation charges (£6.9m YTD). A full revaluation was undertaken in 22/23 and a desktop update with impairment review will be undertaken during Q4 this year.
- The Trust cash position is £43m. This is a £0.7m increase in month which is partly explained by the decrease in receivables and increase in payables explained below.
- Trade and other receivables has decreased by £0.9m in month. £1.2m relates to increase in accrued income, £0.7m relates to VAT received, decrease in trade receivables £1.3m and £0.1m decrease in prepayments.
- The movement in I&E reserve relates to the current financial position.

as one

Our Values
Welcoming Kind Positive Respectful Professional

Better Payment Practice Code





- Performance remains below target (95% non-NHS less than 30 days), however total value paid in 30 days has remained at 90%.
- Overall target remains a challenge whilst volumes of agency invoices remain high.

as one

Our Values
Welcoming Kind Positive Respectful Professional

Summary/ Actions

- The year-to-date financial position is a deficit of £4.0m which is £1.0m worse than plan. The key contributors to the financial deficit are the above plan usage of private acute mental health beds and an increase in usage of agency/bank staff to support acuity of patients in wards and in physical acute hospitals. The position also includes the impact of industrial action in December of £0.2m which is the primary driver against the revised forecast.
- The FIC have been reviewing the controls and approaches to improving the financial position.
- The key actions being undertaken by the Executive team to address the current overspend and projected overspend are:
    - Cost Control Measures: Continue measures to reduce secondary commissioned beds and optimise temporary staffing expenses, focusing on agency usage for observations and managing vacancies effectively.
    - Enhanced Financial Controls: Continue with the enhanced financial controls, agency/vacancy controls, reduced sign-off limits, and improved financial scrutiny and governance to address overspending.
    - Income Maximisation: Pursue contract finalisations and billing of all due recharges to maximise income, particularly in Social Care, Provider Collaborative, CAMHS ADHD, Paediatric MH Liaison, and Education & training income areas. Continued Engagement with Provider Collaborative: Maintain active engagement with the Provider Collaborative to seek additional funding to offset increased costs in Adult Forensic and CAMHS Inpatient services.
    - Savings Execution: Strengthen efforts to achieve savings under the delivering value plan to realise the identified £18.9 million. Identify any non-recurrent savings opportunities and prioritise initiatives with the potential to deliver the most significant results.
    - Address Secondary Commissioning Bed Utilisation: Continuously work on reducing the usage of secondary commissioned adult acute beds to planned levels to mitigate the financial burden.
    - Non-Pay Spend Review: ensure non-pay approval is appropriately controlled and authorised.
- In November the Board agreed a year end forecast of £4.2m, this has now been amended to £4.8m to reflect the cost impact of industrial action in December (£0.2m) and January (£0.4m).

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Report to the PUBLIC Board of Directors

Meeting Date:	8 February 2024	Agenda Item: 10
Report Title	Planning for 2024/25	For publication: Yes ☒ No ☐
Report Author (s)	Simon Pattison, Deputy Director of Strategy and Development and Rob Croot, Deputy Director of Finance	
Approved by:	David Evans, Chief Strategy and Partnerships Officer Phil Cave, Chief Finance Officer	

The Trust Board is asked to:
Receive the attached report setting out our approach to planning for 2024/25

Executive Summary

The purpose of this report is to provide an overview of the planning process for 2024/25. The report covers three areas. Firstly, the report sets out the national NHS planning process and our understanding of the national priorities for mental health, learning disabilities and neurodevelopmental issues for the coming year. Secondly it covers how we are approaching planning locally. Thirdly it summarises our approach to financial planning for 2024/25.

Recommendations

The Trust Board is asked to:

Receive the attached report setting out our approach to planning for 2024/25

Implications

Risk and Assurance	In developing plans for 2024/25 we will consider the key risks facing the organisation and how we can mitigate these through our plans
Equality, Diversity and Human Rights	In developing plans for 2024/25 we will consider the equality, diversity and human rights implications of these proposals
Quality	As our plans for 2024/25 will be based around the new Great Together strategy they will include a focus on quality as one of the key strategic objectives for the Trust
Financial	As our plans for 2024/25 will be based around the new Great Together strategy they will include a focus on financial sustainability under the innovation section of the key strategic objectives for the Trust
Service Users and Carer Experience	As our plans for 2024/25 will be based around the new Great Together strategy they will include a focus on service user and carer experience as one of the key strategic objectives for the Trust
People	As our plans for 2024/25 will be based around the new Great Together strategy they will include a focus on our People as one of the key strategic objectives for the Trust

Legal and Regulatory	No implications identified
Digital	As our plans for 2024/25 will be based around the new Great Together strategy they will include a focus on innovation (including digital) as one of the key strategic objectives for the Trust
System	As our plans for 2024/25 will be based around the new Great Together strategy they will include a focus on collaboration as one of the key strategic objectives for the Trust
Sustainability	As our plans for 2024/25 will be based around the new Great Together strategy they will include a focus on sustainability under the innovation section of the key strategic objectives for the Trust

Strategic Objectives this report supports	Please tick any that are relevant ✓
1. We will improve service user and carer experience, placing emphasis on shared decision-making, co-production and recovery	✓
2. We will provide high quality care and support that is safe and achieves the best outcomes for service users and carers.	✓
3. We will attract, develop, and retain a skilled, compassionate workforce by creating inclusive and thriving workplaces.	✓
4. We will address inequalities to improve out-comes and advance equity for people from all communities.	✓
5. We will work in partnership in everything we do to meet the needs of communities and the people we support.	✓
6. We will be a learning organisation that encourages innovation, research and continuous quality improvement.	✓

Planning for 2024/25

8 February 2024

1. Introduction

The purpose of this report is to provide an overview of the planning process for 2024/25. The report covers three areas. Firstly, the report sets out the national NHS planning process and our understanding of the national priorities for mental health, learning disabilities and neurodevelopmental issues for the coming year. Secondly it covers how we are approaching planning locally. Thirdly it summarises our approach to financial planning for 2024/25.

2. National NHS Plans

In 2018 the NHS published the Long-Term Plan[1] setting out the key priorities for the 10-year period from April 2019 – March 2029. The Mental Health Implementation Plan[2] was then published in 2019 giving greater detail on the commitments made around mental health for the period April 2019 – March 2024.

The Mental Health Implementation Plan has guided the majority of the changes that we have seen over the last 5 years including:

- Community mental health transformation.
- The expansion of Talking Therapies.
- The development of perinatal mental health services.
- The introduction of Individual Placement and Support services to increase the number of people with mental health issues in employment.
- A continued focus on suicide prevention.
- The expansion of mental health support for children and young people such as Mental Health Schools Teams.

The Mental Health Implementation Plan set clear targets for each area. One example is the commitment that an additional 345,000 children and young people will access support via Mental Health Support Teams in schools by March 2024. However, these targets all cover the period up to March 2024 and do not continue beyond this. Likewise, there has been dedicated funding for mental health to deliver these targets. This was as an additional £2.3billion over the 5-year period between 2019 and 2024 but there is no clarity over additional funding for mental health from April 2024 onwards.

Alongside this were clear plans for people with learning disabilities and autism set out under the Building the Right Support[3] programme. These plans had a focus on reducing the number of people in inpatient facilities and improving the physical health of people.

[1] NHS England » NHS Long Term Plan
[2] NHS Long Term Plan » NHS Mental Health Implementation Plan 2019/20 – 2023/24
[3] NHS England » National plan – Building the right support

Currently we are awaiting national guidance on plans for mental health, learning disabilities and neurodevelopmental issues for 2024/25. These are usually published just before Christmas, but this has been delayed this year. The indications are that national planning guidance will focus primarily on 2024/25, rather than covering a longer time period.

In 2024/25 we expect a greater focus on the quality of mental health, learning disability and autism inpatient services. Last year a new national programme[4] was introduced to *"support cultural change and a new bold, reimagined model of care for the future across all NHS-funded mental health, learning disability and autism inpatient settings. Central to this will be the acceleration of new models of care that enable systems to harness the potential of people and communities, within a citizenship model that promotes inclusion and respects their human rights."* Currently all providers are being asked to complete a self-assessment against a set of standards as one element of this improvement programme and this will lead to work that we need to carry out to address the gaps that we identify.

We also expect there to be a greater focus on autism and ADHD. Nationally there has been considerable interest in the length of time people (both adults and children) are waiting for a diagnosis for either autism or ADHD. To date there has not been any dedicated funding to address these waiting times but national NHS colleagues have been asking for information to help them accurately assess the size of the issue.

In June the NHS released a national Workforce Plan[5] setting out national plans to address the staffing challenges. The actions in the plan are set out in three priority areas:

- *"Train: significantly increasing education and training to record levels, as well as increasing apprenticeships and alternative routes into professional roles, to deliver more doctors and dentists, more nurses and midwives, and more of other professional groups, including new roles designed to better meet the changing needs of patients and support the ongoing transformation of care.*
- *Retain: ensuring that we keep more of the staff we have within the health service by better supporting people throughout their careers, boosting the flexibilities we offer our staff to work in ways that suit them and work for patients, and continuing to improve the culture and leadership across NHS organisations.*
- *Reform: improving productivity by working and training in different ways, building broader teams with flexible skills, changing education and training to deliver more staff in roles and services where they are needed most, and ensuring staff have the right skills to take advantage of new technology that frees up clinicians' time to care, increases flexibility in deployment, and provides the care patients need more effectively and efficiently."*

The plan provides a clear national framework across all areas including mental health and learning disabilities and will need to inform the development of our local plans over the coming years.

[4] NHS England » Mental Health, Learning Disability and Autism Inpatient Quality Transformation Programme
[5] NHS England » NHS Long Term Workforce Plan

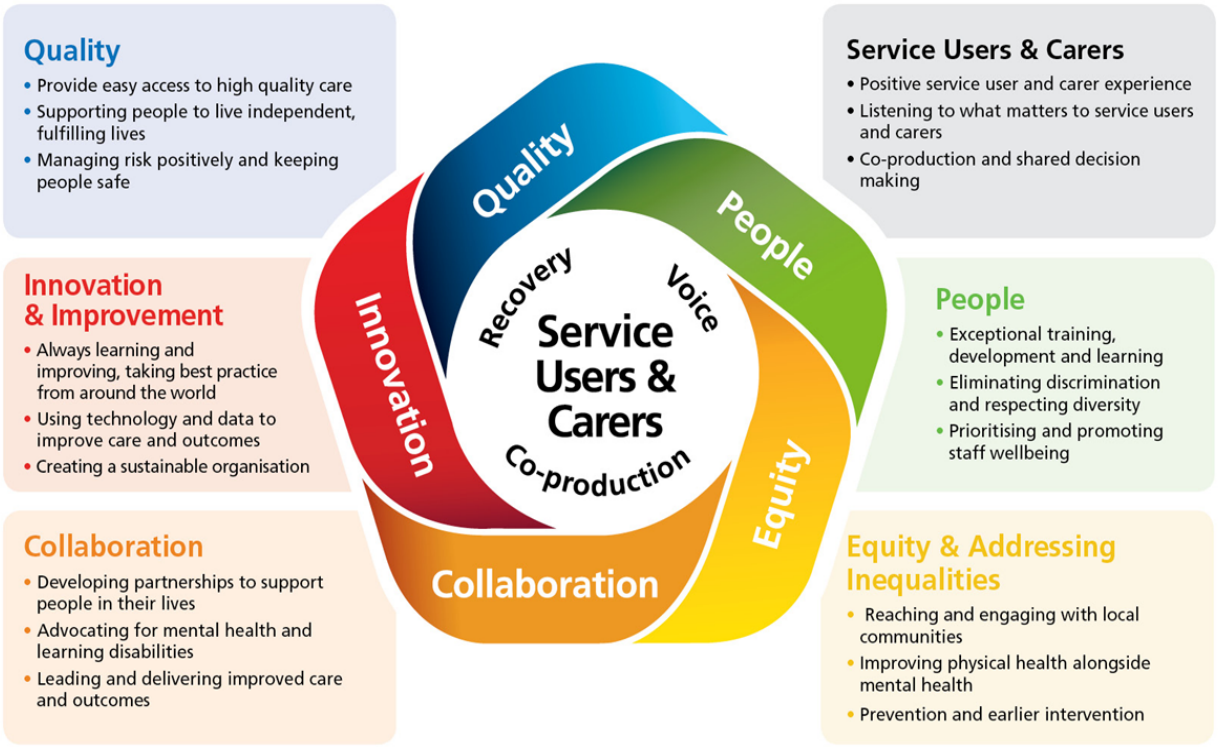
Apart from these areas we expect the national priorities will largely be a continuation of the priorities set out in previous plans. Once the guidance is released, we will consider this in detail to inform our internal planning and our discussions with commissioners.

3. Trust Plans for 2024/25

In early October we started conversations with senior leaders to develop plans for the coming year. Sessions were held at the Senior Leadership Team meeting on 18th October, 1st November and 13th December and with the Executive Team on 17th January. Alongside this a series of smaller meetings have taken place with individual senior leaders to go into their areas in more depth. These meetings have been led jointly by Simon Pattison (Deputy Director or Strategy), Rob Croot (Deputy Director of Finance) and Louise Thomas (Deputy Director of People and Organisational Development) to ensure that we consider the finance, workforce and operational planning aspects together.

We are developing our plans in line with our Great Together strategy which was launched July 2023 and now provides the strategic direction for the Trust over the next 5 years:

Figure One: Great Together Strategy



Our plans are being developed with the backdrop of significant challenges within the wider NHS:

- almost 8 million people are waiting for NHS treatment[6], of whom nearly 1.9 million are waiting for treatment from mental health services.

[6] NHS Activity Tracker 2023 (nhsproviders.org)

- the NHS is in a challenged financial position, with many local systems and providers predicting that they will end the year with a deficit.
- across the NHS as a whole the NHS Workforce Plan estimated that there are 112,000 vacant posts.

The approach we have taken is to consider:

- Work that we have started in 2023/24 which will need to continue in 2024/25.
- Areas where performance is a concern that we need to address.
- Transformation plans that will deliver both improved outcomes and greater financial efficiency over the coming year.
- National and local commissioner priorities that we need to address in the coming year.

In addition to continuing to deliver existing services our key priorities are:

- Address the backlog of care in Adult Community Services, working towards the fully integrated primary and secondary care model in conjunction with Primary Care Networks and neighbourhood teams.
- Improve support for adults in crisis, including the full development of the Urgent Mental Health Hub at Lister Hospital, together with the development of a new model at Watford General Hospital.
- Agree and implement an all age ADHD assessment and treatment pathway, working with partners including Hertfordshire Community NHS Trust, East and North Herts NHS Trust and primary care – noting that the CYP ADHD model in South and West Hertfordshire is being proposed at a national level by Clare Fuller, National Primary Care lead.
- Deliver on the requirements of Right Care, Right Person in partnership with the Police.
- Implement the improvements of our inpatient services, delivering the national inpatient quality programme, whilst also reducing reliance on the independent sector and Out of Area beds.
- Increasing support to children and young people in schools though our Mental Health Support Teams in schools offer.
- Expanding services in lines with national targets for access – including services for children and young people, perinatal mental health services and Talking Therapies.
- Developing a new model for Older adults with functional mental health issues; including community and inpatient provision.
- Redesign Community CAMHS model, to improve access to services and consistency of care.
- Implement and embed an enhanced model of engagement, participation and co-production, with people who use and provide our services.

This is not an exhaustive list. Delivery will be dependent on discussions with commissioners.

4. Financial Planning for 2024/25

4.1 Planning Guidance

At the time of writing, national planning guidance has not yet been issued. We understand that NHSE hope to publish detailed guidance later in February.

The Trust has continued to prepare the financial plan for 2024/25 based upon national assumptions released in October 2023 to avoid delays when formal guidance is released.

4.2 Income Contract Negotiations

The most significant factor in the Trust's financial planning for 2024/25 and beyond is the volume of income received non-recurrently in 2023/24, which is being applied to fund recurrent costs, including staffing and secondary commissioning.

In addition the Trust has identified a number of key areas it would like to invest in to improve the quality of care for service users.

The Trust is working closely with all its commissioners to ensure that all expected costs for delivery of care are covered recurrently in 2024/25.

4.3 Delivering Value

For 2023/24 the Trust is on target to deliver £15million of efficiency improvements. Of this total, £10million is cash releasing and the balance of £5million being productivity improvements, (non-cash releasing).

For 2024/25 the Trust is targeting a DV programme of £16million with equates to around 4% of gross expenditure. Of this total, 3% is planned to be cash releasing (around £12.1million), with the balance of £4million reflecting productivity improvements.

Initial Delivering Value plans were developed in December. A workshop is planned for 1 February 2024, to drive the completion of a full Delivering Value plan by mid-February 2024, to inform the Trust's Financial Plan for 2024/25.

4.4 Financial Planning Timeline

The Trust's financial planning model for 2024/25 will be reviewed and refreshed following receipt of national planning guidance. It is expected that iterations of the Trust's financial plan for 2024/25 will be brought to the February and March Board meetings, with a final plan to be agreed by 31 March 2024.

5. Next Steps

The Trust's Annual Plan and contribution to system plans need to be finalised by the end of March. Once the national planning guidance is released we will consider the implications of this and develop our plans - for service developments, finance, workforce, activity - in more detail to ensure that clear and coherent plans are in place ahead of the new financial year.

6. Recommendations

The Trust Board is asked to:

Receive and note the attached report setting out the Trust's approach to planning for 2024/25.

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Report to the Public Board of Directors

Meeting Date:	8 February 2024	Agenda Item: 11
Report Title	Care Quality Commission (CQC) Inspection of Adult Social Care in Hertfordshire Partnership University NHS Foundation Trust (HPFT)	For publication: Yes ☒ No ☐
Report Author (s)	Karen Hastings: Head of Social Work, Social Care and Safeguarding	
Approved by:	David Evans: Chief Strategy & Partnerships Officer	

The Board is asked to:
To receive and consider the report and provide feedback on the response to the planned inspection by CQC.

Executive Summary

This report sets out the background to the CQC inspection of Adult Social Care in Hertfordshire. The Health & Care Act 2023 gave the CQC powers to inspect the delivery of adult social care for the first time. Hertfordshire County Council will be one of the first local authorities to be inspected and this will take place on the week beginning 4 March 2024. As the Hertfordshire Partnership University NHS Foundation Trust has delegated duties from Hertfordshire County Council to deliver social care and safeguarding enquiries for adults, it is expected that some of our services will also be inspected during this process.

