



**Hertfordshire  
Partnership University**  
NHS Foundation Trust

**Hertfordshire Partnership University NHS Foundation Trust**  
**PUBLIC Board of Directors**

**Chair: Sarah Betteley**

**Date: 28 March 2024**

**Time: 10:30am**

**Da Vinci Suite**

**PUBLIC Board of Directors Meeting**  
**Date: Thursday 28 March 2024**

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

<b>A G E N D A</b>					
	<b>SUBJECT</b>	<b>BY</b>	<b>ACTION</b>	<b>ENCLOSED</b>	<b>TIMINGS</b>
<b>Shared Experience</b>					10.30
1.	<b>Welcome and Apologies for Absence</b>	Chair - Sarah Betteley			11.00
2.	<b>Declarations of Interest</b>	Chair - Sarah Betteley	<b>Note</b>	Attached	
3.	<b>Minutes of Meeting held on 8 February 2024</b>	Chair - Sarah Betteley	<b>Approve</b>	Attached	
4.	<b>Matters Arising Schedule</b>	Head of Corporate Affairs and Company Secretary - Helen Edmondson	<b>Review &amp; Update</b>	Attached	
5.	<b>CEO Brief</b>	Chief Executive Karen Taylor	<b>Receive</b>	Attached	11.10
6.	<b>Chair's Report</b>	Chair - Sarah Betteley	<b>Receive</b>	Verbal	11.25
<b>QUALITY &amp; PATIENT SAFETY</b>					
7.	<b>Report of the Integrated Governance Committees held: 21 March 2024.</b>	Interim Chief Nursing Officer – Andy Brogan	<b>Receive</b>	Attached	11:35
	<b>a) Quarter Three Freedom to Speak Up report</b>	Interim Chief Nursing Officer – Andy Brogan	<b>Note</b>	Attached	
	<b>b) Quarter Three: Safer Staffing Report</b>	Interim Chief Nursing Officer – Andy Brogan	<b>Note</b>	Attached	
<b>PEOPLE</b>					
8.	<b>National Staff Survey</b>	Chief People Officer - Jo Humphries	<b>Receive</b>	Attached	11:50
9.	<b>People Report</b>	Chief People Officer - Jo Humphries	<b>Receive</b>	Attached	12:00
10.	<b>Belonging and Inclusion</b>	Chief People Officer - Jo Humphries	<b>Receive</b>	Attached	12:05
	<b>a) Gender Pay Gap</b>	Chief People Officer - Jo Humphries	<b>Receive</b>	Attached	
	<b>b) Ethnicity Pay Gap</b>	Chief People Officer - Jo Humphries	<b>Receive</b>	Attached	
<b>PERFORMANCE</b>					
11.	<b>Report of the Finance and Investment Committees held: 14 March 2024</b>	Chief Finance Officer - Phil Cave	<b>Receive</b>	Attached	12:20

12.	<b>Finance Report: Month Eleven</b>	Chief Finance Officer - Phil Cave	<b>Receive</b>	Attached	12:25
<b>PLANNING 2024/25</b>					
13.	<b>Draft Financial Plan 2024/25</b>	Chief Finance Officer - Phil Cave	<b>Approve</b>	Attached	12:35
14.	<b>Draft Annual Plan for 2024/25</b>	Chief Strategy and Partnerships Officer – David Evans	<b>Approve</b>	Attached	12:40
15.	<b>Draft Capital Plan 2024/25</b>	Chief Finance Officer - Phil Cave	<b>Approve</b>	Attached	12:45
<b>GOVERNANCE AND REGULATORY</b>					
16.	<b>Report from Audit Committees held on 4 December 2023 1 February 2024</b>	Head of Corporate Affairs and Company Secretary - Helen Edmondson	<b>Receive</b>	Attached	12:50
17.	<b>Annual Report from Nominations and Remuneration Committee</b>	Chair - Sarah Betteley	<b>Receive</b>	Attached	12:55
18.	<b>Any Other Business</b>	Chair - Sarah Betteley			13:00
	<b>QUESTIONS FROM THE PUBLIC</b>	Chair - Sarah Betteley			
<b>Date and Time of Next Public Meeting:</b> Thursday 16 May 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

28 March 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 Chair of East of England Provider Collaborative on rotational basis
Sarah Betteley	Chair	Director DEVA Medical Electronics Ltd Mental Health Network NHS Chair representative
Andy Brogan	Interim Chief Nursing Officer	Wife is a Director of Business Development & Contracting at EPUT
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 EoE Provider Collaborative Lead CEO
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: 8 February 2024**  
**Venue: The Colonnades**

MINUTES	
NON-EXECUTIVE DIRECTORS	DESIGNATION
Sarah Betteley   SBe	Chair
David Atkinson   DA	Non-Executive Director (virtual attendance)
Carolan Davidge   CD	Non-Executive Director
Diane Herbert   DH	Non-Executive Director
Anne Barnard   AB	Non-Executive Director (virtual attendance)
Tim Bryson   TB	Non-Executive Director
Jon Walmsley   JW	Non-Executive Director & SID
Dipo Oyewole   DO	Associate Non-Executive Director
DIRECTORS	
Karen Taylor   KT	Chief Executive Officer
Sandra Brookes   SBr	Deputy CEO and Chief Operating Officer
David Evans   DE	Chief Strategy & Partnerships Officer
Jo Humphries   JH	Chief People Officer
Andy Brogan   ABr	Interim Chief Nursing Officer
Prof Asif Zia   AZ	Chief Medical Officer
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
Maria Watkins   MW	Lead Governor (observing)
Chiemezie Ukachukwu   CU	Registrar with East CRHTT (observing)
APOLOGIES	
Andrew van Doorn   AvD	Non-Executive Director

Item	Subject	Action
001/24	<b>Shared Experience</b> SBe thanked Nihat Yuksel for sharing his story.	
002/24	<b>Welcome and Apologies for Absence</b> SBe welcomed all to the meeting. Apologies for absence were received from Andrew van Doorn.	
003/24	<b>Declarations of Interest</b> The Declarations of Interest Register was noted.  KT updated that she had been appointed to the role of Lead CEO for the East of England Provider Collaborative.  ABa declared she had been appointed to the role of Chair of the East of England Collaborative.	
004/24	<b>NOTED</b> Minutes of Meetings held 2 November 2023	



	<p>The minutes were reviewed and approved as an accurate account of the meeting.</p> <p><b>APPROVE</b> <b>The Board APPROVED the minutes</b></p>	
005/24	<p><b>Matters Arising Schedule</b> The Matters Arising Schedule was reviewed and updated with no items for escalation.</p>	
006/24	<p><b>CEO Report</b> KT presented the CEO report with the below key points of note to the Board.</p> <p>KT updated that the vote by British Medical Association (BMA) members had rejected the national pay offer for Consultants with KT stating that there could be further Industrial Action (IA).</p> <p>KT reported that the Trust was currently in Opel 4 due to operational pressures but were coping well. We remain as busy as ever and were still focusing on addressing backlogs.</p> <p>Nationally, there had been significant coverage of incidents and services relating to mental health with KT referencing the reports from Edenfield, Nottinghamshire and sexual safety. Some general themes had emerged, in particular, where Board's had not been sighted on the right things, leaders were not visible and there was not a systematic approach to hearing from service users and carers. KT reported that all the reports were being reviewed to identify learning and the Integrated Governance Committee (IGC) would be receiving an update on this at a future meeting.</p> <p>KT reported that the HSSIB review would be looking at sexual safety. She added that the Trust had done a lot to eliminate mixed sex accommodation but would reviewing the report and relevant information to identify learning.</p> <p>Guidance had been produced for Integrated Care Board's (ICB), health organisations and the wider system partners on how to improve the quality, accessibility and acceptability of care and support for autistic adults with KT stating there was an opportunity for us to speak with the ICB to discuss the improving standards of care and expectations.</p> <p>National Planning guidance had still not been published. KT added that the Trust had written to the ICB signalling the gap in funding for the Trust and that the Board would be kept briefed.</p> <p>The Provider Selection Regime (PSR) was introduced from 1 January 2024 and approaches for commissioning going forward would be discussed with commissioners.</p> <p>The ICB continued to focus on the development of its governance model in parallel with the development of the Accountable Business Units (ABU). KT advised that, at the HCP development Workshop held on the 2 February it had been clear we needed to continue with our transformation work.</p>	



	<p>KT reported that there had been changes at the East of England Provider Collaborative, with Anna Hills, Chief Executive at Cambridgeshire and Peterborough NHS Foundation Trust, announcing she would be stepping down. KT announced she had been asked to take on the leadership role. She would be taking forward the negotiations with NHSE. It was noted that the Collaborative would be resubmitting its bid to have commissioning responsibility delegated to it on 1 March 2024.</p> <p>Work was progressing well with the Care Quality Commission (CQC) Adult Social Care inspection. There was no indication yet if we would receive an inspection. KT highlighted that a report later on the agenda would provide detail of the inspection.</p> <p>Operationally, teams continued to provide high quality care to service users, and whilst services were busy, things were being managed well.</p> <p>KT reported that the Mental Health Urgent Care Centre (MHUCC) had opened with positive feedback from service users.</p> <p>On the 15 January the last service user had moved from the Specialist Residential Service (SRS) bungalow to the new provider - Avenues with KT recording a thank you to the staff for the passion, care and energy in caring for these service users.</p> <p>Our workforce position continued to improve throughout the last quarter, however workforce remained one of our biggest risks. Following the Trust being successful in its application to be part of NHS England's Retention Exemplar Programme, work was now underway to take this forward.</p> <p>KT reported that the Trust was on track to deliver against plan at year end, however KT highlighted that system pressures for mental health beds meant we were spending more than we were previously – and this was a risk for the Trust.</p> <p>Cherry Tree Cottage, an Ofsted registered specialist children's home for Children Looked After, was open and had received good feedback.</p> <p>The Trust had been accredited as a Veteran Aware Trust by the Veteran Covenant Healthcare Alliance with KT confirming we had a robust action plan to ensure we met the requirements of the Covenant.</p> <p>Following a review by NHS England, the Trust had been rated as "fully compliant" in meeting the Emergency Preparedness, Resilience and Response (EPRR) core standards.</p> <p>The Trust had achieved the Quality Mark for Nursing Preceptorship.</p> <p>On the 18 January we held a joint event with the University of Hertfordshire to celebrate 10 years of our partnership as a University Trust with Professor Quintin McKellar, Vice-Chancellor and Chief Executive, joining the event.</p> <p>The Trust had received a number of high-profile visits recently, including a visit from the Secretary of State, Victoria Atkins, to Watford General Hospital which we had been part of and Clare Panniker, NHS England Regional Director, East of England who had visited and met the teams</p>	
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	<p>based at Rosanne House.</p> <p>KT invited questions.</p> <p>ABr commented on the independent report into the care of service users at Edenfield, commenting how he had been struck with the issues identified, noting they were a high performing, good organisation who were liked by the system, yet clearly had lots going on they were not aware of. He added that the report findings were in line with national inpatient quality work. An action was drawn for the Learning from Edenfield Centre report to be considered by the Integrated Governance Committee and then the Board. Also that the next Board meeting would receive an update report on national inpatient quality project.</p> <p>ABa queried whether the Accountable Business Units were still likely to 'go live' on the 1 April with KT responding that this was unlikely, but that could see a shadow period with the alignment of commissioning resources to the Accountable Business Units.</p> <p>In response to DO's question regarding the management of service users who had not been seen in services for some time AZ reported that they all receive a follow up within 72 hours of discharge. SBr added that the Trust is undertaking a review of caseloads in the community and looking at patient indicated follow up. There was also a need to make sure risk was considered and that service users can return to services quickly if needed.</p> <p><b>RECEIVE</b>  <b>The Board RECEIVED the report</b></p>	<p><b>ABr</b></p> <p><b>ABr</b></p>
<p><b>007/24</b></p>	<p><b>Chairs Report</b></p> <p>SBe provided Board members with a verbal update on the work she had undertaken since the last Public Board meeting.</p> <p>In November SBe had attended the NHSP Annual Conference and Exhibition, which had been an informative event.</p> <p>Also in November, SBe had attended the launch of the Trust's Belonging and Inclusion Strategy, noting she had recently shared the Strategy with the NHS Confed.</p> <p>In terms of the system, SBe had seen greater engagement across the system, facilitated by the ICB. There had been a number of staff changes in the system with Anita Day, being appointed as Chair of East &amp; North Herts, Catherine Glickman, Chair of the East of England Ambulance Service NHS Trust, Sheila Salmon stepping down as Chair of Essex Partnership University NHS Foundation Trust and Linda Sheridan stepping down from Hertfordshire Community NHS Trust.</p> <p>SBe continued to attend the mental health chairs weekly calls, with last week's call hearing from Avon and Wiltshire Mental Health Partnership NHS Trust on the topic of out of area placements, with SBe stating that following a new approach which focused on early intervention, they now had zero placements.</p> <p>On the 7 February, SBe had attended an NHS Providers Roundtable</p>	

	<p>Dinner with Claire Murdoch, National Mental Health Director for NHS England.</p> <p>SBe had recently visited Norfolk, where she noted it was great to see the progress in the teams.</p> <p>SBe concluded the update stating she had attended the Research Showcase event at the University on the 1 February, stating it had been moving, powerful and great to hear about the innovative courses.</p> <p>SBr reported that she had contacted Avon and Wiltshire to better understand how they had achieved zero placements. She emphasised that the Trust had robust gatekeeping but that length of stay did remain an issued due to delayed discharges but also complexity of need.</p> <p><b>RECEIVE</b>  <b>The Board RECEIVED the verbal update</b></p>	
<b>QUALITY &amp; PATIENT SAFETY</b>		
008/24	<p><b>Report of the Integrated Governance Committees held 16 November 2023 and 24 January 2024</b></p> <p>ABr presented the report which provided the Board with an overview of the work undertaken by the Integrated Governance Committee at its most recent meetings held 26 November 2023 and 24 January 2024. The report was taken as read.</p> <p>At its January meeting the Committee received a deep dive presentation on Workforce Planning.</p> <p>The Committee noted the increased demand for Autism and ADHD services.</p> <p>The Committee noted the reduction in Violence and Aggression incidents for November and December, noting this would be closely monitored.</p> <p>The Committee held a good discussion around the implementation of the Patient Safety Incident Response Framework (PSIRF).</p> <p>The Committee were updated on the reporting of deaths 30 days following discharge.</p> <p>The Committee were updated on the Complaints for the quarter.</p> <p>The Committee considered and approved the updated Trust Risk Register.</p> <p>There were no matters for formal escalation to the Board.</p> <p>Questions were invited.</p> <p>DH noted that the Deep Dive on workforce planning was an action from a previous meeting and provided a helpful update on the actions identified from an internal audit undertaken two years ago. The update demonstrated significant progress by the Trust.</p> <p>DH commented on the feedback following the Committee's self-</p>	

	<p>assessment, stating the scores had mostly been positive, in the spirit of continuous improvement the Committee had identified the need to ensure sufficient time was spent on people matters and continued to work to develop integrated reports.</p> <p><b>RECEIVE</b>  <b>The Board RECEIVED the report</b></p>	
009/24	<p><b>Quarter Three Integrated Safety Report</b>  ABr introduced the report which updated Board members with the quarter three Integrated Safety report which was taken as read. Highlighted points of note were:</p> <p>The Trust was continuing the work required to fully transition to the Patient Safety Incident Response Framework including development of patient safety plan.</p> <p>ABr reported that the Serious Incident investigation into the unexpected death on Swift ward had been completed and the learning being taken forward by the SBU, with the action plan monitored at Trust level as part of the oversight/governance arrangements in place.</p> <p>There had been a significant reduction in incidents for Forest House Adolescent Unit and Albany Lodge.</p> <p>Questions were invited.</p> <p>SBe queried the details of medicine management target training not being met. AZ reported that regular audits were undertaken for medicine management and these had identified that there was assurance that good practice was in place but there continued to be some issues relating to consistent practice being maintained.</p> <p><b>NOTE</b>  <b>The Board NOTED the report</b></p>	
010/24	<p><b>Quarter Three Experience Report</b>  SBr introduced the report which provided the Board with an overview of feedback from SBUs and the involvement programme during quarter three 2023-24. The report was taken as read.</p> <p>SBr reported there had been little change since the previous quarter update. Of note, there had been an increase in compliments and a reduction in complaints. The main themes of complaints were Patient Care and Communication, and the teams were looking at what could be done differently to address this. The CAMHS and Adult Community Mental health services were the areas with the largest number of complaints.</p> <p>SBr reported that there were continued challenges in meeting the required response times for complaints and that the CQI work was continuing but that teams needed to avoid over formalising their response and focus on resolving issues directly and speedily with the complainant.</p> <p>Scores for both the Have Your Say and Friends and Family Test had been positive.</p>	

	<p>An Experience and Involvement Steering Group was in the process of being established which would report into the Experience Group. Board members held a short discussion around the good work taking place to support the approach to co-production.</p> <p><b>NOTE</b> <b>The Board NOTED the report</b></p>	
011/24	<p><b>Quarter Three Guardian of Safe Working</b> AZ presented the report which covered the period October to December 2023. The report was taken as read.</p> <p>During this quarter there were 6 exception reports raised which were mainly related to cross cover and all had been resolved.</p> <p><b>NOTE</b> <b>The Board NOTED the report</b></p>	
012/24	<p><b>People Report</b> JH presented the quarter three People report which was taken as read. Key headlines of note were:</p> <p>Overall, there had been steady progress to fill vacant positions and we continued to see the lowest vacancy rate in over four years. There remained a focus on recruitment and retention particularly in the hotspot areas.</p> <p>Staff turnover was consistent and steadily decreasing to 10.5% at the end of quarter three, the lowest it has been in over two years.</p> <p>Mandatory training rates had reduced from 92.5% at the end of quarter two to 89.6% at the end of quarter three.</p> <p>The Trust was giving focus to providing more developmental opportunities.</p> <p>In response to JW's query JH confirmed that the increase in absence at the Trust due to mental health was in line with the national trend.</p> <p><b>NOTE</b> <b>The Board NOTED the Report</b></p>	
<b>PERFORMANCE</b>		
014/24	<p><b>Report of the Finance and Investment Committees held: 23 November 2023 and 26 January 2024</b> PC introduced the paper which provided an overview of the work undertaken by the Finance and Investment Committee at its most recent meetings on 23 November 2023 and 26 January 2024. The report was taken as read and the below points noted.</p> <p>Since the Board last met the Finance and Investment Committee had met twice. At its meeting held 23 November the Committee received a deep dive on the Delivering Value programme.</p> <p>At its meeting held 23 November the Committee received an update on</p>	

	<p>progress with implementing the Trust’s Digital Strategy.</p> <p>At the meeting held 23 November the Committee received a detailed report on the transition of Specialist Residential Services (SRS) to the new care provider (Avenues).</p> <p>At its meeting held 23 November the Committee received an update on the Essex Learning Disability Services noting the existing seven-year contract.</p> <p>At its meeting on the 26 January the Committee discussed and approved the outline business case for the Trust’s Electronic Patient Record (EPR). The Committee also considered and approved the Business Case for Femail Forensic Learning Disability unit.</p> <p>The Committee discussed the self-assessment on the effectiveness of the Committee which had been positive.</p> <p>At its meeting on the 26 January the Committee reviewed and recommended to the Board for approval its Terms of Reference.</p> <p>Questions were invited.</p> <p>ABa added that in terms of planning, that it was the Committee members view that Trust had progressed as far as it could in the absence of guidance. She noted that the Trust was ahead of where we were last year in terms of delivering value. Current year concern was non-pay over spend and the Committee would be receiving a report at its March meeting.</p> <p><b>RECEIVE</b>  <b>The Board RECEIVED the report</b></p>	
<p><b>015/24</b></p>	<p><b>Quarter Three Performance Report</b></p> <p>PC introduced the report advising that at the end of quarter three 2023/24, 63% (38 out of 60) of our Key Performance Indicators across the five operational performance domains were either fully met or almost met.</p> <p>The Trust had reduced the number of people who were 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 had been secured as part of our winter pressures mitigation plan.</p> <p>The Trust had strong appraisal compliance.</p> <p>Focus for the Trust was on the below key areas:  Improving access times in our Community CAMHS Service and Trust had launched a Continuous Quality Improvement (CQI) project to tackle demand and capacity issues across all services.</p> <p>The Adult Eating Disorder Service was failing to meet access targets due to an increase in demand, combined with vacancies and this was an area of focus for the Executive team.</p> <p>We were developing an App to aid in the recording of ethnicity and other demographic information to inform how we plan and deliver our services. This was closely linked to our PCREF work with a need to</p>	

	<p>reduce the number of people who had put down 'not stated' or 'not known' as their status.</p> <p>HA added that when the Trust was compared with average national and regional waiting times it was doing better than many organisations, but needed to continue to strive to improve.</p> <p>SBr reported that Adult Community Mental Health services were now meeting their target and were focused on sustainability of this, this was significant improvement on the recent position. Delayed transfers of care remained high and had improved in older people's services and a multi-agency system event would be held in February to identify solutions.</p> <p>In response to TB's question SBr reported that we were working with primary care to encourage people to access IAPT.</p> <p>KT stressed that performance was in a better position than other organisations but was not where we needed it to be. Staff were working hard and we needed to ensure the level of input was sustainable, which linked with some of the feedback from the staff survey.</p> <p><b>NOTE</b> <b>The Board NOTED the report</b></p>	
<p><b>016/24</b></p>	<p><b>Quarter Three Annual Plan</b></p> <p>DE introduced the report which provided the Board with an update on progress against the Annual Plan during quarter three.</p> <p>Quarter three had again been challenging however overall, good progress had been made with 81% of all year-end outcomes on track.</p> <p>During quarter three, two objectives were rated as Amber with DE noting that SO1 had been impacted by Essex commissioners postponing a decision regarding Learning Disability services and SO2 had been impacted by the national inpatient quality review national programme being delayed.</p> <p>Good progress had been seen with the Mental Health Urgent Care Centre. Three service users at Specialist Residential Services (SRS) had transitioned to new placements. The Belonging and Inclusion Strategy had been launched.</p> <p>There were a number of areas requiring focus, these include CAMHS 28 day waiting times, Delayed Transfer of Care and Community waiting times, further detail set out in the body of the report.</p> <p>Questions were invited.</p> <p>SBe made a request to receive further detail around the Additional Roles Reimbursement scheme (ARRS).</p> <p>KT stressed that achieving 81% of outcomes was good progress in light of the challenging environment, but the Trust remained ambitious in wanting</p>	

	<p>to meet 100%.</p> <p><b>NOTE</b> <b>The Board NOTED the report</b></p>	
<p><b>017/24</b></p>	<p><b>Finance Report Month Nine</b> PC presented the report which set out the Trust's financial position for month nine. The report was taken as read and the below key messages highlighted.</p> <p>The year-to-date financial position was a deficit of £4.0 which was £1.0m worse than plan.</p> <p>The key contributors to the financial deficit were 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.</p> <p>The year-to-date position included £0.7m of drawn forward ICB funding originally planned for month 12 and includes £1m additional funding for industrial action.</p> <p>During November the Trust worked with the HWE ICS to review the year end forecast. It was agreed at that point the new forecast for the Trust would 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.</p> <p>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 nine the Trust was circa £0.2m worse than the original forecast primarily driven by the impact of industrial action.</p> <p>At the 11 January 2024 Board meeting it was agreed to amend the Trust's forecast in light of the expected £0.6m industrial action costs and the forecast was now a £4.8m deficit.</p> <p>PC set out that to deliver the new forecast there remained 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.</p> <p>The Trust's delivering value plan for the year was £15m, at the end of month nine the Trust was £0.3m behind plan but expected to fully deliver by year end.</p> <p>The Trust's capital plan for the year was underspent however was on track to deliver by year end.</p> <p>PC concluded stating that the Trust was in a challenging financial position and would continue to maintain financial grip through quarter four.</p>	



	<p><b>RECEIVE</b> The Board RECEIVED the report</p>	
<b>STRATEGY &amp; SYSTEM</b>		
018/24	<p><b>Planning 2024/25</b> PC presented the report and highlighted the below key points.</p> <p>The Trust deficit was £4.8m.</p> <p>National planning guidance had not yet been issued, however we continued to plan and meet with commissioners.</p> <p>Initial Delivering Value plans were developed in December and a workshop was held with the senior leadership team which had to date identified £7m of the £12m required.</p> <p>PC reported that the Trust would continue to work with our commissioners and monitor our own expenditure.</p> <p>DE continued the update, reporting we persisted with our negotiations with commissioners and would push with our plans, so that in conversations with the ICB we had a clear view on the costs, pressures and opportunities.</p> <p>It was noted that the Trust had formally written to Beverley Flowers, Deputy CEO of the ICB setting out the financial planning position for 2024/25.</p> <p><b>RECEIVE</b> The Board RECEIVED the report</p>	
019/24	<p><b>Adult Social Care – CQC Inspection</b> DE presented the report which set out the background to the CQC inspection of Adult Social Care in Hertfordshire. The report was taken as read and the below points highlighted.</p> <p>The Health &amp; Care Act 2022 gave the CQC powers to inspect the delivery of adult social care for the first time.</p> <p>Hertfordshire County Council would be one of the first local authorities to be inspected and this would take place the week beginning 4 March 2024. DE reported that Hertfordshire County Council had submitted evidence on the social care offer in Hertfordshire, in line with CQC requirements, on 19 January 2024.</p> <p>As the Trust had delegated duties from Hertfordshire County Council to deliver social care and safeguarding enquiries for adults, the Trust had provided information for the submission and it was expected that some of our services would also be inspected during this process.</p> <p>The Trust had undertaken some preliminary work which was progressing well. DE set out that the preparation work had identified some issues regarding waits for carers assessments, reviews of charging and safeguarding cases. These had all been looked into and DE assured the Board that all the safeguarding matters were resolved and actions completed.</p>	

	<p>KT added that we were developing a Social Care Safeguarding Dashboard which Karen Hastings was leading on under the guidance of ABr.</p> <p><b>RECEIVE</b> <b>The Board RECEIVED the report</b></p>	
020/24	<p><b>Mental Health and Learning Disability and Autism Healthcare Partnership (MHLDA) Update</b></p> <p>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.</p> <p>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.</p> <p>The MHLDA HCP had supported the mobilisation of the new Mental Health Urgent Care Centre on the Lister site.</p> <p>DE set out that the HCP had progressed further joint working across the NHS and Hertfordshire Constabulary in relation to Right Care, Right Person.</p> <p>The HCP had held a Deep Dive into Learning Disabilities.</p> <p>Conversations continued in the development of the Accountable Business Units.</p> <p>DE concluded, stating there was lots to be proud of and we would continue to drive the Partnership forward.</p> <p>In response to ABa question, KT confirmed we continued to negotiate with commissioners around funding, however currently there was no agreement.</p> <p>KT reported that nationally there was work to look at HCPs with a view to informing what the approach should be for Mental Health and Learning Disability services.</p> <p><b>RECEIVE</b> <b>The Board RECEIVED the report</b></p>	
<b>GOVERNANCE &amp; REGULATORY</b>		
021/24	<p><b>Code of Governance</b></p> <p>HE presented the paper, reporting that a new NHS Code of Governance was in place for 2023/24. This report provided detail of the Code of Governance and an assessment of the Trust's compliance.</p> <p>HE advised the Trust was compliant with the Code's requirements and in line with the Code of Governance. The Trust would ensure the Annual Report detailed the required disclosures with a requirement for this to be published in the Trust Annual Report. The attached disclosure had been considered and approved by the Audit Committee at its meeting on 1</p>	

	<p>February 2024.</p> <p>JW highlighted additional information regarding the Senior Independent Director role and SBe noted that FPP also provided assurance regarding the independence of NEDs. Subject to these changes the compliance report was approved.</p> <p><b>APPROVE</b> <b>The Board APPROVED the report</b></p>	
022/24	<p><b>Finance &amp; Investment Committee Terms of Reference</b></p> <p>HE presented the FIC Terms of Reference advising that the Terms of reference had been reviewed by the Chief Finance Officer, Committee Chair, Head of Corporate Affairs and Company Secretary and had been considered by the Finance and Investment Committee.</p> <p>The material changes recommended by the Finance and Investment Committee were tracked in the document (detail set out in the body of the report).</p> <p>Other changes were not material and related to changes in job titles and clarifying ambiguous elements. It was noted that the Executive Team would be reviewing 'officer' attendance to the Committee to ensure no unnecessary duplication.</p> <p>Subject to these changes the Board approved the Terms of Reference.</p> <p><b>APPROVE</b> <b>The Board APPROVED the Terms of Reference</b></p>	
023/24	<p><b>Integrated Governance Committee Terms of Reference</b></p> <p>HE presented the IGC Terms of Reference advising that the Terms of reference had been reviewed by the Executive Director Quality and Safety, Chief People Officer and Head of Corporate Affairs and Company Secretary and have been considered by the Integrated Governance Committee.</p> <p>The material changes recommended by the Integrated Governance Committee are tracked in the document (detail set out in the body of the report).</p> <p>It was also proposed that membership was amended to state the deputy to the Chief Nursing Officer was not a member but noting they were stated as being in attendance.</p> <p>Other changes recommended were not material and related to changes in job titles and clarifying ambiguous elements. It was noted that the Executive Team would be reviewing 'officer' attendance to the Committee to ensure no unnecessary duplication.</p> <p>Subject to these changes the Board approved the Terms of Reference.</p> <p><b>APPROVE</b> <b>The Board APPROVED the Terms of Reference</b></p>	
024/25	<p><b>Audit Committee Terms of Reference</b></p>	

	<p>HE presented the report advising the Terms of reference had been reviewed by the Chief Finance Officer, Committee Chair, Head of Corporate Affairs and Company Secretary and had been considered by the Audit Committee.</p> <p>Following discussion at Audit Committee one material change was recommended relating to inclusion of the Committee's role with regard to overseeing any non-audit services provided by the Trust's external audit provider.</p> <p>SBr made a request for the Deputy CEO to be added to the membership. It was noted that the Executive Team would be reviewing 'officer' attendance to the Committee to ensure no unnecessary duplication.</p> <p>Subject to these changes the Board approved the Terms of Reference.</p> <p><b>APPROVE</b> <b>The Board APPROVED the Terms of Reference</b></p>	
<b>025/24</b>	<p><b>Board Planner</b> HE presented the planner asking the Board to review and provide their approval for 2024/25.</p> <p>The Board approved the Planner 2024/25,</p> <p><b>APPROVE</b> <b>The Board APPROVED the Planner</b></p>	
<b>026/24</b>	<p><b>AOB</b> No further Business was put forward.</p>	
<b>027/24</b>	<p><b>Questions from the Public</b> No questions were put forward.</p>	
<b>Date and Time of next Public Meeting:</b> Thursday 28 March 2024		

***Close of Meeting***

**PUBLIC Board of Directors 28 March 2024**

**MATTERS ARISING SCHEDULE**

<b>Matters Arising from meeting held on: 8 February 2024</b>					
<b>Minute Ref.</b>	<b>Subject</b>	<b>By</b>	<b>Action</b>	<b>Due Date/ Update</b>	<b>RAG</b>
006/24	CEO Brief	ABr	Learning from Edenfield Centre report to be considered by IGC	April 2024	
006/24	CEO Brief	ABr	Board receive update on national inpatient quality project	April 2024	
<b>Matters Arising from meeting held on: 2 November 2023</b>					
<b>Minute Ref.</b>	<b>Subject</b>	<b>By</b>	<b>Action</b>	<b>Due Date/ Update</b>	<b>RAG</b>
149/23	Board Assurance Framework	HE	Consider how future BAF reports detail trend in risk scores	April 2024	
<b>Matters Arising from meeting held on: 5 October 2023</b>					
<b>Minute Ref.</b>	<b>Subject</b>	<b>By</b>	<b>Action</b>	<b>Due Date/ Update</b>	<b>RAG</b>
122/23	PSIRP	ABr	Review implementation of PSIRP	Revised date May 2024	
<b>Matters Arising from meeting held on: 2 February 2023</b>					
<b>Minute Ref.</b>	<b>Subject</b>	<b>By</b>	<b>Action</b>	<b>Due Date/ Update</b>	<b>RAG</b>
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

<b>Meeting Date:</b>	28 March 2024	<b>Agenda Item:</b> 5
<b>Subject:</b>	CEO Briefing	
<b>Presented by:</b>	Karen Taylor, Chief Executive Officer	

### National update

The national activity is summarised below:

#### **Budget**

Since the last Board meeting the Chancellor of Exchequer had delivered his Spring Budget. The Chancellor announced a £2.5bn revenue funding increase for the NHS in 2024/25, a £3.4bn increase in capital funding for NHS technological and digital transformation over three years from 2025/26 and £35m over three years from 2024/25 to improve maternity safety. The £2.5bn revenue funding will protect current funding levels in real terms and is provided to support the NHS to continue to reduce waiting times and improve performance. The £3.4bn additional capital funding doubles the NHS' investment in digital over the next three years and will be split across: transforming the use of data to reduce time spent on administration; updating outdated IT systems and transforming access for patients e.g. making the NHS App the single front door through which patients can access NHS services and manage their care. The government estimates this will unlock £35bn in productivity savings from 2025/26 to 2029/30.

The government announced next steps on the Public Sector Productivity Programme and committed £4.2bn of funding, including the additional £3.4bn capital funding for digital and technology in the NHS. In return, the NHS has committed to 1.9% average productivity growth from 2025/26 to 2029/30, rising to 2% over the final two years. This is at the upper end of the 1.5-2% ambition over 15 years set out in the NHS Long Term Workforce Plan last year. It is estimated that this will enable delivery of £35bn of cumulative savings by 2029/30. This represents a substantial increase on historical NHS productivity growth. NHS England will start reporting against new productivity metrics regularly from the second half of 2024/25 at a national, Integrated Care Board and Trust level. New incentives will be introduced to reward providers that deliver productivity improvement at a local level. Further detail will be set out in the summer.

#### **NHS Staff Survey - National headlines**

On 7 March 2024, NHS England (NHSE) published the annual NHS staff survey results [Working together to improve NHS staff experiences | NHS Staff Survey \(nhsstaffsurveys.com\)](#). Since 2021, the survey questions have been aligned with the NHS People Promise, and this year, new questions were included which related to experiences of unwanted sexual behaviour in the workplace. 707,460 staff responded (2% up from 2022), with responses from 268 NHS organisations, including all 213 trusts. Key findings from the results show positively that:

- There have been improvements in staff perception of the quality of care provided at their organisation, although measures remain lower than in 2019.
- Staff confidence in speaking up about any concern has slightly increased, however, staff confidence in raising concerns about unsafe clinical practice has slightly decreased.
- Measures relating to line management are at a five-year high, with more staff reporting that their immediate manager takes a positive interest in their health and wellbeing and seven in ten respondents agreeing that their immediate manager values their work.
- Staff satisfaction with the opportunities for flexible working patterns has improved and is now at a five-year high (57.4%).
- There has been an increase in staff who think their organisation respects individual differences, such as cultures, working styles, backgrounds and ideas.

However, at a national level the survey also revealed that:

- Staff satisfaction with pay remains low, with only 31.2% of staff happy with their level of pay.
- Under a third of staff (32.4%) think their organisation has enough staff for them to do their job properly
- 42.7% of staff stated they often or always feel worn out at the end of their shift and three in ten (30.4%) staff feel burnt out because of their work.
  
- Instances of staff experiencing discrimination at work are at their highest levels since 2019.
- Almost 9% of staff reported experiencing unwanted behaviour of a sexual nature from patients, relatives and the public. 3.8% of staff report experiences of the same behaviour from colleagues.
- Ethnic minority staff remain more likely to experience harassment, bullying or abuse from patients, their families and the public (28.6%), compared to their white colleagues (24.7%). This is also the case regarding these behaviours from a manager or other colleague.
- Disabled staff are slightly more likely to report that their organisation acts fairly with regard to promotion opportunities and career progression compared to 2022. However, only 36.9% of disabled staff feel valued for their work compared to 47.8% of non-disabled staff.

The Board will be considering a full report on the Trust's staff survey reports later on the agenda.

### **NHS Leadership competency framework for board members**

NHS England had published a leadership competency framework [NHS England » NHS leadership competency framework for board members](#) for chairs, chief executives and all board members in NHS systems and providers. It is designed to support the appointment of diverse, skilled and proficient leaders; support the delivery of high-quality, equitable care and the best outcomes for patients, service users, communities and our workforce; help organisations to develop and appraise all board members and support individual board members to self-assess against the six competency domains and identify development needs.

The six leadership domains are:

1. Driving high-quality and sustainable outcomes
2. Setting strategy and delivering long-term transformation
3. Promoting equality and inclusion and reducing health and workforce inequalities.
4. Providing robust governance and assurance
5. Creating a compassionate, just and positive culture
6. Building a trusted relationship with partners and communities.

The Trust is working to ensure the competency domains are incorporated in all Board members job/role descriptions and recruitment processes. And that they also form part of the appraisal process and provide a framework for the ongoing development of board members.

### **Industrial action**

The British Medical Association (BMA) and Department of Health and Social Care have agreed a revised pay offer for consultants. This revised offer has been put to consultants with the ballot closing on 3 April 2024. The revised offer includes uplift of pay point value which results in five pay-point values in the pay scale. It also sets out an effective date for pay scale reform to 1 March 2024, a move of two months. The element relating to supporting professional activities had been removed and amended wording to pay progression criterion.

Following a re-ballot of Junior Doctors, they have voted to extend the mandate for industrial action. With a 61% turnout there was 98% support for taking part in strike action and 97% support for taking action short of a strike. There are no details yet of when any further industrial action by Junior Doctors will take place.

### **Maintaining momentum: Driving improvements in mental health care**

The Parliamentary and Health Service Ombudsmen has published a report that aims to highlight failings that have occurred, and continue to occur, in specialist mental health services in England. [Introduction | Parliamentary and Health Service Ombudsman \(PHSO\)](#) The examples show a failure by NHS organisations to investigate complaints effectively. The complaints in this report predate the Five Year Forward View for Mental Health however the Ombudsman states that the errors highlighted are typical of the complaints they continue to receive. The Trust is reviewing the report to identify areas of learning for both services and how we respond when complaints are raised.

### **Discharge from mental health inpatient settings**

NHS England has published guidance for all organisations regarding duties to co-operate to ensure effective discharge planning [Discharge from mental health inpatient settings - GOV.UK \(www.gov.uk\)](#) It provides clarity in relation to responsibilities in the discharge process, including funding responsibilities and shares best practice in relation to how NHS bodies and local authorities can work closely together. In addition, the guidance incorporates best practice in relation to patient and carer involvement in discharge planning.

### **National Confidential Inquiry into suicide and safety in mental health**

The 2024 annual report provides findings relating to people aged ten and above who died by suicide between 2011 and 2021 across all of the UK [Ref-411\\_NCISH-2024-Annual-Report-FINAL-v2.pdf \(hqip.org.uk\)](#) The report presents data on specific topics, some of which reflect current concerns in suicide prevention or groups who may be at increasing risk. These include autistic people and those with attention deficit hyperactivity disorder, inpatients aged under 25, patients aged 18-21 who were students, patients with a one-off assessment, and those who died by suicide in public locations. The key findings report that there had been a 4% decrease in the rate of suicide, particularly in men. Also, that the majority of patients who died by suicide had a history of self-harm (63%) and there were high figures for alcohol (47%) and drug (38%) misuse and comorbidity, i.e. more than one mental health diagnosis (54%). The Trust will review the report and use the findings to identify opportunities for improvement.