HCC submitted evidence around the social care offer in Hertfordshire, in line with CQC requirements, on 19 January 2024. The Trust's submissions which included anonymised good practice exemplars, police and data, were approved by the Executive Director, Quality and Safety (Chief Nurse).

Preparing for CQC

- To support staff to understand the process, HCC are running several briefing roadshows and HPFT staff from Adult Community Mental Health Services (ACMHS) and Mental Health Services for Older People (MHSOP) have been encouraged to attend as these teams deliver the bulk of social care in the Trust.
- Within HPFT the teams who may be inspected are holding a range of service showcase events, to help them feel confident and positive about the support they offer and the CQC process itself.
- In terms of preparing the senior leads and organisation HCC are holding weekly Keep in Touch meetings that include the Trust's Head of Social Work and Safeguarding and developments are being fed back through to the Trust Executive Team.

Areas of positive practice and development

The CQC will be focussing on four domains:

- Working with people
- Providing support
- Ensuring safety
- Leadership

The following areas of focus are based upon the above domains:

Areas of positive practice:

- Embedding of Connected Lives model across services where social care is delivered.

- Strong partnership working with the local authority.
- Work on inclusion, engagement and addressing inequalities.
- Workforce development including the roll out of the new BSc in Social Work apprenticeship course over 2023/2024.

Areas of development:

- The Trust is currently focussing on understanding the Safeguarding Adults data to ensure that improvements are being made on the time taken to make decisions to investigate.
- Other areas of development in the financial year 2024 to 2025, which aim to reduce waiting times, improve support people receive when they need a financial assessment for their social care, and ensure a healthy provider market to serve the needs of people with mental illness in Hertfordshire.

These areas which need further development are broadly similar to themes identified by the CQC in pilot inspections which took place across 5 local authorities (Birmingham, Lincolnshire, North Lincolnshire, Suffolk, and Nottingham), in that waiting times and staffing pressures were common to all these geographical areas.

Recommendations

The Board is asked to receive and consider this report.

Implications

Risk and Assurance	Risks identified include waiting times for social care assessment and reviews. Work is underway to mitigate this and improvements have already been made in terms of reporting and visibility via SPIKE 2.
Equality, Diversity and Human Rights	Delivery of social care is at the heart of the Trust's services in Hertfordshire. Addressing social needs and supporting people to improve their access to communities, to become active citizens in the county, can help address some of the inequalities experienced by people with mental illness and other intersecting protected characteristics.
Quality	Good social care practice is essential to delivering quality mental health services in an integrated mental health Trust, such as the Trust.
Financial	The Section 75 agreement with Hertfordshire County Council brings in approximately £23m of revenue per year. The Trust needs to be able to demonstrate that they are delivering good quality social care to the Local Authority and CQC in line with our contractual and legal responsibilities.
Service Users and Carer Experience	The delivery of high-quality social care services, in line with the Care Act should also enhance wellbeing of people who use service and those who care for them.
People	A positive inspection can enhance the reputation of an organisation and improve recruitment and retention of staff.
Legal and Regulatory	Potential links to CQC inspection of NHS delivery of services. Additionally, the Trust needs to demonstrate that staff are working in line with legislation.

Digital	Work is underway to centralise reporting via digital solutions.
System	The Trust will be inspected as part of HCC's Adult Care Services, and consequently this inspection is important for the relationship with the local authority in Hertfordshire.
Sustainability	Not applicable.

Strategic Objectives this report supports	Please tick any that are relevant ✓
1. We will improve service user and carer experience, placing emphasis on shared decision-making, co-production and recovery	
2. We will provide high quality care and support that is safe and achieves the best outcomes for service users and carers.	✓
3. We will attract, develop, and retain a skilled, compassionate workforce by creating inclusive and thriving workplaces.	
4. We will address inequalities to improve out-comes and advance equity for people from all communities.	
5. We will work in partnership in everything we do to meet the needs of communities and the people we support.	✓
6. We will be a learning organisation that encourages innovation, research and continuous quality improvement.	

CQC Inspection of Adult Social Care
8 February 2024

1. Introduction

1.1 This report provides a briefing on the CQC inspection of Adult Social Care in Hertfordshire, and outlines some of the key risks and issues for the Trust.

2. Background

2.1 The Trust has been informed that Hertfordshire County Council (HCC) will be one of the first local authorities to have an inspection of Adult Social Care under the new CQC framework. As the Trust has delegated duties from HCC to deliver social care and safeguarding for adults with functional mental disorders in Hertfordshire as part of a Section 75 agreement, it is expected that some of our services may be inspected during this process.

2.2 There are four domains which will be inspected by the CQC:

- Theme 1: How local authorities work with people – assessing needs, care planning and review, direct payments, charging, supporting people to live healthier lives, prevention, wellbeing, information and advice
- Theme 2: How local authorities provide support - market shaping, commissioning, workforce capacity and capability, integration and partnership working
- Theme 3: How local authorities ensure safety – safeguarding enquiries, reviews, Safeguarding Adults Board, safe systems, pathways and continuity of care
- Theme 4: Leadership – culture, strategic planning, learning, improvement, innovation, governance, management and sustainability.

2.3 The inspection will take place on the week beginning 4 March 2024. Information from the local authority is that, currently, the CQC are signalling that they do not expect to visit HPFT sites, however, this may change once they have reviewed the evidence. Consequently, the Trust continues to prepare relevant teams and are focussing showcasing events on those which deliver social care and safeguarding on behalf of the local authority (in the main Adult Community Mental Health Services, PATH, Mental Health Services for Older People and the Adult Placement Team).

3. Preparing for CQC Inspection of Adult Social Care

3.1 Evidence gathering began in December 2023, and the final submission to CQC by HCC took place on 19 January 2024 (see paragraph 3.3 for more information). HPFT were asked to submit a range of evidence, and a process was agreed whereby the Trust's Executive Director, Quality & Safety (Chief Nurse) had the ultimate sign off of documentation. Records of our submission are being held centrally by the Trust's Risk & Compliance Team.

3.2 As part of the submission, the Trust and HCC identified a list of 5 cases where the individual has received a Care Act (Connected Lives) assessment, and where they were willing to be interviewed by the CQC about their experience and journey

through services. The anonymised case studies included people with differing mental health needs who are currently being supported by HPFT, across a range of complexity. On 29th January 2024, the Trust were informed that the CQC had not chosen any of the HPFT case studies to track, however, it was recognised that the organisation had come forward with some positive examples of how social care can be used to support people with mental health needs and the County Council have extended thanks to HPFT staff for taking the time to support this part of the process.

3.3 In addition to the case studies, HPFT have also submitted a range of documentary evidence, including Mental Health Act policies which relate to activities carried out by Approved Mental Health Professionals (AMHPs), as the Trust runs the 'in hours' AMHP service on behalf of the local authority.

3.4 The organisation has also been asked for information on numbers of individuals waiting for Care Act assessments and reviews, for both people who use services, and those who care for them.

Key Dates

3.5 The following dates have been highlighted as key in preparing for CQC inspection of Adult Social Care:

- 19 January 2024: Adult Care Services (ACS) Self-Assessment document submissions, case tracking and other requested evidence.
- Week commencing 22 January 2024: Presentation to CQC assessment team by ACS Senior Leadership to set out structures, how social care is delivered and relationships with key partners.
- Week commencing 4 March 2024: On site assessment including staff focus groups, drop ins, conversations with people who use services and partners.
- Week commencing 8 April 2024: Provisional date for final report and rating.

Approach to Preparing Staff for Inspection

3.6 HCC have organised several briefings for staff and senior managers. An online all -staff briefing was held on 19 December 2023 with over 500 people attending, including a number from the Trust, specifically ACMHS Service Line Leads, Senior Social Workers, and other staff. Trust staff are also invited to attend Adult Care Services (ACS) Roadshows in January and February 2024. This information has been shared widely and the Trust's senior leads have been encouraged to enable colleagues to attend.

3.7 Additionally, there are 30 minute 'Keep in Touch' meetings held weekly, chaired by the County Council's Director of Adult Social Care, and attended by Heads of Service, including the Trust's Head of Social Work and Safeguarding; and longer sessions with the Senior Leadership Team in HCC, including the Trust, and the Trust are also members of the HCC 'CQC Taskforce'. These meetings are all taking place throughout January and February.

3.8 As discussed above, the Trust has chosen to change the focus of the ongoing Showcase Events on Friday mornings, to include teams delivering social care across the organisation. The Trust's Head of Social Work and Safeguarding attends the fortnightly Planned Care Service Review Meetings to feedback on progress, risks and issues, and the wider social work leadership team is supporting Social Care Leads to prepare.

Themes from the Pilot Inspections across England

3.9 Hitherto, the CQC have carried out pilot inspections of adult social care across five local authorities: Birmingham, Lincolnshire, North Lincolnshire, Suffolk, and Nottingham. Several common themes have been identified from these inspections, namely:

- Integrated working supports hospital discharge processes.
- Waiting lists linked to workforce capacity.
- Partnership working key to improving outcomes.
- Transition pathways for children to adult services did not always work well.
- More work required for local authorities to hear the voices of those who are seldom heard.
- Workforce capacity issues persist, including problems with recruitment and retention.
- Positive learning cultures valued by staff.
- Focus on addressing inequalities and social justice.

We can assume that these will be areas of scrutiny for the upcoming inspection in Hertfordshire.

Areas of positive development for HPFT

3.10 The following are areas of strength for HPFT, based upon the four CQC domains and the themes identified above:

- *Development of the Connected Lives approach to delivering social care:*

This is an area of strength in the Trust, in that the model is well embedded across services carrying out Care Act assessments, and audits are showing gradual improvements in practice. The model was developed by HCC and promotes the proportionate assessment of social care for people with needs for care and support.

- *Partnership working*

An area of strength between the Trust and HCC with a long-standing Section 75 and links across services is working well. An updated Cross Service Protocol has been ratified recently and this will be promoted to ensure that co-operation between the two organisations supports positive experiences of services by people who use them, and their carers.

- *Governance:*

This has also developed and improved within the Trust with social care now reporting into Social Care Oversight Group and highlights are delivered to the Trust Management Group and the Executive Team.

- *Workforce strategies and wellbeing offer:*

In order to deliver good quality social care, the organisation needs highly trained, skilled, and creative social workers to carry out Care Act (Connected Lives) assessments and support the development of truly personalised care plans to promote wellbeing and active citizenship. The Trust social work vacancy rate has declined from a high of almost 20% in April 2022, to 10% in December 2023. To add to these improvements, the Trust has rolled out the Social Work BSc apprenticeship which is open to existing staff, to boost recruitment and retention,

and provide a career pathway for non-professionally qualified staff.

- *Diversity and inclusion:*

The Trust has recently launched its Belonging and Inclusion Strategy, and work is being undertaken to ensure that the Trust adheres to the Patient and Race Equality Framework aims to address health inequalities for people using Trust services.

- *Co-production:*

There is ongoing work in HPFT including placing people who use services and those who care for them at the heart of the Trust strategy, with co-production being a key component of transformation programmes. Additionally, ongoing work to implement Personalised Care and Support plans, Connected Lives and Dialog give staff improved opportunities to deliver truly co-produced care plans.

Areas for Further Development for HPFT

3.12 The following areas of focus have been identified, based upon the four CQC domains and also the themes emerging from the pilot inspections. The Interim Executive Director of Quality & Safety will be overseeing the work around ensuring that the organisation is compliant with guidance.

- *Delivery of Safeguarding Adults Duties*

This is the main area of focus for the organisation in terms of requiring improvement. Recent data has shown that it is taking, on average, nine working days to make decisions when referrals come in. This is higher than the Hertfordshire Safeguarding Adults Board (HSAB) requirement of two working days. At the time of writing this report, data validation is taking place with an early indication that there is inaccurate recording within the electronic patient records and action is being taken to cleanse the records. In the meantime, Safeguarding Adults leads are sent 'no decision made' cases by the Corporate Safeguarding Team on a weekly basis to prompt. The aim is for the position to have recovered in terms of time to decision by the time the inspection of Adult Social Care commences. It should be noted that regularly monthly audits have demonstrated appropriate safeguarding action is being taken to support the adult at risk, including establishing protection plans, and prioritise this above recording the decision, thus ensuring the individual's safety. Nevertheless, this will be an area of focus for safeguarding leads. Additionally, audits demonstrate that, in undertaking safeguarding duties, teams are consistently person centred, focussed on the individual's own identified outcomes and skilled at bringing in the right resources to support the adult at risk, including housing, police and other necessary services.

- *Carers Care Act Duties*

At the time of writing this report, just over 1,200 people were awaiting carers assessments. Half are awaiting an annual review, with PARIS showing that the other half do not have a record of an assessment taking place. A data cleansing exercise is underway to ensure that information is accurate and that we have a true picture of who is carrying out caring duties for friends or family members with mental health needs. Support will be provided to ensure this process is complete by the time the inspection commences. Additionally, the Trust is aiming to engage the support of the Voluntary, Community & Social Enterprise (VCSE) sector to speak to any carers without an assessment, to signpost or support as necessary. HPFT teams will assess those whose needs require a full Care Act assessment.

- *Financial assessment and charging for Adult Social Care:*

The local authority is responsible for the assessment of charges for adult social care, however, HPFT staff are required to support people in completing forms to allow the assessment to take place. There are currently 124 people requiring a financial assessment who are in receipt of social care. It is not uncommon for people to reject care or support with this part of the process, and the HCC Adult Care Services (ACS) Income Team are offering support with such cases. Services delivering social care are provided with the information on people needing a financial assessment or waiver on a weekly basis. The overall programme of work is within the purview of HCC and this commenced in January 2024 with a number of workstreams with the aim of completion and coming to a 'business as usual' position by June 2024.

- *Market Shaping*

There is an ongoing programme of work to review community contracts and Enablement at Home led by the Trust's Business Development Manager. A market tender process is expected financial year 2024 to 2025.

- *Commissioning of culturally competent care:*

The Trust is now offering in person social care training for staff who deliver Care Act duties. This training not only includes the practical and legal aspects of supporting assessment and care planning for social care, but also helps staff to understand the importance of recognising cultural and spiritual needs when thinking about the best way to address needs for care and support.

4. Summary/Conclusion

4.1 To summarise, the Trust will be participating in the CQC inspection of Adult Social Care and work is commencing to prepare staff for this process.

4.2 Our key risks are around waiting lists for Connected Lives and carers assessments, reviews of social care assessments, and financial assessments. Work is underway to improve the oversight on SPIKE 2 of social care assessments to allow staff to be able to prioritise this work and identify those most at risk, and next steps will include developing an action plan to deal with any remaining backlogs once the data cleansing process has been completed.

4.3 A new social care/safeguarding dashboard will be developed to providing greater 'Board to floor' oversight on an ongoing basis. The Integrated Governance Committee/ Trust Board will be provided with regular updates regarding the progress of the inspection process.

5. Recommendations

5.1 The Trust Board is asked to receive and consider the report.

NHS
Hertfordshire
Partnership University
NHS Foundation Trust

Report to the PUBLIC Board of Directors

Meeting Date:	8 February 2024	Agenda Item: 12
Report Title	Hertfordshire Mental Health, Learning Disabilities and Autism Health and Care Partnership (MHLDA HCP)	For publication: Yes ✓ No ☐
Report Author (s)	Ed Knowles, Development Director	
Approved by:	David Evans, Chief Strategy & Partnerships Officer	

The Board is asked to:
Receive: To receive and discuss, in depth, noting the implications for the Board or Trust without formally approving it.

Executive Summary

The attached paper is the latest Development Director's report presented to the Hertfordshire Mental Health, Learning Disabilities and Autism Health and Care Partnership (MHLDA HCP) at its Board meeting on 12 January 2024.

Key developments mobilised and delivered through the MHLDA HCP since the last update to the Trust Board are outlined below.

Winter Crisis communications campaign

For the second year in a row, the MHLDA HCP has led on system-wide communications to support people in crisis.

The MHLDA HCP led a review of last year's material and activity with partners and stakeholders. On 05 October 2023, the outcomes of this review were presented to the MHLDA HCP's Crisis Care Partnership Board which agreed the strategic approach and considered how best to ensure broad coverage and circulation over the winter months.

The campaign went live 21 December 2023, with digital and physical material distributed to partner organisations including Hertfordshire Library Service, Hertfordshire Constabulary, Department of Works and Pensions, Mind in Mid Herts, One YMCA, and Bishops Stortford Foodbank. The campaign included messaging tailored for specific audiences to promote uptake, including activity to encourage participation from local GPs. Pocket-sized copies of the material have been produced to allow frontline staff from different organisations to have the material on-hand.

The MHLDA HCP has successfully increased the number of participating audiences including contact with Network Rail who will be circulating the information to their staff.

CYP Neurodiversity transformation programme

as One

Our Values
Welcoming Kind Positive Respectful Professional

There has been significant progress in the development of a Hertfordshire-wide approach to transforming services and support for neurodivergent children and young people and their families and carers.

In November 2023, the MHLDA HCP's Clinical and Practice Advisory Committee approved a combined clinical pathway for the triage and assessment of ASD/ADHD for children and young people.

Following this approval, the MHLDA HCP has led on 'walkthrough' workshops with HPFT, HCT and ENHHT to consider how the clinical pathway would operate in practice, including the types of roles required and the time that each step of the process should take. We have held similar sessions with representatives from Hertfordshire Parent Carers' Involvement Network to fully understand how the pathway would be experienced from the perspective of the service users. Having developed this consensus-view and understanding across partner organisations, we are now drafting a full business case for consideration by the HWE ICB.

This activity on the triage and assessment pathway is complemented by further work taking place to develop the support available for children, young people and their families and carers pre- and post-diagnosis. The Neurodiversity Support Hub pilot has been in place for over a year and a recent independent evaluation by Health Innovation East has confirmed its value and capabilities in supporting families in Hertfordshire. We are currently scoping the requirements for the Support Hub for when the pilot closes and the service is formally re-commissioned.

Activity continues across HPFT, HCT and ENHHT to address the existing backlog in assessment and to respond to the increase in demand. The business cases and operational planning form each respective organisation as to how best to stabilise the waiting list are being considered as part of the wider Neurodiversity programme.