### **National Confidential Inquiry into suicide and safety in Mental Health. Suicide by people in contact with drug and alcohol services: a national study 2021 to 2022**

The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) has published a report on suicide by people in contact with drug and alcohol services in England and Wales, based on deaths registered between 1 October 2021 and 30 September 2022 [Suicide by people in contact with drug and alcohol services – HQIP](#). This study examines factors associated with suicide by people under the care of drug and alcohol services. The report found that 428 people died by suicide within 12 months of contact with drug and alcohol services during the study period, 8% of all suicide deaths had a rate of more than ten times the general population suicide rate. The majority of those in contact with drug and alcohol services were men (80%) but the observed rate of suicide in this study was also higher than the overall rate for men in the general population. The Trust continues to work with partners including the Local Authority and Change Grow Live (CGL) to support people under the care of drug and alcohol services and this study will be used to inform that work.

### **Pursuing Racial Justice in Mental Health**

The Centre for Mental Health had published a report [Pursuing racial justice in mental health - Centre for Mental Health](#) that examined the way in which racism and the failure to tailor services to the needs of patients limits the ability for people to access care, with a focus on the key role of the voluntary sector in addressing these disparities. The report sets out a number of recommendations that the Trust will consider when developing its work plan in response to the Patient, Carer Race Equality Framework, noting the work already underway to improve access into HPFT services.

### **Gender-related self-reported mental health inequalities in primary care in England:**

The Lancet have undertaken a study [Gender-related self-reported mental health inequalities in primary care in England: a cross-sectional analysis using the GP Patient Survey - The Lancet Public Health](#) that aimed to provide the first national estimates of gender-related inequalities in self-reported mental health conditions and mental health support across 15 gender groups in England.



The study states that transgender, non-binary and gender diverse people face discrimination and barriers to accessing health care and existing evidence suggests higher rates of mental health conditions among these groups compared with binary and cisgender groups. Noting this report was in primary care, the report has relevance for HPFT as we consider ways to improve access and reduce any barriers to accessing services.

### **Coroner reports**

A recent media report has highlighted that the proportion of the total number of Prevention of future death reports (PFD) reports analysed that referenced an NHS resource issue rose to one in five in 2023, from one in nine in the two years before Covid. This was based on an analysis of the PDFs sent by coroners.

### **Martha's rule**

The first phase of the introduction of Martha's Rule will be implemented in the NHS from April 2024. Once fully implemented, patients, families, carers and staff will have round-the-clock access to a rapid review from a separate care team if they are worried about a person's condition. The three proposed components of Martha's Rule are:

1. All staff in NHS Trusts must have 24/7 access to a rapid review from a critical care outreach team, who they can contact should they have concerns about a patient.
2. All patients, their families, carers, and advocates must also have access to the same 24/7 rapid review from a critical care outreach team, which they can contact via mechanisms advertised around the hospital, and more widely if they are worried about the patient's condition. This is Martha's Rule.
3. The NHS must implement a structured approach to obtain information relating to a patient's condition directly from patients and their families at least daily. In the first instance, this will cover all inpatients in acute and specialist Trusts.

The implementation of Martha's Rule in the NHS will take a phased approach, beginning with at least 100 adult and paediatric acute provider sites who already offer a 24/7 critical care outreach capability. The first phase will take place during 2024/25 and will focus on supporting participating provider sites to devise and agree a standardised approach to all three elements of Martha's Rule, ahead of scale up to the remaining sites in England in the following years.

The Trust, whilst not directly affected by the first phase, is considering how it can ensure that there are clear, transparent processes for families and carers to alert Trust teams regarding the services user's condition and needs, and that there is a clear response from the Trust when request for further opinions is sought.

### **Arrangements for delegation and joint exercise of statutory functions**

NHS England has published formal statutory guidance that provides an overview of new collaborative working arrangements that are possible between NHS and local government following commencement of the 2022 Health and Social Care Act [NHS England » Arrangements for delegation and joint exercise of statutory functions](#)

The new legislation is generally permissive, allowing delegation and joint arrangements to develop and evolve in ways that best suit the needs of patients and the public. The guidance explains what delegation and joint working arrangements are permitted by the legislation, and when these can be used. Considering the additional potential complexity of integrated care board (ICB) to provider delegation, associated risks, and the significant operational and financial pressures facing systems in 2024/25, NHS England continues to expect that ICBs not seek to use these powers in financial year 2024/25. The Trust is reviewing the guidance and will ensure it complies when considering delegation of functions.

### **Reconfiguring NHS services – ministerial intervention powers**

On 31 January 2024, guidance was published on the new process for ministerial intervention in reconfiguration of NHS services. Under the process a new call-in power allows the Secretary of State to intervene in NHS service reconfigurations at any stage where a proposal exists and take or re-take any decision that previously could have been taken by the NHS commissioning body. NHS commissioning bodies continue to have a duty to notify the Secretary of State of notifiable reconfigurations.

Local Authorities are no longer able to make new referrals to the Secretary of State under the 2013 regulations, something that was previously within the remit of Health Scrutiny Committees. Where a referral has been received by the Secretary of State dated prior to 31 January 2024, this will continue to be managed under the current 2013 arrangements.

### **NHS Confederation - Mental Health Network**

I am delighted to be able to congratulate Sarah Betteley on her election as an NHS Chair representative on the NHS Confederation's Mental Health Network. This is a real testament to Sarah's profile nationally and across the mental health & learning disability community.

### **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 governance structure 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.

### **Planning 2024/25**

The ICB is currently developing its financial and operational plans for 2024/25. The scale of the operational and financial challenge is significant. There will be five areas of focus in the year ahead: cardiovascular disease and hypertension; improving Urgent and Emergency Care through more anticipatory/ same day emergency care; better care for those in Mental Health crisis; elective care recovery and children's care backlog reductions. It is positive to see mental health has been highlighted as a priority area of focus and this aligns with the Trust's plans to fully launch the Mental Health Urgent Crisis Centre at Lister Hospital and development of a crisis support offer at Watford General Hospital in 2024/25. The ICB was required to submit its final draft plan including all planning metrics on 21 March 2024 with a 'full and final' submission due to be submitted on 2 May.

### **System Finances 2023/24**

The year-to-date position for the ICB at the end of month ten is a deficit of £32.2m against a revised planned deficit of £23.6m (£8.6m worse than expected). The variance is primarily driven by industrial action costs during December and January of £10.5m. The system forecast remains breakeven excluding the impact of industrial action.

The ICB has set up a monthly financial recovery board which has attendance from all NHS providers in the system and is chaired by the ICB Chief Executive Officer. The recovery board monitors actions for all system wide savings schemes and the Trust is represented at the meeting by the Chief Financial Officer, Phil Cave.

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

The most recent meeting of the MHLDA HCP Board took place on 8 March 2024. The MHLDA HCP considered the policy and planning environment for the year ahead. The Board also considered the likely Service Development Funding allocation for Hertfordshire and West Essex, noting the increase in funding made available to the system, but recognising that the funding is, in most cases, committed to agreed programmes and measures and does not provide scope for additional transformation beyond these defined areas.

The MHLDA HCP Board also considered the financial environment for 2024/25, noting that Hertfordshire County Council was expecting to make savings of £46m in the year. The MHLDA HCP Board reflected on the challenges that were likely to emerge over the course of the year and noted the role that it would need to play to help ensure that these changes were approached on a partnership and multiagency footing with a consistent approach to how we communicate with patients, service users and Hertfordshire residents.

The MHDLA HCP also received a presentation on the development of the Mental Health and Substance Misuse programme. Hertfordshire County Council's Public Health team has agreed to fund a programme manager post for a year to progress this work and scoping activity is now underway through the MHDLA HCP's Clinical and Practice Advisory Committee and alongside HCPs in South & West Herts and East & North Herts. This will be a key programme of work for the year ahead and will be regularly reviewed by the MHDLA HCP Board.

### **Care Quality Commission (CQC) inspection of Adult Social Care in Hertfordshire**

The inspection which focussed on the County Council's services for adults with disabilities and older adults took place week commencing 4 March 2024. This was following the submission by Hertfordshire County Council to the CQC of a detailed self-assessment of its services in January 2024, across four domains: working with people; providing support; ensuring safety and leadership.

The CQC visited Hertfordshire County Council and prior to the inspection had signalled that they would not visit Trust services in person. Most of the interactions with the inspectors were with specific Council services through focus groups. The CQC met with Managing Directors of Planned Care, Specialist and Learning Disability and Forensic services whose teams deliver services under the Section 75 agreement on behalf of Council. Karen Hastings, Head of Social Work & Safeguarding also met as the professional lead whose role is part of the Section 75 agreement. The meeting with the CQC inspectors covered topics such as: referral processes and links with the Council Gateway; workforce; use of out of area beds for social care and NHS; transitions and working with Council 0-25 team; working with hard to reach communities, Approved Mental Health Practitioners (AMHP) service and linking in with out of hours service and governance.

The meeting was positive and there was opportunity to showcase some of the encouraging developments in social care and safeguarding over recent years (e.g. Connected Lives, reduction in out of area placements, AMHP workforce, Safeguarding practice). The Council are now awaiting the draft report from the CQC which is expected by the end of March 2024.

### **East of England Provider Collaborative**

Following the Collaboratives self-assessment ahead of the 2024- 2026 contracting period, NHS England (NHSE) has proposed that it should devolve its commissioning responsibilities to the Collaborative for a further two years. The Collaborative has written to NHS England to request that cost pressures are addressed to enable the Collaborative to remain a viable entity.

The March Collaborative Board considered the activity and finance plan for 2025/26, funding Evergreen, an eight bedded Children and Young People (CYP) inpatient unit following the cessation of its central funding from NHS England at the end of March 2024. It also considered and approved the business case for HPFT to be the commissioner of perinatal Mother and Baby Unit services from April 2024. Finally, it considered the future funding arrangements for the suspended Phoenix in-patient CYP eating disorders unit. And finally, a proposal for the Collaborative to extend its partnership to include Northeast London NHS Foundation Trust was also considered, though not concluded.

Nationally NHSE has agreed to decommission Women's Enhanced Medium Secure service (WEMSS). There are currently five East of England patients placed within a WEMSS. There is a risk of a cost pressure and difficulty in sourcing the appropriate level of care for female patients discharges from the WEMS service following the decision to decommission.

Perinatal: Following a further review with NHS England it has been agreed that the commissioning of Mother and Baby Units will be delegated to the Collaborative from 1<sup>st</sup> April 2024. As the Lead Provider the Trust will be working with the TaCT to agree what needs to be in place before this date.

Adult Eating Disorders: Norfolk and Suffolk Foundation Trust have confirmed that due to significant staffing challenges currently faced by the community team, the Trust will not be able to participate in the Intensive Community Support pilot. However, the Trust is keen to support the Virtual Intensive Team and are actively recruiting.

Essex Partnership University NHS Foundation Trust have raised some concerns relating to their ability to mobilise the service and are working with TaCT to identify resolutions. The HPFT Intensive Community Support team is now accepting referrals. The Collaborative Board will be asked to consider an extension of the Virtual Intensive Team pilot to December 2024.

**Secure Services:** The number of referrals and discharges to secure services as at the end of February has significantly decreased compared to the previous reported month. While the number of admissions exceeds discharges, the number of out of area patients at 56, remaining the same as in the last reported month. Secure Services Bed Reconfiguration continues to progress with the development of two business cases supporting Phase 1 bed reconfiguration work involving the co-location of male low and medium secure services. The Trust's women's business case will be considered alongside the men's business case which is not yet completed.

**Children and Young People:** The Collaborative has continued its success in providing alternatives to hospital admission, keeping waiting times where admission is needed down and reducing the number of people in hospital. During February, we saw the lowest recorded number of Children and Young People (CYP) in hospital beds. There is, however, much more to do, to drive the mobilisation of our investments in alternative to hospital admission with a focus on reducing the number of CYP who have an eating disorder who are in hospital.

### **East and North Hertfordshire NHS Trust: Application for Teaching status**

East and North Hertfordshire NHS Trust (ENHT) have begun the process of applying for Teaching status in recognition of their extensive local and international role in educating doctors, nurses and other healthcare professionals. They are working on their application and portfolio of evidence to support a change to their Establishment Order to become East and North Hertfordshire Teaching NHS Trust. The Trust has provided a letter of support as we believe that it will be beneficial not only to patients, staff and local communities but that it will also provide an opportunity for ENHT to link with system partners in areas of shared interest such as training, education and research.

### **Trust-wide update**

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

### **Water Safety Incident**

Following identification of Legionella in some water outlets on Aston Ward, mitigations were put in place, including extensive work to decontaminate water outlets and pipework. To ensure the safety of service users and staff and to support the decontamination work the decision was made on 1 March to decant all services users from Aston ward. The process was undertaken in consultation with service users and their families and has seen the Trust utilising other Trust buildings as well as bed capacity from the independent sector. To manage the incident the Trust has been operating under its critical incident framework. Board members have been briefed throughout this period and the Integrated Governance Committee, at its meeting on 21 March 2024 received a full report on the issues and actions taken.

In recognition of the risk the incident carries, the Trust Risk Register has been reviewed and it has been agreed to add a risk relating to water safety and decant of Aston Ward. The updated Trust Risk Register will be reviewed by the Executive Team and Integrated Governance Committee.

### **Operational update**

During March, there has been additional use of use out of area beds as a result of the closure of Aston Ward in response to a water safety incident. In order to mitigate the impact of the closure and to manage demand, there has been system support to reduce some of our delayed discharges and bring forward community support packages. Management of the welfare of service users waiting for admission has been the focus of our community services during this period and there has been good collaboration between services. We have returned to pre-incident numbers of people waiting for admission and there is progress on reducing the number of inappropriate out of area beds again.

The Mental Health Urgent Care Centre has now been supporting people diverted from Emergency Departments for approximately six weeks and has been part of the response to manage community demand following the closure of Aston Ward; by providing a space for people in a less pressured and busy environment, it has been possible to explore alternatives to admission and wrap around community support.

Adult community services have made significant progress in achieving the 28- day target for initial assessments and are now working on a sustainability plan. Two community Child and Adolescent Mental Health Service (CAMHS) quadrants are not achieving access targets and work is underway with the teams to agree actions to resolve demand and capacity challenges, leadership capacity and to support the management of waiting lists. The Early Memory Diagnosis and Support Service continues to experience pressure, due to capacity for assessment being reduced on a number of occasions as a result of consultants covering Industrial Action; this has created a backlog which the service has plans to reduce.

A number of services have been stepped down from the highest level of oversight under the Trust's 'Service Improvement' Framework – which provides additional assurance and support to services identified as having concerns relating to quality or safety. Dove Ward, Swift Ward and Forest House Adolescent Unit are now being managed through enhanced SBU oversight rather than direct oversight from members of the Executive Team. Dacorum Adult Community Mental Health Team, Adult Eating Disorders Service and CAMHS Community Services continue to be monitored more intensively at this time. The areas covered by the Service Improvement plans include culture of teams, leadership, staff vacancies, environment, physical health and therapeutic engagement, access to services and adoption of safe practice. The Service Improvement plans are comprehensive and cover the relevant points for each service, with clear timelines and clarity on what resolution would look like. The issues and plans have been discussed at the Integrated Governance Committee.

### **Mental Health, Learning Disability and Autism (MHLDA) Inpatient Quality Transformation Programme**

NHS England developed a 3-year Mental Health, Learning Disability and Autism Inpatient Quality Transformation Programme which was published in 2023. The guidance sets out its vision for effective care in adult and older adult acute inpatient mental health services, together with resources and suggestions to support delivery.

The aim of the transformation programme is to support cultural change and a new bold, reimagined model of care for the future. 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.

The programme will complement and further support the Trust's existing commitments to improve the quality of care, and the Mental Health Act reform agenda. Although it is a separate programme the work it complements the developing Clinical Strategy and is linked with the 'Culture of Care' programme.

To ensure successful implementation of the programme a steering group has been established chaired by the Deputy Director of Nursing and Quality with the Chief Nursing Officer as Senior Responsible Officer (SRO) of the programme, with an Expert by Experience also member of the steering group. A project plan is in place, the first phase of the plan was for Trust wards to undertake a self-assessment against the standards and criteria. This process has been completed and included the involvement of service users and carers.

These self-assessments have formed the basis of action plans for eight selected inpatient service areas and were submitted on to the ICB on 22 March. The submission had oversight from the Chief Nursing Officer and were signed off by the services Managing Directors, Clinical Directors and Heads of Nursing. The action plans are in the early stage of their development and there will be further work to ensure they are comprehensive and robust prior to their final submission in June.

The Trust is in regular contact with the ICB to discuss progress and the SRO is a member of the East of England Steering group which will oversee the programme. A full report will be provided to next Board meeting that will provide detail of the progress and plans going forward.

### **Our People**

Our workforce position continued to improve in February, with vacancy rates at an historic low of under our 10% target and unplanned turnover remaining at the lowest point in two years. At the end of February, we had 20 FTE more staff in post than at the end of January, which is 605 FTE more than in January 2022 and 332 FTE more than in January 2023. The streamlining of our recruitment and onboarding processes continues to pay dividends in reducing the time it takes to recruit people and our recruitment pipeline remains healthy.

Our appraisal rates are now exceeding our target of 95%. New appraisal training has launched in preparation for this year's appraisal window commencing on 1 April. We are recovering our mandatory training compliance which is 2.5% lower than our target.

During March, we marked Neurodiversity Celebration Week by launching our new mind mapping tool, MindView, which can help structure and present ideas to support all staff's unique ways of processing, visualising and organising information. We also invited staff to join a range of educational webinars to gain a better understanding of neurodiversity and held events including a 'Question and Answer' session and a session on 'Women and ADHD'. We also celebrated International Women's Day, the theme for which was 'Inspire Inclusion', which was very well attended by women and allies.

### **Staff Survey**

Our 2023 staff survey results were published in March and we achieved a 58% response rate, which is an increase of 7% on 2022 figures and compares favourably with the national median of 52% for mental health and learning disability Trusts. In real terms, 500 more people participated in the survey, so we received 2323 responses and we achieved more proportionate representation from across different services and groups of people.

Overall, the results show that we continue to have a highly engaged, motivated, passionate group of people who are proud to be part of HPFT, who recommend us as a place to work, would be happy with the standard of care we provide if their loved ones needed it, and are confident service users are our top priority and that we all make a positive difference to service users and carers.

The questions are grouped according to the seven NHS People Promise categories, plus morale and engagement. The Trust achieved better than the national average on eight of the categories, with the ninth one the same as the national average. Two areas were statistically significantly improved since the previous year: 'We are always learning' and 'We are recognised and rewarded'.

We were ranked the joint sixth best Trust out of all 50 mental health and learning disability Trusts for people recommending us as a place to work. Our people also said that they felt supported by a compassionate culture, a strong safety culture where staff feel safe to raise concerns and confident they will be addressed, proactive wellbeing support, fantastic development opportunities (the Trust scored the best result nationally for people saying they have opportunities to develop their careers with us), great appraisal conversations and great team working, where people feel involved in decision making and can make improvements happen. The areas identified for us to continue to focus on were: eradicating violence, aggression and harassment from service users and the public; wellbeing; together with a continued focus quality of experience and belonging and inclusion. The Trust is engaging with staff to finalise the areas for action and the Board will receive a detailed report later on the agenda.

### **Engagement events**

Earlier in March, we held our Big Conversation event, the purpose of which was to talk to staff and in particular to work with staff from across the Trust to help co-produce our staff survey action plan. Nearly 100 staff attended along with Executive Directors and members of the Senior Leadership Team.

We held table discussions to brainstorm actions we can take to celebrate what we do; to ensure work is stimulating and people have a choice in how they do their work; to do more around staff well-being; to create that culture where every individual feels like they belong and are included; and to eradicate violence, aggression and harassment against our staff. These ideas are now being used to define our Trust staff survey action plan.

We also held workshops on eliminating violence, aggression and harassment, which were led by two of our Deputy Directors of Nursing and an inspiring workshop on Conscious Inclusion, led by Jackie Handy, who is an external Keynote and Event Speaker on the topic of Diversity. There was fantastic energy in the room on the day and attendees gave excellent feedback about their experience.

### **Finance 2023/24**

At the last Board meeting, an update was provided on the Trust's forecast deficit plan, which was revised to £4.8m taking into consideration the industrial action that took place in January. During February the ICB announced additional funding for the Trust to cover some of the costs of industrial action and to reflect the financial pressures the Trust has seen in year which has improved the forecast to a £2m surplus. The month 11 position is on track to deliver this revised forecast.

There still remains risk to delivery which include securing additional funding from the East of England Provider Collaborative (£0.4m) and additional private bed usage due to the temporary closure of Aston ward (£0.4m).

### **Finance 2024/25**

The Trust, along with all other NHS organisations in the system have continued to plan based upon delivering a stretching efficiency of 5% in 2024/25. At the Finance and Investment Committee in March the Trust reported a financial planning gap, this was driven primarily by the removal of non-recurrent ICB funding, the full year effect of service developments and additional cost pressures. The Trust has made good progress on its delivering value programme for next year and there is ongoing work to identify further schemes. The Trust is also continuing negotiations with all of its commissioners to ensure there is a sustainable financial plan for 2024/25, however at the time of writing this report a draft deficit plan has been submitted to NHS England as part of the ICB plan. The Board will be kept up to date with progress.

### **Executive Team update**

The recruitment process for the Chief Nursing Officer is well underway with the final interview taking place on 25 March. The final day involves an interview, stakeholder panel, meet the Executive Team and a professionals round table. The outcome will be considered by the Remuneration Committee at its meeting on 28 March 2024.

### **HSJ Digital Awards**

The Trust has been shortlisted in the category Improving Mental Health through Digital in the HSJ Digital Awards. The nomination details the Trust's work with Censeo to refine and integrate a pioneering digital mental health assessment tool which is an online in-depth mental health self-assessment. It is an innovative solution that can transform patient care and HPFT is only NHS Mental Health Trust using this product at the time of the nomination.

The tool sees service users complete a self-guided online assessment at a time, place and pace that suits them rather than in a consultation environment some might find difficult. After this, a report with decision making support is generated, providing clinicians with insights before the first appointment, enabling more meaningful conversation to inform triage, shared decision making and care planning. It is embedded in the Trust Electronic Patient Record thereby ensuring that clinicians can focus the first appointment on the needs of the service user and they do not need to repeat their history. The final award will be made at an event on 6 June 2024.

**Karen Taylor**  
**Chief Executive Officer**

## Report to the PUBLIC Board of Directors

<b>Meeting Date:</b>	28 March 2024	<b>Agenda Item: 7</b>
<b>Report Title</b>	Report of the Integrated Governance Committee held on 21 March 2024	<b>For publication:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Report Author (s)</b>	Helen Edmondson, Head of Corporate Affairs & Company Secretary	
<b>Approved by:</b>	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 held on 21 March 2024.

### Executive Summary

Report details the work of the Integrated Governance Committee which met on the 21 March 2024

The Committee considered a deep dive into the Trust's staff survey results.

The Committee also considered a number of reports that provided assurance regarding quality, governance and people.

### Recommendations

There were no formal matters of escalation.

The Board are asked to note:

- a) The Committee recommended the gender pay and ethnicity pay reports for Board approval prior to publication.
- b) The Committee considered and received assurance regarding the water safety incident.
- c) The Committee recommended the Board have a briefing on the CQC's new single assessment framework.

### Implications

<b>Risk and Assurance</b>	IGC is the Committee that is responsible for providing assurance regarding risk management.
<b>Equality, Diversity and Human Rights</b>	The Committee considered the gender pay and ethnicity pay gap reports noting the areas for improvement.
<b>Quality</b>	IGC is the Committee that is responsible for overseeing quality assurance and the Committee considered the quarter two integrated safety report.
<b>Financial</b>	No financial implications



<b>Service Users and Carer Experience</b>	Committee considered a report on approach to involvement and Patient and Carer Race Equality Framework.
<b>People</b>	Committee considered the results of staff survey and month ten and eleven people reports, detailing performance against key metrics.
<b>Legal and Regulatory</b>	The Committee received a report on new CQC single assessment framework.
<b>Digital</b>	Committee noted positive impact of digital and technological solutions
<b>System</b>	The Committee received an update on PCREF and how is based on strong partnership working.
<b>Sustainability</b>	No implications

<b>Strategic Objectives this report supports</b>	<b>Please tick any that are relevant</b>
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 21 March 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 21 March 2024, in accordance with its terms of reference and was quorate. The meeting was chaired by Tim Bryson, Non-Executive Director in the absence of Committee Chair 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 – Staff Survey

- 2.1 The Committee received a deep dive presentation on the Trust's staff survey results for 2023. The Committee noted that the Trust had increased its response rate by over 7% which has created a large amount of data.
- 2.2 It was reported that the survey results were positive and were in line with those for 2022. With regard to the key questions that are used to measure the 'health' of the organisation for example "I feel my role makes a difference to service users" and "I would recommend HPFT as a place to work" the Trust scored above the average for mental health Trusts. The analysis detailed that over half the scores had improved and over 60 percent of the questions scored above the mental health Trust average scores.
- 2.3 The Committee discussed the themes and relevant sub scores. The presentation detailed the Workforce Race Equality Standard and Workforce Disability Equality Standard data. It was reported that the metrics for race had improved, but they still showed a difference experience for BAME staff compared to white colleagues. The reported data for disability showed a deterioration in scores and clearly identified an area that needed to be part of the Trust's action plan.
- 2.4 Committee members welcomed the additional analysis of the data that identified areas to be celebrated and areas that need to continue to improve. The Committee also noted the areas that demonstrated a year on year slippage and focus areas which had deteriorated and were below average for mental health Trusts.

- 2.5 It was reported that the results were available at team level and the action planning would use this data to ensure the actions were tailored to the specific issues.
- 2.6 In response to Drew van Doorn's question, it was confirmed that following engagement with staff, a small number of themes would be identified and that the action plans would focus on these. It was reported that progress with the agreed actions would be reported to the Committee via the People and Organisational Group.

### **3. Our People**

- 3.1 The Committee considered month nine and ten People and Organisational Development Group reports. 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 has a specific plan for action that is monitored through the Recruitment and Retention Group and the People and Organisational Development Group.
- 3.2 The Committee considered the position with regard to appraisal and mandatory training rates.
- 3.3 It was reported that in the Black Asian and Minority Ethnic (BAME) staff continue to be overrepresented in employee relation cases and a deep dive into Health Care Support Worker disciplinary cases is underway to identify actions to rectify this. It was agreed that the Committee would be provided with assurance of the outcome of this work via an update from the People and Organisational Development Group.
- 3.5 In response to Jon Walmsley's question it was reported that the use of agency staff was high due to the support provided to service users based in acute hospitals.
- 3.6 Committee members supported the continued drive to increase the use of apprenticeships noting that this would be beneficial to the Trust.

### **4. Pay Gap Reports**

- 4.1 The Committee considered the pay gap reports for gender and ethnicity, noting that the former was required to be published. It was noted that for both reports the figures used did not include overtime.
- 4.2 The gender pay gap reported that the mean gap was close to 8% in favour of males. The position has improved in the years since 2019 but was still not acceptable.

- 4.3 The Committee noted the position regarding bonuses which showed a median gap of 35% (in favour of males) in comparison to March 2022 when it was 50%. It was reported that this reduction was expected to continue into 2024 as impact of the Trust's processes for Clinical Excellent Awards were expected to be seen. This work included encouraging part time staff to apply and having an open competitive process for all relevant staff.
- 4.4 It was noted that the ethnicity report used the same approach as the gender pay report. It was noted that for most categories there was no material difference in pay between different ethnic groups. The one category where there was a reported difference of 86% in favour of BAME was for bonus payments. The Committee discussed that this was linked to Clinical Excellence awards and a high proportion of consultant staff who are BAME.
- 4.5 The Committee noted that although not required, the ethnicity report would be published on the Trust website.
- 4.6 The Committee recommended both reports for approval by the Board and publication on the Trust's website.

## **5. Water Safety Incident**

- 5.1 Committee members were given an update on the management of a water safety incident on one of the Trust's adult inpatient mental health wards. It was noted that as part of routine testing the Trust identified that there was not a safe hygienic way to provide washing facilities for service users.
- 5.2 Following consideration of the latest data and analysis of risk, the decision was made to move services users from the ward. This was completed in a day and by utilising other Trust wards, care home beds and the independent sector. It was reported that the closure of the beds had created a pressure on the 'flow' of service users through all adult mental health inpatient wards. To manage the incident the Trust moved into internal critical incident.
- 5.3 Committee members received an update on the critical incident structures and processes used, noting that they worked effectively and had been very responsive. It was noted that system partners had been supportive. It was reported that members of the community team had been redeployed to support service users in the community.
- 5.4 It was reported that additional beds were created by the opening of two new wards, at New Victoria Court and Langley. Due to the nature of the wards, the service users using them would be carefully assessed. The opening of the wards was supported by relevant Standard Operating Procedures.
- 5.5 The Trust team were also working with Estates to plan for the remedial work to take place to enable the ward to be re-opened.

- 5.6 It was confirmed that the Care Quality Commission had been informed and were supportive of the actions taken.
- 5.7 Committee members were assured that the Trust had responded promptly and with the needs of service users and staff at the forefront of their decision making.
- 5.8 In response to Tim Bryson's question regarding timescales for restoration of the closed ward, Sandra Brookes gave an update on the provisional timescales reporting that a detailed plan was in development.
- 5.9 Committee members discussed areas of learning that the incident had generated, noting the Trust had used its Water Safety Plan to good effect. Also, that the Trust would need to ensure it was sighted on all of the estate that is used. It was noted that the Committee would receive an update at its next meeting and the Board would receive an update at its meeting at the end of March 2024.

## **6. Quarter Three Freedom to Speak Up Report**

- 6.1 The Committee considered the quarter three Freedom to Speak Up report. It was noted that there had been an increase in the number of concerns raised which was welcomed by the Committee as evidence in the confidence of staff to raise their concerns.
- 6.2 Committee members noted the findings from the independent review of Greater Manchester Mental Health NHS Foundation Trust and how it stressed the importance of having an independent Freedom to Speak Up Guardian. Also, the recent literature on barriers to Speaking Up and vulnerable groups.
- 6.3 It was reported that the planning and self-reflection tool had been completed and that the report detailed the identified actions such as: continue to report on detriment and what has been done as a response; to continue to review the number of staff completing the training and continue to monitor the time it takes to close cases.
- 6.4 The positive feedback in the staff survey on Freedom to Speak Up was noted.

## **7. Update on Service Improvement Plans**

- 7.1 The Committee received an update on the Service Improvement Action Plans (SIAPs). It was noted that when last reported to the Committee, seven services had SIAPs but since then, five services had been stepped down demonstrating that the support provided by the escalation framework was leading to improvements.

- 7.2 It was reported that two services remained in level three of the escalation framework: CAMHS community and community Adult Eating Disorders. It was noted that the services were improving and were providing safe care to service users. The likely timescale for the required improvement were discussed.
- 7.3 Committee members discussed the main themes across the two services and that due to the cultural nature of some of them, the Chief People Officer was providing additional support.
- 7.4 In response to Drew van Doorn's question, it was reported that initial learning had focused on developing the escalation framework. Other common themes were leadership, vacancies and having a clear clinical vision.

## **8. Approach to Involvement**

- 8.1 The Committee considered a report that provided an update on the current position and priorities for embedding a new approach to involvement and co-production. In particular, the report focused on the involvement of Experts by Experience (EBEs), including the Service User, Carer, and Youth Councils.
- 8.2 Committee members welcomed the focus on promoting the voice of service users and carers and harnessing the value of lived experience.
- 8.3 The changes that had taken place at the Trust were reported, including improvements to systems processes and practice.
- 8.4 The Committee discussed the need to stabilise the team and ensure the right foundations were in place to support the transformation work needed to roll out the new approach to involvement. In response to Tim Bryson's question, it was confirmed that the new approach to co-production would be implemented in 2024/25.
- 8.5 It was agreed that the Committee would receive a deep dive into this area at a future meeting.

## **9. Patient and Carer and Race Equality Framework (PCREF)**

- 9.1 The Committee received an update on the PCREF following on from the report received in 2023. Committee members were reminded that PCREF focuses on leadership, national competencies, and patient and carer feedback and aims to reduce disparities in mental health access, experience, and outcomes for ethnically diverse communities.
- 9.2 It was reported that Hertfordshire's data analysis identified trends consistent with the national data, including higher detention rates for Black African Caribbean, Black African and Black British communities and under-representation of South Asian communities across all services.

- 9.3 Committee members were updated on the Trust's approach to implementing PCREF, which was one of the continuous improvement working in partnerships. Committee members were supportive of this approach noting that governance and programme management processes were in place.
- 9.4 The success of recent pilots was discussed highlighting the impact of moving forward with schemes that demonstrate engagement rather than initially focusing on data and governance.
- 9.5 In response to Drew van Doorn's question, the work to ensure that the Framework is also worked through the whole supply chain was discussed.
- 9.6 Committee members were updated the priorities moving forward of strengthening governance, data optimisation, community collaboration, diversifying representation, co-production, inclusive feedback mechanisms and workforce development.

## **10. Responsiveness Report**

- 10.1 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.
- 10.2 Committee members noted the latest position, in particular the slight increase in response times for Freedom to Speak Up and grievances. 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.

## **11. Governance**

- 11.1 The Committee were updated on the new Care Quality Commission (CQC) single assessment framework. It was reported that the new framework retained the five domains of safe; responsive; effective; caring and well-led. The Committee noted the Key Lines of Enquiry (KLOE) would be replaced by Quality Statements.
- 11.2 It was noted that the new framework aimed to be more transparent regarding the evidence required and the approach to 'scoring' with a new number-based system being used. The Committee were updated that no reports had yet been published using the new framework, but they were expected to have a shorter narrative. It was confirmed that inspection reports would still have a factual accuracy process prior to publication.

- 11.3 The Committee were updated on the changes in regulatory approach noting that it would see a move to ongoing assessment of quality and risk, with more frequent and targeted assessment activity, which in turn would result in more frequent ratings.
- 11.4 In response to Drew van Doorn's question it was confirmed that there had been no change in the regulations underpinning the assessment framework.
- 11.5 Committee members noted that the Trust was reviewing its approach to quality and CQC compliance to ensure it is aligned to the assessment framework. The Trust continues to have regular engagement meetings with the CQC. It was agreed that it would be helpful for the Board to receive a briefing on the new assessment framework.
- 11.6 The Committee were updated on the changes to the Trust's governance structures for quality. It was noted that following a review, three new groups had been established to focus on safety: experience and effectiveness. It was reported that the groups would report to the Quality and Risk Management Committee (QRMC) which would triangulate the information and analysis and report to the Committee.
- 11.7 Committee members were supportive of the new approach and structures.
- 11.8 It was confirmed that the QRMC would review the effectiveness of the new structures and would report to the Executive Team meeting and Committee. It was noted that changes in structures and assurance provided would be included in the Annual Governance Statement for 2023/24, which is approved by the Audit Committee.

## **12. Matters for Escalation to the Board**

- 12.1 There were no formal matters of escalation.
- 12.2 The Board are asked to note:
- a) Committee recommended the gender pay and ethnicity pay reports for Board approval prior to publication.
  - b) The Committee considered and received assurance regarding the water safety incident.
  - c) Committee recommended that the Board have a briefing on the CQC's new single assessment framework.



## Appendix One: Integrated Governance 21 March 2024, agenda items

<b>SUBJECT</b>
<b>Welcome and opening meeting</b>
<ul style="list-style-type: none"> <li>▪ Apologies for absence</li> <li>▪ Declarations of Interests</li> </ul>
<b>Minutes and matters arising</b>
<ul style="list-style-type: none"> <li>▪ Minutes of meeting held on 24 January 2024</li> <li>▪ Action Schedule</li> </ul>
<b>DEEP DIVE</b>
<b>Staff Survey</b>
<b>PEOPLE</b>
<b>People &amp; Organisational Development Report</b>
<b>Ethnicity Pay Gap Report</b>
<b>Gender Pay Gap Report</b>
<b>QUALITY - SAFETY</b>
<b>Water Contamination Incident</b>
<b>Quarter Three Freedom to Speak up Report</b>
<b>Update on Service Improvement Plans</b>
<b>QUALITY - EXPERIENCE</b>
<b>Approach to Involvement</b>
<b>Patient and Carer Race Equality Framework</b>
<b>Responsiveness Report</b>
<b>GOVERNANCE</b>
<b>CQC Assessment Framework</b>
<b>Quality Governance Structures</b>
<b>TO NOTE</b>
<b>Reports taken as read and only questions to be taken</b>
<b>Report from Quality and Risk Management Committee January and March 2024</b>
<b>Report from People and Organisational Development Group January and February 2024</b>
<b>Report from Information Management Governance March 2024</b>
<b>Integrated Governance Committee Planner</b>
<b>ANY OTHER BUSINESS</b>
<b>Any Other Business</b>
<b>Matters for escalation</b>
<b>Date and time of future meetings:</b>
30 April 2024 13:30-16:00

## Report to the PUBLIC Board of Directors

<b>Meeting Date:</b>	28 March 2024	<b>Agenda Item:</b> 7a
<b>Report Title</b>	Freedom to Speak Up (FTSU) Report-Q3 Report (2023/24)	<b>For publication:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Report Author (s)</b>	Yusuf Aumeerally- Freedom to Speak Up Guardian (FtSUG)	
<b>Approved by:</b>	Andy Brogan, Chief Nursing Officer	

### The Board is asked to:

Receive the report, take assurance that effective systems of control are in place to enable staff to raise concerns.

### Executive Summary

There were 57 speak up cases raised with the Freedom to Speak Up Guardian (FtSUG) during Quarter 3 which is the highest number of speak up cases we have seen since the birth of the role.

The majority of the FtSU cases were received from additional clinical services workers (13) and additional professional scientific and technical workers (13). Of the 57 cases brought to the FtSUG, the majority (47) of these involved an element of worker safety or wellbeing. We are seeing the same data quarter on quarter within HPFT.

There has been an increase in speak up cases being brought to the FtSUG over the past year. This is a positive sign of the willingness of our staff to raise concerns.

### Recommendations

The Board is asked to note the report and receive assurance that we have effective processes in place to enable staff to raise concerns.

### Implications

<b>Risk and Assurance</b>	The FtSU process allows for staff to report concerns and therefore reduces potential risk.
<b>Equality, Diversity and Human Rights</b>	Workers speaking up can experience additional barriers to doing so due to protected characteristics. The process is welcoming to these individuals as these barriers are openly recognised.
<b>Quality</b>	Staff can speak up about patient safety/quality.
<b>Financial</b>	The FtSUG is a full-time substantive member of staff. There are also FtSU Champions who complete the role in addition to existing roles.
<b>Service Users and Carer Experience</b>	Staff can speak up about patient safety/quality matters.
<b>People</b>	Staff have indicated that speaking up has led to them deciding to stay and work for the organisation.

<b>Legal and Regulatory</b>	The Department of Health accepted the recommendation from Sir Robert Francis that there should be a FtSUG in every NHS Trust.
<b>Digital</b>	A separate confidential part of Datix is currently being used to manage and record the FtSU cases.
<b>System</b>	Having a strong speak up culture can have a positive impact on system partners.
<b>Sustainability</b>	The Department of Health accepted the recommendation from Sir Robert Francis that there should be a FtSUG in every NHS Trust.

<b>Strategic Objectives this report supports</b>	<b>Please tick any that are relevant <input checked="" type="checkbox"/></b>
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.	√

# Freedom to Speak Up Quarter 3 Data

## 1. Introduction

This report focuses on speak up cases received by the Freedom to Speak Up Guardian (FtSUG) in Quarter 3 (Q3) (2023/24).

This report will provide an update on speak up cases. It highlights the trends and themes which are reported on a quarterly bases to the Quality Risk Management Committee (QRMC) and the Integrated Governance Committee (IGC). Some of this data is also shared externally to the National Guardian's Office (NGO) on a quarterly basis.

## 2. Background

The FtSUG role was created in response to recommendations made in Sir Robert Francis QC's report "The Freedom to Speak Up" (2015). Sir Robert found that the culture within the NHS did not always encourage or support workers to speak up, and as a result patients and workers suffered.

Since 2022 when the Trust employed a substantive FtSUG, we have seen an increase in speak up cases being brought to the FtSUG. Whilst nationally there is seen to be an increase in speak up cases being brought to FtSUGs, this is not to the extent which is being received in HPFT. It is worth noting that an increase in speak up cases is seen as a positive by the NGO recognising that organisations are more likely to be rated as 'good' or 'outstanding'.

## 3. Report overview

There were 57 speak up cases brought to the FtSUG in Q3 compared to 35 cases received in the same quarter last year. This indicated a 67.6% increase in cases compared to last year.

At the end of Q3, 34 of the 57 cases received in that quarter were resolved and closed.

52 of all open cases were closed in Q3 (this includes cases received before this quarter).

At the end of Q3, of all the cases received, 29 cases remained open with the oldest dating back to April 2021.

The majority of the speak up cases came from additional clinical services workers (13) and additional professional scientific and technical workers (13).

The majority (47) of the cases involved an element of worker safety or wellbeing.

In Q3, the FtSUG has received the most speak up cases since the birth of the role. In Q1-Q3 (2022/23) the FtSUG received 92 cases and in the same period 2023/2024, 157 were received. This is a 70.6% increase in cases.

The increase in speak up cases brought to the FtSUG may have been impacted by the following:

- The FtSUG is now full time within the role and has raised the profile of the FtSUG and the FtSU process across the organisation. The FtSUG has worked with the communications department to raise the profile.
- The Trust now have trained FtSU Champions across the organisation. 51 have been trained and 32 have signed the pledge and are active within their role. The champions are from a diverse background, have different professional backgrounds, work in different parts of the organisation, and can be approached by staff wishing to speak up.
- The FtSUG is of a BAME background and the research the Trust were involved in last year published by the National Guardians Office (NGO) found that Black and minority ethnic respondents were six times more likely than White respondents to say that they were more likely to raise a concern with a Guardian of the same ethnicity as themselves. The diversity of the FtSU Champions may have also impacted on the speak up cases being received by the FtSUG.
- Workers may be seeing the positive improvements being made following speaking up to the FtSUG.
- The Trust had the first FtSU event in September 2023. This was attended by the National FtSUG and there were nearly 100 attendees.
- October was Speak Up Month and there were additional communications which went out in relation to this.

The above list is not exhaustive and the NGO report a steadily increased amount of FtSU cases being received to FtSUGs since 2017.

### **The Independent Review of Greater Manchester Mental Health NHS Foundation Trust (2024)**

The independent review was completed following the abuse at Edenfield Centre which was broadcast on BBC Panorama in 2023. The report provides some assurance of the receipt of larger number of FtSU cases stating that 'some senior staff said during interviews that the organisation interpreted low speak-up numbers as positive assurance, when in fact, this may have been a missed opportunity to explore why staff might not be using the service'. The report emphasised the importance of the FtSUG being impartial and independent and the importance that the Trust responds to FtSU concerns appropriately. During the review it was found that staff were speaking up to the CQC about concerns and not using the internal routes 'which could suggest a lack of faith in the internal structure'. Some staff felt fearful of speaking up, they left the organisational and described speaking up as 'career suicide'.

11 recommendations were made, one of which (Recommendation 6) was that 'the Trust must ensure that its governance structure (and the culture that this is applied within) supports timely escalation and that the right information can be used at the right level, by the right staff.

There must be much greater focus on the validation and triangulation of information to ensure that quality issues can be resolved quickly and learning can take place'. It goes on to explain that the Trust should 'develop systems that proactively scan for safety concerns across its services, using and triangulating a range of information and intelligence sources: including, but not limited to, safeguarding referrals, complaints, staff and patient surveys, staffing levels, FTSU cases, and incidents'. The NHS is still on a journey to ensure that staff are able to speak up without the risk of detriment or feelings of futility. We are confident that the range of processes within the Trust to encourage and enable staff to raise concerns are effective and we are proactive in obtaining feedback from our staff. We will continue to develop and mature our processes to ensure that we can identify early warning to any areas of concern.

### **Barriers to Speaking Up and Vulnerable Groups**

There is literature which highlights that specific groups of individuals experience difficulties/barriers to speaking up. This includes new starters, students, and staff of a BAME background. The Trust participated in research commissioned by the NGO which looked at people's experiences of accessing their Freedom to Speak Up Guardian and whether ethnicity had an impact. The research paper is called 'Difference matters: The impact of ethnicity on speaking up' (2021). The research found that black and minority ethnic respondents were six times more likely than white respondents to say that they were more likely to raise a concern with a Guardian of the same ethnicity as themselves. The current FtSUG is of BAME background which might be a contributing factor to the increased number of speak up matters being received by him. We have recruited a diverse group of champions which will hopefully break down barriers and encourage staff to speak up.

Of the vulnerable groups of workers, the FtSUG has seen additional workers speaking up whom have a certificate of sponsorship from the Trust. These individuals have additional vulnerabilities to speaking up as their right to reside in this country relies on their visa.

### **Network**

The FtSUG works with the staff network groups within the organisation to strengthen the speak up culture. The FtSUG completes different activities to promote a speak up culture, this includes attending team meetings, student forums, and the FtSUG has completed a workshop at the Big Discussion. The FtSUG presents to HPFT new starters at the corporate induction. The FtSUG visits sites across the organisation to promote a speak up culture.

The FtSUG meets with the FtSU Champions at the FtSU Champion Network virtually every quarter. One of these meetings in the year will be face to face. The purpose of the meetings includes supporting Champions in their role and exploring training needs and additional support needs.

### **Confidentiality**

The FtSU process ensures the confidentiality of those speaking up, if this is their preferred method (there are times when confidentiality must be overridden). However, where possible, staff are encouraged to share their details, so that speak up matters can be robustly investigated and support can also be more easily provided to the individual. There is a high level of confidentiality, with only the FtSUG having access to the speak up email inbox, and also the database (specific part of Datix) which holds the information of the individual speaking up and details of the speak up matter.

There is guidance from the NGO in relation to covering the FtSUG's role if they are on long-term unplanned leave.

### **Resolution**

FtSU cases should have timely resolution. There are no specific timeframe guidelines provided by the NGO about this. The FtSUGs nationally have considered the need for this given the delayed response we are seeing. It is the FtSUG's understanding that some Trusts and one independent Guardian service has specific timeframes for resolution but this has not necessarily improved the process.

Escalation can only be completed with the consent of the person speaking up. Acting without the agreeing can have a negative impact on the speak up culture we wish to strengthen within the organisation.

Timely resolution of speak up cases is important so that any learning can be identified and actions taken without delay. It is also important to note that the worker speaking up can perceive how urgent and/or serious the speak up case is to the Trust according to how long it takes for a response. A delay in response can act as a barrier to speaking up. NHS England and the NGO have not specified a timescale for responding to a speak up case and we at the Trust want to ensure we have timely responses to ensure timely actions are taken and we strengthen the speak up culture.

From Q1-Q3 (2023/24), the average time to close a case was 25 working days. This is positive as previous data highlighted that closing cases used to take over double this time.

### **Support**

The FtSUG and the Champions offer support to those speaking. Staff are signposted to additional support as highlighted in the FtSU policy as appropriate. The FtSUG ensures that those who have spoken up are advised of the follow up actions taken where possible and appropriate. This way staff understand that they have been heard and actions have been taken. This again will strengthen the speak up culture within the Trust.

### **Sharing the Learning**

Learning from FtSU cases are shared with the Quality Risk Management Committee and Integrated Governance Committee. There is current consideration about how best to share the learning across the Trust whilst not impacting negatively on the speak up culture. The learning is usually quite generic and does not indicate who the person speaking up is. Sharing learning via the Hive is being considered at present. After speaking to the Non-Executive Director (NED) FtSU Champion, the FtSUG is considering writing a blog regularly highlighting the main trends and themes of FtSU cases and asking staff to reflect on what they can do to address matters. Signposting to appropriate training will also be considered. This approach will impact on the FtSUG time.

### **Trends and Themes**

All speak up cases are recorded on Datix and categorised by theme in accordance with the NGO. It is worth noting that the categories do not always reflect the nuance of the speak up matter.

There are four main categories:

- an element of service user safety/quality
- an element of worker safety or wellbeing
- an element of bullying or harassment
- an element of other inappropriate attitudes or behaviours

Some speak up matters have more than one of the above elements included and has been recorded as such in accordance with the NGO guidance.

Figure 1 and figure 2 below highlight the amount of speak up cases received from Q1 2021/22- Q3 2023/24 and also the categories in which the speak up cases relate to.

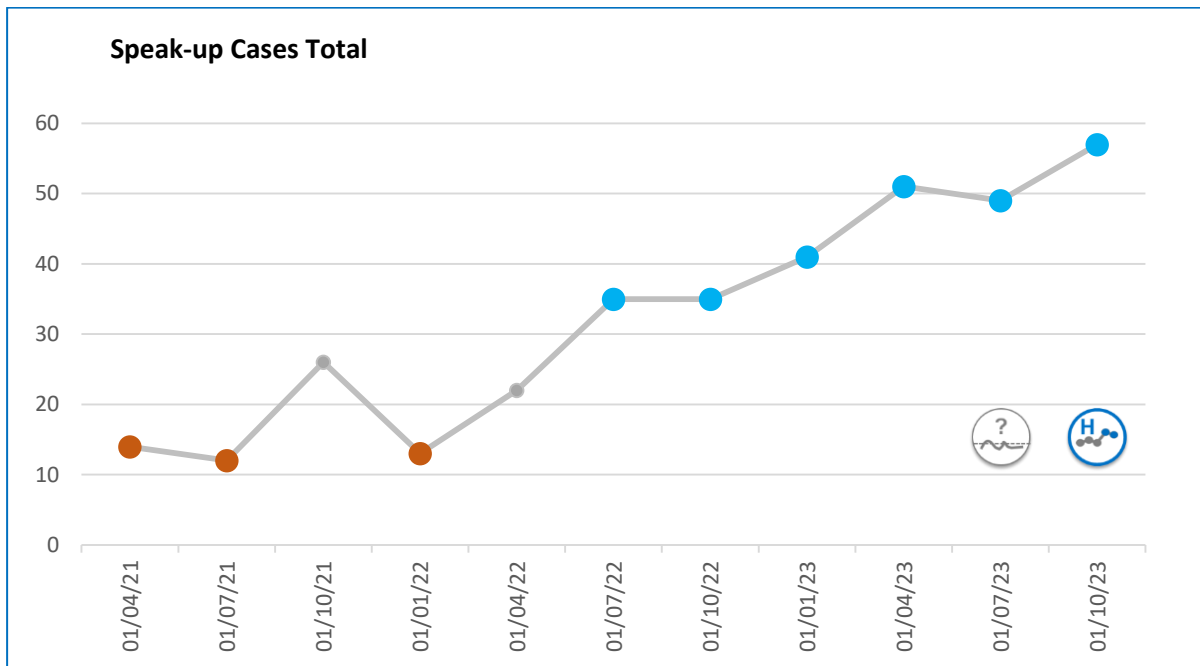


Figure 1



<b>Total number of cases in Quarter</b>	<b>57</b>
Number of cases raised anonymously	4
Number of cases with an element of service user safety/quality	18
Number of cases with an element of worker safety or wellbeing	47
Number of cases with an element of bullying/harassment	9
Number of cases with an element of other inappropriate attitudes or behaviours	39
Number of cases where people indicate that they are suffering detriment as a result of speaking up	0

*Figure 2*

Of the 57 cases brought to the FtSUG, the majority (47) of these involved an element of worker safety or wellbeing. We are seeing the same data quarter on quarter within HPFT.

Of the cases received in Q3 only 4 were anonymous. The NGO explains that ‘workers speaking up anonymously may be an indicator that speaking up arrangements or culture need improvement. For instance, workers may choose to speak up anonymously because they are concerned about detriment for speaking up’. Whilst this is a low number of anonymous cases, we as a Trust must continue to strengthen our speak up culture so that staff feel psychologically safe to speak up and share their identity.

In consideration of the professional/worker groups who spoke up, the breakdown is as follows:

- Additional clinical services – 13
- Additional professional scientific and technical – 13
- Administrative and clerical – 10
- Allied Health Professionals – 0
- Estates and ancillary – 0
- Medical and dental – 8
- Nursing and midwifery registered –7
- Students – 1
- Not known – 4
- Other- 1

The majority of the speak up cases came from additional clinical services workers (13) and additional professional scientific and technical workers (13). The data from the NGO usually highlights that the majority of speak up cases come from those who are nursing and midwifery registered. It should be noted that the numbers although increasing are not of significance to draw any conclusions on any difference from national data We will continue to monitor this over the coming months The Trust has a wide range of professional groups and the numbers reporting may not be significant.

### **Learning from speak up cases**

52 cases were closed in Q3 (this includes those raised prior to Q3). The learning from each of the cases is captured and some of these can be seen below:

- The Trust need to be mindful of the impact and interpretation of email communication being sent out to all staff in relation to an international event/incident.
- Appropriate support for staff during challenging times when there are shortages of social work staff within a team.
- Ensure staff are treated in line with the Trust values, that their voice is heard and processes are followed when staff speak up.
- Staff to continue to demonstrate the Trust values when working with each other.
- Support for those undergoing training whilst at work.
- Ensuring managers are supportive of their staff and emails are not used when a telephone conversation would be more appropriate.
- Oversight of service user journey through the care pathway to ensure appropriate follow up is provided if the main worker goes on unplanned leave- the team have now integrated referral actions within the PARIS system to identify service users at various stages in their journey.
- The speak up case has highlighted a need to review the forms for both conflict of Interest & secondary employment. This is being reviewed at the Recruitment & Retention meeting.

In order to share learning more widely across the organisation, the FtSUG plans, to share the main trend and theme in a blog to go out in the HPFT News Bulletin. The blog will promote reflection, asking staff how they would address certain speak up matters. This may include addressing behaviours which are observed which are not in keep with the Trust values for example. It will also signpost to any training and support available as appropriate.

### **Feedback**

Out of the 52 cases which were closed in Q3, 4 workers gave feedback which can be seen below:

- My asking this question has not affected my work. I still do think it is unfair that part time staff would have to meet full time equivalent hours to receive the incentive but accept trust decision. I work 9-5 Mon-Wed so I would have to work a whole week and all weekends to achieve this.
- I had a quick & supportive response, confidential throughout, clear & thought-out advice given. The FtSUG shows good awareness of the services provided in HPFT & the management structure which is helpful so that I didn't have to give long explanations of issues.

- Thank you for your support & advice, it was much appreciated. Hopefully I won't have to 'speak up' again in the future, but I would feel comfortable to do so again if needed.
- Whilst it was a difficult issue to raise, I didn't feel there was any judgement on me for speaking up and I felt listened to and offered guidance and support on what the next steps could/should be.

Of the responses, it is important to note that no one reported experiencing detriment as a consequence to speaking up.

### **Reflection and Planning Tool**

NHS England and the NGO published the FtSU Reflection and Planning tool which should be completed every 2 years. The tool is designed for organisations to identify strengths and any gaps that need work. This tool was recently completed and the high-level development actions for the next 6-24 months are highlighted below:

1. To continue to review the workload and support being offered to the FtSUG.
2. Review the resource within FtSU to enable us to continually strengthen the FtSU culture and embed learning.
3. To continue to report on detriment and what has been done as a response.
4. To review the workload of the FtSUG to ensure we can meet the demand on the service.
5. To review the policy in January 2024.
6. To continue to review the number of staff completing the FtSU training.
7. To consider how Human Resources (HR) including the Organisational Development Team can measure the impact of speaking-up training.
8. To continue to monitor the time it takes to close cases.
9. To further analyse the data to identify which workers and/or which area we are not hearing from.
10. To develop the escalation process with timelines.
11. To review how to respond to workers reporting detriment.
12. We will be asking the senior leaders about the learning from speak up cases and how this is shared across the SBU.

## **4. Summary/Conclusion**

There has been a significant increase in speak up cases being brought to the FtSUG over the past year. As a Trust we will review the how the FtSU Champions can support the work of the of the FtSUG to ensure we can continue to support the activity responsively ensuring learning is shared in an appropriate timeframe.

The majority of the FtSU cases were received from additional clinical services workers (13) and additional professional scientific and technical workers (13). Of the 57 cases brought to the FtSUG, the majority (47) of these involved an element of worker safety or wellbeing. We are seeing the same data quarter on quarter within HPFT which shows that the majority of the cases specifically have an element of worker wellbeing.

## 5. Recommendations

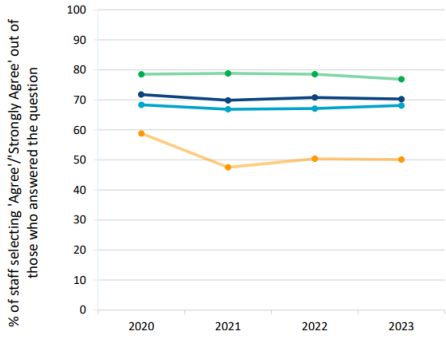
The Board is asked to note the report and assurance provided that we have effective and responsive process to receive and act on concerns.

# Appendix 1- Staff Survey (2023)

## People Promise elements and theme results – We each have a voice that counts: Raising concerns

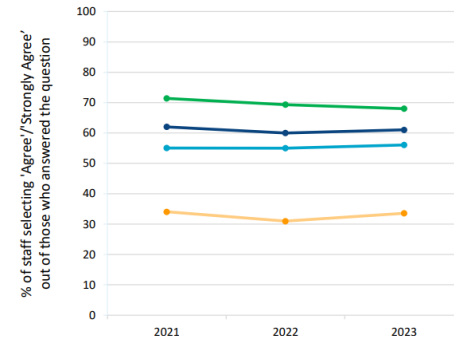


Q25e I feel safe to speak up about anything that concerns me in this organisation.



	2020	2021	2022	2023
Your org	71.76%	69.88%	70.82%	70.30%
Best result	78.54%	78.86%	78.57%	76.89%
Average result	68.37%	66.89%	67.11%	68.14%
Worst result	58.87%	47.55%	50.40%	50.17%
Responses	1762	1737	1822	2313

Q25f If I spoke up about something that concerned me I am confident my organisation would address my concern.



	2021	2022	2023
Your org	62.01%	60.00%	61.03%
Best result	71.41%	69.30%	68.01%
Average result	55.05%	55.00%	56.06%
Worst result	34.05%	30.98%	33.58%
Responses	1737	1822	2312

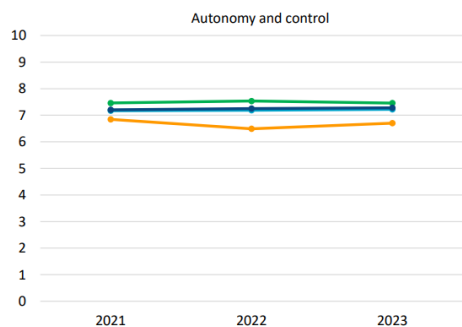
## People Promise elements, themes and sub-scores: Sub-score trends



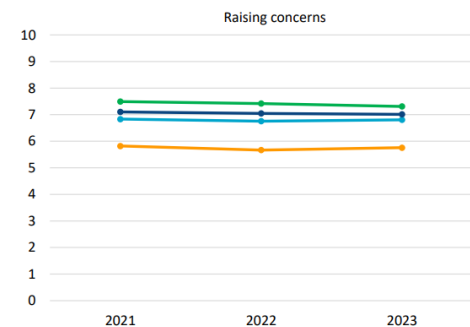
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 3: We each have a voice that counts



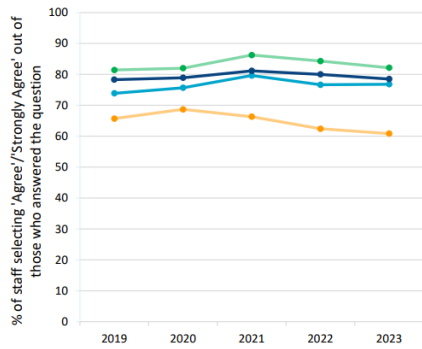
	2021	2022	2023
Your org	7.21	7.25	7.28
Best result	7.46	7.54	7.46
Average result	7.17	7.19	7.22
Worst result	6.85	6.49	6.70
Responses	1779	1828	2316



	2021	2022	2023
Your org	7.10	7.05	7.01
Best result	7.49	7.42	7.31
Average result	6.83	6.75	6.80
Worst result	5.82	5.67	5.76
Responses	1734	1819	2306

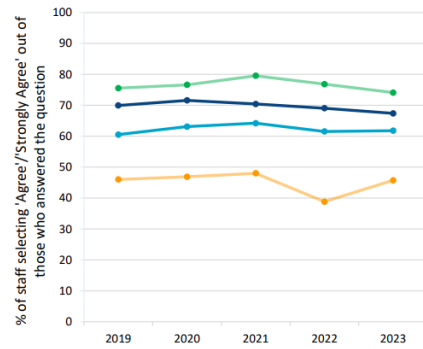


Q20a I would feel secure raising **concerns** about unsafe clinical practice.



	2019	2020	2021	2022	2023
Your org	78.29%	78.92%	81.16%	80.01%	78.50%
Best result	81.42%	82.01%	86.26%	84.31%	82.15%
Average result	73.88%	75.68%	79.63%	76.65%	76.82%
Worst result	65.70%	68.68%	66.32%	62.41%	60.85%
Responses	1752	1764	1745	1824	2313

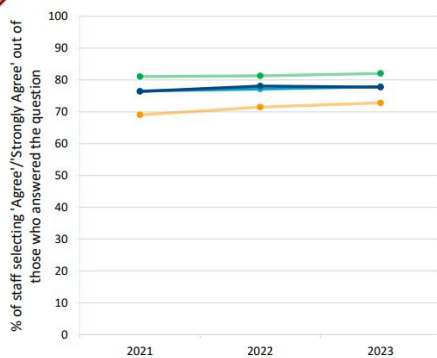
Q20b I am confident that my organisation would address my concern.



	2019	2020	2021	2022	2023
Your org	69.94%	71.59%	70.43%	69.05%	67.40%
Best result	75.56%	76.63%	79.57%	76.84%	74.10%
Average result	60.51%	63.12%	64.22%	61.53%	61.79%
Worst result	46.01%	46.89%	48.01%	38.82%	45.73%
Responses	1753	1765	1748	1822	2308

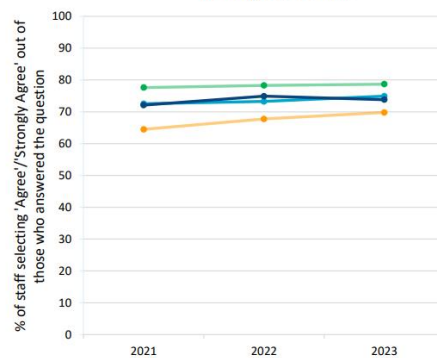


Q9h My immediate manager cares about my **concerns**.



	2021	2022	2023
Your org	76.39%	78.11%	77.75%
Best result	81.08%	81.34%	82.06%
Average result	76.52%	77.18%	77.92%
Worst result	69.03%	71.48%	72.82%
Responses	1757	1821	2313

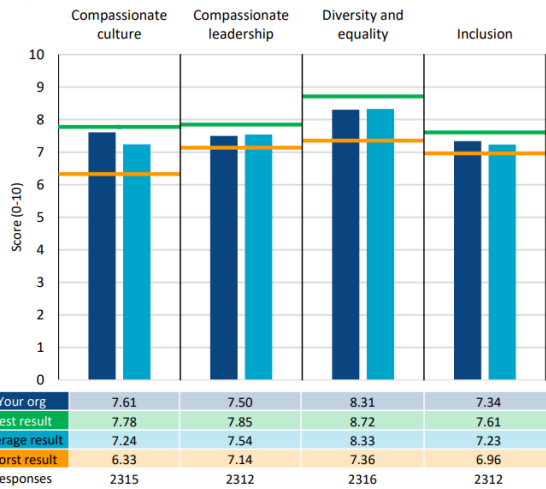
Q9i My immediate manager takes effective action to help me with any problems I face.



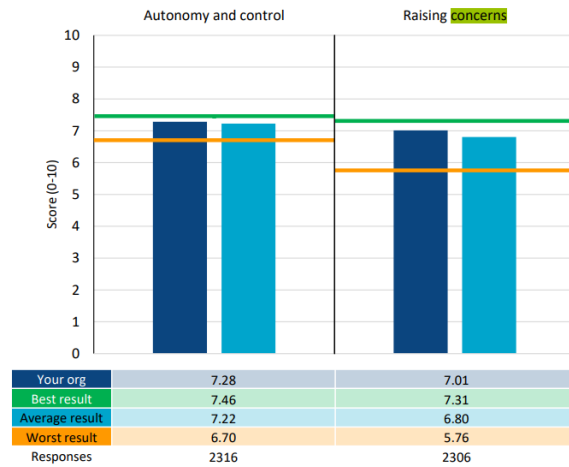
	2021	2022	2023
Your org	72.10%	74.92%	73.82%
Best result	77.63%	78.30%	78.70%
Average result	72.54%	73.25%	74.90%
Worst result	64.49%	67.76%	69.80%
Responses	1758	1826	2312

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

**Promise element 1: We are compassionate and inclusive**



**Promise element 3: We each have a voice that counts**



Note: People Promise element 2 'We are recognised and rewarded' does not have any sub-scores. Overall trend score data for this element is reported on slide 21.

## Report to the PUBLIC Board of Directors

<b>Meeting Date:</b>	28 March 2024	<b>Agenda Item:</b> 7b
<b>Report Title</b>	Quarter 3 Safer Staffing Report	<b>For publication:</b> Yes <input checked="" type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/>
<b>Report Author</b>	Jinu Joseph, eRoster SafeCare Lead	
<b>Approved by:</b>	Andy Brogan, Interim Chief Nursing Officer	

<b>The Board is asked to:</b>
<b>Approve:</b> To formally receive and discuss the report and approve its recommendations or decide on a particular course of action.
<b>Assurance:</b> To take assurance that effective systems of control are in place.

<b>Executive Summary</b>
<p>This report provides the Board with an update on safer staffing, eRostering, temporary staffing, and the Care Hours Per Patient Day (CHPPD) for all inpatient services for quarter 3 2023/24 (including full data from October and November, and partial data from December).</p> <p>The findings from the Allocate Insight report provides information on six Key Performance Indicators (KPIs), and compares the Trust's performance against the national average; the Trust is exceeding the national average in three KPIs for October and November:</p> <ul style="list-style-type: none"> <li>• Roster approval on target (average lead time 8.2 weeks in advance).</li> <li>• Unfilled duties percentage is in a good position at 9.2%</li> <li>• Net hours balance is well managed.</li> </ul> <p>However, the Trust needs to focus on improving performance in the following three KPIs:</p> <ul style="list-style-type: none"> <li>• Staff Unavailability is 31%, which shows an improvement compared to quarter 2 (36%), however, still above national average of 23%, and the Trust Headroom Target of (22%).</li> <li>• Temporary staffing reliance is high, with 49% of shifts in quarter 3 filled by bank or agency staff, and staff vacancies and Safe and Supportive Observations (SASO) being the main reasons for temporary staff requests.</li> <li>• Inpatient units are creating additional duties to cover observations due to increased acuity and are high at 18%, and the reasons are being addressed.</li> </ul> <p>Top 3 reasons for Temporary staffing reliance are Staff vacancy, Observations, and Staff Unavailability. The detailed analysis was conducted and highlighted as below.</p> <ul style="list-style-type: none"> <li>• Recruitment to vacant positions remains a focus, with strong recruitment pipeline of 51 Registered Nurses (RNs) and 30 Health Care Support Workers (HCSW) across the inpatient services.</li> <li>• Observations, the two significant factors impacting the high levels of observations are levels of patient acuity and violence and aggression.</li> <li>• Unavailability is due to staff sickness, study leave, secondments, maternity, and Employment Relations cases.</li> </ul>



The analysis of CHPPD RN fill rate data highlights the efficient RN staffing levels were maintained across the inpatient services in October and November. However, Astley Court was a hotspot, and the RN vacancies were identified as the reason. The analysis of HCSW fill rates (Non-Registered Nurse Fill Rate) reveals the reliance on additional hours created by the inpatient services, with Aston ward, Astley Court, Lexden, Swift ward, Robin ward, Forest House, and Oak ward as the hotspot areas.

Across the inpatient services, there were 30 ER cases; these staff are either suspended from work or redeployed across the Trust. The SBU are working with their HR partners to address and reduce these cases.

In order to address the issues raised in this report, there are CQIs, projects and workstreams underway including:

- CQI focused on reducing violence and aggression and use of SASO.
- Fully embed Newly Qualified Nurses (NQN), with the aim to reduce the reliance on temporary staffing.
- Continue to encourage temporary staffing to permanent recruitment.
- A deep dive into staff unavailability with special focus on Staff Sickness.
- The implementation of the skill-mix and establishment review (Phase 2).
- Safe decommissioning of SRS and redeployment of over 60 staff across the Trust.

#### Recommendations

The Board is asked to note the report update and the narrative provided.

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)	

# Safer Staffing Report

## 1. Introduction

- 1.1 This report is provided to update the Public Board of Directors on the Trust position against the requirements of the National Quality Board (NQB) Safer Staffing Guidance, the National Institute for Health and Care Excellence (NICE) guidance issued in 2014 and the NQB 2016 guidance supporting NHS Providers to deliver the right staff, with the right skills in the right place at the right time.
- 1.2 This report provides an analysis of Safer staffing, eRostering (Allocate Insight Report), temporary staff usage, Care Hours Per Patient Day (CHPPD) for inpatient services for October and November 2023. The data for the December 2023 is only partially available and hence will be provided as an update.
- 1.3 The expectation is that the planned number of staff to cover the ward's demand and acuity level closely match with the actual number of staff who work, as this should reflect the complexity of needs of the service users.
- 1.4 Where the skill mix and number of staff who work is lower than planned, there is an agreed escalation process for reporting. If a shift remained unfilled, this is reported to the Heads of Nursing and recorded as a safety incident. Staffing shortage is often mitigated by deployment of staff from a different band, cross cover from co-located services and by the Team Leaders and Clinical Matrons.
- 1.5 The increase in establishment has had an impact on increasing the overall vacancy percentage in the inpatient services; however, the Strategic Business Units (SBU) are actively recruiting into the new positions with a strong recruitment pipeline of 51 Registered Nurses (RN) and 30 HealthCare Support Workers (HCSW).
- 1.6 This report will address the four priority items included in the Safer Staffing guidelines by NQB and are included in the, SBU Updates, CHPPD Report Analysis, Allocate Insight Report Analysis and Temporary Staffing Report.

## 2. SBU Updates

### Unplanned Care SBU

- 2.1 The analysis of out of hours (OOH) temporary staffing reliance shows that seven inpatient services were using high percentage of temporary staffing. The top reasons for increased reliance on temporary staffing are RN vacancies and settling of newly qualified nurses (NQN), Observations (SASO) due to high patient acuity, and staff unavailability due to sickness and Employee Relation (ER) cases.
- 2.2 The SBU has a strong recruitment pipeline with 21 RNs and 13 HCSWs are currently in the recruitment process. The SBU is also scheduled a recruitment event in quarter 4. The SBU is also exploring the option of a budget for specialists training and master's degree course for RNs development.
- 2.3 The SBU continues to engage with the Trust wide Continuous Quality Improvement (CQI), project with the aim to reduce safe and supportive observations (SASO).
- 2.4 The SBU had 15 ER cases, with staff unable to work clinically, owing to investigations. The staff undertaking non-clinical duties were monitored in the ward reviews with the support of the HR Business Partner, and the SBU worked closely with HR Business Partners to review the status of ER cases.
- 2.5 The SBU has seen a slight increase in sickness within the inpatient services and an overall training compliance decrease slightly to 90% during the period, which the leadership team are taking actions to address.

The SBU is working to rollout Mental Health Optimum Staffing Tool (MHOST) across the service in quarters 4, which will help the wards to ensure that staffing is in line with service user acuity.

### **East and North SBU**

- 2.5 The RN vacancy on Forest House remains a concern, with a vacancy rate of 16.9%. The RN vacancy had an impact on the OOH temporary staffing reliance in Forest House. Across the SBU, six RNs and four HCSWs are currently in the recruitment pipeline. There are 13 staff in the pipeline for older aged adult services, following the decommissioning of the Specialist residential Services (SRS). This has helped to reduce the HCSW vacancies.
- 2.6 The main reason for the reliance on temporary staffing across the inpatient services is attributed to staff sickness, maternity leave, and staff training. Monthly recruitment meetings with the recruitment team continued, to review progress with all vacancies.
- 2.7 The SBU had five ER cases, with two ER cases outstanding at Forest House both ending and one in older aged adults. The staff under ER cases were clinically unavailable, resulting in an increase reliance on the temporary staffing. The SBU is working with the HR Business Partners to review the progress of the cases to conclude these to limit the ongoing impact.
- 2.8 Violence and aggression remain a concern across the SBU, with 113 reported incidents in the first two months. None of the incidents have resulted in moderate or severe harm. For Forest House, the service user to staff incidents were recorded as nine, a significant reduction from quarter 3. This is as a result of the change in service user group profile and supportive interventions by the team at Forest House based on Personal Behavioural Support (PBS) plans. However, service user to staff reported violence and aggression incidents remain of concern in the older aged adults where teams are doing deep dives analysis into incidents around personal care. The SBU continues to engage with the Trust wide Continuous Quality Improvement (CQI), project with the aim to reduce the Violence and Aggression. The development trauma informed care and our approach to safe and supportive observations are predicted to have a positive impact on care and reduce levels of violence.
- 2.9 Sickness levels for inpatient services have been at 6.7%, above the Trust target and slightly increased from quarter 3 (4.57%). Attendance management remains a focus to support staff to remain well but also to progress absences through the HR process. These are also managed through fortnightly meetings with the Operational manager and the Team Leaders and monthly meetings with finance and HR and the Team Leaders to review attendance management action plans.

### **Learning Disability and Forensic SBU**

- 2.10 Staff vacancies, high levels of SASO owing to service user acuity, and staff unavailability are the main concerns and causing high reliance on temporary staffing. The OOH temporary staffing reliance analysis shows Astley Court as a hotspot area with more than 90% RN duties are covered by temporary staffing.
- 2.11 The SBU is actively recruiting to the vacant positions and have 24 RNs and 13 HCSWs currently on the recruitment pipeline. The safe decommission of SRS will also help the SBU to redeploy staff to other inpatient services. NQNs are starting to be embedded in teams with monthly Heads of Nursing (HoN) drop-in sessions.
- 2.12 Staff unavailability remains as an area of concern as the SBU have high levels (38.9%) of unavailability owing to sickness, secondments, redeployment, training (including those seconded to training). The SBU will do a deep dive into reasons for sickness and if there are themes within services, as the sickness percentage across the inpatient units are 8.28%.
- 2.13 The SBU is part of an SASO panel and involved in the SASO CQI, with the aim to reduce the level of prescribed SASO as safely as possible.

- 2.14 The SBU had ten ER cases and seven formal grievance cases. Time taken to resolve these cases still remains a concern and the SBU is liaising with local HR partners and investigation officers to review the progress of the outstanding cases, with the aim to reduce the numbers. Based on pregnancy risk assessment, three staff members are not working clinically and this increases the staff unavailability.
- 2.15 All the SBUs are actively reviewing the staffing issues, temporary staffing reliance and the Additional duties in the Weekly Roster scrutiny meetings and liaising with HR team to review the progress of the ER cases to conclude these to limit the ongoing impact. The SBU Monthly Safer Staffing meeting reviews the finance position, vacancies, recruitment update and temporary staffing usage. The current quality escalation process takes account of the issues highlighted and provides oversight via the Chief Medical and Chief Nursing reporting into the executive team This ensure early warning of quality concerns and scrutiny of actions to address identified concerns.

### **3 CHPPD Report**

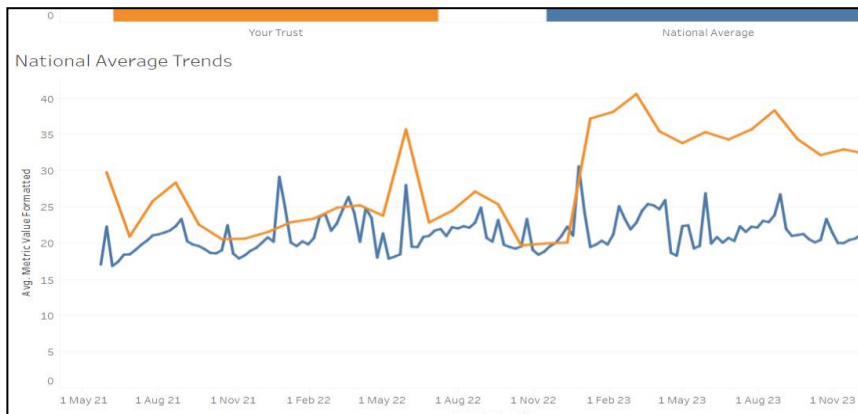
- 3.1 Care Hours Per Patient Day (CHPPD) Fill Rate data, is provided in *Appendix 1*, and reflects the staff utilisation percentage across the services. The CHPPD fill rate is an indication of the staff utilisation for the month on each ward. When the fill rate is below 80%, it highlights high number of unfilled hours and when the fill rate above 120%, it shows creating additional duties.
- 3.2 The analysis of RN fill rates highlights the efficient RN staffing levels were maintained across the inpatient services. However, Astley Court was consistently showing the fill rate below 80% which highlights the high percentage of RN Day shifts not being filled. This was discussed in the monthly safer staffing meetings and RN vacancies are impacting the RN fill rates at Astley Court. The SBUs are liaising with recruitment business partners to improve the RN recruitment and the new staff members joining the services will help to improve the RN fill rates.
- 3.3 The analysis of HCSW fill rates (NRN Fill Rate) reveals the reliance on additional hours created by the inpatient services, with Aston ward, Astley Court, Lexden, Swift ward, Robin ward, Forest House, and Oak ward as the hotspot areas. The HCSW Fill Rate for Aston ward has exceeded 300% for both day and night. High levels of prescribed SASO, owing to high acuity was the reason for the creation of additional duties, with one service user prescribed 5:1 SASO.
- 3.4 The number of additional duties and the impact on the staffing were reviewed every month at the monthly Safer Staffing meetings. All the SBUs are taking part in the SASO CQI.

### **4 Allocate Insight Report**

- 4.1 The Insight report analyses the inpatient rosters in six Key Performance Indicator (KPI) areas and compares it with the national average. The report for quarter 3 indicates that the Trust's performance is exceeding the national average in Roster Approval, Unfilled Duty Management, and Net Hours balance. However, the KPI on Unavailability, Temporary Staffing, and Additional Duty are identified as areas of improvement, as the Trust's performance is below national average. The Allocate Insight report compares the data against all the NHS Trusts, and we are not yet able to draw the comparison with other Mental Health trusts on the roster KPIs.
- 4.2 **Roster Approval**  
The Trust target on Roster Approval is eight weeks and achieved 8.2 weeks in Roster Approval. This reflects the effective governance process in place, ensuring that the service areas are meeting the Trust target. The national average for the period is 4.85 weeks.
- 4.3 **Unavailability**  
The Total Unavailability percentage (31.25%) has exceeded the Trust headroom percentage (22%) for this period. However, the data comparison shows a reduction from quarter 2

(36.05%). The effective scrutiny and initiatives from SBUs with the aim to reduce the sickness and ER cases have had an impact on the same. The national average for Unavailability was 21.82% for the period. The below chart compares the Trust's Unavailability percentage with other NHS Trusts in the country and for the last one year, the Total Unavailability (including Annual Leave, Sickness, Study Day, Maternity Leave etc) is above 30%.