Mental Health Urgent Care Centre and the wider partnership

The MHLDA HCP has supported the mobilisation of the new Mental Health Urgent Care Centre on the Lister site. While HPFT colleagues have developed the service that will go-live by the end of January 2024, the MHLDA HCP has convened the wider partners to consider how the new service will complement and integrate with the wider provision available to support people in crisis. Task groups focussed on Workforce & Training, Pathways & Transport and Communications have met. Outcomes so far include activity to align certain job descriptions between our VCFSE partners and HPFT to support the development of a multi-disciplinary, multi-agency team.

A wider programme plan has been developed to manage activity between now and the full service going-live in June 2024. A monthly, multi-agency, steering group will provide oversight of the programme and report regularly to the MHLDA HCP's Crisis Care Partnership Board.

Hertfordshire Dementia Strategy and Dementia Friendly Hertfordshire

The Hertfordshire Dementia Strategy was launched in February 2023 and so is about to enter

its second year of delivery. The MHLD HCP has successfully led the multi-agency activity required and has established four main workstreams: Commissioning activity; Health and clinical care; Dementia Friendly Communities; and Care and Support for individuals and families. The four workstreams are all led by two co-chairs, chosen from across the range of partners to reflect the multi-agency nature of the work underway.

Key deliverables from the first year of activity include:

- Supporting the co-production and re-design of the Dementia Community Services Contract, via HCC Community and People Wellbeing Team.
- Continued recovery in dementia diagnosis rates through EMDASS and HPFT / HCC Integrated Care Commissioning Teams.
- Proposals for a Dementia Friendly Hertfordshire scheme to pick up from Alzheimer's Society DFC Accreditation that is ceasing in 2024.
- Re-establishing the Pan-Herts Dementia friendly Community Group through WS3.
- Development of a co-produced "What Good Dementia Care Looks Like" document, exploring and addressing different perspectives on Care provision across services and environments.
- Creation of a Training sub-group to look at training needs across services and for Carers, and how these can be best delivered to meet the needs of different cohorts.

Other key achievements and activity since the last update to the Board of Directors includes:

- Progressed further joint working across the NHS and Hertfordshire Constabulary in relation to Right Care, Right Person
- Develop operational proposals around the safe implementation of Right Care, Right Person
- Support the Local Area Partnership (HCC and HWE ICB) in its response to the Ofsted/CQC SEND [illegible] inspection
- [illegible]

Priorities for the forthcoming period include:

- Establish the MHLDA HCP's priorities for 2024 and support the system planning required in response to NHS England's operational planning guidance.
- Finalise the business case for the combined clinical pathway for children and young people's ASD/ADHD triage and assessment.
- Finalise and approve the new Hertfordshire All-Age Autism Strategy.
- Launch phase 1 of the new Suicide Prevention Pilot.

Discussions regarding the future role of all four Health and Care Partnerships continue with

HWE ICB. The ICB undertook a series of meetings over the course of November and December to work through the detail of the proposals, focussing on leadership, governance and finance and considering the potential responsibilities that may ultimately be delegated to HCPs. A system workshop is planned for early February to consider the future responsibilities of the HCPs in terms of NHS functions.

In the meantime, the co-chairs of the MHLDA HCP have agreed that there is specific activity our HCP can be progressing, while we wait for clarity at a system level. This includes:

- Exercising responsibility for the MH/LD elements of the Section 75 agreement between the NHS and Hertfordshire County Council including the activity of the Integrated Health and Care Commissioning team.

- Confirming the scale and scope of resource within its remit – including pooled funds, non-pooled funds, other related funding and the staff required wit allow the MHLDA to fulfil its assumed function.

- Establishing the necessary governance to accommodate ICB responsibilities alongside proposals for how this governance might also exercise HCC responsibilities.

- 'Appointing' its Accountable Officers with responsibility sat across the two co-chairs of the MHLDA HCP.

Recommendations

The Board is recommended to note this report.

Implications

Risk and Assurance	*The MHLDA HCP supports partnership working.*
Equality, Diversity and Human Rights	*No EqIA required – there are no specific equality and diversity issues associated with the recommendations in this paper.*
Quality	N/A
Financial	N/A
Service Users and Carer Experience	*N/A*
People	*N/A*
Legal and Regulatory	*N/A*
Digital	*N/A*
System	

	MHLDA HCP support the Trust in its commitment to system working.
Sustainability	*N/A*

Strategic Objectives this report supports	Please tick any that are relevant ✓
1. We will improve service user and carer experience, placing emphasis on shared decision-making, co-production and recovery	✓
2. We will provide high quality care and support that is safe and achieves the best outcomes for service users and carers.	✓
3. We will attract, develop, and retain a skilled, compassionate workforce by creating inclusive and thriving workplaces.	
4. We will address inequalities to improve out-comes and advance equity for people from all communities.	SHAPE * MERGEFORMAT ✓
5. We will work in partnership in everything we do to meet the needs of communities and the people we support.	✓
6. We will be a learning organisation that encourages innovation, research and continuous quality improvement.	✓

Hertfordshire Mental Health, Learning Disabilities and Autism Health and Care Partnership – Development Director's update

1. Introduction and summary

1.1 There remains good progress across the range of programmes and activity which the MHLDA HCP is leading upon. During December, the MHLDA HCP launched its Winter Crisis Care Communications campaign, helping local people to understand the services and support available to them.

1.2 We have convened partners to take forward both operational and strategic issues including the operating model for the ASD/ADHD combined clinical model and a system-wide workshop considering the wider residential and nursing care market to support people with Dementia.

2. HCP and System developments

2.1 Hertfordshire County Council (HCC) will be among the first local authorities in the country to be formally assessed by the Care Quality Commission (CQC) under a new assurance framework for local authority responsibilities for adult social care. HCC's Adult Care Services is now collecting evidence to submit to the CQC ahead of its assessment visit in the week commencing 4 March.

2.2 During the assessment, the CQC will focus on the needs and experiences of people who use services and look at a wide range of evidence such as performance data, case files and a self-assessment document being prepared by Adult Care Services. CQC inspectors will also talk to people who use services, staff and health and social care partners, including the NHS.

2.3 On 06 December 2023 the Co-Chairs of the MHLDA HCP provided an update on the activity of the MHLDA HCP Board to Hertfordshire County Council's Health Scrutiny Committee. The update set out the development of the MHLDA HCP and its achievements to date, emphasising how the MHLDA HCP has effectively led and mobilised multi-agency activity and how it complements and build the existing partnership infrastructure that operates across Hertfordshire.

2.4 The MHLDA HCP is now represented on the Hertfordshire and West Essex Integrated Care System Strategy Group. The most recent meeting of this group considered the working arrangement being developed between the HWE ICS and the University of Hertfordshire to support new research initiatives. The Group also received an update on Primary Care Transformation and the evolving means through which to work collectively with Primary Care Networks and the new Integrated Neighbourhood Care Teams.

2.5 A system workshop is planned for early February to consider the future responsibilities of the HCPs in terms of NHS functions.

3. Communications and Engagement

3.1 The winter crisis care campaign has launched, and printed materials have been delivered to those who requested them. The information is also available online at:

Mental health support for adults in Hertfordshire – Hertfordshire and West Essex NHS ICB

3.2 The Suicide Pathway Communications subgroup has reviewed initial materials. Information and materials have been shared with the HPFT and ENHHT for Phase 1 of the programme and both organisations will share the information through their internal communications channels.

3.3 The Depression Pathway e-learning animation project is nearly complete with requests for final changes/updates made in December 2023. Once finalised, the tool will be loaded into partners' LMS. This will support education and awareness of stakeholders regarding the new Depression Pathway.

3.4 Initial meetings have been held for the new Mental Health Urgent Care Centre communications subgroup. This group has been developed to consider needs for system-wide communications. To support this work, the group is developing a stakeholder's list to assist in the cascade of information regarding the new MHUCC. The initial steps of the communications plan involve the definition of audiences, messaging and platforms.

3.5 The HCC Dementia 5-Year Strategy communications subgroup has begun to develop key engagement activities to support the strategy. The year 2 stakeholders' event will be scheduled for April 2024 to reflect on progress to date and priorities for the year ahead.

4. Updates from our sub-committees

4.1 Co-production Development Group: - As noted in last month's Development Director's Report, the next Reference Group meeting is scheduled for 18 January 2024 and will consider the Children and Young People's Neurodiversity Support offer.

4.2 Clinical and Practice Advisory Committee (CPAC): - The MHLDA CPAC met on 05 January 2023. CPAC received an update on the activity of the South and West Hertfordshire Integrated Clinical Advisory Group (ICAG) including the specific work underway in relation to further developing virtual hospital provision. CPAC considered how best to ensure that the activity of these two clinical groups could align and complement one another and agreed to schedule regular updates over the course of year.

4.3 CPAC was briefed on the national Inpatient Quality programme, including the programmes proposed deliverables and the activity that will be required for partners/providers to assess the quality of provision across settings for people

with mental illness, learning disabilities and autism. CPAC was informed of the initial thinking taking place as to how this will be implemented within HPFT but noted that further work is taking place across the East of England region to agree how best to develop a standardised approach across different types of provision and patient/service user groups.

4.4 The CPAC discussed its forthcoming half-day development session and agreed to a proposal that the day would be focussed on health inequalities and would comprise case studies/scenarios and reflections from people with lived experience which CPAC members would then address and consider in terms of both existing and future practice. CPAC agreed that it would be useful to make use of HPFT's simulation hub to really consider what changes in practice might be required.

5. Update from our Partnership Boards

5.1 Crisis Care Partnership Board (CCPB): - The CCPB met on 05 December 2023 and reviewed progress in the development of a system-wide data dashboard for Crisis provision. The CCPB noted that further input was required from partners to ensure that the dashboard reflected a more complete picture of demand and provision across different services. The NHSE Mental Health Urgent and Emergency Care dashboard was reviewed and the CCPB agreed that many of these metrics should constitute the core elements of the CCPB's own dashboard. The CCPB asked for a further task and finish group to conclude the dashboard development and implementation.

5.2 The CCPB received a joint update from the Integrated Health and Care Commissioning Team and Hertfordshire Constabulary on the development and implementation of Right Care, Right Person (RCRP) in Hertfordshire. The CCPB noted that the first Phase 1 meeting (Call for Welfare) had been held and Phase 2 & 3 meetings are booked for January 2024. Phase 4 work is continuing through the weekly Section 136 Interagency Group.

5.3 The group received an options paper from the Section 136 Interagency Group outlining options as to how patients would be supported during police handovers. The CCPB endorsed the option for a new 24/7 mental health professionals support team in Emergency Departments, mirroring the provision that is available in HPFT's Section 136 suites. This options paper will now be submitted to the HWE ICB for approval and funding.

5.4 The CCPB was briefed on the latest developments around the mobilisation of the new Mental Health Urgent Care Centre. Discussions are underway to consider the required staffing mix and how these roles might be developed in partnership between HPFT and VCFSE providers.

5.5 The ICB UEC lead updated the group on the Hertfordshire and West Essex's Urgent and Emergency Care (UEC) strategy. The strategy identifies opportunities for recovery and transformation within UEC system and outlines core strategic priorities to achieve this. At the meeting, it was agreed that the CCPB would coordinate a collective response to the strategy on behalf of its

partner members.

5.6 Finally, the CCPB was briefed on a deep dive analysis of the high intensity user/S136 and noted the common characteristics of the individuals who are requiring this level of support and what might need to change to help them to access services at an earlier stage.

5.2 Primary and Community Mental Health Transformation:- Watford town hall is being redeveloped and a new health hub is proposed to be built on the car park next to the town hall. Work is underway to consider how to bring together services in the new health hub to offer holistic support for people living and working in the central Watford area. The MHLDA HCP has been involved in early discussions and connected the work to existing community-based services from its VCFSE and NHS partners.

5.7 Children and Young People Emotional and Mental Wellbeing Board (CYPEMWB): - The CYPEMWB met in December where the key focus was understanding the current financial challenges and how this could impact our system ambitions. Whilst awaiting NHS operational planning guidance that will set out the expectations, the Board has agreed to reconvene in early January to agree priorities, and capacity considering acuity, workforce and the potential financial constraints.

5.6 There has been further progress on the development of the digital access platform as part of the new CYPMHS HertsHub, with the first sprint being completed for the online referral form. The referral form will streamline the referral process by implementing user-friendly digital forms that improve efficiency and accuracy in information collection and promote a more positive user journey. The online resource hub is being developed which will host a comprehensive suite of resources including information, tools, advice and support materials.

5.7 As referenced at the MHLDA HCP Board meeting in December 2023, the Priority Action Plan (PAP) has been submitted to the Department for Education following the publication of the OFSTED/CQC final area SEND inspection. The PAP addresses how the system will work together to better meet the needs of children and young people with SEND, including those who require support with their mental health. A key deliverable will be ensuring that all Children and Young People Mental Health Service providers are delivering consistent and equitable approaches to access through a single agreed reasonable adjustment policy. This will also ensure we are addressing our CORE25 Plus 5 ambitions.

5.8 Hertfordshire continues to improve access numbers for children and young people who are receiving support for their Mental Health and is on track to achieve the ambition against the NHS operational plan. There has been a 52% increase in accepted referrals from 21/22 to 22/23 and an even more significant increase of 66% in early help accepted referrals. This is the result of increased capacity within early help, which has been a key ambition for the CYPEMWB.

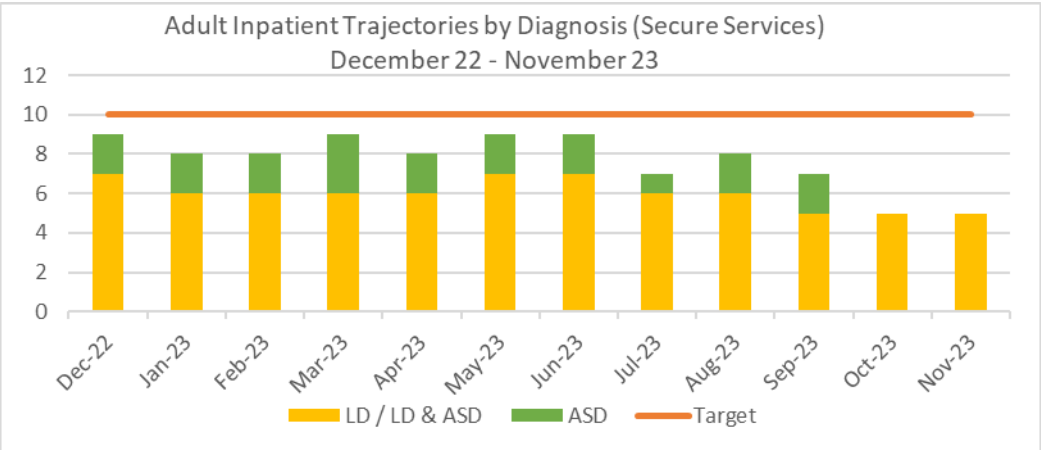
5.12 Learning Disabilities and Autism Strategic Partnership Board: -the Learning Disabilities and Autism Strategic Partnership Board has not met since the last report. Work is focussed currently on planning for the Service Development Funding (SDF) 3 Year Plan as there remains considerable uncertainty about continuation of this funding into 24/25. Discussions continue on:

- How independent provider capacity can support the adult Autism Assessment Waiting List subject to the SDF approval 23/24 and 24/25.
- Continued investment in Autism Hertfordshire providing community support for Autistic people.
- Scoping a co-produced DSR Step-down Service, similar to the keyworker service to support people over 25 at risk of admission subject to SDF approval 24/25.

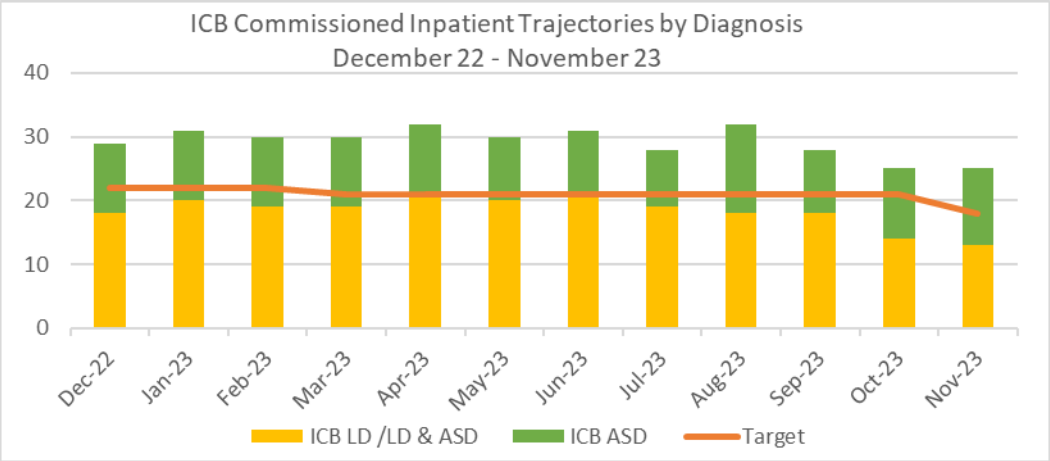
5.10 The proposed priorities of the Autism Strategy have now been presented across boards, including the All-Age Co-production Board and to the MHLDA HCP. The strategy steering group will meet in January to review the current draft and to provide ownership of progressing the strategy through governance, once completed this group will turn to development of implementation plans. Governance is being mapped and the draft strategy is expected to return to the HCP by March 2024.

5.11 The strategy includes several cross-cutting themes and existing programmes of work including the CYP Neurodiversity Programme, improvements in access to mental health and physical health services and the findings from the recent SEND inspection.

5.12 Work on the Transforming Care programme continues with Hertfordshire meeting the trajectory for Secure Beds. However, this is increasing pressure on ICB- commissioned beds as people move down from secure settings.



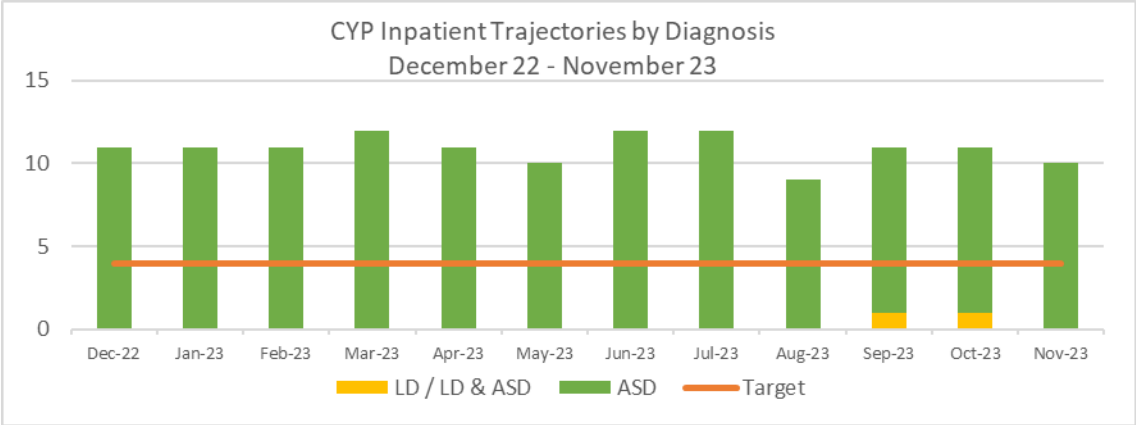
5.13 ICB Commissioned beds are over trajectory, the reduction in the trajectory is due to the closure of SRS Beds which are on track. There has been some success in discharges in recent weeks. However, admissions from secure beds and admission / identification of autistic people mean the trajectory remains challenged. Oversight Panels remain in place to support the unblocking of issues and working to ensure people can return to the community as soon as possible.



5.14 As can be seen from the ICB commissioned beds, transforming care for autistic adults needs to remain a key focus, and work continues:

- Embedding the Adult Autism Dynamic Support Register including further awareness raising across partners and is highlighting areas for development.
- Green Light Toolkit – reviewing reasonable adjustments, starting in mental health wards in 2024.
- Care and Treatment Reviews and Commissioner Oversight visits are in place although further work is needed to embed processes. These are reported nationally, and further awareness sessions are planned for January and February.
- Working through the challenges / delays in discharging autistic people from hospital, such as:
    - Joint working and escalation routes for people who are autistic and have a Mental Health condition.
    - Lack of specialist providers and clinical specialisms for Autistic people, for example access to ARFID support locally.

5.16 For Children and Young People, Herts remains over trajectory and most of this cohort are autistic children. There is a local action plan in place to improve joint working, discharge, and earlier identification to intervene earlier and avoid admission.



5.17 Flu vaccination data (Nov 2023) shows an increase in uptake with 76% of adults with a learning disability on the GP LD register now vaccinated across HWE (76% East and North Herts, 79% South and West Herts and 67% West Essex).

5.18 Learning disability GP registers have been inflated by a national LD read code issue. This is being addressed at a nationally, however there may be a temporary increase in register size Nov-Jan which will impact on the % data of annual health checks completed. Locally this has been picked up in the November dataset. Information has been circulated to practices. Local data shows a similar picture to previous months, however due to the coding issue firm conclusions are not possible.

5.19 The number of LD Health Checks performed is lower than expected compared to last year, although an increase was seen in Southwest Herts, localities are still behind in the number of health checks completed. Practices who were shown to have achieved 0% in November local dataset have been contacted and offered support and there remains an issue with PCN uploads not accurately capturing all health checks across practices.

6. Working Group updates

6.1 Dementia:- A full update on activity and progress in relation to Dementia will be considered as part of agenda item 7.

6.5 Workforce Task Group:- the task group will be leading the system-wide work required to collate and submit the necessary workforce data in relation to NHS England's operational planning guidance for 2024/25. At the time of writing this guidance had not been published however all providers have been asked to compile the information in a similar format to last year's request on the expectation that it will be a broadly similar approach this year.

6.6 Suicide Prevention:- Phase 1 of the Suicide Prevention pilot is scheduled to start at the Lister Hospital during January 2024 with a focus on A&E and Mental Health Liaison teams. Introduction to the pathway sessions for staff

are taking place throughout December 2023 and January 2024, with good engagement to date.

6.7 Phase 2 will include West Herts and other system partners. A new Befriending service which will complement the pilot activity will be in place from March 2024.

6.8 Suicide prevention communications resources have now been made available on HPFT's website and PCN training hub.

6.9 Health Innovation East is responsible for the qualitative elements of the suicide prevention pathway evaluation, which will be considered alongside further quantitative evaluation within the ICB. A face-to-face workshop focussed on evaluation is planned for March 2024.

6.9 Children and Young People Neurodiversity Steering Group: – The Hertfordshire Neurodiversity Transformation Programme Steering Group met on 15 December 2023.

6.10 Over the course of December 2023, clinical pathway 'walkthrough' sessions have taken place with ENHHT, HPFT, HCT and with Hertfordshire Parent Carers Involvement Network. Further sessions with GP representatives and with HCC's Children's Services are scheduled for January 2024. These sessions have been well attended so far and have resulted in clear areas of consensus as to how the new pathway should operate in practice. This will now inform the costing of the business case for consideration by HWE ICB.

6.13 An independent evaluation of the Neurodiversity Support Hub has been completed and the findings will be considered at the Hertfordshire Neurodiversity Transformation Programme Steering Group on 19 January 2024.

7. Leading on prevention and positive health and wellbeing

7.1 Housing and Making Every Adult Matter (MEAM) approach: – the MEAM Partnership Strategic Group has not net since the last MHLDA HCP Board. The next meeting is scheduled for 01 February 2024 met on 08 November 2023 and will consider the outcomes and lessons learned from the first cohort of individuals supported through this approach.

7.3 Employment and employability: – Work continues with both Hertfordshire County Council (HCC) and HPFT to understand the current picture for people with SMI/LD/ND who are looking for or are in employment, with the aim of producing an ICP wide set of principles. The project is in the data collection and information gathering phase, which includes understand what is currently in place from key Inclusion & Diversity, HR, and Recruitment stakeholders. The eventual supported employment pledge will be co-produced with existing employees working within HCC and HPFT, to understand what the current challenges are and to gather a range of perspectives and experiences - the project will do this by tapping into the employee networks. The project will also be utilising the expertise and insights from specialist employment services such as Step2Skills to identify existing best practise and areas of

focus for the pledge proposal.

7.4 The next phase will look to understand where the gaps are with a view to developing a draft proposal for the pledge to be circulated to key partners and stakeholders for review and feedback. The aim is to have a proposal signed off by the end of March 2024.

7.4 Advancing equity: - Activity to implement the Patient and Carer Race Equality Framework is well advanced and will now be shared through the MHLDA HCP's partnership boards. A full update on this activity will be considered at the MHLDA HCP Board at its meeting in February 2024.

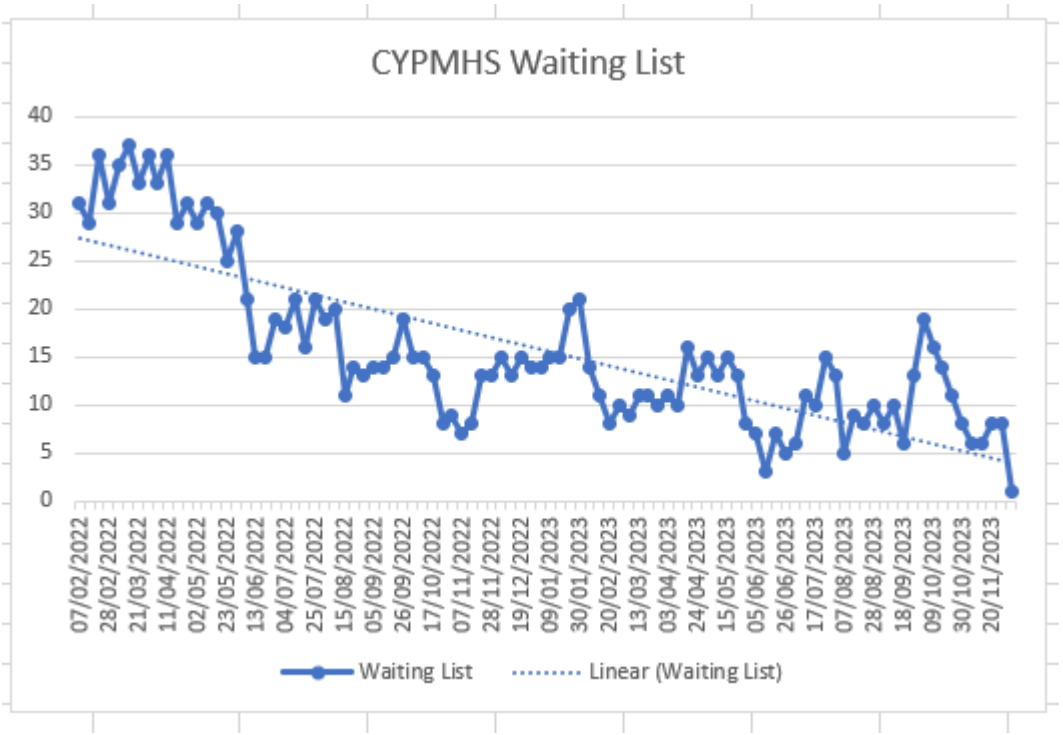
7.5 Mental Health Population Health Management working group: - The December PHM working group meeting reviewed the first draft of the ASD/ADHD Population Health Management exercise. An information pack is being developed to include more health inequalities analysis, and resolve some data quality issues, before being circulated more widely for comment, and ultimately to provide a baseline data pack for the various programmes and projects in the system that are developing pathways of support for people with autism and ADHD.

8. East of England Regional Mental Health Provider Collaborative

8.1 The diagram below demonstrates the reduction in CYPMHS waiting list since the start of 2022.

8.2 At the end of November, the waiting time and waiting numbers have reduced, the longest waiting time was 7 days. There were 168 beds in region with 112 beds occupied, 37 closed, 19 vacant. The number awaiting T4 admission further reduced from 6 to 4 people. Out of area placements decreased, with 41 occupied beds.

8.3 There were 37 (Oct- 39, Sept- 36) Young People under Transforming care from the East of England in CAMHS Tier 4 beds.



8.4 The East of England Mental Health Provider Collaborative has prioritised the work to deliver the ED Pathway in GAUs, intensive day treatments and virtual services.

8.5 At the end of November, the number of people in specialised eating disorders beds and those placed out of region continued to increase. Additionally, there was an increase in the number of patients for AED inpatient care.

8.6 AED Virtual Intensive team went live on December 7th, they will initially work with a caseload of 4 service users with a plan to increase to 8 people from mid-January.

8.7 There were 4 AED service users from across the East of England being cared for under Transforming Care (Oct- 4, Sept- 7).

8.8 At the end of November, there were 72 adults under Transforming Care in Secure services, some of whom have been recognised as no longer requiring hospital treatment. Discharge planning with systems is ongoing.

8.9 Cygnet Harrow received an inadequate rating by CQC across all 4 domains and the unit has confirmed closure in December.

9. Conclusion

9.1 This report has provided a summary of the key developments and activity overseen by the MHLDA HCP since the last update provided in December 2023.

9.2 Despite the system pressures over the winter period, the MHLDA HCP has continued to progress its key deliverables and programmes in relation to

Crisis Care, neurodiversity and Dementia.

9.3 As we await NHS England's operating planning guidance and further clarity form the HWE ICB regarding potential delegation of functions to HCPs, we continue to take forward system activity and priorities. In the next quarter, the MHDLA HCP Board will be considering business cases for ASD/ADHD, the new All-Age Autism Strategy and the full roll-out of the Suicide Prevention pathway.

NHS
Hertfordshire
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NHS Foundation Trust

Report to the Public Board of Directors

Meeting Date:	8 February 2024	Agenda Item: 13
Report Title	Compliance with NHS Code of Governance	For publication: Yes ☒ No ☐
Report Author (s)	Helen Edmondson, Head of Corporate Affairs & Company Secretary	
Approved by:	Helen Edmondson, Head of Corporate Affairs & Company Secretary	

The Board is asked to:
The Committee is asked to review and note position with compliance with the Code of Governance.

Executive Summary

A new NHS Code of Governance is in place for 2023/24. This report provides details of the Code of Governance and an assessment of the Trust's compliance.

The Trust is compliant with the Code's requirements. In line with the Code of Governance the Trust will ensure that the Annual Report details the required disclosures

The attached disclosure has been considered and approved by the Audit Committee at its meeting on 1 February 2024.

Recommendations

The Board is asked to note the Trust's position with regard to the new Code of Governance and approve the evidence stated to support the positive declaration of compliance.

Implications	
Risk and Assurance	The Committee that is responsible for providing assurance regarding risk control environment for the Trust. It is also the lead Committee for considering assurance provided by internal and external audit.
Equality, Diversity and Human Rights	The Committee considers and agrees the Annual Report and performance metrics which support delivery equity of provision.
Quality	The Committee that is responsible for providing assurance regarding systems for monitoring quality.
Financial	The Committee is responsible for considering the financial statements for the Trust and the systems in place to ensure there is sound financial reporting at the Trust.
Service Users and Carer Experience	The Committee considers Annual Report which details the delivery of performance, including impact on service user experience

People	Systems of sound financial reporting support the delivery of positive staff experience.
Legal and Regulatory	Meeting statutory financial and governance duties is a key legal requirement.
Digital	No implications
System	The updated Code of Governance included details of the Trust's new responsibilities to system working
Sustainability	No implications

Strategic Objectives this report supports	Please tick any that are relevant
1. We will improve service user and carer experience, placing emphasis on shared decision-making, co-production and recovery	
2. We will provide high quality care and support that is safe and achieves the best outcomes for service users and carers.	✓
3. We will attract, develop, and retain a skilled, compassionate workforce by creating inclusive and thriving workplaces.	
4. We will address inequalities to improve out-comes and advance equity for people from all communities.	
5. We will work in partnership in everything we do to meet the needs of communities and the people we support.	
6. We will be a learning organisation that encourages innovation, research and continuous quality improvement.	✓

Compliance with NHS Code of Governance

1 February 2024

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,

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 came in 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. The Trust already using this approach in line with requirements for Foundation Trusts.

4.4 In some 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.

4.5 Appendix One details the Trust's disclosure against the requirements and details the evidence.

5. Next Steps

5.1 A formal report, detailing the 'comply and explain' position against the provisions of the Code will be provided to the Audit Committee and Board on an annual basis.

5.2 The Head of Corporate Affairs and Company Secretary will continue consider the Code and ensure the Trust remains compliant, escalating any matters as appropriate. They will also identify, if appropriate amendments to Trust processes that would enhance the Trust's position with regard to the declaration.

6. Recommendations

6.1 The Committee is asked to note the Trust's position regarding the new Code of Governance and approve the evidence stated to support the positive declaration of compliance.

6.2 Committee asked to make a recommendation to the Board to approve the positive declaration of compliance.

CODE OF GOVERNANCE FOR NHS PROVIDER TRUSTS

Statement of Compliance 2023/24

PART ONE: Disclosures to meet Code of Governance that will be included as part of the Annual Report, in line with requirements.

Provision	Requirement	Trust Position	Evidence
Section A: 2.1	The board of directors should assess the basis on which the trust ensures its effectiveness, efficiency and economy, as well as the quality of its healthcare delivery over the long-term, and contribution to the objectives of the ICP and ICB, and place-based partnerships. The board of directors should ensure the trust actively addresses opportunities to work with other providers to tackle shared challenges through entering into partnership arrangements such as provider collaboratives. The trust should describe in its annual report how opportunities and risks to future sustainability have been considered and addressed, and how its governance is contributing to the delivery of its strategy.	Trust is an active system member. The CEO is joint Chair of the MHLD&A HCP and a member of the ICB Board. The Trust is active member of the East of England Provider Collaborative and in particular the lead of CAMHS.	• Board reports • Board minutes • Finance and Investment (FIC) reports • FIC minutes • Committee reports to Board
Section A: 2.3	The board of directors should assess and monitor culture. Where it is not satisfied that policy, practices or behaviour throughout the business are aligned with the trust's vision, values and strategy, it should seek assurance that management has taken corrective action. The annual report should explain the board's activities and any action taken, and the trust's approach to investing in, rewarding and promoting the wellbeing of its workforce.	The Board through its committees review data on the national staff survey, quarterly pulse surveys and Freedom to speak up concerns. The Trust also undertakes regular engagement with staff via 'Big Conversations' visits and monthly 'meet the Executive'. The Trust has a Non Executive Director (NED) wellbeing lead who works closely with CPO to ensure we support staff wellbeing.	• Board reports • Board minutes • Integrated Governance Committee (IGC) reports • IGC minutes • Committee reports to Board • Staff survey report and action plan
Section A: 2.8	The board of directors should describe in the annual report how the interests of stakeholders, including system and place-based partners, have been considered in their discussions and decision-making, and set out the key partnerships for collaboration with other providers into which the trust has entered. The board of directors should keep engagement mechanisms under review so that they remain effective.	In 2023/24 the Trust undertook a significant amount of engagement work with stakeholders, partners, services users, carers and community groups to inform the development of new five year strategy.	• Board reports • Board minutes

		Engagement with stakeholder also takes place throughout the year by all Board members and staff.	
Section B: 2.6	The board of directors should identify in the annual report each non-executive director it considers to be independent. Circumstances which are likely to impair, or could appear to impair, a non-executive director's independence include, but are not limited to, whether a director: • has been an employee of the trust within the last two years • has, or has had within the last two years, a material business relationship with the trust either directly or as a partner, shareholder, director or senior employee of a body that has such a relationship with the trust. • has received or receives remuneration from the trust apart from a director's fee, participates in the trust's performance-related pay scheme or is a member of the trust's pension scheme. • has close family ties with any of the trust's advisers, directors or senior employees. • holds cross-directorships or has significant links with other directors through involvement with other companies or bodies. • has served on the trust board for more than six years from the date of their first appointment. • is an appointed representative of the trust's university medical or dental school. Where any of these or other relevant circumstances apply, and the board of directors nonetheless considers that the non-executive director is independent, it needs to be clearly explained why.	The Board considers all Non-Executive Directors to be independent. An up to date register of interests is maintained and published. Each Board and Committee meeting receives the register for Board members and seeks to identify and where appropriate record any conflicts.	• Recruitment and appointment process for NEDs • Published register of interest • Declaration of interest report to Board and committees. • Board minutes • Council of Governors minutes • ARC report and minutes quality •
Section B: 2.13	The responsibilities of the chair, chief executive, senior independent director if applicable, board and committees should be clear, set out in writing, agreed by the board of directors and publicly available. The annual report should give the number of times the board and its committees met, and individual director attendance	The roles of the Chair, Chief Executive and Senior Independent Director are detailed in the Trust constitution which is publicly available. Each Annual Report details the number of times the Board and its Committees have met and the individual attendance of Directors.	• Trust Constitution • Trust Annual Report • Board and Committee minutes