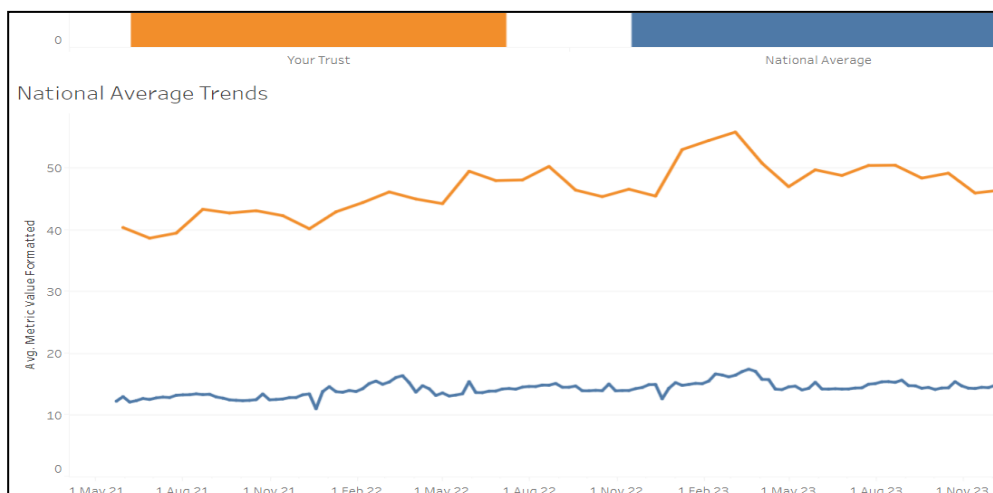
4.4 Attendance management remains a focus to support staff to remain well but also to progress absences through the HR process. SBUs will continue to review the HR process related to Unavailability, to control the percentage. The Deputy Director, Nursing and Quality is coordinating a meeting with the HoNs and Managing Directors (MD), to review the headroom for statutory/Mandatory/Essential and specialist training.



#### 4.5 Temporary Staffing

The reliance on temporary staffing continues to be high, with approximately 47% of shifts filled by bank or agency staff. The national average across all NHS services for temporary staff usage is 13.60%. The Trust have requested the software provider to provide the comparison with other mental health and learning disability Trusts for more accurate benchmarking. We are expecting to have the information in the February report.

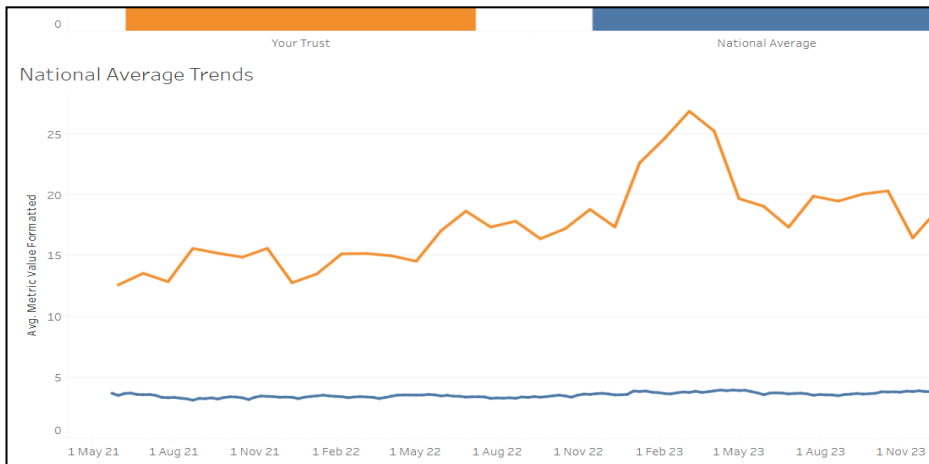
4.6 Vacancy and SASO were the major reason for temporary staff requests. The SBUs are actively involved in recruitment with a strong pipeline of 51 RN and 30 HCSW. Further details about temporary staffing are covered in the section 5.



#### 4.7 Additional Duties

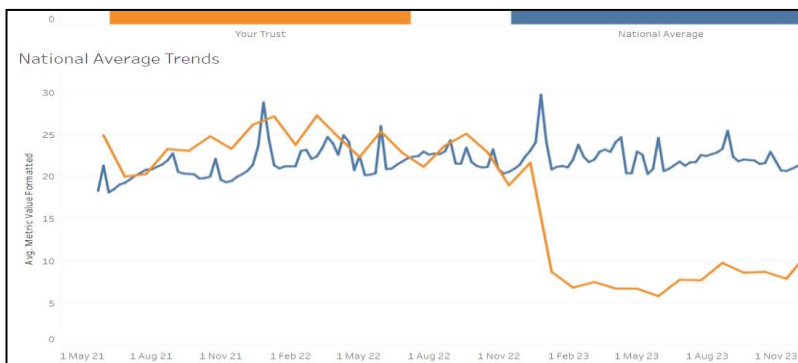
The additional duties created across the inpatients' services accounted for more than 18.60% of total duties assigned, and the national average across all NHS services is only 3.68%. The ability to compare the data with other mental health and learning disability Trusts will provide a more accurate reporting on the same. SASO and high acuity were the main reasons for

creating additional duties. The SBUs are committed to reviewing the SASOs, with the aim to reduce the level prescribed, which will help the Trust to control the additional duty.



#### 4.8 Unfilled Duties

The Unfilled Duty percentage was 9.3% for the Trust and the national average is 25%; the weekly roster scrutiny is playing a key role in managing the unfilled duties. The SBUs will continue to monitor the Unfilled duties in the weekly roster scrutiny meetings, to ensure that the Trust position is maintained effectively.



#### 4.9 Net Hours Balance

This section of the report analyses the balance between Unused hours (staff working under their contracted hours) and Over Contracted Hours (staff working over their contracted hours). The ratio of the Net hours is only 2.5 for the Trust, and the national average is 46.2.

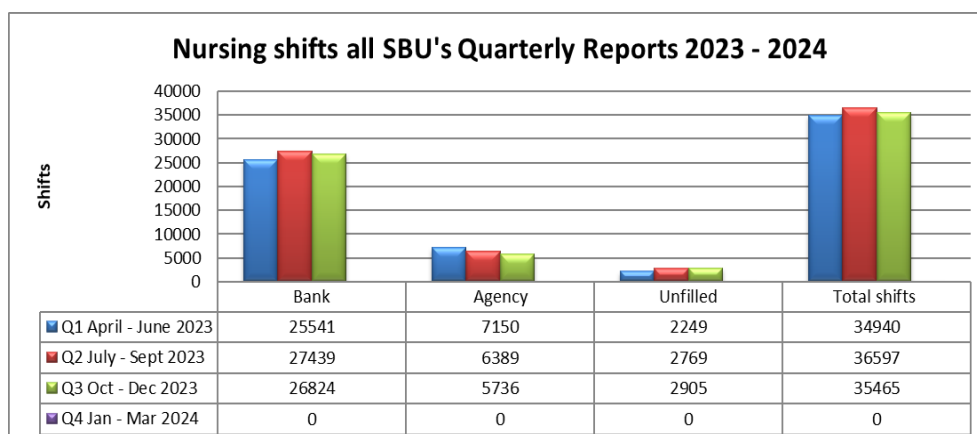


4.8 All the inpatient services were actively using Team based rostering in quarter; however, more focus needs to be given to ensure that staff members are actively utilising the Team based rostering function. The eRostering team also will work with the Learning and Development

team to provide the team rostering update to new starters during the Trust Induction. The eRostering team has liaised with Information Management team to create an online staff survey to identify the improvement opportunity.

## 5 Temporary Staffing

- 5.1 The Trust has analysed the reliance on temporary staffing for inpatient units on nights and weekends (OOH) and identified the hotspots. The reliance on temporary staffing was high, with approximately 50% of shifts filled by bank and agency staff. Staff vacancy and SASO remains the biggest reasons for requesting temporary staffing cover. The Trust aims to cover 70% of shifts by substantive staff members.
- 5.2 The Bank fill rate across the services averages more than 90%, which indicates the support provided by the Bank Bureau, with 26,824 bank shifts worked, 5,736 agency shifts covered and shifts unable to cover or not allowed to go out to agency was at 2,905. The agency duty hours were equivalent to 870 whole time equivalent (WTE) and the hours covered by bank staff were equivalent to 4,926 WTE.
- 5.3 Comparison between quarters 2 and 3 indicated that there was reduction of 615 bank duties and 653 agency shifts. The Temporary staffing report include all the duties worked by staff members with Bank/Agency postings and will include the bank duties covered by substantive staff also.



- 5.4 While the reliance on temporary staffing is high, there has been a reduction in agency staffing across the services. The Team Leader and Bank Bureau are working with agency staff to facilitate conversions into bank or substantive roles. There continues to be monthly recruitment meetings with the recruitment team to look at vacancies and where they are in the recruitment process, with the aim to reduce the temporary staffing reliance.
- 5.5 A deep dive into Substantive versus Temp Staffing on weekends and Nights were conducted to identify the reasons, and mitigation plans. The findings from the deep dive highlighted that 14 wards have over the Trust target of 30% temp staffing out of hours for RN and 19 wards have over the Trust target of 30% temp staffing out of hours for HCSW.
- 5.6 The hotspots were identified and discussed with Head of Nursing from each SBU and assured that all the temporary (Bank Only and Agency) staff members had proper induction, in house training, and supervision. The deep dive also looked into recruitment pipeline for each area and looked into the future recruitment events.
- 5.7 The decision has been taken to provide enhanced support to all SBU, whereby the Deputy Director of Nursing and Quality to hold emergency meeting with Team Leaders regarding the

use of substantive staff out of hours week commencing 15 January. This has been reinforced with the HoNs at weekly meeting to ensure support and oversight for Team Leaders.

- 5.8 Senior peer scrutiny of roster is also being introduced by the HoNs from other SBU for three months with feedback to the Safer Staffing meeting and to the CQC Are We Ready meeting in April.
- 5.9 The Deputy Director, Nursing and Quality is holding a meeting with the senior leadership from the SBU and corporate teams to monitor and review the use of temporary staffing.

### **Loss Contracted Hours**

- 5.10 The loss contracted hours are checked each week during the eRoster scrutiny meetings. Managers are encouraged to review the rosters prior to attending the roster scrutiny meetings, and staff are not allowed to book bank shifts if they have not met their contractual hours for the period. The Trust works on an eight-week roster timetable to ensure that the contracted hours are assigned to staff before sending vacant shifts to bank.
- 5.11 This is also discussed in the new monthly Safer Staffing meeting with the Clinical Matrons, so to work with the Team Leaders and ensure all the contracted hours are assigned to staff members. Team Leaders is encouraged to meet the eRoster production timetable each month and remove bank shifts and re-assign as permanent shifts if substantive staff have not met their contractual hours for the roster period.

## **6 Conclusion**

- 6.1 This report has identified that there are several influencing factors which continue to have an impact on the numbers of nursing staff required and there continues to be high levels of acuity across the service areas. The implementation of MHOST will support the wards with ensuring that staffing numbers are in line with service user acuity.
- 6.2 Two of the significant elements related to these high levels of acuity are SASO and violence and aggression, and 18% of total duties worked were associated with these. There are a number of service users with high clinical risks and who account for significant numbers of additional staff.
- 6.3 The Allocate insight report for the period indicates that the Trust's performance is exceeding the national average on three KPIs:
- Roster approval is on target (8/2 Weeks approval lead time)
  - Unfilled duties are in a good position at 9.2%
  - Net hours balance is well controlled.

The Trust needs to focus on improving performance in the following three KPIs:

- Unavailability is 31% with the SBUs focussing on exploring reasons behind this.
  - Temporary staffing is very high at 47% as noted below.
  - Additional duties are high at 18% the reasons are known and are being addressed.
- 6.5 Analysis of CHPPD highlights efficient fill rates for RN across most inpatient services. The HCSW hotspot areas were discussed in the monthly Safer staffing meetings and increased observation due to high patient acuity was identified as the major reason for the increase in the fill rates.
- 6.6 A range of HR issues are impacting on the safer staffing numbers, including:
- 50% of shifts were filled by bank or agency staff, with staff vacancies and SASO being the main reasons for temporary staff requests.
  - Across the inpatient services there were 30 ER cases (East and North SBU = 5; unplanned care SBU =15; Learning Disability and Forensic SBU = 10), who will not be working on the



wards, with some being suspended from work and some being redeployed to other areas in the Trust

- The SBUs are reviewing the HR processes to manage staff vacancies and unavailability and ensure that the Trust has a plan in place to reduce the reliance on temporary staffing.
- The inpatient units have a strong recruitment pipeline of 81 staff (51 RN & 30 HCSW). The SBUs are actively involved in recruitment and retention activities, including NQN, international recruitment, redeployment of staff, and converting agency staff to bank.
- It is anticipated that the positive impact of the skill mix and establishment review will come into effect for quarters 4, with the new numbers being operational from October 2023.

6.7 There are a range of workstreams, CQI projects, initiatives and plans across the SBUs to address the issues of concern highlighted in this report and will report into the newly established Safety Group. These include:

- CQI focused on reducing violence & aggression and SASO.
- Fully embed NQN, with the aim to reduce the reliance on temporary staffing.
- Continue to encourage temporary staffing to perm recruitment.
- A deep dive into staff unavailability with special focus on Staff Sickness.
- The implementation of the skill-mix and establishment review (Phase 2).
- Safe decommissioning of SRS and redeployment of over 60 staff across the Trust.
- A deep dive into Substantive vs Temporary staffing in the inpatient wards, with the mitigation plans including enhanced support by the Deputy Director, Nursing and Quality.

6.8 The public Board of Directors are asked to note the content of this report and the more detailed analysis provided as the format of the report continues to develop.

## Appendix I – CHPPD Report

October 2023		Day		Night	
SBU	Service	RN Fill Rate	NRN Fill Rate	RN Fill Rate	NRN Fill Rate
LD&F	Gainsford House	99%	179%	100%	170%
	Hampden House	98%	101%	100%	100%
	Astley Court	49%	216%	97%	133%
	Warren Court	95%	114%	75%	120%
	4 Bowlers Green	99%	108%	65%	140%
	Beech	87%	139%	100%	143%
	Dove	103%	144%	74%	197%
	The Beacon	72%	121%	93%	140%
	Broadland Clinic	116%	98%	96%	128%
	Lexden	102%	220%	100%	167%
	SRS	87%	91%	102%	97%
West	Albany Lodge	81%	167%	94%	173%
	Aston	88%	214%	100%	223%
	Swift	95%	227%	97%	209%
	Robin	92%	183%	102%	214%
	Owl	95%	128%	100%	131%
	Oak	93%	297%	97%	244%
	Thumbswood	94%	102%	100%	149%
East & North	Logandene	82%	114%	77%	149%
	Wren	106%	114%	95%	180%
	Lambourn Grove	94%	99%	67%	130%
	Seward Lodge	79%	109%	88%	146%
	Forest House	97%	199%	99%	191%
	Victoria Court	111%	107%	95%	102%

November 2023		Day		Night	
SBU	Service	RN Fill Rate	NRN Fill Rate	RN Fill Rate	NRN Fill Rate
LD&F	Gainsford House	105%	103%	101%	109%
	Hampden House	94%	109%	100%	103%
	Astley Court	54%	223%	99%	154%
	Warren Court	92%	107%	91%	106%
	4 Bowlers Green	98%	106%	76%	200%
	Beech	84%	113%	97%	107%
	Dove	95%	139%	87%	137%
	The Beacon	113%	86%	102%	100%
	Broadland Clinic	108%	104%	95%	133%
	Lexden	101%	167%	100%	151%
	SRS	84%	84%	89%	94%
West	Albany Lodge	99%	162%	98%	185%
	Aston	97%	228%	100%	273%
	Swift	104%	182%	99%	226%
	Robin	97%	132%	100%	142%
	Owl	97%	148%	100%	156%
	Oak	95%	208%	101%	164%
	Thumbswood	93%	91%	100%	105%
East & North	Logandene	114%	106%	94%	139%
	Wren	107%	131%	98%	231%
	Lambourn Grove	116%	95%	80%	130%
	Seward Lodge	106%	104%	100%	128%
	Forest House	92%	153%	99%	154%
	Victoria Court	105%	108%	95%	99%

December 2023		Day		Night	
SBU	Service	RN Fill Rate	NRN Fill Rate	RN Fill Rate	NRN Fill Rate
LD&F	Gainsford House	100%	152%	103%	161%
	Hampden House	98%	104%	98%	103%
	Astley Court	56%	234%	98%	162%
	Warren Court	101%	103%	97%	113%
	4 Bowlers Green	97%	102%	92%	200%
	Beech	88%	114%	96%	101%
	Dove	100%	126%	88%	136%
	The Beacon	96%	106%	90%	127%
	Broadland Clinic	103%	113%	95%	138%
	Lexden	104%	200%	100%	193%
	SRS	90%	92%	61%	95%
West	Albany Lodge	98%	214%	97%	245%
	Aston	93%	282%	101%	278%
	Swift	109%	186%	100%	224%
	Robin	93%	138%	101%	144%
	Owl	105%	190%	108%	204%
	Oak	106%	236%	100%	213%
	Thumbswood	93%	73%	100%	93%
East & North	Logandene	99%	106%	102%	122%
	Wren	105%	125%	106%	164%
	Lambourn Grove	105%	98%	87%	108%
	Seward Lodge	114%	97%	101%	121%
	Forest House	92%	159%	96%	164%
	Victoria Court	92%	104%	92%	103%

## Report to the Public Board of Directors

<b>Meeting Date:</b>	28 March 2024	<b>Agenda Item: 8</b>
<b>Report Title</b>	2023 National Staff Survey Results	<b>For publication:</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Report Author (s)</b>	Jo Humphries, Chief People Officer	
<b>Approved by:</b>	Jo Humphries, Chief People Officer	

<b>The Board is asked to:</b>
<b>Receive</b> the attached report, noting the areas of positive performance, and the key areas of focus arising from the National Staff Survey Results

### Executive Summary

The feedback from our 2023 annual staff survey has been received and enables us to assess our progress compared to feedback received last year and our performance compared to 51 Mental Health and Learning Disability Trusts Nationally. The feedback from our staff continues to be overwhelmingly positive and builds on the strong positive cultural foundations set over the past few years. The key headlines are as follows:

- We achieved a 58% response rate to the survey which is a 7.6% increase on last year and follows a targeted communications campaign and engagement by and through all our staff networks. Notably, this has resulted in a significant increase of BAME staff responses up from 28% in 2022 to 34%, much more aligned to our overall Trust BAME staff representation. This overall survey response rate compares favourably with the average response rate across all 51 trusts nationally which at 52% was just 1.5% up on the prior year.
- Questions were collated into nine themes, seven of which map to the NHS People Promises with an additional two themes relating to staff engagement and morale. HPFT scored above the average results in all of these themes and score the highest result across all Mental Health and Learning Disability Trusts for staff feeling they are able to develop their career with us. We are also delighted that 88.8% of our staff felt that their role makes a real difference to our Service Users.
- Critically, the Trust has maintained its strong response rates in relation to the three key indicators of staff advocacy and compares favourably to the National average:
  - 85.4% of staff said they thought the care of our Service Users was the top priority in the Trust, compared to 79.5% Nationally
  - 73% of staff would recommend HPFT as a place to work, compared to 66.6% Nationally with a huge 85% of staff stating they enjoy working in their teams.
  - 69% of staff said that if a friend/relative needed treatment they would be happy with standard of care they would receive, compared to 65.2% nationally.
- Of the 100 questions, 53% showed improvements year on year and 61% were significantly higher than the national average. Two People Promise themes; we are recognised and rewarded and we are always learning scored significantly higher than the 2022 results. This reflects the improvements made through 2023 to our appraisal processes and staff development opportunities. Whilst recognising there is still more

to do, staff feedback regarding their appraisals helping them to improve how they do their job and agree clear objectives for their work increased markedly over 2022 feedback and significantly higher than the National averages.

- The ongoing focus on recruitment and retention was recognised in the survey with the results for there being enough staff at the Trust for me to do my job properly increasing by 9% points year on year and 4% points higher than the National Average.
- We have seen positive improvements across our Workforce Race Equality Standard metrics, notably with 56.9% of BAME staff believing the Trust acts fairly in relation to career progression or promotion, an increase of 5% points on 2022 survey results. There remains a difference between BAME and white staff metrics which the launch of the Belonging and Inclusion strategy in November 2023 and associated action plan aims to eliminate.
- The Workforce Disability Equality Standard scores however have deteriorated year in year highlighting that more needs to be done in order to achieve equity of work experience for this staff group. Detailed reviews and action planning is underway with our Diversability and Neurodiversability staff networks to understand the drivers for this feedback. remain very similar to 2020.

In addition to the headline feedback, the Trust has been provided with the detailed data set for each question and is therefore able to conduct more in-depth analysis relating to specific areas of interest or concern and to assess the equality of experience across our different geographies and within different staff roles and groups. This will enable a rich discussion throughout the Trust over the coming weeks regarding how our staff experience working for HPFT and how it may be further improved.

Conversations within the Trust so far have included the Senior Leadership Team meetings and the Big Conversation in which the results were discussed in detail and the framework for the Trust wide action plan developed. Key areas of focus for the Trust through 2024 are as follows:

- Violence, Aggression and Harassment from Service User, families and the general public remains too high with 17.5% staff reporting they have experienced this compared to the National average of 13% and National best of 7%. A Continuous Quality Improvement programme of work is underway to address the key issues for staff and service users in creating a safe place to work and to be treated.
- Wellbeing, and although improved year on year, we still have 39% staff reporting feeling exhausted at the end of the day and 27% feeling burnt out because of work. Further analysis to understand the correlation of this feedback with the known recruitment and retention hotspot areas is underway.
- Belonging and Inclusion, whilst some areas have seen improvements, when the data is viewed by demographic groups, it is clear that some staff groups have a less positive experience than others. The focus for 2024 on being “Consciously Inclusive” as part of the Belonging and Inclusion strategy and action plan targets these differences and aims to eliminate them.

In conclusion, our overall results create a strong narrative of a staff team who are:

- o Proud to work for HPFT and would recommend us as place to work;

- o Proud of the standard of care we provide
- o Confident that service users are our top priority
- o Highly engaged, motivated and emotionally invested in providing great care to our service users
- o Reporting a strong compassionate culture
- o Supported and looked after through:
  - Health and wellbeing support
  - Work-life balance and flexible working support
  - Support with their development, including high quality appraisals
  - Feeling confident to raise concerns and have these be heard and addressed

Following the distribution of the results, all teams within the Trust are currently in the process of meeting to discuss their specific feedback and to develop their local action plans. This is addition to the specific work our staff networks will be reviewing in terms of equity of experience and the key focus areas outlined above.

## Recommendations

The Board is asked to receive this report.

## Implications

<b>Risk and Assurance</b>	Ensuring a happy, healthy workforce will mitigate the risks of being unable to attract and retain high quality staff.
<b>Equality, Diversity and Human Rights</b>	This report enables us to target specific actions to ensure working for HPFT is universally positive for all staff groups.
<b>Quality</b>	There are strong positive correlations between happy and healthy staff and the services they deliver, therefore by ensuring action is taken in all Trust areas to promote a positive working environment for all staff, we can expect to see high quality care and services being delivered.
<b>Financial</b>	Being able to recruit and retain staff will enable us to reduce reliance on expensive agency and banks shift working.
<b>Service Users and Carer Experience</b>	There are strong positive correlations between happy and healthy staff and the services they deliver, therefore by ensuring action is taken in all Trust areas to promote a positive working environment for all staff, we can expect to see high quality care and services being delivered.
<b>People</b>	This report is feedback from our people, to our people and we are able to take positive action to remove or mitigate areas of concern to improve the working experience of all our staff.
<b>Legal and Regulatory</b>	N/A
<b>Digital</b>	N/A
<b>System</b>	N/A
<b>Sustainability</b>	N/A

<b>Strategic Objectives this report supports</b>	<b>Please tick any that are relevant <input checked="" type="checkbox"/></b>
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.	



# 2023 National Staff Survey HPFT Survey Results



# Survey Details

	HPFT	Benchmarking Group Mental Health and Learning Disability & Mental Health, Learning Disability & Community Trusts
Trusts in Group	1	51
2023 Response Rate	58%	52%
Response rate vs 2022	+7.6%	+1.5%
Completed Questionnaires	2323	127,293



# Overview

%	Staff responding said:	Trust 2022	MH Average	Best
88.8%	I feel my role makes a difference to Service Users	89.6	88	90.6
85.4%	I think the care of Service users is HPFT's top priority	85%	79.5	88
73%	I would recommend HPFT as a place to work	72%	66.6	75.4
69%	If a friend/relative needed care they would be happy with the standard of care provided	69%	65.2%	80.4%



# Headline Movement/Benchmarks

## 2023 vs 2022

- 52/98 questions improved (53%)
- 18 questions were over 2% points better than last year
- 7 questions were over 2% points lower than last year

## HPFT vs Benchmark Group Average

- 61% questions were better than the group average (61/100)
  - 4% questions were the same as the group average (4/100)
  - 31% questions were over 2% points better than the group average
  - 10% were over 2% points lower than the group average
- HPFT vs best performing score
    - HPFT was the top scoring Trust “There are opportunities for me to develop my career”
    - 49 questions less than 5% points lower than the best performing Trust
    - 7 questions over 10% points lower than the best performing Trust



# People Promise Themes: Overview



Your org	7.69	6.47	7.15	6.38	6.31	6.93	7.23	7.33	6.28
Best result	7.93	6.90	7.34	6.68	6.45	7.25	7.47	7.45	6.61
Average result	7.58	6.41	7.01	6.38	5.93	6.84	7.18	7.11	6.17
Worst result	7.14	6.04	6.23	5.84	5.17	6.23	6.90	6.46	5.21
Responses	2318	2319	2300	2297	2157	2309	2314	2317	2319



# People Promise Year on Year: Significance test

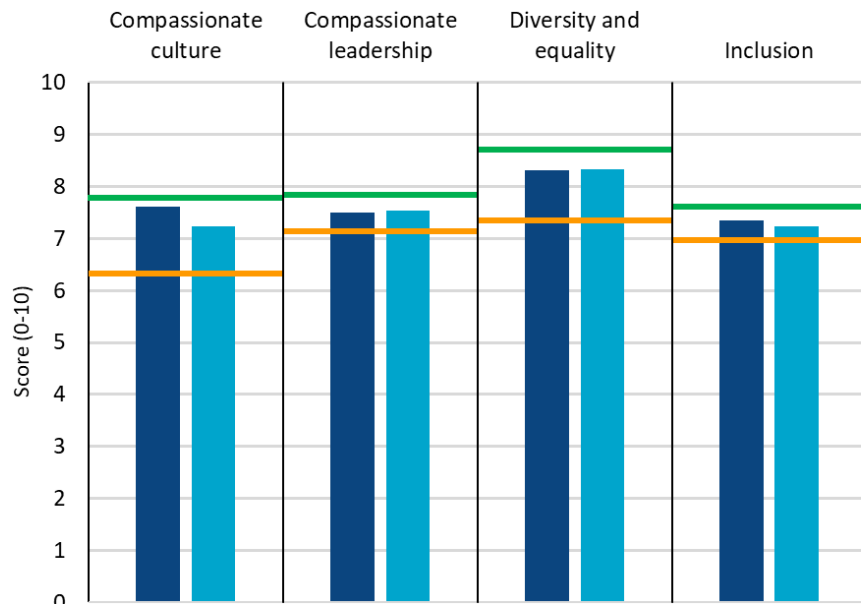
People Promise elements	2022 score	2022 respondents	2023 score	2023 respondents	Statistically significant change?
We are compassionate and inclusive	7.69	1825	7.69	2318	Not significant
We are recognised and rewarded	6.34	1827	6.47	2319	Significantly higher
We each have a voice that counts	7.15	1818	7.15	2300	Not significant
We are safe and healthy	6.35	1818	6.38	2297	Not significant
We are always learning	6.10	1711	6.31	2157	Significantly higher
We work flexibly	6.89	1825	6.93	2309	Not significant
We are a team	7.17	1826	7.23	2314	Not significant
<b>Themes</b>					
Staff Engagement	7.32	1827	7.33	2317	Not significant
Morale	6.18	1827	6.28	2319	Not significant



# People Promise Themes: Inclusive & Voice



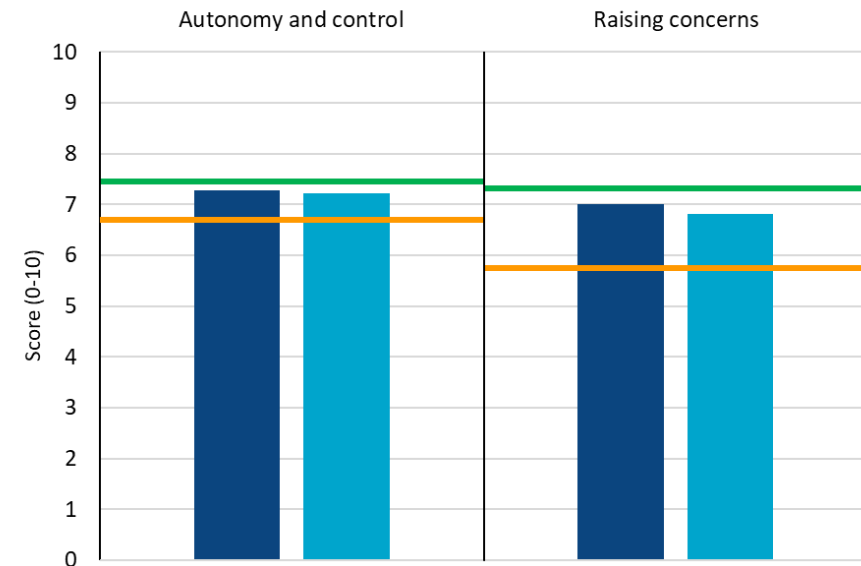
## Promise element 1: We are compassionate and inclusive



<b>Your org</b>	7.61	7.50	8.31	7.34
<b>Best result</b>	7.78	7.85	8.72	7.61
<b>Average result</b>	7.24	7.54	8.33	7.23
<b>Worst result</b>	6.33	7.14	7.36	6.96
Responses	2315	2312	2316	2312



## Promise element 3: We each have a voice that counts



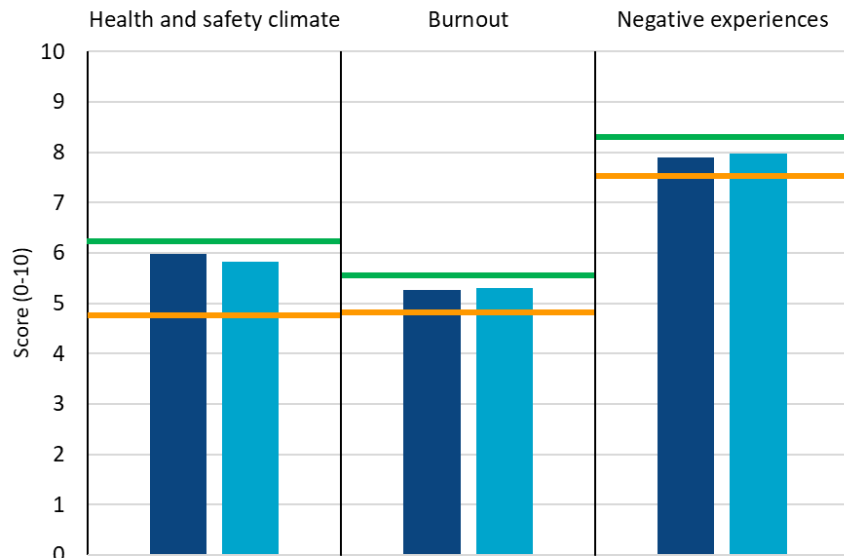
<b>Your org</b>	7.28	7.01
<b>Best result</b>	7.46	7.31
<b>Average result</b>	7.22	6.80
<b>Worst result</b>	6.70	5.76
Responses	2316	2306



# People Promise Themes: Safe, Healthy & Learning



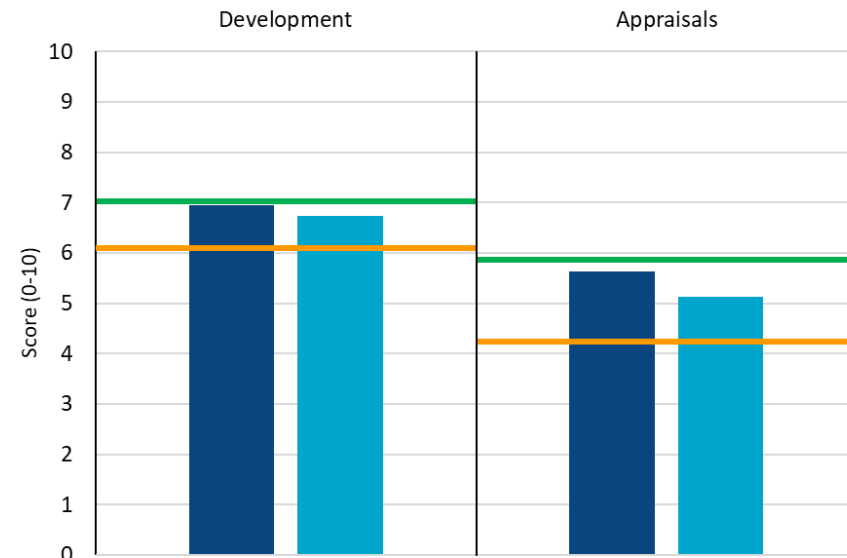
## Promise element 4: We are safe and healthy



Your org	5.97	5.26	7.90
Best result	6.24	5.55	8.30
Average result	5.83	5.31	7.98
Worst result	4.75	4.83	7.53
Responses	2318	2318	2303



## Promise element 5: We are always learning



Your org	6.96	5.63
Best result	7.02	5.86
Average result	6.74	5.13
Worst result	6.11	4.24
Responses	2315	2158





# People Promise Themes: Work flexibly & Team



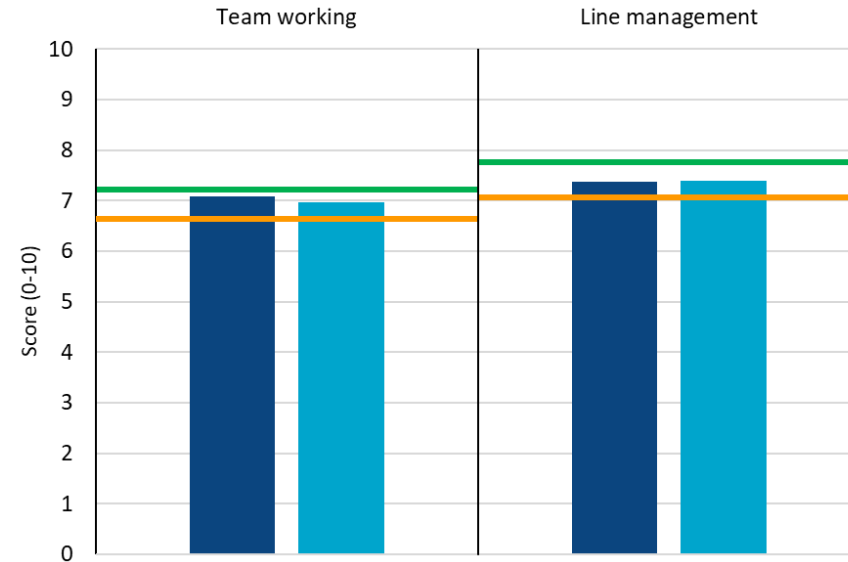
## Promise element 6: We work flexibly



Your org	6.85	7.01
Best result	7.20	7.46
Average result	6.83	6.87
Worst result	6.09	6.20
Responses	2318	2312



## Promise element 7: We are a team

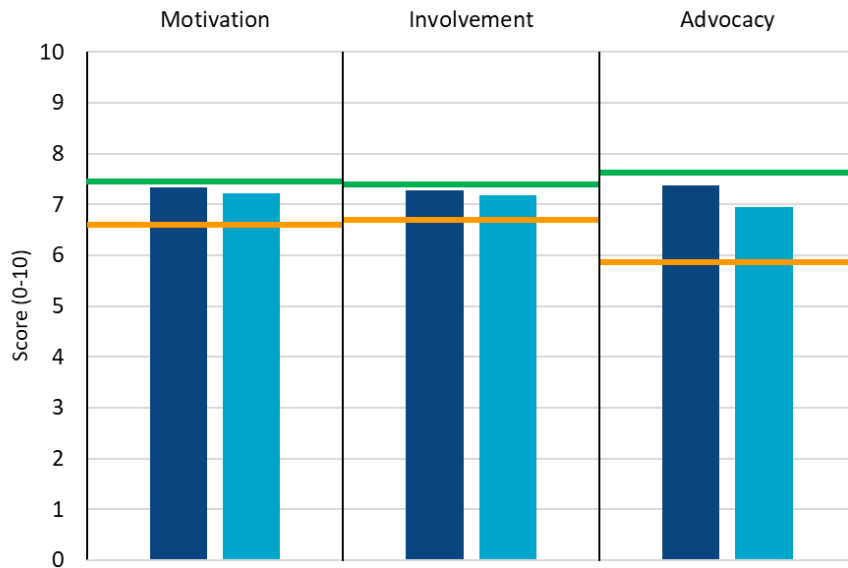


Your org	7.08	7.38
Best result	7.22	7.76
Average result	6.97	7.40
Worst result	6.64	7.06
Responses	2316	2317



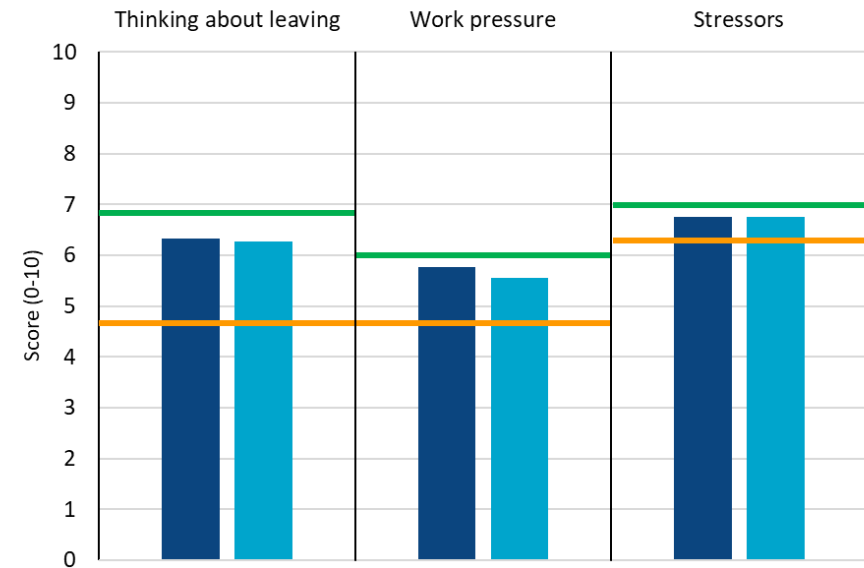
# People Promise Themes: Engagement & Morale

**Theme: Staff engagement**



	Motivation	Involvement	Advocacy
Your org	7.34	7.27	7.38
Best result	7.46	7.39	7.62
Average result	7.22	7.18	6.95
Worst result	6.60	6.69	5.87
Responses	2295	2317	2315

**Theme: Morale**



	Thinking about leaving	Work pressure	Stressors
Your org	6.33	5.77	6.75
Best result	6.84	6.00	7.00
Average result	6.27	5.55	6.75
Worst result	4.67	4.66	6.29
Responses	2308	2317	2315