Section B: 2.17	The board of directors should meet sufficiently regularly to discharge its duties effectively. A schedule of matters should be reserved specifically for its decisions. For foundation trusts, this schedule should include a clear statement detailing the roles and responsibilities of the council of governors. This statement should also describe how any disagreements between the council of governors and the board of directors will be resolved. The annual report should include this schedule of matters or a summary statement of how the board of directors and the council of governors operate, including a summary of the types of decisions to be taken by the board, the council of governors, board committees and the types of decisions which are delegated to the executive management of the board of directors.	The Board of Directors meets eleven times a year. The Trust Constitution and Scheme of Delegation details the matters reserved for the Board, Council of Governors and those delegated to Committees. The Constitution sets out how any disputes between the Board and Council of Governors should be resolved.	• Board reports • Board minutes • Scheme of Delegation • Trust Constitution • Board planner • Annual Report
Section C: 2.5	Open advertising and advice from NHS England's Non-Executive Talent and Appointments team is available for use by nominations committees to support the council of governors and/or independent members in the majority. If an external recruitment agency is engaged, it should be identified in the annual report alongside a statement about any other connection it has with the trust or individual directors	The Board and Council Governors access expertise from NHSE and recruitment specialists when recruiting to Board posts. If appropriate the Annual Report will detail when external recruitment agencies are engaged.	• Recruitment and appointment process for NEDs • Nominations and Remuneration Committee and Appointment and Remuneration Committee (ARC) reports • Remuneration and Appointment and Remuneration Committee (ARC) minutes
Section C: 2.8	The annual report should describe the process followed by the council of governors to appoint the chair and non-executive directors. The main role and responsibilities of the nominations committee should be set out in publicly available written terms of reference.	The role of the two Committees responsible for the appointment of Executive and Non-Executive (including Chair) are clearly defined and detailed in their Terms of Reference. Their respective terms of reference of the committees are approved by the Board of Directors or Council of Governors.	• Nomination and Remuneration Committee and Appointment and Remuneration Committee (ARC) Terms of reference • Board reports and minutes • Council of Governor

			reports and minutes.
Section C: 4.2	The board of directors should include in the annual report a description of each director's skills, expertise, and experience. Alongside this, the board should make a clear statement about its own balance, completeness, and appropriateness to the requirements of the trust. Both statements should also be available on the trust's website.	The Annual Report provides a description of each Directors experience and expertise as does the Trust's website. A statement regarding how the Board ensures it is balanced and meets the requirements of the Trust is also included in the Annual Report.	• Annual Report 22/23. • Trust website
Section C: 4.7	All trusts are strongly encouraged to carry out externally facilitated developmental reviews of their leadership and governance using the *Well-led framework* every three to five years, according to their circumstances. The external reviewer should be identified in the annual report and a statement made about any connection it has with the trust or individual directors.	The last external review was undertaken in 2020/21. The Trust will undertaking a new independent review in 2024/25.	• Board reports • Board minutes
Section C: 4.13	The annual report should describe the work of the nominations committee(s), including: • the process used in relation to appointments, its approach to succession planning and how both support the development of a diverse pipeline. • how the board has been evaluated, the nature and extent of an external evaluator's contact with the board of directors and individual directors, the outcomes and actions taken, and how these have or will influence board composition • the policy on diversity and inclusion including in relation to disability, its objectives and linkage to trust vision, how it has been implemented and progress on achieving the objectives. • the ethnic diversity of the board and senior managers, with reference to indicator nine of the *NHS Workforce Race Equality Standard* and how far the board reflects the ethnic diversity of the trust's workforce and communities served • the gender balance of senior management and their direct reports.	The role of the two Committees responsible for the appointment of Executive and Non-Executive (including Chair) are clearly defined and detailed in their Terms of Reference. Their respective terms of reference of the committees are approved by the Board of Directors or Council of Governors.	• Nominations and Remuneration Committee and Appointment and Remuneration Committee (ARC) Terms of reference • Board reports and minutes • Council of Governor reports and minutes
Section C: 5.15	Foundation trust governors should canvass the opinion of the trust's members and the public, and for appointed governors the body they represent, on the NHS foundation trust's forward plan, including its objectives, priorities and strategy, and their views should be	In 2023/24 the Trust sought the opinion of stakeholder, the public and communities when developing its five year strategy.	• Board reports • Board minutes • Finance and Investment (FIC)

	communicated to the board of directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.	Alongside the Trust has an Annual Plan which specifically details the objectives for the year aligned to the Strategy. This is discussed with and Governors are consulted.	reports • FIC minutes • Committee reports to Board
Section D: 2.4	The annual report should include: • the significant issues relating to the financial statements that the audit committee considered, and how these issues were addressed. • an explanation of how the audit committee (and/or auditor panel for an NHS trust) has assessed the independence and effectiveness of the external audit process and its approach to the appointment or reappointment of the external auditor; length of tenure of the current audit firm, when a tender was last conducted and advance notice of any retendering plans. • an explanation of how auditor independence and objectivity are safeguarded if the external auditor provides non-audit services	The Audit Committee has responsibility for considering any significant issues and escalation to the Board. This responsibility is clearly defined in Committees' terms of reference. The Audit Committee have assessed the independence of the external audit process. External audit did not provide any non-audit services in 2023/24.	• Audit Committee Terms of Reference. • Board reports and minutes • Audit Committee reports • Audit Committee minutes
Section D: 2.6	The directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, is fair, balanced and understandable, and provides the information necessary for stakeholders to assess the trust's performance, business model and strategy.	This is required statement to be signed by the CFO and CEO. The CEO and CFO are supported in signing this statement following scrutiny of accounts by the Audit Committee and Board.	• Board reports and minutes • Audit Committee reports • Audit Committee minutes
Section D: 2.7	The board of directors should carry out a robust assessment of the trust's emerging and principal risks. The relevant reporting manuals will prescribe associated disclosure requirements for the annual report.	The Board regularly considers the Board Assurance Framework which set out the key risks to delivery of Trust's Strategic objectives. In 2023/24 the Trust was worked with subject matter expert to assess Trust's risks and develop clear risk appetite.	• Board reports and minutes • Audit Committee reports • Audit Committee minutes
Section D: 2.8	The board of directors should monitor the trust's risk management internal control systems and, at least annually, review their effectiveness and report on that review in the annual report. The monitoring and review should cover all material controls, including financial, operational and compliance controls. The board should report on internal control through the annual governance statement in the annual report.	The Board are supported in this by the Audit Committee and the development of the Annual Governance statement.	• Board reports and minutes • Audit Committee reports • Audit Committee minutes • Annual Governance

			Stataemetn • Head of Internal Audit Opinion
Section D: 2.9	In the annual accounts, the board of directors should state whether it considered it appropriate to adopt the going concern basis of accounting when preparing them and identify any material uncertainties regarding going concern. Trusts should refer to the *DHSC group accounting manual* and *NHS foundation trust annual reporting manual* which explain that this assessment should be based on whether a trust anticipates it will continue to provide its services in the public sector. As a result, material uncertainties over going concern are expected to be rare.	This decision is taken by the Audit Committee based on advice from CFO and External Audit. The decision is made taking into consideration the NHS England and Department of Health and Social Care guidance. The Audit Committee consider this in the preparation of the accounts and the final recommendation to Board.	• Board reports and minutes • Audit Committee reports • Audit Committee minutes
Section E: 2.3	Where a trust releases an executive director, e.g. to serve as a non-executive director elsewhere, the remuneration disclosures in the annual report should include a statement as to whether or not the director will retain such earnings	Not applicable for this year	• Appointment and Remuneration Committee (ARC) reports and minutes.

PART TWO: Provisions listed below the basic "comply or explain" requirement applies.

The disclosure in the annual report for these provisions should contain an explanation in each case where the trust has departed from the code, explaining the reasons for the departure and how the alternative arrangements continue to reflect the principles of the code. Trusts are welcome but not required to provide a simple statement of compliance with each individual provision. This may be useful in ensuring the disclosure is comprehensive and may help to ensure that each provision has been considered in turn.

Provision	Requirement	Trust Position	Evidence	Comply?
Section A: 2.2	The board of directors should develop, embody and articulate a clear vision and values for the trust, with reference to the ICP's integrated care strategy and the trust's role within system and place-based partnerships, and provider collaboratives. This should be a formally agreed statement of the organisation's purpose and intended outcomes and the behaviours used to achieve them. It can be used as a basis for the organisation's overall strategy, planning, collaboration with system partners, and other decisions.	The Trust's five year strategy 'Great Together' details the Trust's vision and how it aligns with the system's strategy. One of the threads of the strategy is collaboration.	• Five Year Strategy -Great Together • Board reports • Board minutes	✓
Section A: 2.4	The board of directors should ensure that adequate systems and processes are maintained to measure and monitor the trust's effectiveness, efficiency and economy, the quality of its healthcare delivery, the success of its contribution to the delivery of the five-year joint plan for health services and annual capital plan agreed by the ICB and its partners, (this may also include working to deliver the financial duties and objectives the trust is collectively responsible for with ICB partners, and improving quality and outcomes and reducing unwarranted variation and inequalities across the system) and that risk is managed effectively. The board should regularly review the trust's performance in these areas against regulatory and contractual obligations, and approved plans and objectives, including those agreed through place-based partnerships and provider collaboratives.	The Board considers quarterly reports on performance across a wide range of metrics. The Board is supported in this role by the Finance and Investment Committee who consider performance against agreed objectives in detail	• Board reports • Board minutes • Performance reports • Finance and Investment (FIC) reports • FIC minutes • Committee reports to Board	✓
Section A: 2.5	The board of directors should ensure that relevant metrics, measures, milestones and accountabilities are developed and agreed so as to understand and assess progress and performance. Where appropriate and particularly in high risk or complex areas, the board of directors should commission independent advice, e.g. from the internal audit function, to provide an adequate and reliable level of assurance.	The board has clear sight of the key metrics and is supported in this role by the Board sub-committees. In 2023/24 the Board has not commissioned independent advice regarding this area.	• Board reports • Board minutes • Performance reports • Finance and Investment (FIC) reports • FIC minutes • Committee reports to Board	✓

Section A: 2.6	The board of directors should report on its approach to clinical governance and its plan for the improvement of clinical quality in the context of guidance set out by the Department of Health and Social Care (DHSC), NHS England and the Care Quality Commission (CQC). The board should record where in the structure of the organisation clinical governance matters are considered.	The Integrated Governance Committee has responsibility for providing assurance regarding clinical governance and provides regular reports to the Board.	• Board reports • Board minutes • Integrated Governance Committee (IGC) reports • IGC minutes • Committee reports to Board	✓
Section A: 2.7	The chair should regularly engage with stakeholders including patients; staff, the community and system partners, in a culturally competent way, to understand their views on governance and performance against the trust's vision. Committee chairs should engage with stakeholders on significant matters related to their areas of responsibility. The chair should ensure that the board of directors as a whole has a clear understanding of the views of the stakeholders including system partners. NHS foundation trusts must hold a members' meeting at least annually.	All members of the Trust Board engage with stakeholders, service users and members of the community. In 2023/24 this regular engagement was enhanced by engagement to develop the five year strategy. The CEO in their role on the ICB Board and co-chair of the Mental Health and Learning Disability & Autism Healthcare Partnership regularly engages with stakeholders. The Trust held an AGM meeting in 2023/24 that was also the annual members meeting.	• Five Year Strategy -Great Together • Board reports • Board minutes	✓
Section A: 2.9	The workforce should have a means to raise concerns in confidence and if they wish anonymously. The board of directors should routinely review this and the reports arising from its operation. It should ensure that arrangements are in place for the proportionate and independent investigation of such matters and for follow-up action	The Trust has a well-established process that supports staff to raise concerns. This is via the Freedom to Speak Up Process, supported by a full time Guardian, champions and lead Non Executive Director. The Integrated Governance Committee and Board receive quarterly reports on Freedom to Speak up cases.	• Board reports • Board minutes • Integrated Governance Committee (IGC) reports • IGC minutes • Committee reports to Board • Internal Audit	✓

		In 2023/24 an internal audit was undertaken which provided a positive opinion. Also, in 2023/24 the Trust undertook the self-reflection tool highlighting a small number of improvements.	report • Audit Committee reports and minutes	
Section A: 2.10	The board of directors should take action to identify and manage conflicts of interest and ensure that the influence of third parties does not compromise or override independent judgement	The Trust has a clear Standards of Business Conduct policy that details how conflicts of interest are managed. The policy applies to all staff and includes requirement to publish a register. The implementation and compliance with the policy is reported to the Audit Committee.	• Board reports • Board minutes • Committee reports to Board • Audit Committee reports and minutes. • Standards of Business Conduct Policy	✓
Section A: 2.11	Where directors have concerns about the operation of the board or the management of the trust that cannot be resolved, these should be recorded in the board minutes. If on resignation a non-executive director has any such concerns, they should provide a written statement to the chair, for circulation to the board.	This process is in place but in 2023/24 this was not needed to be used	• Trust Constitution	✓
Section B: 2.1	The chair is responsible for leading on setting the agenda for the board of directors and, for foundation trusts, the council of governors, and ensuring that adequate time is available for discussion of all agenda items, in particular strategic issues.	The Chair and Chief Executive are supported by the Head of Corporate Services and Company Secretary in setting the agendas for Board and Council of Governors.	• Board reports • Board minutes	✓
Section B: 2.2	The chair is also responsible for ensuring that directors and, for foundation trusts, governors receive accurate, timely and clear information that enables them to perform their duties effectively. A foundation trust chair should take steps to ensure that governors have the necessary skills and knowledge to undertake their role.	All committees have undertaken an annual self assessment that includes questions on provision of information. In 2023/24 the feedback was overwhelmingly positive. Any feedback is discussed at committee and action taken to make any required improvements.	• Board reports • Board minutes • Committee reports to Board • FIC, IGC and Audit Committee reports and minutes	✓

Section B: 2.3	The chair should promote a culture of honesty, openness, trust and debate by facilitating the effective contribution of non-executive directors in particular and ensuring a constructive relationship between executive and non-executive directors.	The Trust has a set off well established set of Values that are core to how the Trust cares for service users and our people. The annual appraisal of the Chair undertaken by the SID and supported by the Lead Governor seeks feedback on the Chair's approach and how they support openness and transparency.	• Five Year Strategy -Great Together • Board reports • Board minutes • ARC reports and minutes	✓
Section B: 2.4	A foundation trust chair is responsible for ensuring that the board and council work together effectively.	The Chair regularly meets with the Lead Governor to ensure great working relationships between the Board and Council of Governors. No areas for concern have been raised in 2023/24	• Council of Governors reports and minutes	✓
Section B: 2.5	The chair should be independent on appointment when assessed against the criteria set out in provision 2.6. The roles of chair and chief executive must not be exercised by the same individual. A chief executive should not become chair of the same trust. The board should identify a deputy or vice chair who could be the senior independent director. The chair should not sit on the audit committee. The chair of the audit committee, ideally, should not be the deputy or vice chair or senior independent director SID).	When appointing the Chair the Trust undertakes a thorough, open, robust and transparent process that ensures whoever is appointed in independent and meets the required criteria. In 2023/24 the Trust underwent a re-appointment process for the Chair which involved NHSE. The CEO and Chair roles are held by separate individuals. The Trust has a Non Executive Director as the Senior Independent Director who is not the deputy chair. The Chair of the Audit Committee is neither the deputy Chair or SID	• ARC reports and minutes • Audit Committee minutes. • Council of Governors minutes	✓
Section B: 2.7	At least half the board of directors, excluding the chair, should be non-executive directors whom the board considers to be independent.	The Board is made up of a majority of Non Executive Directors	• Board reports • Board minutes • Council of Governors minutes	✓
Section B: 2.8	No individual should hold the positions of director and governor of any NHS foundation trust at the same time.	This does not apply to any Director or Governor.	• Register of interests • Constitution. • Standing Orders	✓

Section B: 2.9	The value of ensuring that committee membership is refreshed and that no undue reliance is placed on particular individuals should be taken into account in deciding chairship and membership of committees. For foundation trusts, the council of governors should take into account the value of appointing a non-executive director with a clinical background to the board of directors, as well as the importance of appointing diverse non-executive directors with a range of skill sets, backgrounds and lived experience.	All committees undertaken an annual self assessment that includes questions on input and expertise from members. In 2023/24 the feedback was overwhelmingly positive. Any feedback is discussed at committee and action taken to make any required improvements. As part of the annual appraisal process of Non Executive Directors the Chair considers the Committees of which there are members. The Trust has a NED with clinical background.	• Board reports • Board minutes • Committee reports to Board • FIC, IGC and Audit Committee reports and minutes • ARC reports and minutes	✓
Section B: 2.10	Only the committee chair and members are entitled to be present at nominations, audit or remuneration committee meetings, but others may attend by invitation of the particular committee.	The membership of the Committees is clearly set out in the Terms of Reference and details who will be invited to attend.	• FIC, IGC and Audit Committee reports and minutes • Committee terms of reference	✓
Section B: 2.11	In consultation with the council of governors, NHS foundation trust boards should appoint one of the independent non-executive directors to be the senior independent director: to provide a sounding board for the chair and serve as an intermediary for the other directors when necessary. Led by the senior independent director, the foundation trust non-executive directors should meet without the chair present at least annually to appraise the chair's performance, and on other occasions as necessary, and seek input from other key stakeholders.	The Trust has a Senior Independent Director (SID) who is a Non- Executive Director (Jon Walmsley). In 2023/24 the SID led the Chair appraisal process, involving all Board members, Governors and stakeholders.	• ARC reports • ARC minutes • Appointment and Remuneration Committee (ARC) Terms of reference	✓
Section B: 2.12	Non-executive directors have a prime role in appointing and removing executive directors. They should scrutinise and hold to account the performance of management and individual executive directors against agreed performance objectives. The chair should hold meetings with the non -executive directors without the executive directors present.	Non Executive Directors as members of the Nomination and Remuneration Committee fulfil this role. The Chair does meet separately with the Non Executive Directors.	• Nominations and Remuneration Committee Terms of reference • Rem Com reports and minutes	✓

			• NED files and dates of one to ones with Chair	
Section B: 2.14	When appointing a director, the board of directors should take into account other demands on their time. Prior to appointment, the individual should disclose their significant commitments with an indication of the time involved. They should not take on additional external appointments without prior approval of the board of directors, with the reasons for permitting significant appointments explained in the annual report. Full-time executive directors should not take on more than one non-executive directorship of another trust or organisation of comparable size and complexity, and not the chairship of such an organisation.	This requirement is managed through the appointment and appraisal process. No Director has a Non Executive Director role as another NHS organisation. An up to date register of interests is maintained and published. Each Board and Committee meeting receives the register for Board members and seeks to identify and where appropriate record any conflicts.	• Recruitment and appointment process for NEDs • Published register of interest • Declaration of interest report to Board and committees. • Board minutes	✓
Section B: 2.15	All directors should have access to the advice of the company secretary, who is responsible for advising the board of directors on all governance matters. Both the appointment and removal of the company secretary should be a matter for the whole board.	All Directors have access to the Head of Corporate Affairs and Company Secretary. All Board members would be involved the recruitment process for the Company Secretary. In 2023/24 there was no recruitment of the Company Secretary.	• Rem Com reports and minutes	✓
Section B: 2.16	The board of directors as a whole is responsible for ensuring the quality and safety of the healthcare services, education, training and research delivered by the trust and applying the principles and standards of clinical governance set out by DHSC, NHS England, the CQC and other relevant NHS bodies.	The Board carry out this duty with the support of the Integrated Governance Committee in its role to provide assurance regarding the management of quality.	• Board reports • Board minutes • Integrated Governance Committee (IGC) reports • IGC minutes • Committee reports to Board	✓
Section C: 2.1	The nominations committee or committees of foundation trusts, with external advice as appropriate, are responsible for the identification and nomination of executive and non-executive directors. The nominations committee should give full consideration to succession planning, taking into account the future challenges, risk and opportunities facing the trust, and skills and expertise required within the board of directors to meet them. Best practice	Both committees access external advice and support with recruitment to board level posts. When recruiting Directors and Non Executive Directors all panels include an	• Nominations and Remuneration Committee and (ARC) reports and minutes. • Board reports	✓

	is that the selection panel for a post should include at least one external assessor from NHS England and /or a representative from a relevant ICB, and the foundation should engage NHE England to agree the approach.	external assessor, decision on who the person is made in consultation with NHS England.	and minutes • Council of Governor reports and minutes	
Section C: 2.2	There may be one or two nominations committees. If there are two committees, one will be responsible for considering nominations for executive directors and the other for non-executive directors (including the chair). The nominations committee(s) should regularly review the structure, size and composition of the board of directors and recommend changes where appropriate. In particular, the nominations committee(s) should evaluate, at least annually, the balance of skills, knowledge, experience and diversity on the board of directors and, in the light of this evaluation, describe the role and capabilities required for appointment of both executive and non-executive directors, including the chair.	The Trust has one nominations Committee for Executive Board members and a separate Committee for the Chair and Non Executive Directors. Both Committees consider regular items on the composition of the Board and the succession planning.	• Nominations and Remuneration Committee and reports and minutes. • Board reports and minutes	✓
Section C: 2.3	The chair or an independent non-executive director should chair the nominations committee(s). At the discretion of the committee, a governor can chair the committee in the case of appointments of non-executive directors or the chair	The Nominations and Remuneration Committee is chaired by the Trust Chair. The Appointments and Remuneration Committee (ARC) is chaired by the Lead Governor.	• Appointment and Remuneration Committee (ARC) Terms of reference • Nominations and Remuneration Committee and Terms of Reference. • ARC and Rem Com reports and minutes.	✓
Section C: 2.4	The governors should agree with the nominations committee a clear process for the nomination of a new chair and non-executive directors. Once suitable candidates have been identified, the nominations committee should make recommendations to the council of governors	The Council of Governors has delegated responsibility to the Appointments and Remuneration Committee to nominate new Chair and Non Executive Directors. Any Chair or Non Executive Director nomination is recommended to the Council	• Appointment and Remuneration Committee (ARC) Terms of reference. • ARC reports and	✓

		of Governors for approval.	minutes. • Council of Governors reports and minutes	
Section C: 2.6	Where an NHS foundation trust has two nominations committees, the nominations committee responsible for the appointment of non-executive directors should have governors and/or independent members in the majority. If only one nominations committee exists, when nominations for non-executives, including the appointment of a chair or a deputy chair, are being discussed, governors and/or independent members should be in the majority on the committee and also on the interview panel	The ARC has a majority of Governors as members	• Appointment and Remuneration Committee (ARC) Terms of reference. • ARC reports and minutes.	✓
Section C: 2.7	When considering the appointment of 'non-executive directors, the council of governors should take into account the views of the board of directors and the nominations committee on the qualifications, skills and experience required for each position.	The recruitment process for Non Executive Directors and the Chair includes Board members and Governors.	• ARC reports and minutes. • Council of Governors reports and minutes	✓
Section C: 2.9	Elected governors must be subject to re-election by member of their constituency at regular intervals not exceeding three years. The name of governors submitted for election or re-election should be accompanied by sufficient biographical details and any other relevant information to enable members to make an informed decision on their election. This should include prior performance information.	The requirements as listed are included in the Trust Constitution. Each Governor nomination includes biographical details.	• Trust Constitution	✓
Section C: 4.1	Directors do the board of directors and, for foundation trusts, governors on the council of governors should meet the 'fit and proper' persons test described in the provider licence. For the purpose of the licence and application criteria, 'fit and proper' persons are defined as those having the qualifications, competence, skills, experience and ability to properly perform the functions of a director. They must also have no issues of serious misconduct or mismanagement, no disbarment in relation to safeguarding vulnerable groups and disqualification from office, be without certain recent criminal convictions and director disqualifications, and not bankrupt (undischarged). Trusts should also have a policy for ensuring compliance with the CQC's guidance Regulation 5: Fit and proper persons: directors.	The Trust undertakes an annual full Fit and Proper Person process for all Board members. All Governors are required annually to complete the fit a proper person forms.	• Board report • Board minutes • Nomination and Remuneration Committee reports • Nomination and Remuneration Committee minutes	✓

Section C:4.3	The chair should not remain in post beyond nine years from the date of their first appointment to the board of directors and any decision to extend a term beyond six years should be subject to rigorous review. To facilitate effective succession planning and the development of a diverse board, this period of nine years can be extended for a limited time, particularly where on appointment the chair was an existing non-executive director. The need for extension should be clearly explained and should have been agreed with NHS England. A NED becoming chair after a three-year term as a non-executive director would not trigger a review after three years in post as chair.	In 2023/24 the re appointment of the Chair for a further three year term was agreed by NHS England.	• Appointment and Remuneration Committee reports and minutes.	✓
Section C: 4.4	Elected foundation trust governors must be subject to re-election by the members of their constituency at regular intervals not exceeding three years. The governor names submitted for election or re-election should be accompanied by sufficient biographical details and any other relevant information to enable members to make an informed decision on their election. This should include prior performance information. Best practice is that governors do not serve more than three consecutive terms to ensure that they retain the objectivity and independence required to fulfil their roles.	The requirements as listed are included in the Trust Constitution. Elections are held every three years for all elected Governors.	• Trust Constitution • ARC reports and minutes.	✓
Section C: 4.5	There should be a formal and rigorous annual evaluation of the performance of the board of directors, its committees, the chair and individual directors. For NHS foundation trusts, the council of governors should take the lead on agreeing a process for the evaluation of the chair and non-executive directors. The governors should bear in mind that it may be desirable to use the senior independent director to lead the evaluation of the chair.	The process to evaluate the Chair is led by the SID with input from the Lead Governor. The process to evaluate Non Executive Directors is led by the Chair and shared with the ARC. The CEO undertakes appraisals of all Executive members and reports to the Nominations and Remuneration In 2023/24 the Board have undertaken a comprehensive development programme supported by external expertise.	• ARC reports • ARC minutes. • Nominations and Remuneration Committee reports and minutes	✓
Section C: 4.6	The chair should act on the results of the evaluation by recognising the strengths and addressing any weaknesses of the board of directors. Each director should engage with the process and take appropriate action where development needs are identified	The Chair reflects on all the feedback on the work of the Board.	• Board minutes	✓
Section C: 4.8	Led by the chair, foundation trust councils of governors should periodically assess their collective performance and regularly communicate to members and the public how they have discharged their responsibilities, including their impact and effectiveness on:	The Trust does communication with the community and its members about the work of the Board and the Council of Governors through the website and	• Council of Governor Reports • Council of	✓

	• holding the non-executive directors individually and collectively to account for the performance of the board of directors • communicating with their member constituencies and the public and transmitting their views to the board of directors • contributing to the development of the foundation trust's forward plans. The council of governors should use this process to review its roles, structure, composition and procedures, taking into account emerging best practice.	Council of Governor meetings. Governors have also in 2023/24 engaged in the development work of the Trust's Five year Strategy. In 2023/24 the Trust set up regular 'coffee mornings' for all Governors to attend. The Trust in 2024/25 will formalise its approach to engaging members.	Governor minutes	
Section C: 4.9	The council of governors should agree and adopt a clear policy and a fair process for the removal of any governor who consistently and unjustifiably fails to attend its meetings or has an actual or potential conflict of interest that prevents the proper exercise of their duties. This should be shared with governors.	The Trust Constitution details the process to be followed to remove a Governor. It has not been required in 2023/24 to use this process.	• Trust Constitution • Board and Council of Governors Standing Orders	✓
Section C: 4.10	In addition, it may be appropriate for the process to provide for removal from the council of governors if a governor or group of governors behaves or acts in a way that may be incompatible with the values and behaviours of the NHS foundation trust. NHS England's model core constitution suggests that a governor can be removed by a 75% voting majority; however, trusts are free to stipulate a lower threshold if considered appropriate. Where there is any disagreement as to whether the proposal for removal is justified, an independent assessor agreeable to both parties should be asked to consider the evidence and determine whether or not the proposed removal is reasonable. NHS England can only use their enforcement powers to require a trust to remove a governor in very limited circumstances: where they have imposed an additional condition relating to governance in the trust's licence because the governance of the trust is such that the trust would otherwise fail to comply with its licence and the trust has breached or is breaching that additional condition. It is more likely that NHS England would have cause to require a trust to remove a director under its enforcement powers than a governor.	The Trust Constitution details the process to be followed to remove a Governor. It has not been required in 2023/24 to use this process.	• Trust Constitution • Board and Council of Governors Standing Orders	✓
Section C: 4.11	The board of directors should ensure it retains the necessary skills across its directors and works with the council of governors to ensure there is appropriate succession planning.	The Nominations and Remuneration Committee regularly receives details of the succession plan for Directors. The ARC receives details of the success	• ARC reports • ARC minutes. • Nominations and Remuneration Committee	✓

		plan for Chair and Non Executive Directors at least once a year.	reports and minutes	
Section C: 4.12	The remuneration committee should not agree to an executive member of the board leaving the employment of the trust except in accordance with the terms of their contract of employment, including but not limited to serving their full notice period and/or material reductions in their time commitment to the role, without the board first completing and approving a full risk assessment.	This requirement is well understood by members of the Nominations and Remuneration Committee. In 2023/24 any Executive Director leaving employment has done so in accordance with the terms of their contract.	• Nominations and Remuneration Committee reports • Nominations and Remuneration Committee minutes	✓
Section C: 5.1	All directors and, for foundation trusts, governors should receive appropriate induction on joining the board of directors or the council of governors and should regularly update and refresh their skills and knowledge. Both directors and, for foundation trusts, governors should make every effort to participate in training that is offered.	Governors have a specific Induction programme as well as support from the Lead Governor, Chair and Head of Corporate Affairs and Company Secretary. All Executive Directors and Non Executive Directors have a comprehensive induction.	• Nominations and Remuneration Committee reports and minutes	✓
Section C: 5.2	The chair should ensure that directors and, for foundation trusts, governors continually update their skills, knowledge and familiarity with the trust and its obligations for them to fulfil their role on the board, the council of governors and committees. Directors should be familiar with the integrated care systems (ICS) that commission material levels of services from the trust. The trust should provide the necessary resources for its directors and, for foundation trusts, governors to develop and update their skills, knowledge and capabilities. Where directors or, for foundation trusts, governors are involved in recruitment, they should receive appropriate training including on equality diversity and inclusion, including unconscious bias.	The CEO undertakes regular supervision with each Director as well as a formal annual appraisal against objectives. The Chair undertakes regular supervision with each Non Executive Director as well as a formal annual appraisal review. The Chair meets formally with each Governor on an annual basis to ensure they are supported and equipped to fulfil their role.	• Nominations and Remuneration Committee minutes • Nominations and Remuneration Committee minutes • ARC reports • ARC minutes.	✓
Section C: 5.3	To function effectively, all directors need appropriate knowledge of the trust and access to its operations and staff. Directors and governors also need to be appropriately briefed on values and all policies and procedures adopted by the trust.	The Board and Council of Governor are briefed at every board meeting by the CEO and Chair. The CEO also holds monthly briefing sessions with all Non Executive Directors and the Chair	• Board reports • Board minutes • Council of Governor reports • Council of Governor minutes	✓
Section C:	The chair should ensure that new directors and, for foundation trusts,	Governors have a specific Induction	• Nominations and	

5.4	governors receive a full and tailored induction on joining the board or the council of governors. As part of this, directors should seek opportunities to engage with stakeholders, including patients, clinicians and other staff, and system partners. Directors should also have access at the trust's expense to training courses and/or materials that are consistent with their individual and collective development programme	programme as well as support from the Lead Governor, Chair and Head of Corporate Affairs and Company Secretary. All Executive Directors and Non Executive Directors have a comprehensive induction. Both the CEO and Chair facilitate Board members and Governors accessing training course and coaching. In 2023/24 the Board participated in a comprehensive development programme with external facilitation.	Remuneration Committee minutes • Nominations and Remuneration Committee minutes • ARC reports • ARC minutes	✓
Section C: 5.5	The chair should regularly review and agree with each director their training and development needs as they relate to their role on the board.	The CEO undertakes regular supervision with each Director as well as a formal annual appraisal against objectives. The Chair undertakes regular supervision with each Non Executive Director as well as a formal annual appraisal review.	• Nominations and Remuneration Committee reports • Nominations and Remuneration Committee minutes • ARC reports • ARC minutes.	✓
Section C: 5.6	A foundation trust board has a duty to take steps to ensure that governors are equipped with the skills and knowledge they need to discharge their duties appropriately.	The Chair meets formally with each Governor on an annual basis to ensure they are supported and equipped to fulfil their role. In 2023/24 the Trust implemented 'coffee mornings' for all Governors.	• Council of Governor reports • Council of Governor minutes	✓
Section C: 5.7	The board of directors and, for foundation trusts, the council of governors should be given relevant information in a timely manner, form and quality that enable them to discharge their respective duties. Foundation trust governors should be provided with information on ICS plans, decision and delivery that directly affect the organisation and its patients. Statutory requirements on the provision of information form the foundation trust board	The Board and Council of Governor are briefed at every board meeting by the CEO and Chair. This includes update on developments in the system and discussions with partners. The Board considers quarterly reports on	• Board reports • Board minutes • Council of Governor reports • Council of	✓

	of directors to the council of governors.	performance across a wide range of metrics. The Council of Governors receives reports on performance and is supported in their role by sub groups.	Governor minutes • Cycle of business	
Section C: 5.8	The chair is responsible for ensuring that directors and governors receive accurate, timely and clear information. Management has an obligation to provide such information but directors and, for foundation trusts, governors should seek clarification or detail where necessary.	The Board receive a report on finance at every meeting. The Governors receive a report Council of Governor at meetings that includes a briefing on finance. The Board considers quarterly reports on performance, safety, strategy and operational matters. The Council of Governors receives reports that include information on performance, safety, strategy and operational matters. All Board and Council of Governors meetings are conducted in such a way as full participation is encouraged.	• Board reports • Board minutes • Council of Governor reports • Council of Governor minutes • Cycle of business	✓
Section C: 5.9	The chair's responsibilities include ensuring good information flows across the board and, for foundation trusts, across the council of governors and their committees; between directors and governors; and for all trusts, between senior management and non-executive directors; as well as facilitating appropriate induction and assisting with professional development as required	All committees have undertaken an annual self assessment that includes questions on provision of information. In 2023/24 the feedback was overwhelmingly positive. Any feedback is discussed at committee and action taken to make any required improvements. The Board receives via Committee reports details of the findings of the self assessment. As part of the Board development	• Board reports • Board minutes • IGC, FIC and Audit Committee reports and minutes • Reports to Board	✓

		programme Board members have reflected on information flows and the committees.		
Section C: 5.10	The board of directors and, for foundation trusts, the council of governors should be provided with high-quality information appropriate to their respective functions and relevant to the decisions they have to make. The board of directors and, for foundation trusts, the council of governors should agree their respective information needs with the executive directors through the chair. The information for boards should be concise, objective, accurate and timely, and complex issues should be clearly explained. The board of directors should have complete access to any information about the trust that it deems necessary to discharge its duties, as well as access to senior management and other employees	All committees have undertaken an annual self assessment that includes questions on provision of information. In 2023/24 the feedback was overwhelmingly positive. Any feedback is discussed at committee and action taken to make any required improvements. The Board receives via Committee reports details of the findings of the self assessment. As part of the Board development programme Board members have reflected on information flows and the committees.	• Board reports • Board minutes • IGC, FIC and Audit Committee reports and minutes • Reports to Board	✓
Section C: 5.11	The board of directors and in particular non-executive directors may reasonably wish to challenge assurances received from the executive management. They do not need to appoint a relevant adviser for each and every subject area that comes before the board of directors, but should ensure that they have sufficient information and understanding to enable challenge and to take decisions on an informed basis. When complex or high-risk issues arise, the first course of action should normally be to encourage further and deeper analysis within the trust in a timely manner. On occasion, non-executives may reasonably decide that external assurance is appropriate.	The Board are clear that they have the facility to commission external assurance if required. In 2023/24 the Trust had a comprehensive Internal Audit plan and also were audited by External Audit. Apart from internal audit and external audit in 2023/24 the Board did not commission any external assurance.	• Board reports • Board minutes • Audit Committee reports • Audit Committee minutes	✓
Section C: 5.12	The board should ensure that directors, especially non-executive directors, have access to the independent professional advice, at the trust's expense where they judge it necessary to discharge their responsibilities as directors. The decision to appoint an external adviser should be the collective decision of the majority of non-executive directors. The availability of independent external sources of advice should be made clear at the time of appointment.	The Board are clear that they have the facility to commission external assurance if required. Apart from internal audit and external audit in 2023/24 the Board did not commission any external assurance.	• Board reports • Board minutes • Audit Committee reports • Audit Committee minutes	✓