# Workforce Race Equality Indicators

	2020	2021	2022	2023	2024
Percentage of staff experiencing harassment, bullying, abuse from SUs, relatives or public in last 12 months	35.6% (White staff 26.4%)	29% (White staff 24.9%)	30.8% (White staff 22.4%)	29.1% (White staff 20.9%)	28.9% (White staff 21.5%)
Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	25% (White staff 20%)	20% (White staff 18.3%)	19.3% (White staff 16%)	21% (White staff 16.4%)	20.23% (white staff 18.4%)
Percentage of staff believing that trust acts fairly in relation to career progression or promotion	52.7% (White staff 65%)	45.9% (White staff 67%)	49% (White staff 64.2%)	51.9% (White staff 67.8%)	56.9% (White staff 64.4%)
Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues	14% (White staff 6%)	12.1% (White staff 5.6%)	13.2% (White staff 6.8%)	13.5% (White staff 6.5%)	11.7% (White Staff 7.3%)

NB: 35% of our staff are BAME; 34% of staff survey responses from BAME staff (up from 28% in 2022)



# Workforce Disability Equality Indicators

	2020 – with a LTC or illness?		2021 – with a LTC or illness?		2022 - with a LTC or illness?		2023 - with a LTC or illness?		2024 - with a LTC or illness?	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
HPFT acts fairly in relation to career progression or promotion	58.8%	62.4%	57.6%	61.8%	55%	61.9%	61.8%	63.2%	58.9%	62.7%
Experienced harassment, bullying or abuse from service users, relatives or public in last 12 months	35.6%	27%	31.1%	25%	32.2%	22.4%	25.6%	22.4%	28.2%	22.4%
Experienced harassment, bullying or abuse from manager in last 12 months	14.2%	9.9%	13.3%	8.2%	13.4%	6.7%	11.3%	6.5%	12.8%	6.6%
Experienced harassment, bullying or abuse from colleagues in last 12 months	20.9%	13.9%	17.8%	12.3%	16.6%	11.6%	17%	12.5%	18.9%	13.3%
They/colleague reported the harassment, bullying or abuse the last time it was experienced	58.4%	59.4%	62.6%	57.3%	57%	64.2%	63.8%	70.1%	56.8%	65.2%
Felt pressure from manager to come to work when not well enough to perform their duties	18.7%	14.4%	17.6%	16.5%	17%	16.4%	17.4%	12.1%	19.5%	15.9%
Satisfied with extent the organisation values their work	56.5%	59.9%	51.9%	60.9%	47.6%	58.8%	51.3%	56.9%	47.1%	58.8%
Employer has made adequate adjustments to enable them to carry out their work	81%	-	86.8%	-	83.5%	-	83.7%	-	82.8%	-
Staff engagement score	7.3	7.4	7.3	7.5	7.1	7.4	7.2	7.4	7.0	7.5



NB: 27.6% of staff survey respondents identified as disabled/with a long term health condition

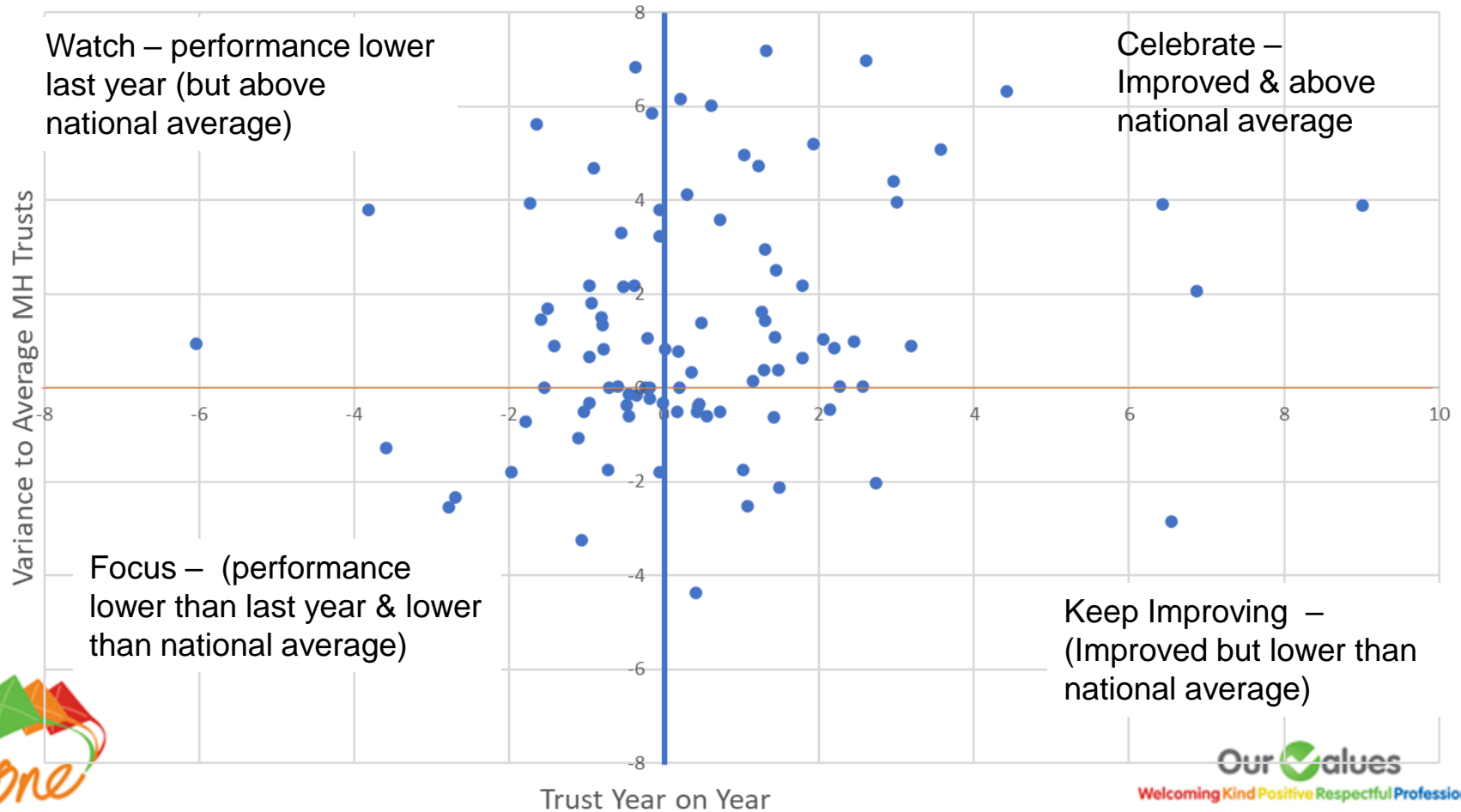
# Comparative Results

HPFT 2023 vs 2022 performance  
&  
HPFT vs national MH average



# Trust Year on Year vs Average MH Trust

2023 NSS Staff Survey Quadrant Analysis



## Celebrate – Improved & above national MH average

Improved more than 2% points Year on year AND more than 2% points higher than MH Average

#	Question	2022	2023	MH Ave
23b	Appraisal helped me improve how I do my job	29.32	31.92	24.95
3h	Have adequate equipment and materials to do my job	65.77	68.73	64.33
3f	Able to make improvements happen in my area of work	62.32	65.32	61.37
8a	Teams within the Trust work well together to achieve objectives	56.29	59.86	54.78
23c	Appraisal helped me agree clear objectives for my work	38.57	42.99	36.67
7b	Team members often meet to discuss the team's effectiveness	68.94	75.38	71.47
23a	Received appraisal in the last 12 months	81.63	88.50	86.45
3i	There is enough staff at the Trust for me to do my job properly	30.16	39.17	35.28



## Keep Improving – Improved but more to do

Improved Year on Year but more than 2% points lower than MH Average

#	Question	2022	2023	MH Ave
5a	Have realistic time pressures	26.13	27.21	29.73
12e	Feel worn out at the end of the day	40.78	39.29	37.17
7d	Team members understand each other's roles	67.14	69.88	71.92
4c	Satisfied with the level of my pay	26.6	33.15	36





# Watch - Above national average but lower than last year

Below last years performance BUT 2% points higher than MH Average

#	Question	2022	2023	MH Ave
14d	Last experience of bullying/harassment reported	68.56	62.52	61.59
11a	Trust takes positive action on Health and Wellbeing	72.67	68.86	65.07
24c	I have opportunities to improve my knowledge and skills	79.03	78.06	75.88
25e	I feel safe to speak up about anything that concerns me in this Trust	70.82	70.3	68.14
26a	I often think about leaving the Trust	24.27	24.66	26.83
13d	Last experience of physical violence reported	95.04	93.31	89.39
19c	Trust ensures near misses, errors or incidents do not repeat	76.68	75.77	71.08
20b	I would feel confident the Trust would address concerns about unsafe clinical practice	69.05	67.4	61.79
25a	Care of Service users is the Trusts top priority	85.51	85.35	79.49
24b	There are opportunities for me to develop my career in this Trust	63.72	63.35	56.52

## Focus Areas – lower performance – HPFT & MH average

Lower comparative performance on Year and more than 2% lower than MH

#	Average Question	2022	2023	MH Ave
24a	Trust offers me challenging work	77.11	73.52	74.81
5b	I have a choice in deciding how to do my work	64.34	61.65	64
11e	I have felt pressure from my manager to come to work when not feeling well enough to perform duties	14.76	17.54	15
10c	I work additional unpaid hours over and above contracted hours	63.97	61.42	57.5
16a	I have experienced discrimination from Service Users, their relatives or public	9.41	10.48	7.22
10b	I work additional paid hours over and above contracted hours	33.28	30.97	25.25



## Report to the Public Board of Directors

<b>Meeting Date:</b>	28 March 2024	<b>Agenda Item:</b> 9
<b>Report Title</b>	Month 10 People and OD Report (January 2024)	<b>For publication:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Report Author (s)</b>	Louise Thomas, Deputy Director of People and OD	
<b>Approved by:</b>	Jo Humphries, Chief People Officer	

### The Executive is asked to:

Receive the attached report.

### Executive Summary

The key headlines from Month 10 (Jan 2024) are as follows:

#### Workforce Recruitment

- Vacancy rates continue to improve from 11% in Month 9 to 10.1% against a Trust target of 10%.
- Key hotspots remain in 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.
- Time to hire continues to reduce and is now at 47.7 days vs a 52-day target with further improvements planned in shortlisting stages.

#### Workforce Retention

- Staff Turnover remains steady at 10.6% the lowest it has been in over two years (Trust target 8%).
- 95.8% of staff have a current appraisal in place at the end of January, which is the highest compliance rate historically achieved (Trust target 95%)
- Sickness absence continues to remain high at 5.2% due mainly increased respiratory infections.
- There has been a spike in employee relations cases relating to BAME Health Care Support Workers which is undergoing further scrutiny to provide further assurance to the People and Organisation Development Group and the Integrated Governance Committee in April reporting.

#### Training

- Mandatory training rates of 89.4% continue to report below Trust Target of 92% as the recovery from the transfer to ESR continues. Oliver McGowan training compliance is 74.2% which will be included in the overall Mandatory Training Numbers in April.
- A new manager induction training programme has been introduced for all staff stepping up into a line management role. This has been designed with support from A Kind Life (who also helped create the Trust Values) and is aligned to the new NHS management expectations.
- The new learning and development training prospectus has been produced and is in the final design stage before publication.
- A new nursing career matrix/ pathway has been developed and forms part of the talent development, recruitment and retention toolkits. This will be replicated across all core job families within the Trust over the coming months.

## Recommendations

The Board is asked to receive this report.

## Implications

<b>Risk and Assurance</b>	Provides assurance in relation to key People and OD risks.
<b>Equality, Diversity and Human Rights</b>	Provides detailed demographic profiles and quarterly updates on our Workforce Race Equality and Workforce Disability Equality Scheme data.
<b>Quality</b>	N/A – no proposal being made
<b>Financial</b>	N/A – no proposal being made
<b>Service Users and Carer Experience</b>	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.
<b>People</b>	The report provides detailed metrics and actions in relation to the recruitment and retention of staff.
<b>Legal and Regulatory</b>	N/A
<b>Digital</b>	N/A
<b>System</b>	N/A
<b>Sustainability</b>	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	<input type="checkbox"/>
2. We will provide high quality care and support that is safe and achieves the best outcomes for service users and carers.	<input type="checkbox"/>
3. We will attract, develop, and retain a skilled, compassionate workforce by creating inclusive and thriving workplaces.	<input checked="" type="checkbox"/>
4. We will address inequalities to improve out-comes and advance equity for people from all communities.	<input type="checkbox"/>
5. We will work in partnership in everything we do to meet the needs of communities and the people we support.	<input type="checkbox"/>
6. We will be a learning organisation that encourages innovation, research and continuous quality improvement.	<input type="checkbox"/>

# Trust People and OD Report January 2024 (Month 10)



# Contents

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# 1. Overview

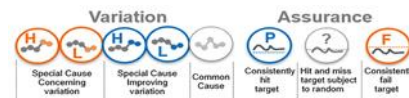
This report sets out the Trust's performance against key workforce performance indicators for Month 10 (January 2024) of 2023/4. The report highlights that:

- **Number of staff in post increased by 51 FTE** since Month 9 due to positive recruitment and retention. Staff in post has increased by 312 FTE since January 2023 and by 585 FTE since January 2022.
- **Our turnover rate has held at 10.6%**, which remains the lowest it has been in over two years. Our establishment increased by 12.5 FTE since Month 9 and 194 FTE this year.
- **Our vacancy rate has reduced by 0.9%** since Month 9 to 0.1% above our 10% target, which is the first time this has been achieved.
- **Agency spend reduced (by £60k) in Month 10 and Bank Spend increased.** The Financial Recovery Board and Agency Panel are proactively reviewing all agency use to ensure this reduces further.
- **Mandatory training rates have remained at 89%.** Data migration issues as a resulting of changing from Discovery to ESR have now been resolved and the focus is on proactively pursuing non-compliance to recover our position. Appraisal compliance has increased to the highest rate ever achieved and is now exceeding our 95% target, following the introduction of our new appraisal App and window.
- **Sickness absence increased by 0.2%** since Month 9. Although mental ill health related absences reduced, absence rates remained high due to high rates of respiratory infections.

# 1. Overview

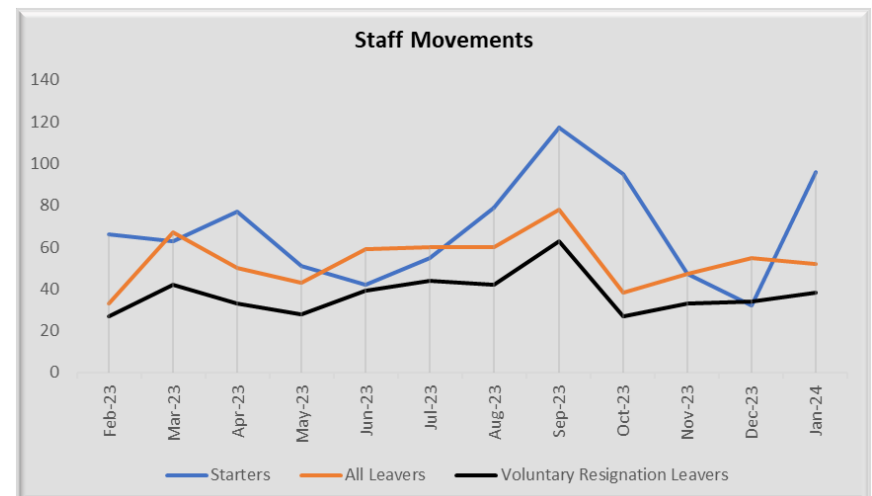
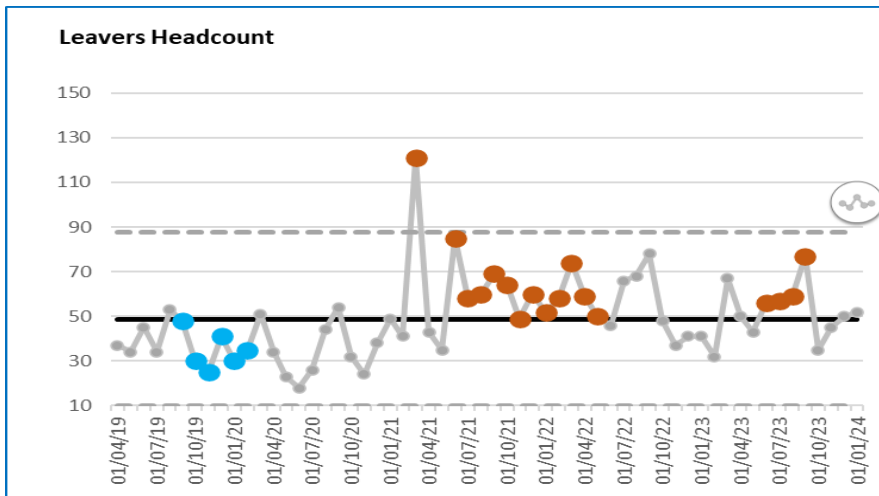
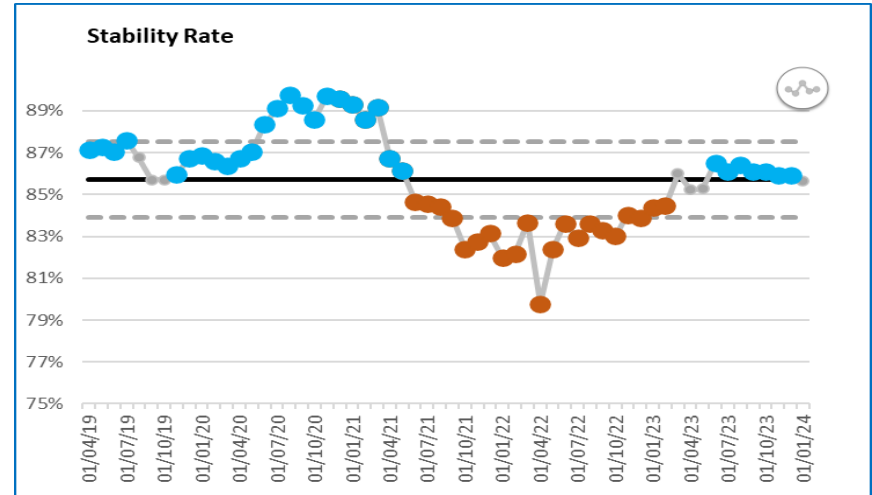
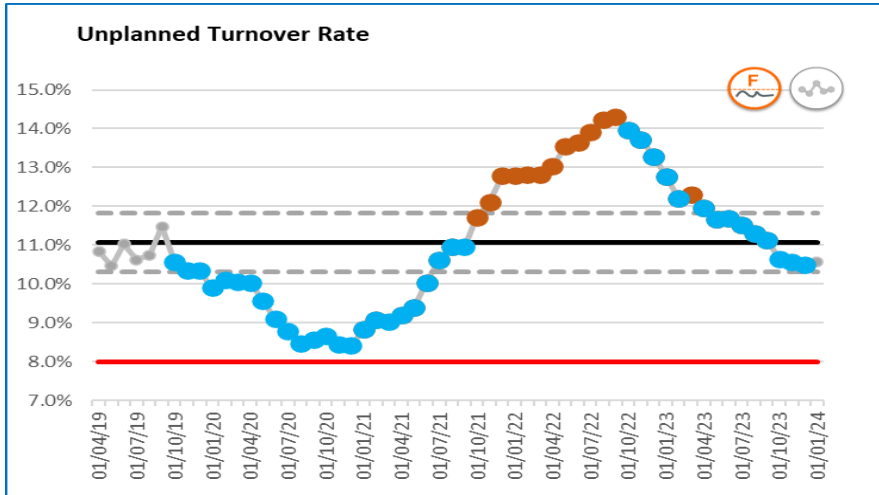
Metric	Previous Months												Current Month	Trust Target	Trend	Variation	Assurance
	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24					
Staff in Post - Headcount	4052	4083	4100	4121	4120	4122	4138	4200	4270	4278	4279	4327					
Staff in post - FTE	3664.79	3702.91	3715.75	3743.59	3739.10	3741.66	3755.56	3816.61	3881.05	3897.75	3897.40	3948.36					
Budgeted Establishment FTE	4186.74	4198.26	4230.50	4245.48	4257.85	4263.57	4254.48	4368.31	4345.83	4374.20	4379.98	4392.50					
Vacant FTE	521.95	495.35	514.75	501.89	518.75	521.91	498.92	551.70	464.78	476.45	482.58	444.14					
Vacancy Rate	12.5%	11.8%	12.2%	11.8%	12.2%	12.2%	11.7%	12.6%	10.7%	10.9%	11.0%	10.1%	10%				
Total Turnover Rate	16.0%	15.8%	15.5%	15.3%	15.5%	15.4%	15.4%	15.2%	14.6%	14.7%	14.8%	14.9%	14%				
Unplanned Turnover Rate	12.2%	12.3%	12.0%	11.7%	11.7%	11.5%	11.3%	11.1%	10.7%	10.6%	10.5%	10.6%	8%				
Starters Headcount	66	63	77	51	42	55	79	117	95	47	32	96					
Leavers Headcount	33	67	50	43	59	60	60	78	38	47	55	52					
Stability Rate	84.5%	86.0%	85.2%	85.3%	86.5%	86.1%	86.4%	86.1%	86.1%	85.9%	85.9%	85.6%					
Sickness Rate	4.9%	5.1%	4.4%	4.3%	4.4%	4.3%	4.4%	4.4%	5.1%	5.2%	5.0%	5.2%	4%				
Training Compliance Rate	92.9%	87.6%	89.0%	90.0%	91.0%	92.0%	92.0%	92.5%	92.6%	86.4%	89.6%	89.4%	92%				
Appraisal Rate	84.7%	85.9%	86.3%	85.1%	86.0%	90.4%	92.1%	93.7%	94.1%	95.1%	95.5%	95.8%	95%				
Bank Spend	£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	£2,940,242					
Agency Spend	£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	£913,744					

**Registered nursing, medical, psychology and AHP staff** remain the most challenging areas for recruitment and retention. Detailed action plans have been developed for hot spot service areas and the Trust has been accepted onto the NHS Retention Exemplar Programme.





# 2. Retention



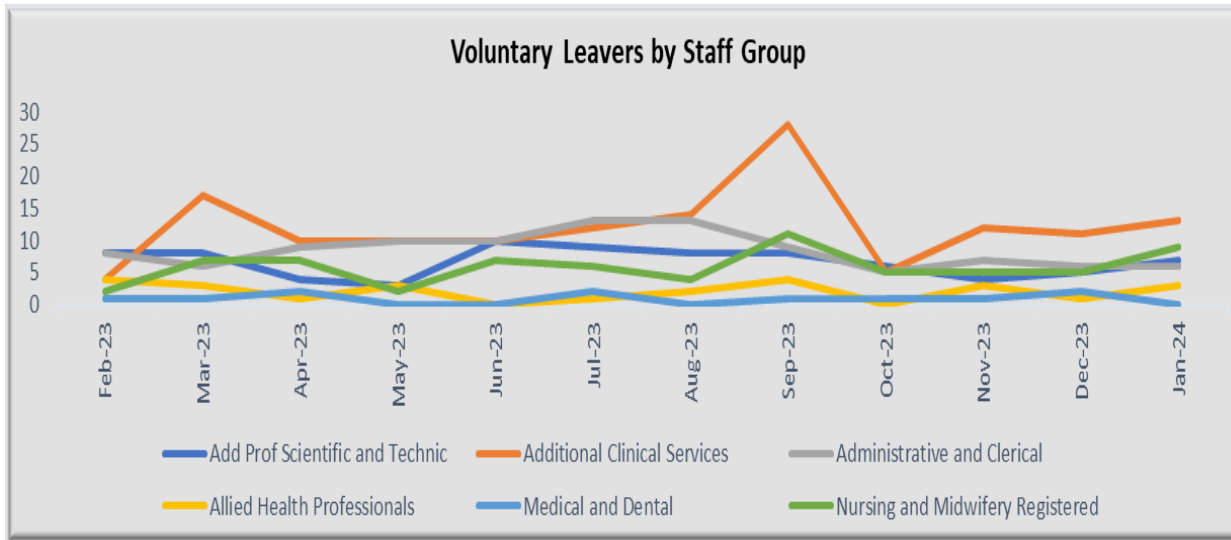
**Variation**

- H** Special Cause Concerning variation
- L** Special Cause Improving variation
- C** Common Cause

**Assurance**

- P** Consistently hit target
- ?** Hit and miss target subject to random
- F** Consistently fail target

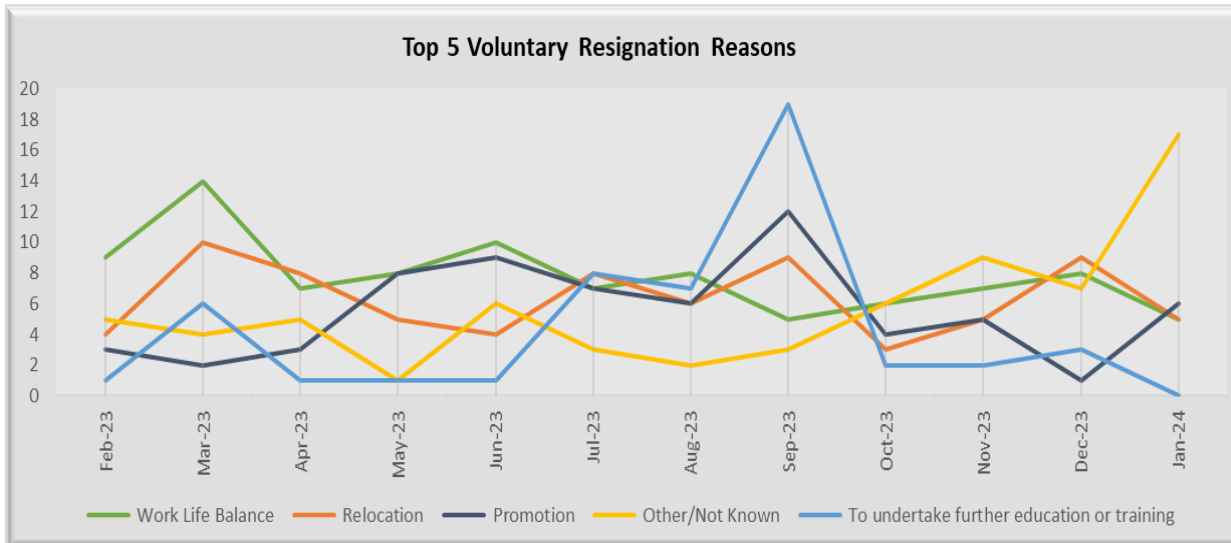
## 2. Retention



Turnover has remained at 10.5% or 10.6% for the last three months. Our stability rate has also maintained a positive rate.

The People and OD Group and Recruitment and Retention Group have refreshed retention plans for 2023/4, centring around the Trust’s annual plan key areas of:

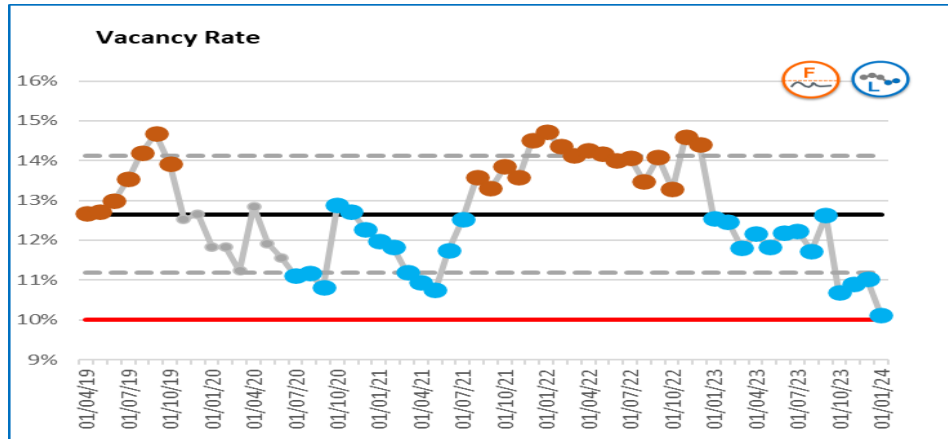
- Belonging and inclusion
- Talent management
- Leadership development
- Resetting our fundamental standards of people management



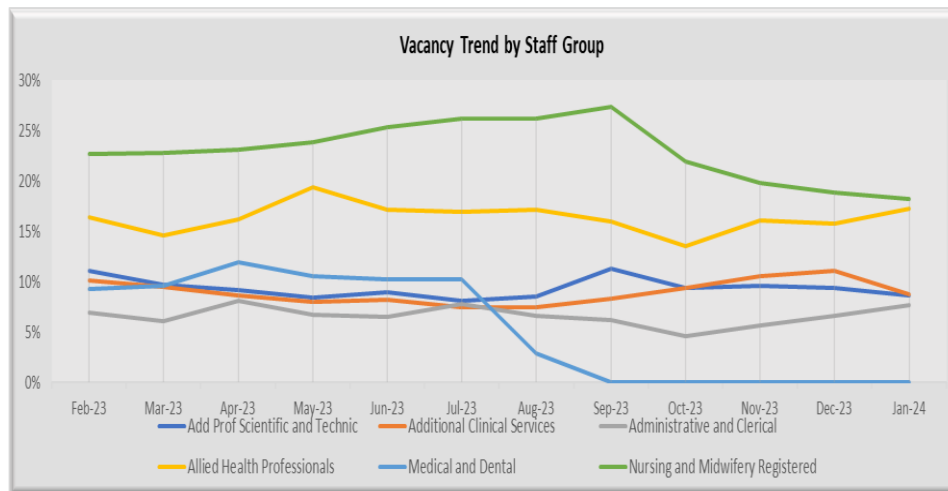
These are supported by our ongoing engagement with staff, together with our wellbeing offer, benefits and staff reward and recognition.

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

# 3. Recruitment

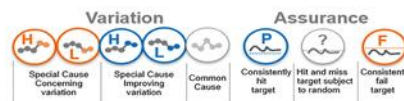


The net impact of new starters, leavers and an increased establishment has resulted in our vacancy rate reducing from 11% in Month 9 to 10.1% in Month 10.



The establishment increased by 194 FTE this year (12.5 FTE since Month 9). Had it not increased, our vacancy rate would be 6%.

Due to positive recruitment and retention, the number of staff in post increased by 51 FTE since Month 9, 312 FTE since January 2023, and 585 FTE since January 2022.



## 3. Recruitment

Vacancy rates in our key staff groups are:

- **Registered nursing** – 18.2% (down from 18.9% in M9). This is the lowest nurse vacancy rate achieved for two years. Staff in post increased by 6 FTE. There are 48 external candidates in the recruitment pipeline at offer/starting stage.
- **Allied Health Professionals (AHPs)** – 17.2%. Band 5 OTs have been a particular challenge to recruit to, however, we have 24 OT apprentices currently, qualifying in January and September 2024 and as a result we predict that by Summer we will have reduced vacancies close to zero. A speech and language therapy apprenticeship is being developed.
- **HCSWs** – 8.5% (down from 10% in M9). Since M9, the establishment reduced by 15.6 FTE and staff in post reduced by 6 FTE. There is currently a pipeline of 47 FTE
- **Medical staff** – 40 medical vacancies - 23 are Consultant vacancies, 15 are Specialty Doctor vacancies – 8 have recently appointed to and in the pipe line recruitment.
- **Psychology** – 21.25% (down from 22% in M9). Active recruitment is underway
- **Social Work** – 14%. Three staff have commenced their social work apprenticeship in September 2023 and we are looking to recruit more to commence this coming September.

# 3. Recruitment

Our key recruitment metrics are as follows:

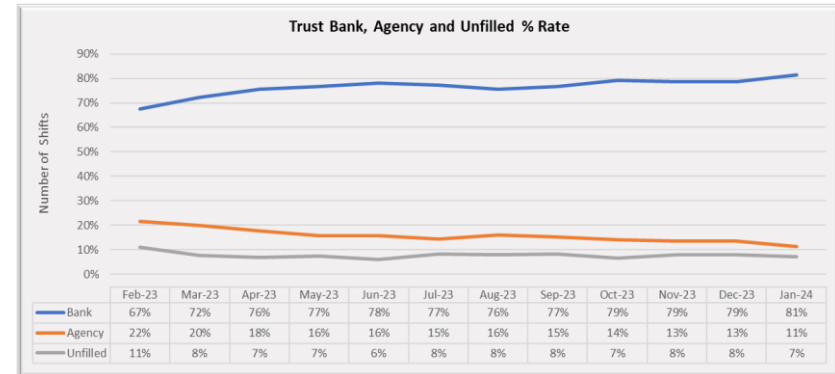
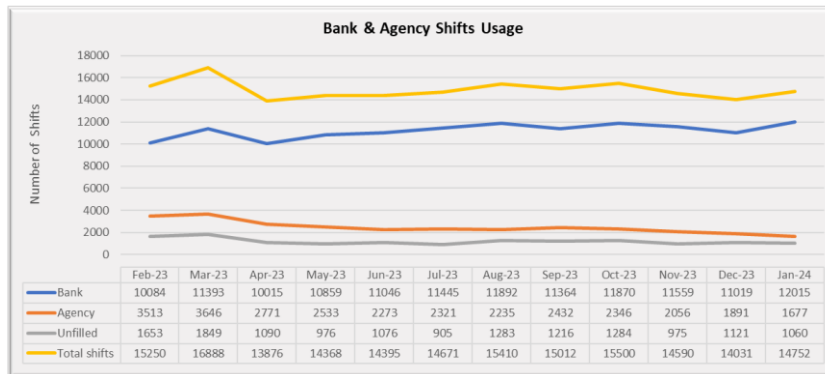
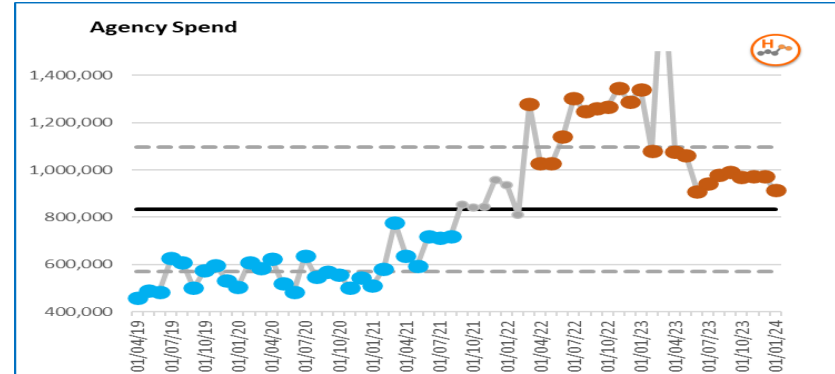
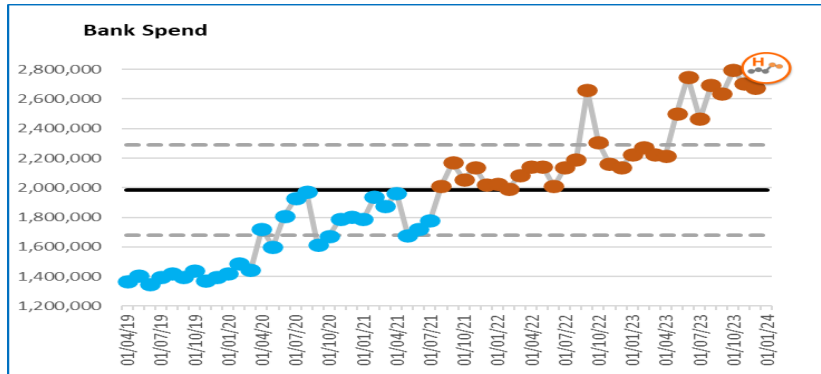
- Recruitment pipeline of recruiting to 529 FTE posts (251 external in firm offer/starting stage)
- Our time to hire has remained below our 52 day target, achieving 47.7 days (46.8 days in Month 9). Streamlining changes as a result of a full process review are now fully visible in our time to hire as legacy recruitment episodes are concluded. In addition, our ‘Start Date Ready’ facility launched in October, which further streamlines and improves the onboarding experience. We will continue to focus on the two most significant contributors to delays: time to approve vacancies on Trac; and time to shortlist.

The Recruitment and Retention Group and People and OD Group monitor our recruitment metrics to ensure ongoing improvement.

Process Step	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	1.7	4.4	4.2	4.5	4.4	3.8
Time to advertise	2	Granted	Adv Start	1	2.4	1.6	3.1	1.6	2.1	2.2
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	1	1.1	1	1.1	1	1.0
Time to shortlist	5	Shortlist	I/V Gateway	2	3.6	2.8	2.9	3.6	3.4	3.3
Time to send interview invites	6	I/V Gateway	Setup	2	1.2	0.8	0.4	1	0.5	0.8
Time to update interview outcomes	7	Last IV	Offer Gateway	2	1.7	1.6	6.6	3.1	2.9	3.2
Time to send conditional offer	8	Offer Gateway	Cond Offer	1	0.5	2.2	1.7	1.2	1.6	1.4
Conditional offer to Checks OK	9	Cond Offer	Checks OK	28	26.1	22.4	17.7	15.8	22.6	20.9
Checks OK to starting letter sent	10	Checks OK	Start letter sent	2	0.5	1.1	1.6	1.2	0.8	1.0
<b>Total</b>				<b>52</b>	<b>48.7</b>	<b>48</b>	<b>49.2</b>	<b>43.1</b>	<b>49.3</b>	<b>47.7</b>



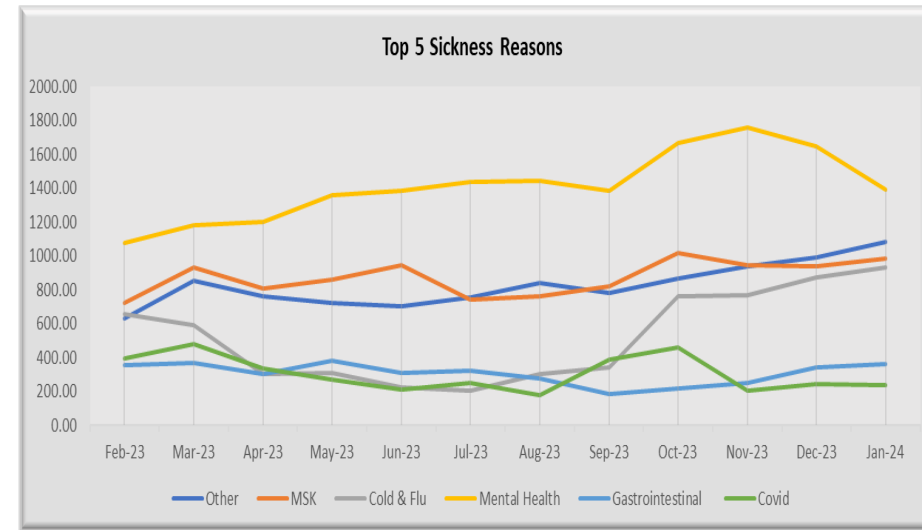
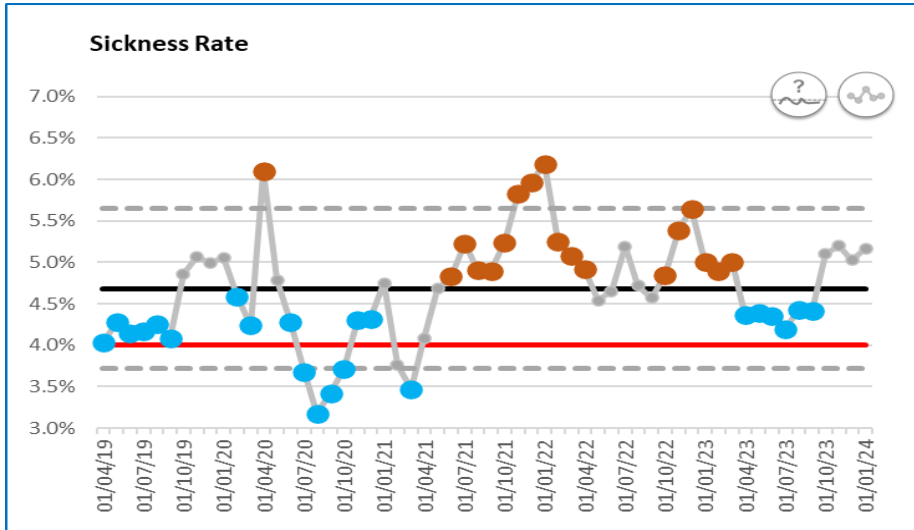
# 4. Temporary Staffing



- Temporary staffing demand increased in Month 10, although demand remains lower than in January 2023 (by 1000 shifts). Bank fill rates increased from 79% in Month 9 to 81% in Month 10, with only 7% of shifts unfilled. In Month 10 of the last financial year, 12% of shifts were unfilled.
- Bank spend increased by £270k since Month 9. However, agency spend reduced by £60k and accounted for only 11% of requested temporary staffing shifts, compared to 24% in January 2023.
- 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 5% in Month 9 to 5.1% in Month 10. Although mental ill health related absence reduced, high levels of respiratory infections caused absence rates to remain high.
- 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 positive impact on mental ill health related absence. This support is therefore being reviewed in order to refresh our offer to ensure a more robust and targeted approach. A particular focus will be on prevention, particularly at local level. A manager’s toolkit for supporting staff mental health has already been launched, our Appraisal App will include a more detailed wellbeing conversation from April 2024 and the NHS Expectations of Line Managers has also been launched together with management training to ensure all staff are well supported.
- The People and OD Group continues to monitor the impact of our wellbeing plans.