Section C: 5.13	Committees should be provided with sufficient resources to undertake their duties. The board of directors of foundation trusts should also ensure that the council of governors is provided with sufficient resources to undertake its duties with such arrangements agreed in advance	All committees have undertaken an annual self assessment that includes questions on provision of information. In 2023/24 the feedback was overwhelmingly positive. Any feedback is discussed at committee and action taken to make any required improvements. The Board receives via Committee reports details of the findings of the self assessment.	• Board reports • Board minutes • IGC, FIC and Audit Committee reports and minutes • Reports to Board	✓
Section C: 5.14	Non-executive directors should consider whether they are receiving the necessary information in a timely manner and feel able to appropriately challenge board recommendations, in particular by making full use of their skills and experience gained both as a director of the trust and in other leadership roles. They should expect and apply similar standards of care and quality in their role as a non-executive director of a trust as they would in other similar roles.	All committees have undertaken an annual self assessment that includes questions on provision of information. In 2023/24 the feedback was overwhelmingly positive. Any feedback is discussed at committee and action taken to make any required improvements. The Board receives via Committee reports details of the findings of the self assessment.	• Board reports • Board minutes • IGC, FIC and Audit Committee reports and minutes • Reports to Board	✓
Section C: 5.16	Where appropriate, the board of directors should in a timely manner take account of the views of the council of governors on the forward plan, and then inform the council of governors which of their views have been incorporated in the NHS foundation trust's plans, and explain the reasons for any not being included.	In 2023/24 the Trust sought the opinion of stakeholders, the public, Governors and communities when developing its five year strategy. Alongside the Trust has an Annual Plan which specifically details the objectives for the year aligned to the Strategy. This is discussed with Governors who are consulted on its content.	• Board reports • Board minutes	✓
Section D: 2.1	The board of directors should establish an audit committee of independent non-executive directors, with a minimum membership of three or two in the case of smaller trusts. The chair of the board of directors should not be a member and the vice chair or senior independent director should not chair the audit	The Trust has an Audit Committee of which the membership is Non-Executive Directors. The Chair is not a member of the Committee. The Chair of the Audit	• Audit Committee Terms of Reference	✓

	committee. The board of directors should satisfy itself that at least one member has recent and relevant financial experience. The committee as a whole should have competence relevant to the sector in which the trust operates.	Committee is not the SID or deputy Chair. In 2023/24 at least two members had relevant financial experience.	• Audit Committee reports • Audit Committee minutes	
Section D: 2.2	The main roles and responsibilities of the audit committee should include: • monitoring the integrity of the financial statements of the trust and any formal announcements relating to the trust's financial performance, and reviewing sufficient financial reporting judgements contained in them. • providing advice (where requested by the board of directors) on whether the annual report and accounts, taken as a whole, is fair, balanced and understandable, and provides the information necessary for stakeholders to assess the trust's position and performance, business model and strategy • reviewing the trust's internal financial controls and internal control and risk management systems, unless expressly addressed by a separate board risk committee composed of independent non-executive directors or by the board itself • monitoring and reviewing the effectiveness of the trust's internal audit function or, where there is not one, considering annually whether there is a need for one and making a recommendation to the board of directors • reviewing and monitoring the external auditor's independence and objectivity • reviewing the effectiveness of the external audit process, taking into consideration relevant UK professional and regulatory requirements • reporting to the board of directors on how it has discharged its responsibilities.	These requirements are detailed in Audit Committee Terms of Reference. The Committee self assessment explicitly asked about these requirements, the results were positive.	• Audit Committee Terms of Reference • Audit Committee reports • Audit Committee minutes	✓
Section D: 2.3	A trust should change its external audit firm at least every 20 years. Legislation requires an NHS trust to newly appoint its external auditor at least every five years. An NHS foundation trust should re-tender its external audit at least every 10 years and in most cases more frequently than this.	In 2023/24 the Trust procured a new external audit partner.	• Audit Committee reports • Audit Committee minutes • Council of Governors reports • Council of Governor minutes	✓

Section D: 2.5	Legislation requires an NHS trust to have a policy on its purchase of non-audit services from its external auditor. An NHS foundation trust's audit committee should develop and implement a policy on the engagement of the external auditor to supply non-audit services. The council of governors is responsible for appointing external auditors	In 2023/24 Governors were involved in and supported the recommendation from Audit Committee to appoint new external auditors. The Trust has a clear policy on Standards for Business Conduct that would support any procurement for services from external audit. The Trust ensures it complies NHS England guidance regarding this legal requirement and will develop a specific procedure covering this by end of 2023/24. The Audit Committee has a role in reviewing any decision to use external audit for non-audit services.	• Audit Committee reports • Audit Committee minutes • Council of Governors reports • Council of Governor minutes • Standards for Business Conduct • Audit Committee Terms of Reference	✓
Section E: 2.1	Any performance-related elements of executive directors' remuneration should be designed to align their interests with those of patients, service users and taxpayers and to give these directors keen incentives to perform at the highest levels. In designing schemes of performance-related remuneration, the remuneration committee should consider the following provisions. • Whether the directors should be eligible for annual bonuses in line with local procedures. If so, performance conditions should be relevant, stretching and designed to match the long-term interests of the public and patients. • Payouts or grants under all incentive schemes should be subject to challenging performance criteria reflecting the objectives of the trust. Consideration should be given to criteria which reflect the performance of the trust against some key indicators and relative to a group of comparator trusts, and the taking of independent and expert advice where appropriate. • Performance criteria and any upper limits for annual bonuses and incentive schemes should be set and disclosed and must be limited to the lower of £17,500 or 10% of basic salary. • For NHS foundation trusts, non-executive terms and conditions are set by the council of governors.	In 2023/24 there were no performance related elements to Directors pay.	• Nominations and Remuneration Committee reports • Nominations and Remuneration Committee minutes	✓

	• The remuneration committee should consider the pension consequences and associated costs to the trust of basic salary increases and any other changes in pensionable remuneration, especially for directors close to retirement.			
Section E: 2.2	Levels of remuneration for the chair and other non-executive directors should reflect the Chair and non-executive director remuneration structure	The levels of remuneration are in line with NHSE guidance.	• Nomination and Remuneration Committee reports • Nominations and Remuneration Committee minutes • ARC reports • ARC minutes	✓
Section E: 2.4	The remuneration committee should carefully consider what compensation commitments (including pension contributions and all other elements) their directors' terms of appointments would give rise to in the event of early termination. The aim should be to avoid rewarding poor performance. Contracts should allow for compensation to be reduced to reflect a departing director's obligation to mitigate loss. Appropriate claw-back provisions should be considered in case of a director returning to the NHS within the period of any putative notice	In 2023/24 no Directors were terminated early.	• Nomination and Remuneration Committee reports • Nominations and Remuneration Committee minutes • ARC reports • ARC minutes	✓
Section E: 2.5	Trusts should discuss any director-level severance payment, whether contractual or non-contractual, with their NHS England regional director at the earliest opportunity (severance payments includes any payment whether included in a settlement agreement or not, redundancy payment, a secondment agreement, pay in lieu of notice, garden leave and pension enhancements).	This was not applicable in 2023/24 as there were no such severance payments.	• Nomination and Remuneration Committee reports • Nominations and Remuneration Committee minutes • ARC reports • ARC minutes	✓
Section E: 2.6	The board of directors should establish a remuneration committee of independent non-executive directors, with a minimum membership of three. The remuneration committee should make its terms of reference available	Nomination and Remuneration Committee Terms of Reference clearly state that the members are all the Trust Non-Executive	• Nomination and Remuneration	✓

	explaining its role and authority delegated to it by the board of directors. The board member with responsibility for HR should site as an advisor on the remuneration committee. Where remuneration consultants are appointed, a statement should be make available as to whether they have any other connection with the trust.	Directors, and the board member with responsibility of HR attends as an advisor. In 2023/24 no remuneration consultants were engaged.	Committee reports • Nominations and Remuneration Committee minutes • Nominations and Remuneration Terms of Reference	
Section E: 2.7	The remuneration committee should have delegated responsibility for setting remuneration for all executive directors, including pension rights and any compensation payments. The committee should also recommend and monitor the level and structure of remuneration for senior management. The board should define senior management for this purpose and this should normally include the first layer of management below board level.	Nomination and Remuneration Committee Terms of Reference clearly state that Committee's responsibilities with regard to setting remuneration. The Committee has also agreed a definition of the senior managers that fall under its responsibility.	• Nomination and Remuneration Committee reports • Nominations and Remuneration Committee minutes • Nominations and Remuneration Terms of Reference	✓

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Report to the Public Board of Directors

Meeting Date:	8 February 2024	Agenda Item: 14
Report Title	Review of Terms of Reference	For publication: Yes ☒ No ☐
Report Author (s)	Helen Edmondson, Head of Corporate Affairs & Company Secretary	
Approved by:	Anne Barnard, Non-Executive Director	

The Board is asked to:
The purpose of this report is to present the Terms of Reference for consideration and approval following recommendation from the Finance and Investment Committee.

Executive Summary

The Terms of reference have been reviewed by Chief Finance Officer, Committee Chair Head of Corporate Affairs and Company Secretary and have been considered by the Finance and Investment Committee.

The material changes recommended by the Finance and Investment Committee are tracked in the document and relate to:

Section 2.2 – removal of notes being received by the Board. Noting that a comprehensive report is provided to Board following every Committee meeting and that the minutes of the Committee are considered by the Audit Committee
Section 3.1.11 - removal of review of accounting policies as this is the remit of Audit Committee.
Section 3.3 – rewording of section to capture responsibilities regarding the annual plan and performance metrics.
Section 3.4.1 – addition of responsibilities regarding enabling strategies.
Section 3.4.6 – amended wording to clarify role regarding risk, in line with feedback from self-assessment.

Other changes are not material and relate to changes in job titles and clarifying ambiguous elements.

Recommendations

The Board is asked to:

- review the proposed changes to the Terms of Reference
- approve the Terms of Reference following recommendation from the Finance and Investment Committee.

Implications	
Risk and Assurance	The Committee that is responsible for providing assurance regarding financial and commercial risks
Equality, Diversity and Human Rights	The Committee considers and agrees the Annual Plan and performance metrics which support delivery equity of provision.

Quality	The Committee that is responsible for providing assurance regarding financial and commercial risks, which are closely aligned with management of quality
Financial	The Committee considers a number of reports which detailed the financial position for the Trust. Committee also agrees the financial plan for the Trust.
Service Users and Carer Experience	The Committee considers annual plan delivery, performance metrics and reports on services all of which impact on service user experience
People	Ensuring the delivery of financial plan is important to ensuring positive staff experience.
Legal and Regulatory	Meeting statutory financial duties is a key legal requirement
Digital	Committee notes positive impact of digital and technological solutions
System	Increasingly the Trust works with system partners to agree priorities and funding.
Sustainability	No implications

Strategic Objectives this report supports	Please tick any that are relevant
1. We will improve service user and carer experience, placing emphasis on shared decision-making, co-production and recovery	✓
2. We will provide high quality care and support that is safe and achieves the best outcomes for service users and carers.	✓
3. We will attract, develop, and retain a skilled, compassionate workforce by creating inclusive and thriving workplaces.	✓
4. We will address inequalities to improve out-comes and advance equity for people from all communities.	✓
5. We will work in partnership in everything we do to meet the needs of communities and the people we support.	✓
6. We will be a learning organisation that encourages innovation, research and continuous quality improvement.	✓

TERMS OF REFERENCE

Finance and Investment Committee

Status:	The Finance & Investment Committee is a sub-committee of the Trust Board
Chair:	Non – Executive Director
Membership:	The Committee shall be appointed by the Board and shall consist of: Open to all Non-Executive Directors but minimum of three Non-Executives, identified by the Chair to attend, one of which will be the Committee Chair. Chief Finance Officer Chief Nursing Officer Chief Medical Officer Chief Operating Officer Chief Strategy and Partnerships Officer Chief People Officer Director of Innovation and Digital Transformation In attendance: Head of Corporate Affairs and Company Secretary
Frequency of Meetings:	Minimum of 6 meetings per annum
Frequency of Attendance:	Members will be expected to attend at least four meetings each year. If members miss two consecutive meetings, membership will be reconsidered by the Committee Chair (subject to exceptional circumstances).
Quorum:	A quorum shall be three members including at least one Executive Director and two Non-Executive Directors, of which one must be either the Committee Chair or Chief Finance Officer.

1. Remit

1.1 The Finance & investment Committee is a Standing Committee of the Board.

1.2 The remit of the Group is to:

Provide ongoing assurance that the Trust has effective systems and processes in place to secure economy, efficiency and effectiveness in respect of all financial resources, supporting the delivery of the Trust's Strategic Objectives. The Committee will also have oversight of the overall performance against key metrics and the annual objectives of the Trust to identify key trends and issues. It will also consider capital plans with particular focus on the scrutiny of major investments.

2. Accountability

2.1 A report will be made by the Committee to the Trust Board following each committee meeting. The report will contain:

- A note of all the items discussed by the Committee
- Summary of main areas of Committee discussions, highlighting key points
- Recommendations to the Board regarding decisions to be taken by the Board
- Any other issues as agreed by the Committee Chair & Company Secretary.

2.2 The minutes of the Finance & Investment Committee meetings shall be formally recorded and submitted to the ~~Board and~~ Audit Committee.

2.3 A six monthly report from the Finance & Investment Committee shall be submitted to the Audit Committee.

3. Responsibilities & Duties

3.1 Financial Policy, Management and Reporting

3.1.1 To consider the Trust's financial strategy, in relation to both revenue and capital.

3.1.2 To consider the Trust's annual financial targets and performance against them.

3.1.3 To review the annual plan~~budget~~, before submission to the Trust Board of Directors.

3.1.4 To consider the Trust's financial performance, in terms of the relationship between underlying activity, income, expenditure, assets and liabilities and the respective budgets.

3.1.5 To review proposals for major business cases and their respective funding sources in line with the Scheme of Delegation.

3.1.6 To commission and receive the results of in-depth reviews of key financial issues affecting the Trust.

3.1.7 To maintain an oversight of, and receive assurances on, the robustness of the Trust's key income sources and contractual safeguards.

3.1.8 To oversee and receive assurance on the financial plans of significant programmes.

3.1.9 To oversee and receive assurance in relation to the Trust's role and performance in relation to the system and provider collaborative.

3.1.10 To consider the Trust's tax strategy.

3.1.11 To annually review the financial ~~and accounting~~ policies of the Trust and make appropriate recommendations to the Audit Committee and Board of Directors.

3.2 Investment Policy, Management and Reporting

3.2.1 To approve and keep under review, on behalf of the Board of Directors, the Trust's Treasury investment strategy and policy.

3.2.2 To maintain an oversight of the Trust's investments, ensuring compliance with the Trust's policy and NHSI's requirements.

3.3 Performance Monitoring and Reporting

3.3.1 To consider annually the proposed annual objective outcomes and key performance indicators prior to Board approval. ~~the Trust's the full range of annual performance targets and performance against them.~~

3.3.2 To regularly consider the Trust's performance against its annual objectives and key indicators.~~including performance against national, local and internal targets and contractual requirements.~~

3.3.3 To commission and receive the results of in-depth reviews of key performance issues affecting the Trust.

3.4 Other

3.4.1 To consider relevant enabling strategies as and when they are refreshed, including the Commercial Strategy, the Estates Strategy (including sustainability) and the Digital Strategy and to monitor progress against their objectives.

3.4.2 To make arrangements as necessary to ensure that all Board of Directors members maintain an appropriate level of knowledge and understanding of key financial and performance issues affecting the Trust.

3.4.3 To examine any other matter referred to the Committee by the Board of Directors.

3.4.5 To review performance indicators relevant to the remit of the Committee.

3.4.6 To regularly consider the high level financial and performance risks to the Trust and the effectiveness of mitigations against them. ~~To monitor the risk register and other risk processes in relation to the above.~~

4. Other Matters

4.1 The Committee shall be supported administratively by the Head of Corporate Affairs and Company Secretary, whose duties in this respect will include:

- agreement of agenda with Committee Chair and collation of papers
- ensuring minutes and accurate record of matters arising and issues to be carried forward
- advising the Committee on pertinent areas

5. Monitoring of Effectiveness

5.1 The group will review its own performance and terms of reference at least once a year to ensure it is operating at maximum effectiveness.

Terms of Reference agreed by FIC: 24 January 2024

Terms of Reference agreed by Board: February 2024

Date of Review: February 2025

Hertfordshire Partnership University NHS Foundation Trust

Report to the Public Board of Directors

Meeting Date:	8 February 2024	Agenda Item: 15
Report Title	Review of Committee Terms of Reference	For publication: Yes ☒ No ☐
Report Author (s)	Helen Edmondson, Head of Corporate Affairs & Company Secretary	
Approved by:	Helen Edmondson, Head of Corporate Affairs & Company Secretary	

The Board is asked to:
The purpose of this report is to present the Terms of Reference for consideration and approval following recommendation from the Integrated Governance Committee.

Executive Summary

The Terms of reference have been reviewed by Executive Director of Quality and Safety, Executive Director of People and OD and Head of Corporate Affairs and Company Secretary and have been considered by the Integrated Governance Committee.

The material changes recommended by the Integrated Governance Committee are tracked in the document and relate to:

Section 3.2 – removal of notes being received by the Board. Noting that a comprehensive report is provided to Board following every Committee meeting and that the minutes of the Committee are considered by the Audit Committee.