## 6. Employee Relations

- **Disciplinary Cases** – There are 43 cases open in month 10 (compared to 44 in month 9)
- **Employee relation cases** – There are 69 open cases (compared to 87 in Month 9)
- **Suspensions** have reduced from 10 in Month 9 to 8 in Month 10.
- **Formal grievance cases** – there are 14 open cases (compared to 15 in month 9). Although many are being resolved quickly, several have encountered delays as a result of the employee's ill health, which has hindered their ability to engage in resolution.
- **Employment Tribunals** - there remain 5 employment tribunal claims, of which 2 are from the same claimant.

### Key Actions

- BAME staff continue to be overrepresented – and this remains a continued area of focus and action as we implement our Belonging and Inclusion Strategy. A deep dive into HCSW disciplinary cases is underway to identify actions to rectify the fact that they account for the majority of cases, which in turn leads to more BAME staff entering the process.
- Formal hearings are now being arranged in advance to avoid delay and a further round of quarterly deep dive meetings are currently being held with each SBU to ensure cases are being progressed swiftly and agreed actions are embedded.
- A review of the decision making panel is taking place and a new case management system is being explored as part of our work to streamline and modernise these processes.



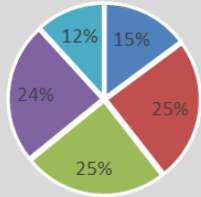
# 7. Belonging and Inclusion

- The co-produced Belonging and Inclusion Strategy and action plan were approved by Board in October. The strategy was formally launched in November, when the Trust also signed the NHS Sexual Safety Charter and the Unison Anti-Racism Charter.
- Our strategic plans focus on three areas:
  - Embedding an inclusive culture
  - Ensuring we have a diverse workforce
  - Eliminating discrimination
- Our strategy and action plan will address underrepresentation in our workforce and resolve the differing experience of staff in conduct and performance management, development and career progression so that every person feels a strong sense of belonging and inclusion and we eliminate discrimination.
- As part of our plans, this reports aims to provide greater visibility of our workforce profile, to better identify inequalities and measure the impact of our strategy.
- Our quarterly reports will continue to provide quarterly updates on our Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) metrics.

	Starters	Leavers
<b>Gender</b>		
Male	23	10
Female	73	42
<b>Disability</b>		
Yes	14	3
No	66	38
Undisclosed	16	11
<b>Ethnicity</b>		
White	49	30
BME	42	17
Undisclosed	5	5
<b>Age Group</b>		
Under 20	1	0
21-30 years	35	10
31-40 years	19	10
41-50 years	22	8
51-60 years	14	17
61-70 years	4	7
71+ years	1	0
<b>Religion / Belief</b>		
Atheism	24	5
Christianity	32	17
Hinduism	6	2
Islam	6	4
Other	9	8
Undisclosed	19	16
<b>Sexual Orientation</b>		
LGBTQ+	12	1
Heterosexual	73	42
Undisclosed	11	9

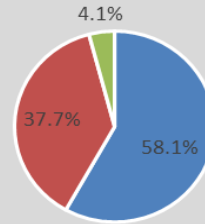
# 7. Belonging and Inclusion

Age Profile



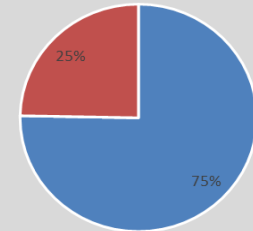
18-29 30-39 40-49 50-59 60+

Ethnic Group



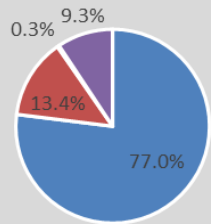
White BME Not Stated

Gender Profile



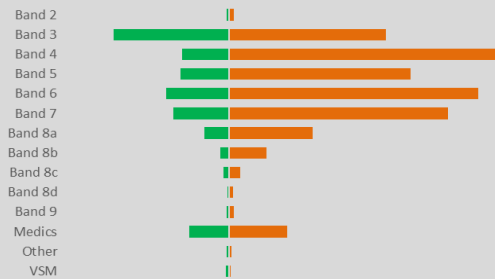
Female Male

Disability Profile



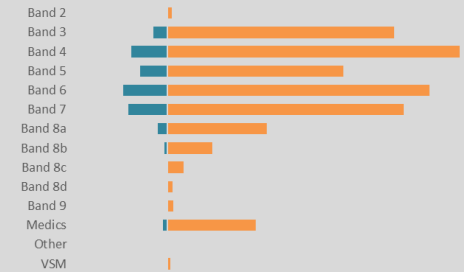
No Not Declared Prefer Not To Answer Yes

Gender Profile



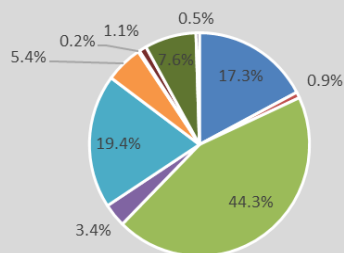
Male Female

Disability Profile



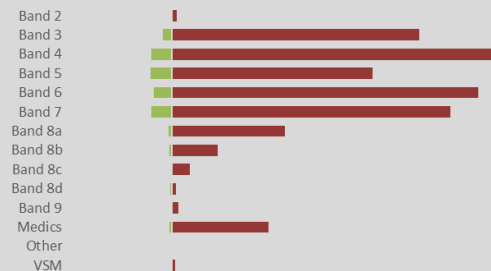
Yes No

Religious Belief



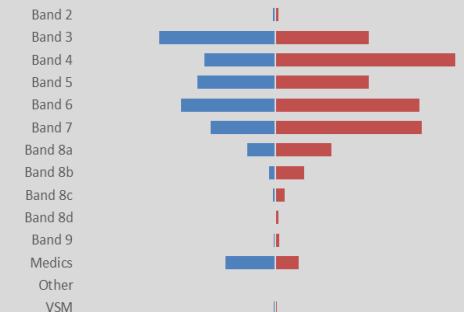
Atheism Buddhism Christianity Hinduism Not Declared  
Islam Jainism Judaism Other Sikhism

Sexual Orientation



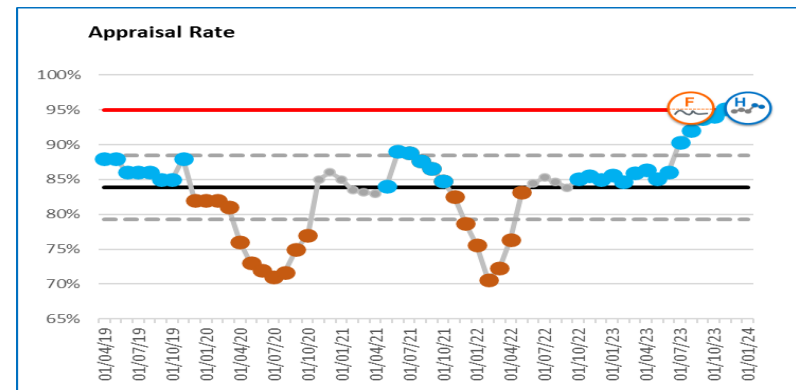
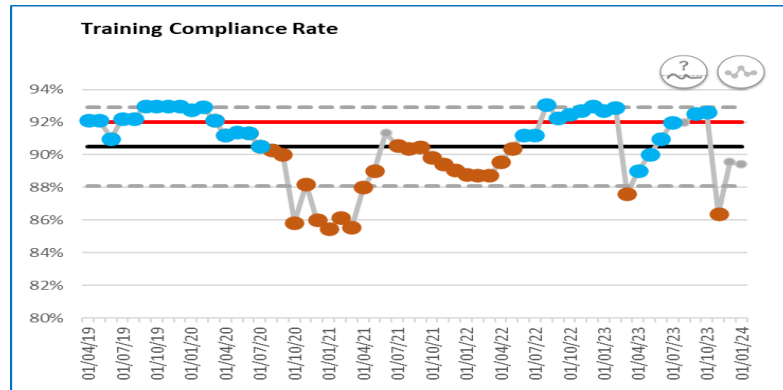
Heterosexual or Straight LGBTQ

Ethnic Profile



White BME

# 8. Staff Development



- Mandatory training compliance reduced from 89.6% in Month 9 to 89.4% in Month 10. Additional training courses and venues, plus the use of external training providers continue to enhance capacity. In addition, training provision is currently being reprocured to ensure ongoing value for money.
- Tier 1 Oliver McGowan eLearning launched in July 2023. Compliance increased from 66% in Month 9 to 74.2% in Month 10.
- Personalised, targeted weekly reminders and full integration with the Spike performance dashboards plus regular reporting of compliance are in place to achieve compliance.
- Appraisal compliance increased from 95.5% in Month 9 to 95.8% in Month 10, exceeding our target of 95% and the highest compliance rate achieved historically. 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 the 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.

## 9. New Role/Apprenticeships

- There are currently **135 apprentices** (up from 134 in Month 9). 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 **29 Professional Nurse Associates (PNAs)**. PNAs carry out restorative supervision sessions, career conversations and support improvement projects.
- 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. We are mobilising a project to add a further 4 apprentices in September 2024.
- The **Occupational Therapy (OT)** apprenticeship which commenced in January 2021 will have two cohorts of apprentices qualifying as OTs this month and in Summer 2024, which will mean that we will have zero Band 5 OT vacancies. We continue to recruit on to the apprenticeship programme to maintain this pipeline.
- A **Speech and Language Therapy** apprenticeship is being explored with education partners to start in 2025, in order to create a similar pipeline as we have for OTs.
- 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

In conclusion:

- The Trust has maintained strong progress against the majority of the people and OD metrics
- The remainder of Quarter 4 will see a strong focus on recruitment and retention, in particular:
  - **Hotspot Recruitment and Retention** – continuing the focus on recruitment and retention hotspots including nursing, medical staff and psychological therapy staff.
  - **Staff Experience** - working with staff to coproduce detailed action plans in response to the 2023 annual staff survey feedback and continuing to implement our Belonging and Inclusion Strategy and action plan
  - **Retention Exemplar Programme** – we have now recruited to the People Promise Manager post and work on the national programme will commence at the end of Q4
  - **Appraisals and Development** – preparing for the 2024/5 appraisal window to ensure that all our people are part of a great appraisal conversation and are aware of our refreshed comprehensive development offer
- In addition, we will continue our work on reducing temporary staffing costs and recovering our training compliance.

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

## Report to the PUBLIC Board of Directors

<b>Meeting Date:</b>	28 March 2024	<b>Agenda Item:</b> 10
<b>Report Title</b>	Belonging and Inclusion	<b>For publication:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Report Author (s)</b>	Jo Humphries, Chief People Officer	
<b>Approved by:</b>	Jo Humphries, Chief People Officer	

<b>The Board is asked to:</b>
<p>Receive the report which provides an update on Belonging and Inclusion.</p> <p>Approve the Gender Pay Gap and Ethnicity Pay Gap reports for publication.</p>

<b>Executive Summary</b>
<p>Our co-produced Belonging and Inclusion Strategy was launched in November 2023 and has three key ambitions:</p> <ol style="list-style-type: none"> <li>1. <i>Inclusive Culture</i></li> </ol> <p>As part of this ambition, we committed to delivering an inclusive cultural programme of work to support everyone to feel a sense of belonging and that they are included and able to thrive as part of HPFT. Belonging and inclusion is now being incorporated into our everyday practices, such as corporate induction, leadership development, appraisals and our monthly calendar of inclusive events. In addition, we piloted a Conscious Inclusion workshop at our recent Big Conversation engagement event, which was very highly rated by attendees and has helped to start shaping our Trust wide programme.</p> <ol style="list-style-type: none"> <li>2. <i>Diverse Workforce</i></li> </ol> <p>The attached reports on the Trust gender pay gap and ethnicity pay gap are part of our commitment to ensure visibility of the diversity of our workforce and the gaps that require further action. Our monthly workforce reporting has also been updated to include a more comprehensive belonging and inclusion dashboard so that we can monitor the impact the actions we are taking and continue to identify areas of concern and address these. We are working on our employer value proposition to ensure that our attraction campaigns are targeted so that we attract new staff with difference backgrounds.</p> <ol style="list-style-type: none"> <li>3. <i>Elimination Discrimination</i></li> </ol> <p>We have visibly demonstrated our commitment to eradicating discrimination, for example, in signing up to the Unison Anti-Racism Charter and the NHS Sexual Safety Charter. We aim to eradicate discrimination through education and targeted actions. We are therefore working on training and processes to address discrimination towards our staff from people who use our services and the public, in addition to developing a cultural programme with our people.</p> <p>The attached papers relate to our ambition in relation to a Diverse Workforce. The papers provide information on the gender pay gap and ethnicity pay gap at the Trust. As an</p>

employer with 250 or more employees, the Trust is legally required to report gender pay gap data as at the snapshot date of 31 March 2023 by 31 March 2024. There is no legal requirement to report on the ethnicity pay gap at present, however, we have elected to do so as part of our Belonging and Inclusion Strategy commitments. The parameters required for gender pay gap reporting have been used to produce the ethnicity pay gap reports in the absence of any separate legislation and guidance.

The headline data from the attached gender pay gap report is as follows:

- The mean gender pay gap is 7.94%
- The median gender pay gap is -1.99%
- The mean gender bonus gap is 11.77%
- The median gender bonus gap is 35%
- The bonus proportions of male and females who are in receipt of a bonus are males 1.69% and females 0.55%
- The quartiles are;
  - In Quartile 1 there are 26% male staff and 74% female staff
  - In Quartile 2 there are 28% male staff and 72% female staff
  - In Quartile 3 there are 23% male staff and 77% female staff
  - In Quartile 4 there are 30% male staff and 70% female staff

The headline data from the attached ethnicity pay gap report is as follows:

- The mean ethnicity pay gap is -0.20%
- The median ethnicity pay gap is 3.87%
- The mean bonus ethnicity gap is 25%
- The ethnicity bonus gap is -85.64%
- The bonus proportions are white 0.52% and 1.30% BAME
- The quartiles are;
  - In Quartile 1 there are 62% white staff and 38% BAME staff
  - In Quartile 2 there are 48% white staff and 52% BAME staff
  - In Quartile 3 there are 57% white staff and 43% BAME staff
  - In Quartile 4 there are 59% white staff and 41% BAME staff

We will continue to report and monitor pay gaps annually as a snapshot on the 31 March each year, reporting on data as at the preceding 31 March.

## Recommendations

The Board is asked to:

- **Approve** the submission of Trust's gender pay gap data via the online portal for gender pay gap reporting; and
- **Approve** the publications of both the ethnicity pay gap and gender pay gap reports on the Trust's internet site.

## Implications

<b>Risk and Assurance</b>	N/A
<b>Equality, Diversity and Human Rights</b>	Gender pay gap and ethnicity pay gap reporting seeks to identify inequalities in order to address these and achieve equity.
<b>Quality</b>	N/A
<b>Financial</b>	N/A
<b>Service Users and Carer Experience</b>	N/A

<b>People</b>	The purpose of our belonging and inclusion work is to ensure that we embed an inclusive culture, with a diverse workforce and eliminate discrimination so that all our people can thrive and bring their best selves to work for the benefit of our service users and carers.
<b>Legal and Regulatory</b>	There is a legal obligation to submit gender pay gap data to the national portal by 31 March 2024 and to publish the report on our website.
<b>Digital</b>	N/A
<b>System</b>	N/A
<b>Sustainability</b>	N/A

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



# **Gender Pay Gap Report**

## **For the period ending 31<sup>st</sup> March 2023**

### **1. Introduction**

- 1.1 This is the seventh Gender Pay Gap report for Hertfordshire Partnership University NHS Foundation Trust, and it is a welcome addition to the workforce data that the Trust uses to monitor diversity and informs our decision-making regarding workforce inequalities.
- 1.2 The workforce at HPFT is predominantly female, which is in common with the wider NHS. HPFT has a good track record of promoting diversity within the workforce. The Trust uses this data to recognise that inequalities continue to exist and drive the actions that we take to address those inequalities.
- 1.3 The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017, which came into force on 31<sup>st</sup> March 2017, has made it a statutory requirement for organisations with 250 or more employees to report their gender pay gap annually by 31<sup>st</sup> March, as at 31<sup>st</sup> March the previous year.

### **2. Purpose of this report**

- 2.1 This report sets out the information that the Trust is required to publish and some further information that has shaped our current action planning. These actions are included as next steps at the end of this report. The Trust will continue to build on the progress it is making in promoting diversity and equality within the workforce and living our values of being welcoming, kind, positive, respectful, and professional.

### **3. Background to Gender Pay Gap Reporting**

- 3.1 Since the 31<sup>st</sup> March 2017, it has been a legal requirement for public sector organisations with more than 250 employees to report annually on their gender pay gap.
- 3.2 The first report was published in 2018, and was informed by 'snapshot data' as at 30<sup>th</sup> March 2017. The second and third reports were published in 2019, and 2020 and were informed by 'snapshot data' as at 31<sup>st</sup> March for each previous reporting year. This year's report is informed by 'snapshot data' as at 31<sup>st</sup> March 2023
- 3.3 The report must include:
  - ✓ The mean and median gender pay gaps
  - ✓ The mean and median gender bonus gaps
  - ✓ The proportion of men and women who received bonuses
  - ✓ The proportions of male and female employees in each pay quartile
- 3.4 The definitions set out in the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 and NHS Employers guidance on the definitions of ordinary and bonus pay have been followed in preparing this report.

- 3.5 The gender pay gap shows the difference in the average pay between all men and women in the workforce. The gender pay gap is different to equal pay. Equal pay deals with pay differences between men and women who carry out the same, or similar, jobs or for work of equal value. It is unlawful to pay people unequally on the basis of gender. It is possible to have pay equality but still have a significant gender pay gap.
- 3.6 The Gender Pay Reporting regulations were specifically introduced to facilitate a national shift towards greater equality in the average hourly earnings of men and women. This is influenced by a range of factors, including:
- ✓ Women historically working in lower-paid occupations and sectors and occupying less senior roles
  - ✓ Women taking time out and / or working part-time due to unequal sharing of caring responsibilities
  - ✓ Historical stereotyping and workplace cultures that were unsupportive
- 3.7 The Trust is committed to the principle of equal opportunities and equal treatment for all employees regardless of sex, race, religion or belief, age, marriage or civil partnership, pregnancy / maternity, sexual orientation, gender reassignment or disability. On this basis, the Trust has a clear policy of paying employees equally for the same or equivalent work, regardless of their sex (or any other characteristic set out above), The Agenda for Change pay framework is designed to support NHS Trusts in ensuring NHS employees are paid equally and this is fully embedded within the Trust.
- 3.8 The Trust has a largely female workforce, like many other NHS organisations, with 73% of the workforce being female, and 27% male.

#### **4. Definitions and Scope**

- 4.1 There are six measures that must be included in a gender pay gap report – these are:
- ✓ The mean gender pay gap
  - ✓ The median gender pay gap
  - ✓ The mean gender bonus gap
  - ✓ The median gender bonus gap
  - ✓ The proportions of men and women who received a bonus
  - ✓ The proportions of men and women in each quartile pay bands
- 4.2 The gender pay gap is defined as the gap between the mean or median hourly rate of pay that male and female colleagues receive.
- 4.3 The mean pay gap is the difference between the average hourly earnings of men and women – i.e. the hourly gap divided by the average for men equates to the mean gender pay gap.
- 4.4 The median pay gap is the difference between the midpoints in the ranges of hourly earnings of men and women – it takes all salaries in the sample, lines them up in order from lowest to highest and picks the middle-most salary.
- 4.5 This report is based on rates of pay as at 31<sup>st</sup> March 2023 and bonuses paid in the year 1<sup>st</sup> April 2022 to 31<sup>st</sup> March 2023. It includes all workers in scope as at 31<sup>st</sup> March 2023. In scope means all staff employed under a contract of employment including those under Agenda for Change terms and conditions, Medical and Dental terms and conditions and Trust contracts for very senior manager roles (VSM).

- 4.6 As a Foundation Trust, HPFT is empowered to determine the rates of pay for VSMs. The VSM roles in the Trust include the Chief Executive, Executive Directors and other senior managers with Board level responsibilities.
- 4.7 Only staff employed by the Trust at the snapshot date of 31<sup>st</sup> March 2023 are included in this report. This includes the Trust's bank staff. All data is taken from the Electronic Staff Record system (ESR).

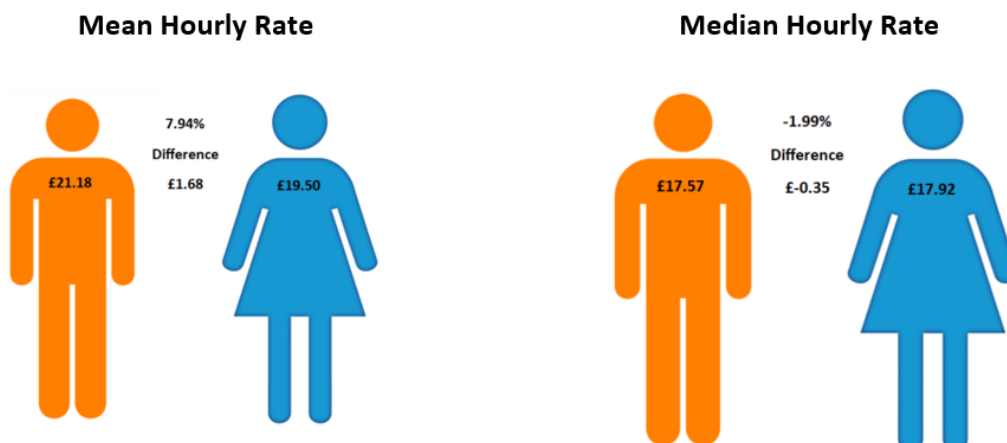
## 5 HPFT Gender Pay Gap and Pay Quartiles by Gender

### 5.1 The Trust's Gender Profile



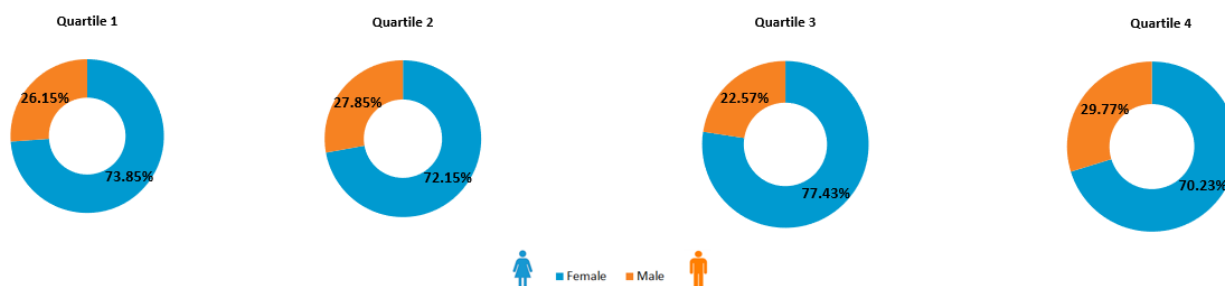
### 5.2 The Trust's Mean Gender Pay Gap and Median Gender Pay Gap

Our Mean Gender Pay Gap and Median Gender Pay Gap are illustrated by the graphic below.



### 5.3 The Trust's Staff by Earning Quartiles

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



5.4 The calculation of hourly rate of pay includes 'Full Pay Relevant Employees'. This means any employee who was employed on the snapshot date of 31<sup>st</sup> March 2023 and who was paid their usual full basic pay. That full basic pay includes;

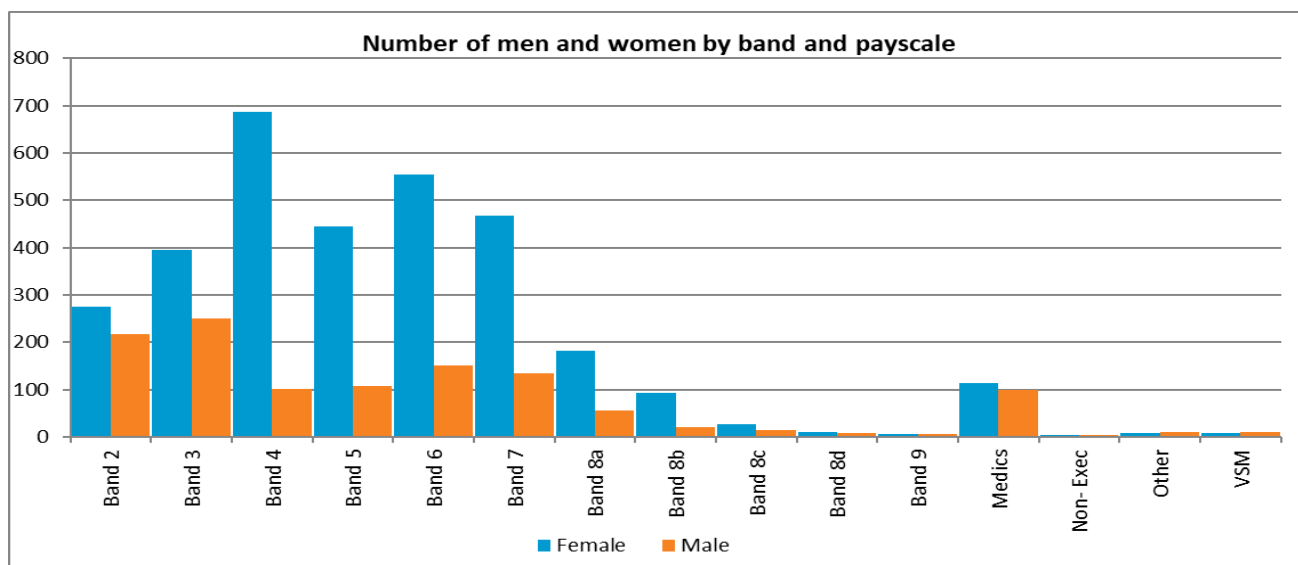
- ✓ Basic Pay
- ✓ Paid Leave – including annual leave, sick pay, maternity, paternity, adoption and parental leave (except where the employee is paid less than usual or is in the nil pay element of maternity leave)
- ✓ Area and other allowances
- ✓ Shift premium pay (which is defined as the difference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

5.5 It does not include any of the following elements:

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

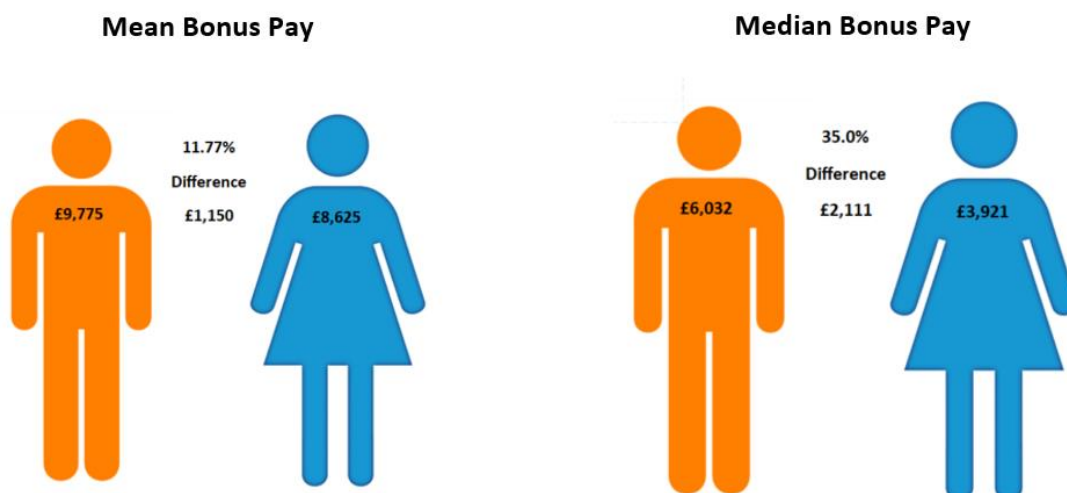
5.6 At HPFT, there is a mean gender pay gap of 7.94 % and a median pay gap of -1.99%. The staff earnings by quartiles helps explain this gap further as it highlights that in the first two quartiles, the workforce genders at HPFT are broadly representative of the overall workforce profile. However, in the 3rd quartile, women are overrepresented by approximately 4.5% against the overall workforce profile position, and in quartile 4 women are under represented by 3%. Historically, there is higher male representation at a senior level in the NHS overall. It is also worth noting that the Trust employs more women than men in every category, including the 4<sup>th</sup> quartile group, which is where our highest earners are grouped.

5.7 The Trust's gender profile by Band is shown on the following page:



## 6 Bonus Pay and Gender Pay Gap Bonus Pay

### 6.1 The Trust's Mean Bonus Gender Pay Gap and Median Bonus Gender Pay Gap



### 6.2 The proportion of men and women who received a bonus

Gender	Number paid a bonus	Total Employees	% receiving a bonus
Female	18	3267	0.55%
Male	20	1183	1.69%

6.3 Within the Gender Pay Gap Regulations 'bonus pay' means any remuneration that is in the form of money relating to productivity, performance or incentive – within the Trust our consultants can be nominated for Clinical Excellence Awards (CEA payments, which recognise and reward those Consultants who perform over and above the standard expected for their role). The Trust also has a 'refer a friend' incentive scheme which is included in the bonus pay section of the data.

6.4 The regulations set out that bonus pay does not include ordinary pay, overtime pay, redundancy payments or termination payments.

6.5 For bonus pay, all staff are included that were employed at the snapshot date of 31<sup>st</sup> March 2023 18 male Consultants and 16 female Consultants were awarded CEA payments. These payments were made to consultants who have been employed prior to 2018 and where recurring CEA payments have been made inline with national agreements. The bonus pay also included 2 male and 2 females who have received a refer a friend incentive payment.

6.6 The mean gender bonus pay gap is 11.77% in favour of males, who earn on average £1150 more than their female colleagues in bonus payments. In comparison this was 35.37% in 2022 equating to males earning an average of £3596 more in bonus payments than their female colleagues.

6.7 The median bonus pay gap is 35% in comparison to March 2022 when it was 50%.

## 7 Conclusion and Next Steps

- 7.1 HPFT has a mean gender pay gap of 7.94% and a median pay gap across all staff groups of -1.99%. There has been a reduction of 0.97% in our mean gender pay gap in comparison to 2022.
- 7.2 HPFT has a mean gender bonus pay gap of 11.77% and a median gender bonus pay gap of 30%. There has been a reduction in our bonus gender pay gap of 23.6% in comparison to 2022 figures when it was 35.7% due to targeted action to encourage more female consultants to apply for the Clinical Excellence Award payments. This work continues to ensure parity in this element of pay.
- 7.3 Gender Pay Gap comparison data since reporting in March 2017 shows steady improvements.

	2017	2018	2019	2020	2021	2022	2023
%Gender payGap - Mean	7.67%	10.67%	11.55%	10.10%	9.92%	8.91%	7.94%
%Gender Pay Gap - Median	2.91%	2.56%	4.66%	4.11%	2.33%	-0.30%	-1.99%
%Bonus Gender Pay Gap -Mean	1.59%	36.34%	22.28%	38.52%	24.40%	35.37%	11.77%
%Bonus Gender Pay Gap -Median	56.45%	66.29%	23.55%	51.78%	8.93%	50.00%	35.00%

- 7.5 The Trust recognises that it has further work to do in positively impacting the gender pay gap position and have recently launched a new Belonging and Inclusion Strategy with specifically aims to eliminate discrimination and bias in any form. Any point of the employee journey which may be at risk of unintentional bias will continue to be scrutinised and any shortcomings eradicated.

# Ethnicity Pay Gap

February 2024

## 1. Introduction

The purpose of this report is to present the ethnicity pay gap data at HPFT. The aim of this report is to explore the ethnicity pay gap across HPFT. Understanding our ethnicity pay gap will inform all areas of policy and practice as we continue to work towards a fully inclusive culture, where difference is valued, where everyone has the option to work flexibly and where they can feel like they belong and can be their authentic selves.

This report covers the 2023 -24 reporting cycle, using a snapshot date 31 March 2023. This is the first HPFT ethnicity report which will be published annually by 31 March, as a snapshot as of 31 March the previous year.

## 2. Background

In 2018 the UK Government consulted on mandatory ethnicity pay gap reporting and whilst the 2020 Black Lives Matter protests led many organisations to publicly condemn racism and discrimination, few have taken steps to voluntarily disclose their ethnicity pay gap. In the absence of legislation, it is morally correct and good practice for HPFT to voluntarily complete ethnicity pay gap reports as part of our approach to improve inclusion and tackle inequality in the workplace. The Chartered Institute of Personnel and Development (CIPD) continue to call on the UK government to make this a mandatory requirement alongside gender pay gap reporting and on employers to do so voluntarily.

## 3. Ethnicity Pay Gap

The ethnicity pay gap is calculated by taking all employees across HPFT and comparing the average pay of our white employees with that of employees from ethnic minority groups. This means that even though the NHS has nationally agreed pay bands in place forming national terms and conditions of service including a national job evaluation process to ensure that everyone is paid fairly for undertaking the same or similar roles, it's still possible to have an ethnicity pay gap.

This year is the first year that HPFT are reporting the ethnicity pay gap and we will continue to do so to understand any differentials in pay between white staff compared to BAME staff. As a baseline, our mean ethnicity pay gap is -0.20% in favour of ethnic staff. Our median ethnicity pay gap is 3.87%.

We choose to report our ethnicity pay gap in the same way that we report on gender pay gap using the following six measures;

- Median ethnicity pay gap – the difference between the median hourly rate of white full -pay relevant employees and that of full pay relevant employees from ethnic backgrounds.
- Mean ethnicity pay gap – the difference between the mean hourly rate of pay of white full pay relevant employees and that of full-pay relevant employees from other ethnic backgrounds
- Median bonus gap – the difference between the median bonus gap paid to white relevant employees and that paid to relevant employees from ethnic backgrounds.
- Mean bonus gap – the difference between the mean bonus pay paid to white and other ethnic backgrounds.
- Bonus proportions – the proportions of relevant employees from white and other ethnic backgrounds who were paid bonus pay during the relevant period.
- Quartile pay bands – the proportions of full pay relevant employees from white and other ethnic backgrounds in the lower, lower middle, upper middle and upper quartile pay bands.

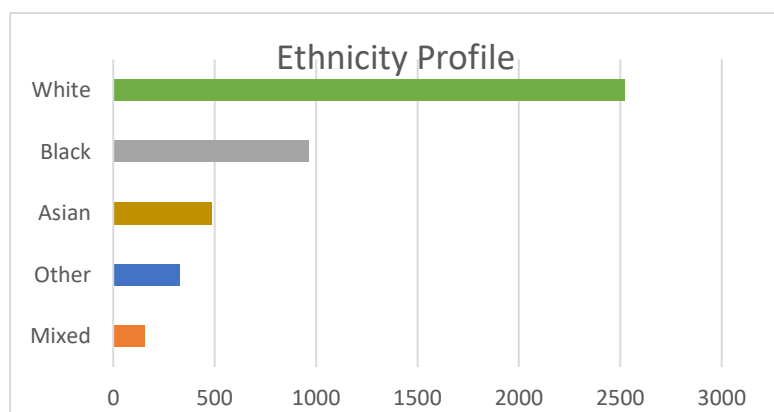
In order to better understand the context of the data relevant to HPFT in it important to view this in a broader context and the following two categories will be reported on;

- The proportion of our total UK workforce from black, Asian, mixed race and other ethnic groups.
- The proportion of our employees who have disclosed their ethnicity at HPFT.

## 4. Our 2023 data at a glance

### 4.1 The HPFT Ethnicity Profile

Visual 1 shows the ethnicity profile of staff at HPFT in actual numbers. There are 1,930 BAME staff and 2520 white staff at HPFT. This is 43.40% of BAME and 56.60% white staff.





### 4.2 Mean & Median – Ordinary Pay

Our mean and median ethnicity pay gap are set out in the visual 2 below.

Ethnicity	Avg. Hourly Rate	Median Hourly Rate
White	19.93	18.10
Bame & Others	19.97	17.40
Difference	-0.04	0.70
Pay Gap %	-0.20%	3.87%

Our mean ethnicity pay gap is -0.20% in favour of ethnic staff and our median is 3.87%.

### 4.3 Mean Ordinary Pay By Ethnic Categories

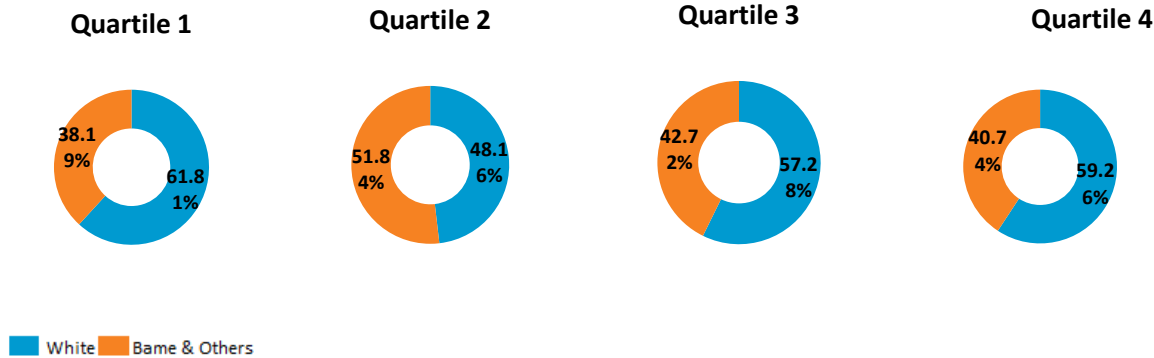
Our ethnicity pay gap is shown by the breakdown of ethnic groups that make up our main BAME category as set out in visual 3.

Ethnic Group	Mean Pay Gap	Median Pay Gap
Asian and Asian British	-12%	0%
Black, Black British, Caribbean, or African	8%	7%
Mixed or multiple ethnic groups	4%	1%
Other/Not Disclosed	-5%	-2%

This shows that our ethnicity pay gap is in favour of Asian and Asian British staff showing a -12% mean pay gap and less so towards Black and Black British and Caribbean and African staff showing an 8% pay gap and 4% towards mixed and multiple ethnic groups.

### 4.4 The Trust’s Staff by Earning Quartiles

Visual 4 illustrates the proportions of white and BAME staff in each quartile of the Trust’s pay bands. For clarity, Quartile 1 is our lowest pay band quartile and quartile 4 is our highest pay band quartile.



Visual 5 shows the actual numbers in each quartile and the percentages as set out in the doughnut visuals in each quartile.

Quartile	White	BAME & Others	White %	BAME & Others %
1	688.00	425.00	61.81%	38.19%
2	536.00	577.00	48.16%	51.84%
3	637.00	475.00	57.28%	42.72%
4	659.00	453.00	59.26%	40.74%
Total	2520	1930	56.6%	43.37%

The gender pay gap reporting guidance notes under/over representation at the 50%. This therefore shows BAME staff are underrepresented at each of the pay quartiles except for quartile 2. Compared to the Trust overall representation of BAME staff of 43.37%, Quartiles 1 and 4 show underrepresentation.

The calculation of hourly rate of pay includes ‘Full Pay Relevant Employees’. This means any employee who was employed on the snapshot date of 31<sup>st</sup> March 2023 and who was paid their usual full basic pay. That full basic pay includes;

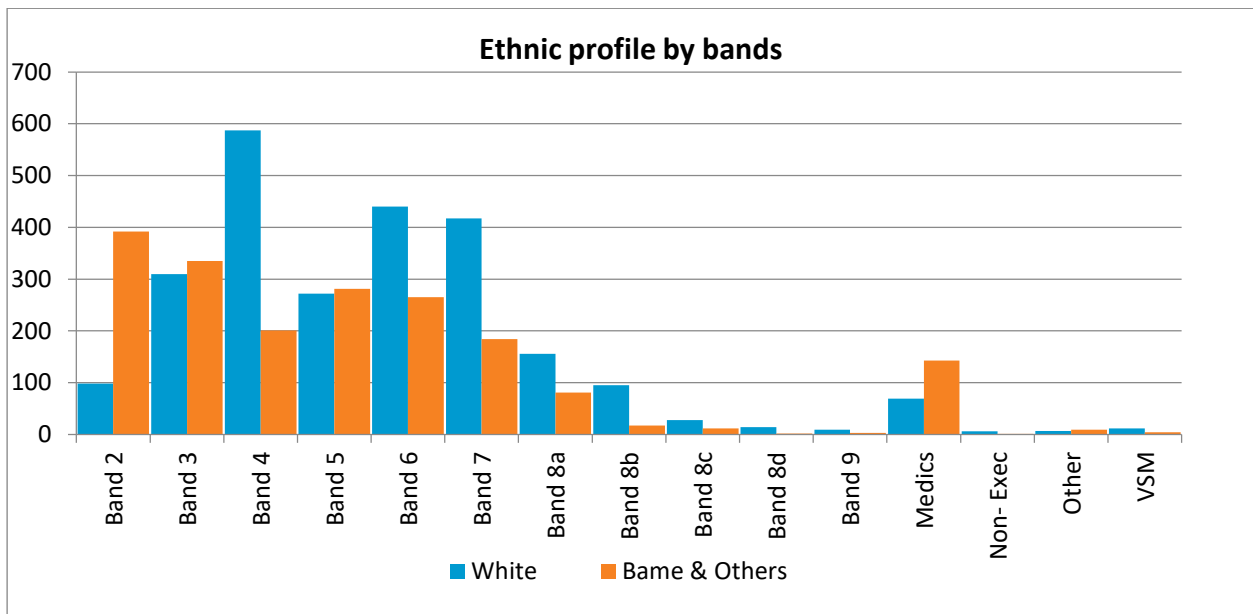
- ✓ Basic Pay
- ✓ Paid Leave – including annual leave, sick pay, maternity, paternity, adoption and parental leave (except where the employee is paid less than usual or is in the nil pay element of maternity leave)
- ✓ Area and other allowances
- ✓ Shift premium pay (which is defined as the difference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

It does not include any of the following elements:

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

#### 4.5 Ethnicity by Band

The Trust’s ethnic profile by Band is shown in visual 6:



The ethnic profile by bands shows that BAME staff are overrepresented at band 2 and 3, underrepresented at all other bands across the Trust except in medical staffing and at band 5. Under representation is particularly evident at band 8 and 9 and at NED and VSM level.

#### 4.6 Bonus Pay and Gender Pay Gap Bonus Pay

The Trust's Mean Ethnicity Bonus Pay Gap and Median Ethnicity Bonus Pay Gap are shown in visual 7 below.

Ethnicity	Mean Bonus Pay Gap	Median Bonus Pay Gap
BonusWhite	5,904	4,826
Bame & Others	10,960	6,032
Difference	-5,056	-1,206
Pay Gap %	-85.64%	-25.00%

Our bonus ethnicity gap is -85.64% in favour of BAME staff this is because the bonus gap consists of CEA payments paid to medical staff where there are more BAME staff

#### 4.7 Mean & Median – Bonus Pay by Ethnic Categories

A breakdown of ethnic categories that make up our BAME is shown by the ethnic groups set out in visual 8 below.

Ethnic Group	Mean Bonus Pay Gap	Median Bonus Pay Gap
Asian and Asian British	-83%	-88%
Black, Black British, Caribbean, or African	-176%	-525%
Mixed or multiple ethnic groups	N/A	N/A
Other/Not Disclosed	-62%	52%

The proportion of white and BAME staff who received a bonus is shown in visual 9 below.

Ethnicity	Employees Paid Bonus	Total Relevant Employees	%
White	13.00	2520.00	0.52%
Bame & Others	25.00	1930.00	1.30%

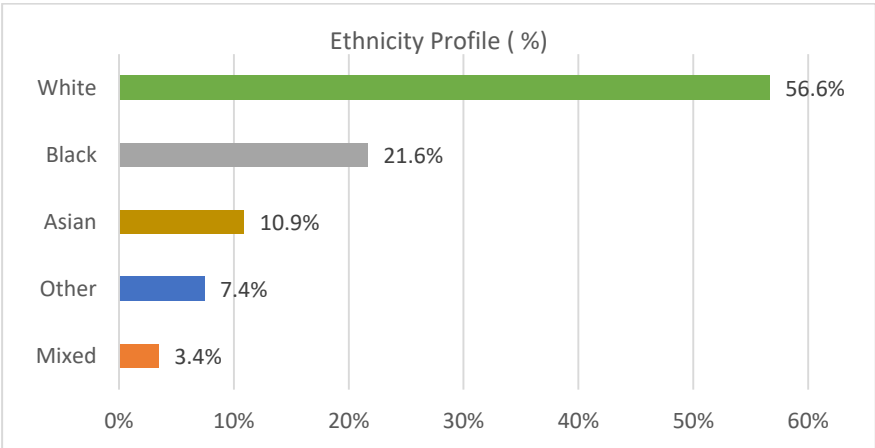
**4.8 Proportion of our employees who have disclosed their ethnicity.**

Visual 10 shows the proportion of staff who have disclosed their ethnicity.

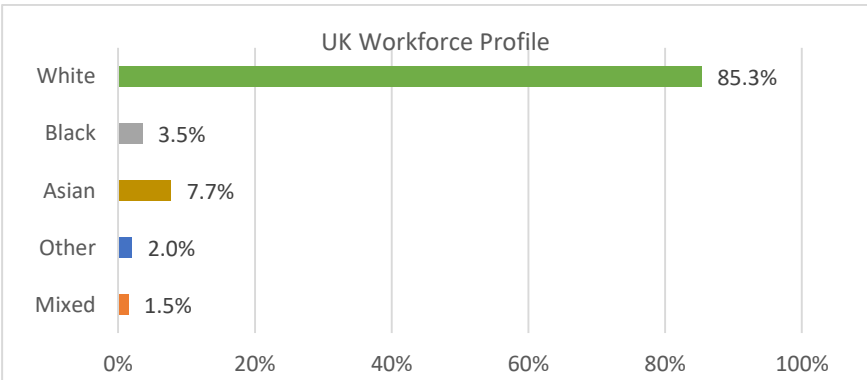
Ethnic Group	Number of employees who disclosed ethnicity	% of employees who disclosed ethnicity
White	2520	57%
Asian and Asian British	640	14%
Black, Black British, Caribbean, or African	963	22%
Mixed or multiple ethnic groups	153	3%
Other/Not Disclosed	174	4%
<b>Totals</b>	<b>4450</b>	

**4.9 Comparisons**

The HPFT ethnicity data for HPFT is shown in visual 11 as a percentage to enable comparison with national data.

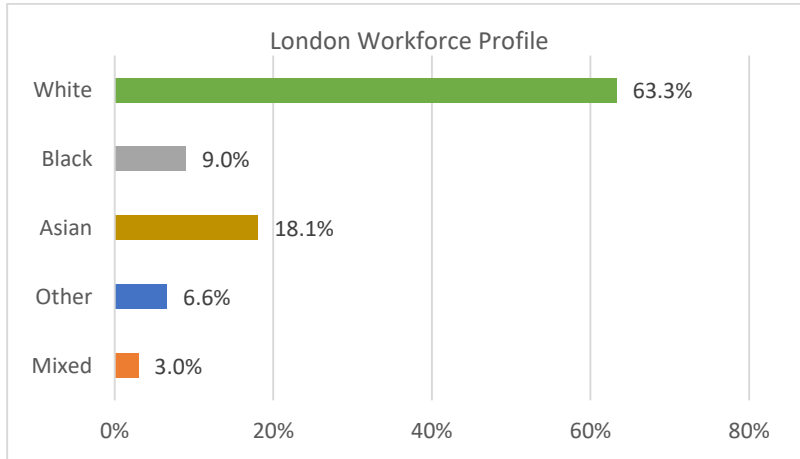


Visual 12 shows the UK Workforce Ethnicity Profile



Source - Analysis of Labour Force Survey April – June 2023

Visual 13 shows the London Workforce Ethnicity Profile



Source – Analysis of Labour Force Survey April – June 2023

Further analysis on staff posts codes will be undertaken and whilst this work is being carried out our ethnicity profile is more diverse than the general UK and London workforce. This is because our recruitment processes and working practices continue to ensure that our roles are clearly open to people from more diverse groups.

## 5. Summary

In summary the key headlines from this report are;

- The mean ethnicity pay gap is -0.20%
- The median ethnicity pay gap is 3.87%
- The mean ethnicity bonus pay gap is -85.64%
- The median ethnicity bonus pay gap is -25%

The bonus proportions are white 0.52% and BAME 1.30%

The quartiles are;

- Quartile 1 white 62% and BAME 38%
- Quartile 2 white 48% and BAME 52%
- Quartile 3 white 57% and BAME 43%
- Quartile 4 white 59% and BAME 41%

Our ethnicity pay gap is in favour of BAME staff and our bonus pay gap is also in favour of BAME staff. Our quartiles show that there is under representation of ethnic staff in the all the quartiles except for quartile 2. This reflects that there are less staff from a BAME background in these quartiles and more significantly at higher levels of the organisation.

## **6. Conclusion**

We will continue to listen to our employees from different ethnic backgrounds across HPFT. We want to understand their lived experience of working with us to inform all areas of policy and practice. Our aim is to monitor and close any significant gaps in our median and mean pay gaps. We will do this by making all our vacant posts and roles accessible, flexible, and appealing to diverse pools of talent. We will continue to encourage applications from ethnically diverse groups, and we continue to work towards a fully inclusive culture where difference is celebrated and valued. And where everyone has the option of working flexibly so they can deliver the best care to our service users.

The Board is asked to note the report.

## Report to the Public Board of Directors

<b>Meeting Date:</b>	28 March 2024	<b>Agenda Item:</b> 11
<b>Report Title</b>	Report of the Finance and Investment Committee held on 14 March 2024	<b>For publication:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Report Author (s)</b>	Helen Edmondson, Head of Corporate Affairs & Company Secretary	
<b>Approved by:</b>	Philip Cave, Chief Finance Officer	

### The Board is asked to receive

Receive the report which provides an overview of the work undertaken by the Finance and Investment Committee at its most recent meeting on 14 March 2024.

### Executive Summary

The report details the work of the Finance and Investment Committee which met on 14 March 2024.

The Committee considered a number of reports that provided assurance regarding finance. It also considered and recommended for approval by the Board, plans for 2024/25.

### Recommendations

The Board are asked to note:

1. There were no formal matters to be escalated.
2. Board are asked note that the Committee recommended the Annual Plan 2024/25 and Capital Plan 2024/25 for approval by the Board.

### Implications

<b>Risk and Assurance</b>	The Committee is responsible for providing assurance regarding financial and commercial risks
<b>Equality, Diversity and Human Rights</b>	The Committee considered the Annual Plan and performance metrics which support delivery equity of provision.
<b>Quality</b>	The Committee is responsible for providing assurance regarding financial and commercial risks, which are closely aligned with management of quality.
<b>Financial</b>	The Committee considered a number of reports which detailed the financial position for the Trust.

<b>Service Users and Carer Experience</b>	The Committee considered annual plan delivery, performance metrics and reports on services all of which impact on service user experience
<b>People</b>	Ensuring the delivery of financial plan is important to ensuring positive staff experience.
<b>Legal and Regulatory</b>	Meeting statutory financial duties is a key legal requirement
<b>Digital</b>	No implications
<b>System</b>	Increasingly the Trust works with system partners to agree priorities and funding.
<b>Sustainability</b>	FIC is the lead Committee for oversight of sustainability.

<b>Strategic Objectives this report supports</b>	<b>Please tick any that are relevant</b>
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 14 March 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 14 March 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. Deep Dive – Year End 2023/24

- 2.1 The Committee received an update on the work under way to prepare for year end 2023/24. The Committee noted the Trust's position regarding year end and the planned submission of the annual accounts and the progress of key aspects of the External Audit plan. The update included details of the expected forecast out turn position, planned approach to provisions and deferred income.
- 2.2 Committee members noted that preparations were well underway and were based on best practice and learning from previous years. It was noted that the finance team are regularly meeting with the new External Auditors.
- 2.3 It was reported that there had been an agreement of balances at month nine and an update to this at month eleven.
- 2.4 Committee members welcomed the thorough planning and stated their view that the Trust was in a strong position for completing year end.

## 3. Finance 2023/24

- 3.1 The Committee received a report that set out the Trust's financial position at month ten. 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 £4.6m. It was noted that this position included the phasing in of additional resources from the Integrated Care Board (ICB).
- 3.2 It was reported that the Delivering Value programme was close to being on track and by year end would deliver against its target.

- 3.3 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.
- 3.4 It was reported that since month ten the ICB had made available additional income and that the Trust was likely to be reporting a surplus at year end. Committee members were updated on the additional and unplanned costs incurred due to the closure of Aston Ward.
- 3.4 The Committee were updated on the regional and ICB financial position.
- 3.5 In response to Anne Barnard's question it was confirmed that the Trust would be receiving all the expected income related to CQUIN for 2023/24.
- 3.6 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. It was noted that the closure of Aston ward had had an impact on some of the planned estates programmes but that there was sufficient 'flex' in the programme which would mean Trust would spend all the £9.7m capital allocation. It was reported that the finance and estates team were working closely together to monitor the programme and ensure the plan is fully delivered.
- 3.7 The Committee received a detailed report on the Trust's non pay expenditure for 2023/24, comparing it with previous financial years. Committee members considered the percentage increase in expenditure noting the enhanced financial controls in place, main categories of spend and how non-pay areas have contributed to the Delivering Value Programme.
- 3.8 In response to David Atkinson's question regarding expenditure on patient transport, the move to the single supplier was reported as having a positive impact in reducing costs, as had the establishment of a clear triage process.

#### **4. Financial Planning 2024/25**

- 4.1 The Committee considered a report that set out the initial financial planning position for 2024/25. It was noted that since being discussed by the Board at the end of February, there had been limited progress in negotiations. It was noted that the national planning guidance had not been published.
- 4.2 It was reported that the initial financial planning position reported a significant financial gap, largely driven by the reliance on non-recurrent income. It was reported that this position had been submitted to the ICB as the current position.
- 4.3 An update on the briefing conversations being held with commissioners was provided, noting that discussion would continue in the following weeks, with the aim of their being movement on the current gap.

The Committee discussed the importance of ensuring the Trust clearly articulated and evidenced the main drivers for the planning gap and also the need to be clear with commissioners on the areas where increased demand and new service developments e.g. Right Care Right Person were the main challenge.

- 4.4 Committee members also discussed the need to be clear on our approach and delivery against productivity requirements.
- 4.5 In response to Anne Barnard's question it was confirmed that the Trust is in discussions with other commissioners e.g., Hertfordshire County Council and East of England Provider Collaborative, to ensure that income for the services provided is secured.

## **5. Annual Plan 2024/25**

- 5.1 The Committee considered and recommended for Board approval the draft Annual Plan for 2024/25. It was noted that the plan had been generated with significant input from the Trust's senior leadership team and Board members.
- 5.2 Committee members welcomed the plan noting that it is ambitious and aspirational. It was reported that the May Committee meeting would receive the details of the metrics and outcomes for each area.
- 5.3 In response to Anne Barnard's question it was confirmed that the approach to involvement would encompass the work with service user and carers councils. It was agreed that consideration would be given to the capacity of the relevant team to delivery of the proposed new business intelligence system.

## **6. Capital Plan 2024/25**

- 6.1 The Committee considered and recommended for Board approval the draft Capital Plan for 2024/25.
- 6.2 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.
- 6.3 It was reported that the plan would be subject to one final process of prioritisation with operational teams. It was noted that the plan would be subject to review once the capital requirements linked with Aston Ward were known.

## **7. Performance 2023/24**

- 7.1. The Committee considered the month ten performance for 2023/24. The report set out that conditions remained challenging, but that of the 63 key performance indicators, almost 63% of them had met or exceed the target, a similar position to quarter three. 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.
- 7.2. Areas of strong performance were Talking Therapies, Children and Young people in crisis receiving assessment, Adult Crisis seeing people who needed an emergency appointment and 28-day access for adult mental health services.

## **8. Specialist Residential Services**

- 8.1 The Committee considered a report that detailed the current position regarding the estates historically linked with Specialist Residential Services. It was noted that the long-term aim was to sell the estate not required by the Trust, but in the interim that the Trust had entered into a leasing arrangement. In response to David Atkinson's question, it was confirmed that the terms of the leases provided sufficient flexibility to be able to respond to changes.
- 8.2 It was agreed that due to the developing nature of the leases and sales and emerging thinking about the use for the empty buildings, that the Committee would receive a formal update on options for the site at a future meeting.

## **9. Commercial and Contract Update**

- 9.1 The Committee considered a report that set out the current position in relation to each of the Trust's main contracts and provided an update on other commercial opportunities that had arisen since the last report to the Committee.
- 9.2 It was reported that the landscape is quite active with a number of negotiations underway with current commissioners and discussions regarding other opportunities being explored.
- 9.3 It was noted that the Trust had not heard from the commissioner following submission in response to the Essex All Age Autism procurement, noting that bidders expected to hear the week commencing 18 March 2024. It was reported that it had been agreed to delegate the commissioning of perinatal services to the East of England Provider Collaborative from 1 April 2024, with the Trust as the lead provider.

## **10. Finance risk register**

- 10.1 The Committee received a report that set out the current finance-related risks on the Trust Risk Register and on the Board Assurance Framework (BAF) as well as the Finance Risk Register. It was noted that the finance risk register would be reviewed on a two monthly basis with support from the Risk and Compliance Manager.
- 10.2 In response to David Atkinson's suggestion it was agreed to consider inclusion of a risk relating to fraud risk from external agencies. It was agreed that the finance risk register would be reviewed alongside the fraud risk register. Suggestions for amendments and consideration for inclusion to the Board Assurance Framework and Trust Risk Register were identified.

## **11. Sustainability**

- 11.1 The Committee considered a report that provided an update on the progress against the Trust's Green Plan. It was noted that progress had been made but that this needed to be built upon to ensure there is an increase in achievement against stated goals.
- 11.2 Committee members identified that the Committee needed to increase its role in formally receiving reports and providing scrutiny on progress. It was agreed that the Committee would receive a formal update at least three times a year.

## **12. Colonnades Rent Review**

- 12.1 The Committee considered and approved the proposed rental agreement for the Colonnades. Noting it represented the best deal that could be achieved.

## **13. Matters for escalation to the Board**

- 13.1 There were no formal matters to be escalated.
- 13.2 The Board are asked to note that the Committee recommended the Annual Plan 2024/25 and Capital Plan 2024/25 for approval by the Board.

## Appendix one – Agenda items 14 March 2024

Item	Subject
1.	Apologies for Absence
2.	Declarations of Interest
3.	Minutes of meetings held on 26 January 2024
4.	Matters Arising Schedule
5.	Year End 23/24 Deep Dive & Accounting Policies
<b>FINANCE</b>	
6.	Finance Report month 10
7.	Capital Plan 23/24
8.	Non-Pay expenditure
<b>FINANCE</b>	
9.	Financial Planning 2024/25 and Contract Negotiations Update
10.	Draft Capital Plan 2024/25
11.	Draft Annual Plan 2024/25
<b>FINANCE</b>	
12.	Specialist Residential Services   Estates
13.	ELFS contract
14.	Contract and Commercial Update 24/25
15.	Finance Risk Register
16.	Sustainability
17.	Performance report – month 10
18.	The Colonnades Rent Review Decision
<b>TO NOTE</b>	
19.	FIC Business Programme 2024/25
20.	Any Other Business
	Date of next meeting: 2 May 2024

## Report to the PUBLIC Board of Directors

<b>Meeting Date:</b>	28 March 2024	<b>Agenda Item: 12</b>
<b>Report Title</b>	Finance Report Month 11	<b>For publication:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Report Author (s)</b>	Philip Cave, Chief Finance Office	
<b>Approved by:</b>	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 original annual plan approved by the Trust Board and Hertfordshire & West Essex Integrated Care Board for the Trust is a deficit of £1.8m. The Trust is now forecasting a surplus of £2m but does have further downside risks relating to under achievement of the expected surplus from the Provider Collaborative (£0.4m) and additional costs relating to the temporary closure of Aston ward (£0.4m).

Underpinning this position is that the Trust achieved an operating surplus of £6.6m in February, which brought the year-to-date (YTD) operating position to a £1.9m surplus, £5.4m favourable to the budget. This is an improvement from the month 10 position against budget, primarily driven by an increase in an additional £7.1m funding being received for industrial action costs, ICB additional funding allocation and Specialist Residential Services (SRS) income.

### Delivering Value

The Trust's delivering value plan for the year is £15m, at the end of Month 11 the Trust is £0.8m behind plan mainly due to not seeing the level of private beds reduce as previously planned.

### Capital

The Trust's capital plan for the year is £12.3m. At the end of Month 11 the Trust is underspent by £0.3m 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 Herts and West Essex Integrated Care Board to deliver the Mental Health Urgent Care Centre (MHUCC) and the slippage in timeline of the disposal of Harper Lane into 2024/25. Impact of Right of Use assets is excluded from these figures. In addition, the Trust has a circa £6m increase in charges to Capital Department Expenditure Limit (CDEL) relating to new or increased lease values, it is expected that this will be an allowable adjustment at the year end.

## Recommendations

The Trust Board are asked:

- To review the attached finance pack.
- To note the current financial surplus £1.9m and projected surplus £2.0m.
- To comment on the actions being taken to deliver the position.

<b>Implications</b>	
<b>Risk and Assurance</b>	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.
<b>Equality, Diversity and Human Rights</b>	This report has no impact on Equality, Diversity and Human Rights.
<b>Quality</b>	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.
<b>Financial</b>	The report outlines the Trust's financial surplus of £1.9m, the risks to delivery of the plan and the mitigating actions.
<b>Service Users and Carer Experience</b>	There are no direct implications from the report on service users and carer experience.
<b>People</b>	All managers are expected to stay within their budgeted establishment.
<b>Legal and Regulatory</b>	This report fulfils the regulatory duty to keep the Board informed of the financial position of the organisation.
<b>Digital</b>	There are no direct implications on digital.
<b>System</b>	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.
<b>Sustainability</b>	There are no direct implications on sustainability.

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



# February (M11) Financial Report 2023/24

28 March 2024



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# Executive Summary

Financial Position to 29th February £000	In Month			Year to Date		
	Budget £'000	Actuals £'000	Variance to Budget £'000	Budget £'000	Actual £'000	Variance to Budget £'000
Income	28,580	37,880	9,300	314,417	332,612	18,195
Income - Provider Collaborative	4,017	4,048	31	44,190	46,984	2,794
Pay	19,580	20,820	(1,240)	213,969	222,532	(8,562)
Secondary Commissioning	3,949	4,233	(283)	46,143	48,058	(1,915)
Provider Collaborative	4,017	4,048	(31)	44,190	46,984	(2,794)
Other Operating Expenditure	4,986	6,053	(1,067)	54,714	58,090	(3,375)
Non Operating Expenses	276	210	66	3,030	1,988	1,043
<b>Surplus / (Deficit)</b>	<b>(211)</b>	<b>6,565</b>	<b>6,775</b>	<b>(3,440)</b>	<b>1,945</b>	<b>5,385</b>

The Trust submitted a revised plan of a £1.8m deficit as set out and agreed at the Board on 4th May 2023. This included a £15m Delivering value target. The phasing of the plan relied 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. The forecast outturn was then revised in January 24 to reflect an estimated outturn of £4.8m deficit. Discussions with the ICB have now resulted in additional income that has flowed to HPFT in month 11 to bring about a forecast surplus position for the financial year end of £1.98m

The Trust achieved an operating surplus of £6.6m in February, which brought the year-to-date (YTD) operating position to a £1.9m surplus, £5.4m favourable to the budget. This is an improvement from the month 10 position against budget, primarily driven by an increase in additional £7.1m funding combining industrial action funding, ICB additional funding and SRS income.



# Income

Block Contract Income £'000	In Month			YTD		
	Budget	Actual	Variance	Budget	Actual	Variance
Contract #1 Hertfordshire IHCCT	21,396	21,694	299	235,351	231,894	(3,457)
Contract #2 East of England	643	643	0	7,068	7,068	0
Contract #3 Essex LD	1,557	1,564	8	17,125	17,208	83
Contract #4 Norfolk (Astley Court)	295	401	106	3,240	3,108	(132)
Contract #5 IAPT Essex	521	577	56	5,736	5,436	(299)
Contract #6 Bucks Chiltern CCG	387	383	(4)	4,254	4,205	(49)
Contract #7 - PC Specialised Commissioning	1,647	1,705	59	18,112	18,984	872
Contract #8 - HWE ICB	-	6,800	6,800	-	15,228	15,228
<b>Total Block Income</b>	<b>26,444</b>	<b>33,766</b>	<b>7,322</b>	<b>290,885</b>	<b>303,131</b>	<b>12,246</b>
<b>Other Income</b>	<b>In Month</b>			<b>YTD</b>		
	<b>Plan</b>	<b>Actual</b>	<b>Variance</b>	<b>Plan</b>	<b>Actual</b>	<b>Variance</b>
Clinical Partnerships providing mandatory svcs (inc S31 agrmnt)	183	725	543	2,010	4,385	2,374
Other - Cost & Volume Contract revenue	332	1,232	900	3,651	5,012	1,361
Education and training revenue	686	882	196	7,563	8,183	620
Misc. other Operating Revenue	446	870	424	4,915	7,525	2,610
Other clinical income from mandatory services	439	343	(96)	4,824	3,718	(1,106)
Research and development revenue	52	63	11	567	658	90
<b>Grand Total</b>	<b>2,136</b>	<b>4,114</b>	<b>1,978</b>	<b>23,532</b>	<b>29,481</b>	<b>5,949</b>
<b>Commissioning Income</b>	<b>In Month</b>			<b>YTD</b>		
	<b>Plan</b>	<b>Actual</b>	<b>Variance</b>	<b>Plan</b>	<b>Actual</b>	<b>Variance</b>
Provider collaborative	4,017	4,048	31	44,190	46,984	2,794
<b>Grand Total</b>	<b>4,017</b>	<b>4,048</b>	<b>31</b>	<b>44,190</b>	<b>46,984</b>	<b>2,794</b>
<b>Total income</b>	<b>32,598</b>	<b>41,928</b>	<b>9,331</b>	<b>358,607</b>	<b>379,596</b>	<b>20,989</b>

- Block contracts are broadly in line with plan with variances to plan relating to estimation differences, or in the case of the Herts contract additional income following contract discussions reaching a conclusion. The Herts block elements are reflected across Contract 1 and Contract 8 where some funding has flowed directly from HWE ICB that was expected to flow through IHCCT. Additional income of £6m was provided in month 11 by HWE ICB. £5.6m of additional funding and £430k to support the additional costs of Industrial action.
- The Herts block contract currently reflects CQUIN achievement at 100% and the full utilisation of SDF transformation funding. Commissioners have confirmed it is their expectation that this will be paid in full.
- Variance against HWE ICB reflects the re-categorisation of £7.4m of income from Herts IHCCT that is now being received by HWE ICB. Other Income is ahead of plan.
- Other Income is ahead of plan.
- The primary areas of additional income above plan are; CAMHS ADHD (£1,129k YTD matched with costs), Adult Primary Care (£525k YTD matched with costs) and Patient Flow hub (£283k YTD matched to costs).
- The Trust has accounted for £700k YTD in miscellaneous income associated with an early drawdown of the £1.8m ICB funding that is in the financial plan for month 12. The remaining £1.1m has been paid in February and will be accounted for in March.
- The Trust has received additional IM&T funding of circa £600k above budget related to depreciation funding, gigabit funding and Frontline Digitisation funding. Income remains an area that the Trust seeks to maximise through the finalisation of contracts and billing of all due recharges.



# Pay

Employee Expenses £000	WTE This Month			This Month			Year to Date			Annual
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Actual	Variance	Budget
<b>Permanent Staff</b>										
Registered Nursing, Midwifery and Health	1,083	853	230	(4,833)	(3,870)	963	(53,143)	(40,479)	12,664	(57,909)
Allied Health Professionals	209	181	28	(884)	(794)	91	(9,727)	(8,219)	1,508	(10,665)
Other Scientific, Therapeutic and Technic	831	763	68	(3,762)	(3,516)	246	(41,248)	(37,211)	4,037	(45,354)
Support to nursing Staff	939	785	154	(2,879)	(2,322)	557	(31,665)	(25,854)	5,811	(33,057)
Support to Allied Health Professionals	86	74	11	(216)	(207)	9	(2,376)	(2,282)	94	(3,820)
Support to other clinical staff	74	77	(3)	(195)	(213)	(18)	(2,144)	(2,066)	78	(2,310)
Medical and Dental	219	198	20	(2,295)	(2,338)	(43)	(25,235)	(25,167)	68	(23,922)
NHS Infrastructure Support	959	1,026	(68)	(3,892)	(3,577)	315	(43,003)	(39,410)	3,593	(46,472)
Other Pay	27	21	7	123	(315)	(438)	2,925	(1,879)	(4,803)	(774)
<b>Permanent Staff Total</b>	<b>4,428</b>	<b>3,979</b>	<b>449</b>	<b>(18,834)</b>	<b>(17,154)</b>	<b>1,680</b>	<b>(205,617)</b>	<b>(182,566)</b>	<b>23,051</b>	<b>(224,284)</b>
<b>Bank</b>										
Registered Nursing, Midwifery and Health	36	131	(95)	(163)	(673)	(510)	(1,823)	(7,190)	(5,367)	(2,438)
Allied Health Professionals	0	8	(8)	(1)	(34)	(34)	(8)	(290)	(281)	(9)
Other Scientific, Therapeutic and Technic	0	24	(24)		(130)	(130)		(1,251)	(1,251)	
Support to nursing Staff	151	397	(245)	(465)	(1,378)	(913)	(5,228)	(15,567)	(10,339)	(6,054)
Medical and Dental	5	9	(5)	(41)	(269)	(228)	(452)	(2,363)	(1,911)	(554)
NHS Infrastructure Support	17	74	(57)	(38)	(248)	(210)	(415)	(2,559)	(2,145)	(459)
Other Pay	10	0	10	(39)		39	(426)	(3)	423	(12)
<b>Bank Total</b>	<b>219</b>	<b>644</b>	<b>(425)</b>	<b>(746)</b>	<b>(2,732)</b>	<b>(1,986)</b>	<b>(8,352)</b>	<b>(29,223)</b>	<b>(20,871)</b>	<b>(9,526)</b>
<b>Agency</b>										
Registered Nursing, Midwifery and Health visiting sta		70	(70)		(512)	(512)		(5,977)	(5,977)	
Other Scientific, Therapeutic and Technical Staff		2	(2)		(92)	(92)		(640)	(640)	
Support to nursing Staff		21	(21)		(90)	(90)		(2,163)	(2,163)	
Medical and Dental		8	(8)		(111)	(111)		(1,129)	(1,129)	
NHS Infrastructure Support		1	(1)		(86)	(86)		(684)	(684)	
Other Pay		0	0		(44)	(44)		(149)	(149)	
<b>Agency Total</b>	<b>0</b>	<b>101</b>	<b>(101)</b>	<b>0</b>	<b>(935)</b>	<b>(935)</b>	<b>0</b>	<b>(10,742)</b>	<b>(10,742)</b>	<b>0</b>
<b>Total</b>	<b>4,647</b>	<b>4,725</b>	<b>(78)</b>	<b>(19,580)</b>	<b>(20,820)</b>	<b>(1,240)</b>	<b>(213,969)</b>	<b>(222,532)</b>	<b>(8,562)</b>	<b>(233,810)</b>

- Employee expenses performance is adverse to plan in February by £1.2m and by £8.6m YTD (3.77%). 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 February was £20.82m.
- 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.
- Medical overspend in CAMHS, Medical Trainees and positive recruitment above the Trusts vacancy factor are also contributing towards the Trusts deficit position.
- 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
	Last month	This month	Change	Budget £'000'	Actual £'000's	Variance	Budget £'000'	Actual £'000's	Variance	Budget £'000'
<b>Health Spend</b>										
High Dependency Rehab	868	841	(27)	375	491	(116)	4,130	4,904	(774)	4,506
Cambridge Tool - Health	1,629	1,558	(71)	23	72	(49)	253	706	(453)	276
Specialist Hospital	93	88	(5)	89	76	12	975	796	179	1,063
PICU	63	30	(33)	74	30	43	1,485	812	673	1,596
Acute	1,634	1,744	110	927	1,055	(129)	11,528	11,525	3	12,452
MHSOP - Organic	1,147	1,016	(131)	365	263	102	4,015	3,044	971	4,380
MHSOP - Assessment & Treatment						-	0	35	(35)	0
<b>Grand Total</b>	<b>5,434</b>	<b>5,277</b>	<b>(157)</b>	<b>1,852</b>	<b>1,988</b>	<b>(136)</b>	<b>22,387</b>	<b>21,821</b>	<b>565</b>	<b>24,273</b>
<b>Observations</b>										
Health Placement Observations				90	120	(30)	986	1,304	(317)	1,076
MHSOP - Organic Observations					77	(77)		1,032	(1,032)	
PICU Observations				34	(4)	38	684	340	345	735
Acute Observations				214	236	(22)	2,663	2,277	386	2,877
<b>Grand Total</b>				<b>338</b>	<b>429</b>	<b>(91)</b>	<b>4,334</b>	<b>4,952</b>	<b>(619)</b>	<b>4,688</b>
<b>Social Care</b>										
Personal Budgets	0	0	0	288	463	(175)	3,236	4,585	(1,350)	3,532
Residential Placements	4,471	4,176	(295)	609	629	(20)	6,698	7,355	(657)	7,307
Nursing Placements	975	899	(76)	200	155	45	2,201	1,886	316	2,402
Social Care other	0	0	0		(12)	12		301	(301)	
Social Care Supported Living placements	7,489	6,989	(500)	671	581	90	7,379	7,178	201	8,050
FNC Income	0	0	0	(8)	-	(8)	(92)	(20)	(71)	(100)
<b>Grand Total</b>	<b>12,935</b>	<b>12,064</b>	<b>(871)</b>	<b>1,760</b>	<b>1,816</b>	<b>(57)</b>	<b>19,423</b>	<b>21,284</b>	<b>(1,862)</b>	<b>21,191</b>
<b>Grand Total</b>				<b>3,949</b>	<b>4,233</b>	<b>(283)</b>	<b>46,143</b>	<b>48,058</b>	<b>(1,915)</b>	<b>50,152</b>

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 increase in the number of Acute bed days over the last 2 months that, whilst within budget has deteriorated the overall financial position from the previous 3 months where levels had been lower. 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.

The £283k overspend in month against budget and £1,915k YTD reflects a deterioration in position from month 10 due to an increase in spend on adult acute bed placements (£130k) and rehab beds (£160k). The reduction of bed numbers in line with budget forecast is key to reducing a high level spend area for the Trust.

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			Year to Date			Annual
	Budget	Actual	Var.	Budget	Actual	Var.	Plan
Clinical supplies	32	68	(35)	356	549	(193)	389
Drugs	304	368	(64)	3,339	3,761	(421)	3,643
Other Contracted Services	725	702	23	7,882	7,854	28	8,607
Consultancy expense	1	50	(49)	11	300	(289)	12
Education and training expense	91	122	(31)	1,002	1,649	(647)	1,093
Hard & Soft FM Contract	777	1,126	(350)	8,542	9,088	(546)	9,319
Additional Hard FM	117	180	(64)	1,284	2,299	(1,015)	1,401
Information & Communication Technology - Contracts	434	316	117	4,769	4,211	559	5,203
Information & Communication Technology	185	161	24	1,999	2,052	(52)	2,184
Misc. other Operating expenses	358	467	(108)	3,908	2,602	1,305	4,266
Non-clinical supplies	68	108	(40)	749	1,030	(281)	817
Other Contracts	252	434	(182)	2,774	3,975	(1,201)	3,027
Site Costs	413	648	(235)	4,538	5,181	(644)	4,950
Travel, Subsistence & other Transport Services	325	399	(74)	3,612	3,983	(371)	3,937
CNST/LTPS/PES	102	102	(0)	1,124	1,124	(0)	1,226
Depreciation and Amortisation - owned assets	561	549	12	6,172	5,933	239	6,733
Depreciation and Amortisation - assets held under finance leases	241	252	(11)	2,652	2,497	155	2,893
<b>Total Other Operating Expenditure</b>	<b>4,986</b>	<b>6,053</b>	<b>(1,067)</b>	<b>54,714</b>	<b>58,090</b>	<b>(3,375)</b>	<b>59,700</b>
Interest Expense on Non-commercial borrowings	19	17	2	204	206	(3)	222
Interest Income	(115)	(183)	67	(1,268)	(2,317)	1,049	(1,383)
Interest Expense on Finance leases (non-PFI)	16	22	(7)	171	205	(35)	186
PDC dividend expense	352	342	10	3,867	3,758	108	4,218
Other Finance Costs	6	6	(0)	62	65	(3)	67
Depreciation Peppercorn	-	6	(6)	-	70	(70)	-
<b>Total Non Operating Expenditure</b>	<b>276</b>	<b>210</b>	<b>66</b>	<b>3,034</b>	<b>1,988</b>	<b>1,047</b>	<b>3,310</b>
<b>Total Non Pay Expenditure</b>	<b>5,262</b>	<b>6,263</b>	<b>(1,001)</b>	<b>57,749</b>	<b>60,077</b>	<b>(2,329)</b>	<b>63,010</b>

- Drug spend is adverse to plan in January by £64k and by £421k YTD. Due to delays in the community services changing drug usage the expected saving has not been achieved.
- Education & Training Expense - Adverse to plan by £31k in month and £647k YTD. The largest expense area here is the support to provide mandatory training within the Learning & Development team. This is currently under review to ensure all training is provided in the most efficient manner and costs reduced where in house provision can be made.
- Hard & Soft FM - adverse to plan by £414k in month and adverse by £1,561k YTD. Overspend here predominantly relates to variations to contract on cleaning, catering and minor works.
- Site Costs - adverse to plan by £235k in month and adverse to plan by £644k YTD.
- Misc. Other Operating Expenses - £1,305k 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 to plan by £182k, in month and adverse £1,201k 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 and in month there has been the finalisation of contract uplifts.
- Interest is favourable due to the increase in Bank of England interest rates in year.