It is also proposed that the membership is amended to state the deputy to the Chief Nursing Officer is not a member but noting they stated as being in attendance.

Other changes recommended are not material and relate to changes in job titles and clarifying ambiguous elements.

Recommendations

The Board is asked to:

- review the proposed changes to the Terms of Reference
- approve the Terms of Reference following recommendation from the Integrated Governance Committee.

Implications	
Risk and Assurance	IGC is the Committee that is responsible for providing assurance regarding risk management.

Equality, Diversity and Human Rights	The Committee has a role in considering the WRES and WDES action plans and staff equality data as part of the people report as well as the Quality Impact Assessments.
Quality	IGC is the Committee that is responsible for overseeing quality.
Financial	No financial implications
Service Users and Carer Experience	Committee considers experience reports, receiving an update on feedback received.
People	Committee considers the people reports that detail performance against key metrics.
Legal and Regulatory	The Committee receives reports on work to ensure compliance with CQC regulations and trust policies. Also recommended actions to improve this position
Digital	Committee noted positive impact of digital and technological solutions
System	No implications
Sustainability	No implications

Strategic Objectives this report supports	Please tick any that are relevant
1. We will improve service user and carer experience, placing emphasis on shared decision-making, co-production and recovery	✓
2. We will provide high quality care and support that is safe and achieves the best outcomes for service users and carers.	✓
3. We will attract, develop, and retain a skilled, compassionate workforce by creating inclusive and thriving workplaces.	✓
4. We will address inequalities to improve out-comes and advance equity for people from all communities.	✓
5. We will work in partnership in everything we do to meet the needs of communities and the people we support.	
6. We will be a learning organisation that encourages innovation, research and continuous quality improvement.	✓

Hertfordshire Partnership University NHS Foundation Trust

TERMS OF REFERENCE

Integrated Governance Committee (IGC)

Status:	The *Integrated Governance Committee* is a locally appointed sub-committee of the Trust Board and reports into the Board itself with strong relationship with the Audit Committee, a statutory committee of the Board, to which it sends reports for review and recommendations. The Executive Director Lead for the Committee is the Executive Director of Quality and Safety and the administrative lead is the Company Secretary.

1.0 Accountability

1.1 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
- Any other issues as agreed by the Chair and Head Corporate Affairs &Company Secretary.

1.2 The minutes of the Committee's meetings shall be formally recorded by the Head of Corporate Affairs and Company Secretary and submitted and Audit Committee.

1.3 A six monthly report from the Committee shall be submitted to the Audit Committee.

Chair:	Non – Executive Director
Membership:	The Committee shall be appointed by the Board primarily from amongst the Non-Executive and Executive Directors of the Trust and shall consist of: Non-Executive Directors (x4 including Committee Chair) Chief Nursing Officer (or Deputy) Chief Operating Officer Chief Medical Officer Chief People Officer Chief Finance Officer In attendance: Deputy Director Nursing and Partnerships Deputy Director Nursing and Quality Chair of Medical Staff Committee Head of Corporate Affairs Company Secretary
Frequency of Meetings:	A minimum of six (6) meetings per annum

Frequency of Attendance:	Members will be expected to attend all meetings. If members miss two consecutive meetings, membership will be reconsidered by the Committee Chair (subject to exceptional circumstances).
Quorum:	A quorum shall be five members including at least two Executive Director and two Non-Executive Director plus the Committee Chair or a NED acting for the Chair in their absence.

2.0. Remit

2.1 The IGC is a locally appointed sub committee of the Board.

2.2 The remit of the Group is to:

"To lead on the development and monitoring of quality and risk systems within the Trust, to ensure that quality, patient (service user) safety and risk management are key components of all activities of the Trust. To lead on development and advice to Board on Trust's people strategy, taking into account relevant best practice and alignment with Trust's strategic objectives. To ensure that strategies are in place to make the Trust both the best place to work and the best place to receive care."

3. Accountability

3.1 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
- Summary of main areas of Committee discussions, highlighting key points
- Recommendations to the Board regarding decisions to be taken by the Board
- Any other issues as agreed by the Committee Chair & Company Secretary.

3.2 The minutes of the Integrated Governance Committee meetings shall be formally recorded and submitted to the ~~Board and~~ Audit Committee.

3.3 A six monthly report from the Integrated Governance Committee shall be submitted to the Audit Committee.

4. Organisational Relationships

4.1 Reports will be received from the Executive Director Chairs of the following Sub-Groups/Sub-committees:

- Quality and Risk Management Group
- People and Organisational Development Group
- Information Management and Governance Sub-Committee (IMGS)

4.2 Key Interfaces & Relationships:
There is an interface between this Committee and the following:

- Trust Board
- Audit Committee
- Trust Management Group
- Care Quality Commission
- Hertfordshire County Council

- Others to be advised by membership

5. Responsibilities & Duties

5.1 Assure adherence to CQC and other relevant regulatory requirements for quality and safety and receive reports from all relevant quality and safety groups.

5.2 Receive minutes, reports, action plans and risk registers from the following standing sub-committees of the IGC:

- Quality and Risk Management Group
- People and Organisational Development Group
- Information Management and Governance Sub-Committee (IMGS)

5.3 Supervise, monitor and review the Trust-wide Risk Register and make recommendations for improvement.

5.4 Scrutinise and provide assurance to the Trust Board through providing regular reports on governance, quality, people and risk issues and to escalate any risks to the BAF or concerns as appropriate where assurance is not adequate. Reports should also be sent to the Audit Committee for scrutiny and recommendations.

5.5 Set standards for the Trust Governance systems in order to meet:

- Performance targets,
- Core and developmental standards
- Risk management

5.6 Recommend to the Trust Board necessary resources needed for the Committee to undertake its work.

5.7 Advise on the production and content of the *Annual Governance Statement* and make recommendations to the Chief Executive as necessary prior to its review at Audit Committee, its approval at the Board and subsequent inclusion in the Annual Report.

5.8 Advise on the content, format and production of the annual *Quality Accounts*

5.9 Approve *Terms of Reference* and work plan of the sub-groups reporting into the Committee and ensure they are effective in their role.

5.10 Receives assurance that appropriate risk management processes are in place that provide the Board with assurance that action is being taken to identify risks and manage identified risks within the Trust.

5.11 Responsible for developing systems and processes for ensuring that the Trust implements and monitors compliance with its registration requirements of the Care Quality Commission.

5.12 Receives assurance that the Trust monitors and complies with the actions identified following visits and requests from the CQC.

5.13 Oversee the establishment of appropriate systems for ensuring that effective practice governance arrangements are in place throughout the Trust.

5.14 Ensure that the learning from inquiries carried out in respect of Serious Incidents (SIs) is shared across the Trust and implemented through policies and procedures as necessary.

5.15 Ensure that services and treatments provided to service users are appropriate, reflect best practice and represent value for money.

5.16 Ensure the Trust delivers the Quality Strategy encompassing Safety, Effectiveness and Experience and also supports the inclusion of service users and staff.

5.17 Ensure progress against all elements of the Experience work plan.

5.18 Ensure that the environments in which services are provided are appropriate, safe and therapeutic.

5.19 Ensure that the organisation is engaged in the public health programme and this is modelled throughout the services we provide.

5.20 Provide assurance that the Trust is delivering all elements of the People and Organisational Development (OD) strategies making it a great place to work.

5.21 Ensure progress against the People and OD targets as set out in the Annual Plan.

6. Other Matters

6.1 The Committee shall be supported administratively by the Head of Corporate Affairs and Company Secretary whose duties in this respect will include:

- prepare, in conjunction with the Chair and the Executive Director of Quality and Safety and Chief People Officer an Annual Business Cycle of Activities to ensure all of the Committee's business is captured and inform the agenda for each meeting.
- support the Chair in ensuring that all papers to the Committee are submitted on time, of the right quality and format and distributed to members and attendees not less than five (5) days before the meeting.
- 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 of governance and the regulatory framework.

7. Monitoring of Effectiveness

7.1 The Committee will undertake an annual review of its own performance to ensure that it is operating at maximum effectiveness. A report on the review should be sent to the Board of Directors for assurance.

Terms of Reference to be ratified by: Reviewed and approved by the Integrated Governance Committee and ratified by the Board.

Date of Approval by IGC:	January 2024
Date of Ratification by Board:	February 2024
Review Date	January 2025

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Report to the Public Board of Directors

Meeting Date:	8 February 2024	Agenda Item: 16
Report Title	Review of Terms of Reference	For publication: Yes ☒ No ☐
Report Author (s)	Helen Edmondson, Head of Corporate Affairs & Company Secretary	
Approved by:	David Atkinson, Non-Executive Director	

The Board is asked to:
The Board is asked to APPROVE the updated Terms of Reference for the Audit Committee.

Executive Summary

The Terms of reference have been reviewed by Chief Finance Officer, Committee Chair Head of Corporate Affairs and Company Secretary and have been considered by the Audit Committee.

Following discussion at Audit Committee one material change is recommended relating to inclusion of the Committee's role with regards to overseeing any non-audit services provided by the Trust's external audit provider (section 3.3.2).

Recommendations

The Board is asked to:

- review the proposed changes to the Terms of Reference
- approve the Terms of Reference following recommendation from the Audit Committee.

Implications	
Risk and Assurance	The Committee that is responsible for providing assurance regarding risk control environment for the Trust. It is also the lead Committee for considering assurance provided by internal and external audit.
Equality, Diversity and Human Rights	The Committee considers and agrees the Annual Report and performance metrics which support delivery equity of provision.
Quality	The Committee that is responsible for providing assurance regarding systems for monitoring quality.
Financial	The Committee is responsible for considering the financial statements for the Trust and the systems in place to ensure there is sound financial reporting at the Trust.

Service Users and Carer Experience	The Committee considers Annual Report which details the delivery of performance, including impact on service user experience
People	Systems of sound financial reporting support the delivery of positive staff experience.
Legal and Regulatory	Meeting statutory financial duties is a key legal requirement.
Digital	No implications
System	No implications.
Sustainability	No implications

Strategic Objectives this report supports	Please tick any that are relevant
1. We will improve service user and carer experience, placing emphasis on shared decision-making, co-production and recovery	
2. We will provide high quality care and support that is safe and achieves the best outcomes for service users and carers.	✓
3. We will attract, develop, and retain a skilled, compassionate workforce by creating inclusive and thriving workplaces.	
4. We will address inequalities to improve out-comes and advance equity for people from all communities.	
5. We will work in partnership in everything we do to meet the needs of communities and the people we support.	
6. We will be a learning organisation that encourages innovation, research and continuous quality improvement.	✓

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 Finance Officer Chief Nursing Officer or Chief Medical Officer 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:	minimum 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.

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.

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.

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

3.3.1 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.

3.3.2 The Committee shall ensure suitable processes are in place regarding any non-audit work undertaken by the Trust's external audit provider.

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.
- 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: 1 February 2024

Date Approved by the Board: xx March 2024

Date of Review: March 2025

Hertfordshire Partnership University NHS Foundation Trust

Report to the PUBLIC Board of Directors

Meeting Date:	8 February 2024	Agenda Item: 17
Report Title	Board Planner 2024/25	For publication: Yes ☒ No ☐
Report Author (s)	Helen Edmondson, Head of Corporate Affairs & Company Secretary	
Approved by:	Helen Edmondson, Head of Corporate Affairs & Company Secretary	

The Board is asked to:
APPROVE the proposed Board Planner for 2023/24.

Executive Summary

The Board is asked to review and provide their approval of the proposed planner for 2024/25.

Recommendations

The Board is asked to APPROVE the Board Planner 2024/25.

Implications	
Risk and Assurance	The Board is the body ultimately responsible for ensuring appropriate processes in place regarding risk management and assurance.
Equality, Diversity and Human Rights	The Board considers the Trust's work to ensure support equality and diversity.
Quality	The Board is the body ultimately responsible for ensuring appropriate processes in place regarding quality of services.
Financial	No financial implications
Service Users and Carer Experience	The Board is the body responsible for ensuring appropriate the Trust seeks and is responsive to service users feedback.
People	The Board with support from the Integrated Governance Committee ensures the Trust supports its people.
Legal and Regulatory	The Trust Board ensures that the Trust is compliant it the relevant legal and regulatory requirements.
Digital	The Board keeps oversight via the Finance and Investment Committee of progress of the Trust's digital strategy.
System	The Boards considers and agrees how it contribute to the system and in particular the Joint Plan for the

	system.
Sustainability	No implications

Strategic Objectives this report supports	Please tick any that are relevant
1. We will improve service user and carer experience, placing emphasis on shared decision-making, co-production and recovery	✓
2. We will provide high quality care and support that is safe and achieves the best outcomes for service users and carers.	✓
3. We will attract, develop, and retain a skilled, compassionate workforce by creating inclusive and thriving workplaces.	✓
4. We will address inequalities to improve out-comes and advance equity for people from all communities.	✓
5. We will work in partnership in everything we do to meet the needs of communities and the people we support.	✓
6. We will be a learning organisation that encourages innovation, research and continuous quality improvement.	✓

Trust Board Annual Cycle of Business 2024/25			2024												2025	
Meeting Planning	**Frequency**	**Lead**	**Jan**	**Feb**	**Feb**	**March**	**April**	**May**	**June**	**Jul**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**
Date of meeting			11	**8**	**29**	28	18	16	20	18	19	17	21	12	23	20
Note each public meeting and workshop is preceded by a private Board meeting			Workshop	Public	Workshop	Public	Workshop	Public	Public For Annual Report and Accounts	Public	Public	Workshop	Public	Workshop	Public	Workshop
Service User Story	M	Director of Service Delivery & Service User Experience		x		x		x	x	x	x		x		x	
Opening Business																
Welcome and Apologies for Absence	M	Chair		x		x		x	x	x	x		x		x	
Declarations of Interest	M	Chair		x		x		x	x	x	x		x		x	
Approval of Minutes from the Last Meeting	M	Chair		x		x		x	x	x	x		x		x	
Matter Arising Schedule	M	Chair		x		x		x	x	x	x		x		x	
Chair's Report	M	Chair		x		x		x	x	x	x		x		x	
Chief Executive's Brief	M	Chief Executive		x		x		x	x	x	x		x		x	
Quality																
Report of the Integrated Governance Committee	Bi-monthly	Chief Nursing Officer		x		x		x		x	x		x		x	
Integrated Safety Report/Annual Integrated Safety Report	A	Chief Nursing Officer		x		x		x A		x	x		x		x	
Safe Staffing Report	Bi-monthly	Chief Nursing Officer		x		x		x		x A	x		x		x	
Infection Prevention and Control Annual Report	A	Chief Nursing Officer								x A						
Safeguarding Annual Report	A	Chief Nursing Officer								x A						
Health Safety& Security Annual Report	A	Chief Nursing Officer									x A					
Medical Appraisal & Revalidation of Doctors Annual Report	A	Chief Medical Officer									x A					
Emergency Preparedness Resilience & Response-Core Standards	A	Chief Operating Officer								x A						
Service User Experience Annual Report	A	Chief Operating Officer						x A								
Belonging & Inclusion Annual Report	A	Chief People Officer														
Public Sector Equality Duty Compliance Report& Outcome of Equality Delivery System Grading	A	Chief Nursing Officer									x A					
WRES and WDES Annual Report	A	Chief People Officer									x A					
Staff Annual Survey Report	A	Chief People Officer				x A										
Operational and Performance																
Annual Planning	A	Chief Strategy & Partnerships Officer				x A										
Annual Plan Approval	A	Chief Strategy & Partnerships Officer				x A										
Annual Plan Updates	Bi-monthly	Chief Strategy & Partnerships Officer		x		x		x		x	x		x		x	
Performance Report	Bi-monthly	Chief Innovation and Improvement Officer		x		x		x		x	x		x		x	
Financial Planning	A	Chief Finance Officer		x		x A										
Financial Report	M	Chief Finance Officer		x		x		x		x	x		x		x	
Report from the Finance and Investment Committee	Bi-monthly	Chief Finance Officer				x		x		x	x		x		x	
People and OD Quaterly Report	Bi-monthly	Chief People Officer				x				x	x		x		x	
Community Survey	A	Chief Operating Officer								xA						
Guardian of Safe Working Report	Q	Chief Medical Officer		x		x		x		x	x				x	
Annual Clinical Excellence Awards	A	Chief Medical Officer						x A								
Governance and Regulatory																
Audit Committee Report	Bi-monthly	Company Secretary				x		x			x				x	
Freedom to Speak Up	6 Monthly	Chief Nursing Officer						x					x			
Trust Risk Register	Q	Company Secretary		x				x			x				x	
Board Assurance Framework	6-monthly	Company Secretary				x							x			
Review of Board Effectiveness	A	Chair/Company Secretary				x A										
Board Business Cycle & Planner	A	Company Secretary									x A					
Fit and Proper Person Compliance	A	Chair/Chief People Officer								xA						
Annual Accounts	A	Chief Finance Officer							x A							
Internal Audit Annual Report (including Head of Internal Audit Opinion)	A	Head of Internal Audit							x A							
External Audit - Annual Governance Report	A	External Auditors							x A							
Annual Report including Annual Governance Statement	A	Chief Finance Officer							x A							
Audit Committee Annual Report	A	Audit Committee Chair							x A							
Use of the Trust Seal	A	Company Secretary							x A							
Use of Waivers	A	Chief Finance Officer							x A							
Lossess and Compensation Payments	A	Chief Finance Officer							x A							
Code of Governance	A	Company Secretary		x A												
Integrated Governance Committee Annual Report	A	Company Secretary						x A								
Gender Pay	A	Chief People Officer									x A					
Finance & Investment Committee Annual Report	A	Company Secretary						x A								
Trust Regulatory Documents Annual Review																
Standing Orders	A	Company Secretary											x A			
Standing Financial Instructions	A	Chief Finance Officer				x A										
Matters Reserved to the Board & Scheme of Delegation	A	Chief Finance Officer				x A										
Charitable Funds Annual Accounts Sign off	A	Chief Finance Officer											x A			
Trust Constitution	A	Company Secretary						xA								
Metal Health Act Manager's Annual Report	A	Committee Chair								x A						
Strategy																
System Update	Bi-monthly	Chief Strategy & Partnerships Officer		x		x		x		x	x		x		x	