# Provider Collaborative

Service £'000	Lead Provider	YTD Plan	YTD Actual	Variance
CAMHS	HPFT	2,513	1,124	(1,389)
Adult Secure	EPUT	(845)	(1,241)	(396)
Adult Eating Disorders	CPFT	1,470	2,127	657
<b>Total</b>		<b>3,138</b>	<b>2,010</b>	<b>(1,128)</b>

- Position at M10 (January)
- 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 January of £2,010k, however with an in month position adverse to plan of £348k for fourth 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 out turn position from a £1m surplus to £3.1m surplus and a mid range position of £1.9m surplus, a material deterioration from the £5m surplus forecast in previous months. The forecast outturn position will continue to be revised on a monthly basis. 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

Delivery Summary	This Month			Year to Date		
	Plan	Actual	Variance	Plan	Actual	Variance
<b>Programme Themes £000</b>						
Planning assumptions	310	310	0	3,410	3,410	0
OOA beds	239		(239)	2,897	1,651	(1,246)
Rates rebate	-		0	700	758	58
Observations/agency reductions	58		(58)	602	87	(515)
Provider Collaborative income	-	-	0	-	-	0
Social Care & Rehab placements	56	-	(56)	581	-	(581)
Corporate schemes	71	152	81	501	885	384
Other SBU Schemes	33	-	(33)	343	93	(250)
Bank interest	-	88	88	-	1,262	1,262
<b>Sub-total</b>	<b>767</b>	<b>550</b>	<b>(217)</b>	<b>9,034</b>	<b>8,146</b>	<b>(889)</b>
Productivity schemes (Non-CRES)	416	416	0	4,578	4,578	0
<b>Grand Total</b>	<b>1,183</b>	<b>966</b>	<b>(217)</b>	<b>13,612</b>	<b>12,724</b>	<b>(889)</b>

- 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 £0.9m in February, which is £217k behind Plan in month and £890k 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 10, 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 £10.6m with £2.1k on a non-recurrent basis.



# Capital

Capital Programme £000	Annual	Annual	Year to Date		
	Plan	Forecast	Plan	Actual	Variance
A Completion of Existing Schemes: Oak Ward	1,500	2,426	1,500	2,144	644
A Completion of Existing Schemes: Other	309	48	309	48	(261)
B Patient Safety Schemes: CCTV	706	980	706	980	274
B Patient Safety Schemes: Elizabeth Court	750	743	750	743	(7)
B Patient Safety Schemes: Other	1,405	1,405	1,146	1,405	259
C Recurrent: Backlog Maintenance	1,200	1,117	798	978	180
C Recurrent: Reactive Operational Capital	887	170	1,482	101	(1,381)
C Recurrent: Sustainability	500	408	462	270	(192)
C Recurrent: Digitisation	1,942	1,942	1,782	904	(878)
C Recurrent: Laptops/Tablets	880	880	803	833	30
D Discretionary: MH Crisis Assessment Centre	1,350	800		433	433
D Discretionary: Other	2,193	1,321	1,902	1,122	(780)
Total Gross Programme	13,622	12,240	11,640	9,961	(1,679)
Disposals	(1,350)	1	(1,350)	1	1,351
Total Net Programme	<b>12,272</b>	<b>12,241</b>	<b>10,290</b>	<b>9,962</b>	<b>(328)</b>

- Capital year-to-date spend to the end of Month 11 is £10.0m, against a year-to-date NHSE Plan of £10.3m.
- 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 MOU for Frontline Digitisation has been received in February and the PDC cash has been requested for early March.
- 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); their impact is excluded from these figures



# Balance Sheet

Statement of Financial Position	31 March 2023	Previous month 10	Movement in month 11	Current month 11	Movement YTD
	£000	£000	£000	£000	£000
<b>Assets</b>	258,189	253,537	↑ 8,002	261,539	↑ 3,350
<b>Non Current Assets</b>	183,345	187,830	↑ 240	188,070	↑ 4,725
Intangible Assets	2,975	2,666	↓ (33)	2,633	↓ (342)
Property Plant & Equipment	163,899	167,738	↑ 531	168,269	↑ 4,371
Tr & Oth Rec: Non-Nhs Rec	358	358	→ 0	358	→ 0
Other Assets	931	931	→ 0	931	→ 0
Right Of Use Assets	15,182	16,137	↓ (258)	15,879	↑ 697
<b>Current Assets</b>	74,844	65,707	↑ 7,762	73,469	↓ (1,375)
Inventories	60	60	→ 0	60	→ 0
Trade and Other Receivables NHS	17,352	12,456	↑ 6,212	18,668	↑ 1,316
Trade and Other Receivables Non NHS	4,479	14,942	↑ 691	15,633	↑ 11,154
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	37,212	↑ 889	38,101	↓ (14,080)
Cash & Cash Equivalents Other	90	350	↓ (30)	320	↑ 229
<b>Liabilities</b>	(89,940)	(89,915)	↓ (1,437)	(91,353)	↑ (1,412)
<b>Current Liabilities</b>	(64,637)	(62,030)	↓ (1,526)	(63,556)	↓ 1,081
Trade & Other Payables Capital	(1,922)	(2,309)	↓ (379)	(2,689)	↑ (767)
Trade & Oth Payables Non-Capital	(54,720)	(53,183)	↓ (561)	(53,744)	↓ 976
Borrowings	(3,023)	(2,986)	↓ (17)	(3,002)	↓ 21
Provisions	(3,625)	(1,922)	→ 0	(1,922)	↓ 1,703
Deferred Income	(1,347)	(1,630)	↓ (569)	(2,199)	↑ (852)
<b>Non Current Liabilities</b>	(25,303)	(27,886)	↑ 89	(27,797)	↑ (2,494)
Borrowings	(19,580)	(21,894)	↑ 140	(21,754)	↑ (2,174)
Provisions	(5,723)	(5,992)	↓ (51)	(6,043)	↑ (319)
Other Liabilities	0	0	→ 0	0	→ 0
<b>Equity</b>	(168,249)	(163,622)	↓ (6,565)	(170,187)	↑ (1,938)
<b>Public Dividend Capital</b>	(97,959)	(97,959)	→ 0	(97,959)	→ 0
<b>Revaluation Reserve</b>	(42,198)	(42,198)	→ 0	(42,198)	→ 0
<b>Other Reserves</b>	(641)	(641)	→ 0	(641)	→ 0
<b>Income And Expenditure Reserve</b>	(27,451)	(22,824)	↓ (6,565)	(29,389)	↑ (1,938)

- Non-Current asset values reflects in-year movement of £4.7m mainly due to PPE movement of £4.4m. A full revaluation was undertaken in 22/23 and a desktop update with impairment review has been undertaken during Quarter 4.
- The Trust cash position is £38.1m. This is an in-year decrease of £14m due to the deficit position earlier in the year and capital spend above depreciation. At M11, the decrease is £10m higher than Plan mainly due to increase in receivables.
- Trade and other receivables reflects in-month increase of £7m resulting in a negative impact on cash position.
- Trade and other payable reflects in-month increase of £0.9m mainly due to creditor payments Increase in Borrowings is £4m lower than plan relating to RoU assets.
- The movement in the I&E reserve reflects the year-to-date deficit.



# Debtors Analysis

Top 10 Debtors £'000	Account	Main items relate to	Comments	31 to 60 days	61 to 90 days	>90 days	Total Overdue
1	Hertfordshire County Council 2	Over 30 days: £639k SRS and £2023k social care month 10	Expect payment for majority; being chased	2,995	1	222	3,218
2	Essex County Council	Additional Obs costs for service user at Lexden £795k; Ld Block Contract - Health £98k;	Being chased; No PO	0	16	877	893
3	London Borough Of Barnet	SRS Barnet £333k	Being chased	552	0	333	885
4	North West London ICB	£23k old NCAs; Srs Adjustment 2022-23 £667k	Expect payment for majority	0	0	690	690
5	Suffolk And North East Essex ICB	Additional Obs costs for service user at Lexden	Disputed	0	0	383	383
6	West London Nhs Trust (Rkl)	Camhs T4 Bed Day Charges	Disputed - No Po issue	65	0	247	312
7	Nhs Hertfordshire & West Essex ICB	Over 60 days: MHLd Collab; Over 90 days: mainly FNC charges	Being chased	0	127	30	157
8	West Hertfordshire Hospitals Nhs Trust	Courier service Apr 23 - Nov 23	Being chased	19	16	104	139
9	Nhs England	Transfer From Q79 To Y61	Disputed/credit required	0	0	108	108
10	London Borough of Hillingdon			13	0	75	88
<b>Grand Total:</b>				<b>3,644</b>	<b>160</b>	<b>3,069</b>	<b>6,873</b>

- Debtors are those who owe the Trust cash payments. To improve transparency this will now be reported to the Board on a monthly basis.
- The Trust is proactively chasing all outstanding debt.



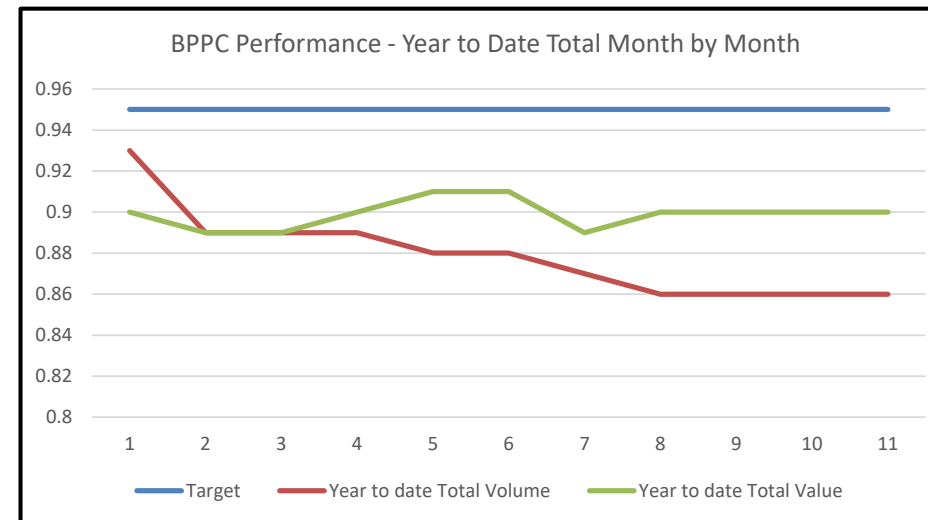
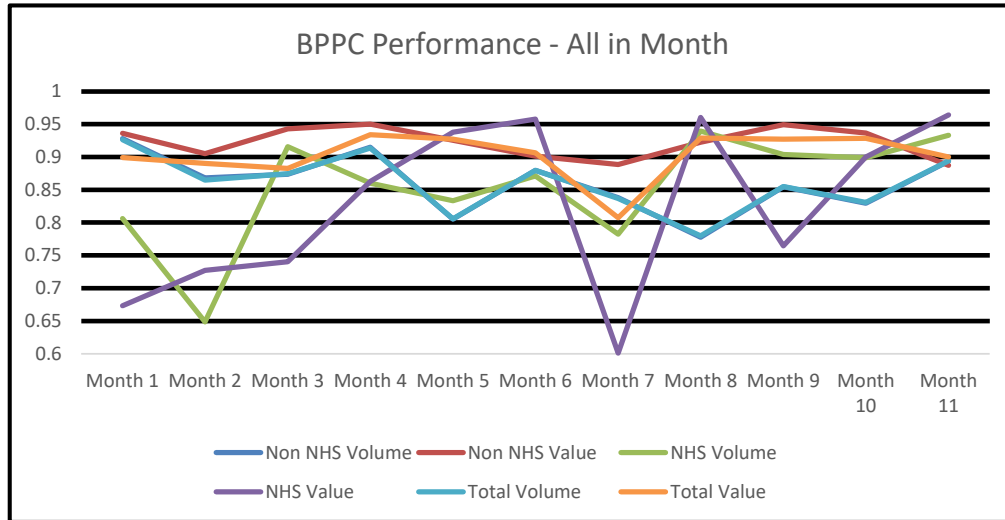
# Creditors Analysis

Top 15 Creditors £'000	Account	Type of Expenditure	Up to 30 days	Over 30 days	Total
<b>Non-NHS 1</b>	Mitie Group Plc	Soft Facilities Management Contract	657	1,231	1,888
<b>Non-NHS 2</b>	Dalkia Uk	Hard Facilities Management Contract	633	685	1,318
<b>Non-NHS 3</b>	Elysium Healthcare	External bed purchases	742	20	762
<b>Non-NHS 4</b>	Cygnnet Health Care Ltd	External bed purchases	120	475	595
<b>Non-NHS 5</b>	Carter Jonas Llp	Rent of King Harry Lane	6	355	361
<b>Non-NHS 6</b>	Oak Tree Forest	Provider Collaborative	0	347	347
<b>Non-NHS 7</b>	Active Care Group	External bed purchases	0	232	232
<b>Non-NHS 8</b>	Civica Uk Limited	IT Costs	205	12	217
<b>Non-NHS 9</b>	Herts County Council	Various secondary commissioning	1	154	155
<b>Non-NHS 10</b>	Pic Ltd - Kneesworth House Priory	External bed purchases	92	61	153
			<b>2,456</b>	<b>3,572</b>	<b>6,028</b>
<b>NHS 11</b>	East London Nhs Foundation Trust	Liasion And Diversion Service	383	379	762
<b>NHS 12</b>	Cambridge And Peterborough Nhs Ft	External bed purchases	597	0	597
<b>NHS 13</b>	Norfolk & Suffolk Nhs Ft	Camhs Provider Collaborative - Dec 23	227	301	528
<b>NHS 14</b>	East & N Herts Nhs Trust	22/23 MH patient recharges £159k; May/Jun 22 car parking permits £4k	165	130	295
<b>NHS 15</b>	Nhs Property Services Ltd	FM service, rent & service charges	-2	135	133
			<b>1,370</b>	<b>945</b>	<b>2,315</b>
			<b>3,826</b>	<b>4,517</b>	<b>8,343</b>

- Creditors are those that the Trust owes cash to.
- The Trust aims to pay all suppliers within 30 days but sometimes clarification of values can take longer.



# 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.



# Summary/ Actions

- The year-to-date financial position is a surplus of **£1.9m** which is £5.4m better than plan. Whilst the Trust has had significant financial challenges in year relating to industrial action, secondary commissioning and additional staffing requirements this has been recognised by additional funding in M11 of £7.1m, this includes a combination of industrial action funding, SRS income and additional ICB funding support. This is all non-recurrent income.
- The FIC have been reviewing the controls and approaches to improving the financial position.
- The following key actions have been in place this year to control costs:
  - 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.
- The Trust is now forecasting a surplus of £2m but does have downside risks relating to under achievement of the expected surplus from the provider collaborative (£0.4m) and additional costs relating to the temporary closure of Aston ward (£0.4m).



## Report to the PUBLIC Board of Directors

<b>Meeting Date:</b>	28 March 2024	<b>Agenda Item:</b> 13
<b>Report Title</b>	Financial Planning 2024/25 and Contract Negotiations Update	<b>For publication:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Report Author (s)</b>	Philip Cave, Chief Finance Officer	
<b>Approved by:</b>	Philip Cave, Chief Finance Officer	

### The Trust Board is asked to: RECEIVE

To Receive the report and discuss the financial plan and contract negotiation for 2024/25, noting the draft plan submission made to NHS England on 21 March 2023.

### Executive Summary

- i This paper sets out an initial financial planning position for 2024/25, based upon the full outturn position for 2023/24, interim planning guidance and a number of local assumptions. The underlying financial model will continue to be developed and refreshed, with updates to the Executive Team, Finance and Investment Committee and Board meetings during March and April. The current position is showing a planning gap of £25m, and this position has been shared with HWE ICB and EOE regional team.
- ii The financial model takes as its starting point the forecast outturn for 2023/24 which is a surplus of £2.0m. Any subsequent change to the forecast outturn for 2023/24 will be reflected in the opening position of the model for 2024/25.
- iii The Trust remains in contract negotiations with its three largest commissioners, Hertfordshire and West Essex ICB, Hertfordshire County Council, and the East of England Provider Collaborative.
- iv This paper and the initial financial model provides an overview of the scale of the financial planning gap as negotiations with Commissioners continue. There is more work to be done before a financial plan for 2024/25 is finalised.

### Recommendations

The Trust Board are asked:

- To review the current financial plan for 2024/25 and note mitigating actions.
- To review the current contract negotiations with the HWE ICB.

### Implications

<b>Risk and Assurance</b>	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 the financial plan for 2024/25
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<b>Equality, Diversity and Human Rights</b>	This report has no impact on Equality, Diversity and Human Rights.
<b>Quality</b>	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.
<b>Financial</b>	The report outlines the Trust's financial deficit of £25.0m in 2024/25, the risks to delivery of the plan and the mitigating actions.
<b>Service Users and Carer Experience</b>	There are no direct implications from the report on service users and carer experience.
<b>People</b>	All managers are expected to stay within their budgeted establishment.
<b>Legal and Regulatory</b>	This report fulfils the regulatory duty to keep the Board informed of the financial position of the organisation.
<b>Digital</b>	There are no direct implications on digital.
<b>System</b>	The Trust's financial plan is part of a Hertfordshire and West Essex ICS overall financial plan for 2024/25. If the Trust is unable to hit its plan this will have a negative effect to the system target.
<b>Sustainability</b>	There are no direct implications on sustainability.

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

# Financial Planning 2024/25 and Contract Negotiations Update

## 1. Introduction

- 1.1 This paper presents an initial financial planning position for 2024/25, unfortunately there has only been limited guidance released, therefore this is based upon medium term planning guidance from October, local assumptions, and interim national planning assumptions. The financial model underpinning this plan will be refined and updated on a regular basis over coming weeks.
- 1.2 The financial model takes as its starting point the forecast outturn for 2023/24 which is a surplus of £2.0m. Any subsequent change to the forecast outturn for 2023/24 will be reflected in the opening position of the model for 2024/25.
- 1.3 Within HWE, the six NHS partners are working to develop a financial model for the system. It is expected that systems must submit a breakeven plan for 2024/25.

## 2. National and Local Context

- 2.1 The NHS has been under considerable financial pressure in 2023/24 driven by recovery from waiting lists built up during the pandemic and industrial action involving medical and nursing staff.
- 2.2 The system is forecasting to breakeven in 2023/24 however this is heavily reliant upon non-recurrent funding and other non-recurrent benefits.
- 2.3 At the end of month 10, the system has a deficit of £32.2m against a forecast deficit of £23.6m. The negative variance year to date is driven by industrial action costs and will be covered by central NHS funding.
- 2.4 Interim planning guidance has recently been released and highlighted the following assumptions:
  - No industrial action in 2024/25.
  - COVID-19 related demand continues at a similar level as experienced over 2023/24.
  - With regard-s to mental health to continue to improve access and quality in line with the priorities set out for 2023/24 and increase delivery of full annual physical health checks. Further expand access to NHS talking therapies and Individual Placement and Support (IPS) services in line with the additional funding being made available, as announced in the 2023 Spring Budget and Autumn Statement.

- Improve patient flow to reduce pressure in crisis and acute care and continue to improve the quality of care for patients, as set out in the Inpatient Quality Transformation Programme.
- Meet the Mental Health Investment Standard.
- Continue to ensure 75% of people aged 14 and over on GP learning disability registers receive an annual health check and health action plan.
- Reduce the number of autistic people in a mental health inpatient setting compared to 2023/24 and continue to reduce the number of inpatients with a learning disability.
- Deliver a balanced net system financial position for 2024/25, including any repayments of 2022/23 overspends.
- Improve productivity consistent with the planning assumptions and allocated resources. Efficiency requirements need to consider tariff deflator (1.1%), convergence, shortfall on FYE CIPs and local cost pressures for the year.

### **3 2023/24 Forecast outcome**

3.1 The Trust had an original financial plan to deliver a deficit of £1.8m.

3.2 Throughout the year the Trust has had a number of financial pressures including:

- A significant demand for independent sector beds. Whilst controls in place have managed the cost base there is an underlying deficit in the adult acute bed base.
- A significant increase in the demand for social care packages, in particular personal budgets.
- An increase in pay costs, relating to supporting the physical health hospitals and supporting an increase in acuity on wards.
- An increase in costs relating to minor works across the organisation.

3.3 There have been a number of positive improvements and outcomes through the course of the year including;

- Robust financial governance across the organisation, including changes to approval limits, executive oversight and regular financial challenge meetings.
- The 2023/24 delivering value plan of £15m will be fully achieved.
- The 2023/24 Trust capital and cash plans will be achieved.
- Agency spend has reduced by £2.9m, 24% from 2022/23.

3.4 During November 2023 the Trust was asked to reforecast its year-end deficit and agreed a deficit of £4.2m. However, this has now changed for a number of reasons.

- During January, the Trust increased the forecast to £4.8m to take into account the financial impact of the industrial action in December to January.
- During March, the Trust was notified of additional funding to cover industrial action, the SRS service, and a recognition of the financial pressures in the Trust. This equated to £7.1m and moved the Trust to a surplus forecast of £2m.

3.5 It is important to note that a significant element - £33.9m - of the additional and underlying investment from Commissioners for 2023/24 is non-recurrent in nature. In contrast, the Trust's cost base is entirely recurrent in nature.

#### **4. 2024/25 Financial Planning**

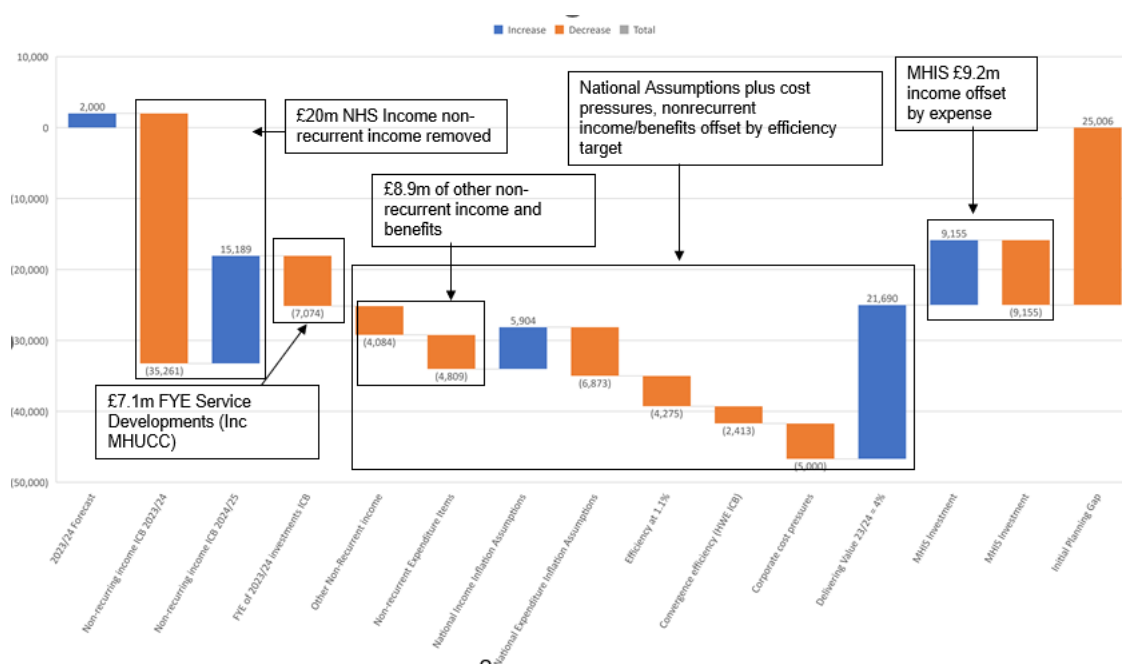
4.1 This section sets out an initial financial planning position for 2024/25, based upon the forecast outturn for 2023/24, interim planning guidance and a number of local assumptions. The underlying financial model will continue to be developed and refreshed, with updates to the Executive Team, FIC, and Board meetings during March. The current position is showing a planning gap of £25m.

4.2 This position is an £8m improvement to the position reported in the Private Board Meetings in January and February driven by increasing the cost improvement programme from 3% to 5%.

#### **Planning Assumptions**

4.3 The financial model reflects the latest contract offer from the HWE ICB and will need to be updated to reflect national planning guidance when available:

#### **Waterfall 1: Forecast Outturn 2023/24 to Financial Plan 2024/25**



- The plan is based on forecast outturn for 2023/24, as at month 11, as adjusted for non-recurrent items.
- Any new investment will be limited.
- Mental health investment standard (MHIS)/ Growth will be £9.2m.
- National efficiency at 1.1% (£3.6m), plus HWE convergence efficiency at £2.4m; Currently the delivering value plan is at £20.7m (5% total cost base).
- Inflationary uplift to contracts of 2.3% split as follows:

Cost	Estimate	Cost Weight	Weighted estimate
Pay	2.7%	69.3%	1.8%
Drugs	0.6%	2.4%	0.0%
Capital	1.7%	7.6%	0.1%
Headline CNST	0.6%	2.2%	0.0%
Other	1.7%	18.4%	0.3%
<b>Total weighted</b>			<b>2.3%</b>

### Delivering Value

- 4.4 The Trust has set a delivering value target of £21.7m this is designed to cover off the national tariff deflator, convergence income reductions and identified costs pressures. The Trust has currently identified £14.8m of savings however of this £4m relates to productivity gains releasing MHIS funding.
- 4.5 The Chief Financial Officer has asked the four Strategic Business Units to identify 4% recurrent cost reductions and asked Corporate departments to identify 10% recurrent cost reductions.
- 4.6 All delivering value schemes will be reviewed for equality and quality impact and then approved by the Chief Nursing Officer and Chief Medical Officer.

### **Mitigations/Actions to balance the plan**

4.7 The deficit of £25m remains to be bridged for 2024/25, through two principal means:

- Securing additional income to fund ongoing recurrent costs
- Reducing cost.

4.8 The following are the areas of focus as we seek to reduce expenditure:

- Reviewing of all cost pressures.
- Reviewing of all full year effect of services.
- Identifying additional delivering value schemes.

4.9 Negotiations continue with HWE ICB and other commissioners and an update is set out below.

## **5. Income/ Contract Negotiations**

### **HWE ICB**

5.1 The Trust is still in negotiation with the ICB but has received a contract offer which has removed non-recurrent income streams (£16m) exposing the financial gap which is driven by the cost of running a sufficient bed base.

5.2 There is also increase in income required to cover; right care right person £1.8m, CYP ADHD £1.7m, drug and alcohol workers £0.3m and the full year effect of service developments £6.9m, plus inflation £1.9m.

5.3 The Trust is continuing to negotiate for the best possible financial settlement and has set out that the current settlement will not support the ongoing level of current provision clearly in a letter to the ICB.

### **HCC Social Care**

5.4 The Trust has identified a significant financial gap between the allocated social care funding and the current cost base of social care packages. Since the beginning of the year the Trust has seen an increase in run rate of spend for personal budgets and supported living, together this creates a gap of £4.6m.

5.5 The Trust has been working closely with HCC to have an open and transparent conversation about this issue. The Trust has received a contract offer from HCC social care to increase the contract by circa £1.5m (6%) for 2024/25 however it is expected that this will only cover the increase in costs driven by pay inflation for the services purchased. This will still leave a financial gap of £4.6m. The Trust has not factored in any upside of positive contract negotiations.

## **Provider Collaborative**

- 5.6 The Trust is a partner in the provider collaborative and during 2023/24 it undertook a rebasing exercise to compare costs of services provided versus income received. The gap identified by the Trust was £2.6m, which was split £1.1m Forest House, £1.1m Broadlands Clinic and £0.4m Warren Court.
- 5.7 The Trust is continuing conversations to push for the rebasing exercise to be concluded as this is currently contributing to the Trust's financial challenges.

## **6. Next steps/actions**

- 6.1 This paper and the initial financial model provides an overview of the financial planning gap as detailed negotiations with Commissioners continue.
- 6.2 The main risk to closing the deficit plan remain the ability of the HWE ICB and other commissioners to fund recurrent costs; together with the Trust's ability to fund CIP beyond the 5%. There are risks to delivery to the £25m deficit plan as it stand including; increased demand for services; workforce challenges; use of OOA beds; inability to recruit to substantive workforce. The Trust will continue to work to identify and deliver value cost savings, negotiate with its commissioners, and undertake further recovery actions and costs reductions.
- 6.3 The financial plan is required to be finalised for the next submission on 2<sup>nd</sup> May 2024. The following actions are being taken:
- Maximise income from commissioners through negotiation. Deliver the 2024/25 financial plan.
  - Embed financial recovery culture and actions with Executive Director leadership.
  - Align budget setting and financial planning for 24/25.
  - Scrutinise all non-recurrent spending in 23/24 and ensure that it ceases by 31 March 2023.
  - Seek ICB income including full allocation of 2023/24 non-recurrent income
  - Identify those services which are not currently fully funded or funded on a recurrent basis.
  - Triangulation with workforce planning and with activity.
  - Continuing with work to optimise community and acute pathways and flow.
  - Reviewing (and reducing) agency spend and observation costs.
  - Reviewing the transformation and improvement projects.

## **7. Conclusion**

- 7.1 2023/24 has been a challenging financial year for the Trust, in line with the national picture, with the use of significant non-recurrent funding required to breakeven.
- 7.2 However, 2024/25 will be even more challenging for the Trust, the wider system and nationally, with the likelihood of reduced income and reduced financial reserves. This is a risk overall for the delivery of services and the financial resilience of the organisation that needs to be actively managed.
- 7.3 The scale of the Trust's challenge has already been raised with Commissioners, as above, (subject to finalisation) and the Trust is in active negotiation with the ICB and system partners.
- 7.4 At this stage planning for 2024/25, based on a series of national and local assumptions, identifies an initial financial planning gap of £25.0m.
- 7.5 Securing additional funding to close this financial gap – from all Commissioners – will be challenging and the Trust is also accelerating its own recovery plans as well as deploying all the system support and advice being provided. However, securing a balanced financial plan for 2024/25 presents a significant challenge.



## Report to the PUBLIC Board of Directors

<b>Meeting Date:</b>	28 March 2024	<b>Agenda Item:</b> 14
<b>Report Title</b>	Planning for 2024/25 - Development of the Trust's Annual Plan	<b>For publication:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Report Author</b>	Simon Pattison, Deputy Director of Strategy and Development	
<b>Approved by:</b>	David Evans, Chief Strategy and Partnerships Officer	

### The Board are asked to:

**Agree** the enclosed Annual Plan for 2024/25, with agreement on the accompanying metrics delegated to Finance and Investment Committee

### Executive Summary

We have been developing the Trust's Annual Plan for 2024/25 over the past 6 months. We received over 8,000 items of feedback during the development of our Great Together strategy during 2023 and this has been used to inform the Annual Plan in 2024/25.

Alongside this we have:

- Held four sessions with the Trust's Senior Leadership Team as a group to develop and refine ideas (18th October, 1st November, 13th December and 21st February)
- Run individual and small group discussions with SLT members in November
- Led two sessions with the Executive Team for oversight of the developing plan (13th January and 14th February)
- Worked on underpinning plans for SBUs and corporate teams over the past few months
- Aligned finance, workforce, performance and planning discussions to feed into Annual Plan and wider NHSE planning

This fed into the Board workshop session on 29<sup>th</sup> February and the attached draft Annual Plan is the result of this work. The Annual Plan is structured around the 6 strategic priorities we have agreed within Great Together.

There are a number of areas in our plan which are subject to conclusion of negotiations around our funding for 2024/25. Once we reach final agreement on our financial settlement, we will review the Annual Plan and may need to adapt priorities as a result. This process is overseen by the Executive Team and reported into the Trust's Finance and Investment Committee to provide overall assurance the Trust Board.

Our remaining task is to finalise the measures and metrics we will use to assess achievement against the delivery of the actions within the Annual Plan. These will be presented to Finance and Investment Committee on 2<sup>nd</sup> May

## Recommendations

Board are asked to:

**Agree** the enclosed Annual Plan for 2024/25, with agreement on the accompanying metrics delegated to Finance and Investment Committee

## Implications

<b>Risk and Assurance</b>	The Annual Plan proposals have been 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 proposed annual plan in full will reduce the level of risk
<b>Equality, Diversity and Human Rights</b>	The proposed annual plan includes a focus on improving equality and equity
<b>Quality</b>	The proposed annual plan includes work programmes that aim to improve quality and safety
<b>Financial</b>	The proposed annual plan includes key financial targets
<b>Service Users and Carer Experience</b>	The proposed annual plan includes many items that focus on improving service user and carer experience
<b>People</b>	The proposed annual plan includes key People related priorities
<b>Legal and Regulatory</b>	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
<b>Digital</b>	The proposed annual plan includes key digital priorities
<b>System</b>	The proposed annual plan includes key system related work
<b>Sustainability</b>	The proposed annual plan includes sustainability targets from the Trust's Green Plan

<b>Strategic Objectives this report supports</b>	<b>Please tick any that are relevant <input checked="" type="checkbox"/></b>
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.	✓

# Annual Plan 2024/25

**28 March 2024**

## 1.0 Overview

We have been developing the Trust's Annual Plan for 2024/25 over the past 6 months. As Board members will recall we received over 8,000 items of feedback during the development of our Great Together strategy during 2023 and this has been used to inform the Annual Plan in 2024/25. Alongside this we have:

- Held four sessions with the Trust's Senior Leadership Team (SLT) as a group to develop and refine ideas (18th October, 1st November, 13th December and 21st February)
- Run individual and small group discussions with SLT members in November
- Led two sessions with the Executive Team for oversight of the developing plan (13th January and 14th February)
- Worked on underpinning plans for SBUs and corporate teams over the past few months to ensure alignment and build plans from the bottom up
- Aligned finance, workforce, performance and planning discussions to feed into Annual Plan and wider NHSE planning

This fed into the Board workshop session on 29<sup>th</sup> February and was then agreed at Finance and Investment Committee on 14<sup>th</sup> March. The Annual Plan is structured around the 6 strategic priorities we have agreed within Great Together.

The draft plan includes:

- Significant cultural shifts – developing our approach to improving the experience of people accessing our services, in our approach to inclusion and belonging and around quality improvement
- Clinical transformation – the development of an overall clinical strategy with improvements in pathways, outcomes and service models
- The development of our organisational infrastructure - supporting people, driving productivity and performance
- Working in systems and in collaboration – across our different ICSs, with the East of England Provider Collaborative, with our university partners and in communities

There are a number of areas in our plan which are subject to conclusion of negotiations around our funding for 2024/25. Once we reach final agreement on our financial settlement, we will review the Annual Plan and may need to adapt priorities as a result. This process is overseen by the Executive Team and reported into the Trust's Finance and Investment Committee to provide overall assurance the Trust Board.

Our remaining step is to finalise the measures and metrics we will use to assess achievement against the delivery of the actions within the Annual Plan. It is our intention to finalise these and seek agreement at the next Finance and Investment Committee on 2<sup>nd</sup> May.

## **2.0 Our Commitments for 2024/25**

Our Annual Plan describes an extensive programme of work for 2024/25, framed by our Great Together strategy, to support us to achieve our vision of providing “Delivering Great Care, Achieving Great Outcomes, Together”. The full detail of the plan is provided in Appendix 1 and some of the key elements are highlighted below.

**Our Service Users and Carers** – We will improve service user and carer experience, placing emphasis on shared decision-making, co-production and recovery

In 2024/25 we will:

- Implement an improved model of engagement, participation and co-production with people who use services.
- Expand our pool of Experts by Experience, ensuring increased representation from diverse communities.
- Coproduce a Carers Strategy that includes identifying carer groups within ethnically diverse communities and addresses barriers to identification and accessing support.
- Enhance support for carers by reviewing and improving carers pathways across services.
- Redesign the CAMHS community clinical model to incorporate recovery principles and improve effectiveness.
- Increase the number of people with Lived Experience employed across HPFT with a support programme including training and supervision.
- Coproduce and roll out a refreshed recovery approach across HPFT.

**Quality Care and Outcomes:** We will provide high quality care and support that is safe and achieves the best outcomes for service users and carers.

In 2024/25 we will:

- Coproduce a new Safety Strategy incorporating national and international best practice.
- Fully implement the Patient Safety Incident Risk Framework, ensuring learning from patient safety incidents embedded.
- Develop a new approach to safe and supportive observations across the Trust.

- Continue to roll out Trauma Informed Approaches across all inpatient settings and into community based services.
- Deliver a programme of work to reduce violence and aggression informed by the trauma informed approach and learning from PSIRF.
- Coproduce plans for a new inpatient service to better support adults with a Personality Disorder and improve crisis support.
- Standardise the core adult community mental health model in line with national best practice.
- Develop a robust plan for the future of Albany Lodge and Aston Ward to improve experience and environment.

**Our People:** We will attract, develop and retain a skilled compassionate workforce by creating inclusive and thriving workplaces

In 2024/25 we will:

- Roll out conscious inclusion training including inclusive leadership and allyship.
- Coproduce targeted action plans with our disability, BAME and LGBTQ+ networks to address difference in experience based on the latest staff survey results.
- Ensure our recruitment approaches are targeted to attract and retain a diverse workforce.
- Establish an annual trust wide training needs analysis informed by appraisals and service needs.
- Refresh the development offer based on appraisal data and launch a comprehensive development directory accessible to all staff.
- Deliver the recruitment and retention plan as part of the NHS retention exemplar programme and implement the high impact actions to improve retention.
- Expand our apprenticeship programme and introduce new roles, career pathways and pipelines with the University of Hertfordshire and other local universities.

**Equity and Addressing Inequalities:** We will address inequalities to improve outcomes and advance equity for people from all communities.

In 2024/25 we will:

- Develop our Patient and Carer Race Equality Framework (PCREF) plan using data effectively to improve access, experience and outcomes.
- Codevelop staff training with community organisations and people with lived experience to improve understanding of people from LGBTQ+ and culturally diverse communities.
- Collaborate with the University of Hertfordshire to support local communities by providing training and development, employment, and other opportunities.

- Work with local schools and local communities to attract people from local communities to work in HPFT.
- Roll out the expansion of Individual Placement and Support in line with national funding.
- Work with partners to identify a sustainable model that will address waiting times and improve treatment for children and young people with autism or ADHD.
- Work with primary care, community and acute Trusts to ensure that mental health support is embedded in physical health services and pathways.
- Improve health outcomes for people with dementia by enhancing the pre-diagnostic and post-diagnostic offer within the diagnosis pathway and development of the Mild Cognitive Impairment pathway.

**Collaboration:** We will work in partnership in everything we do to meet the needs of communities and the people we support

In 2024/25 we will:

- Lead the development of perinatal mental health services as Lead Provider on behalf of the East of England Mental Health Provider Collaborative
- Lead the development of CAMHS Eating Disorder services as Lead Provider on behalf of the EoE Mental Health Provider Collaborative
- Work with the EoE Provider Collaborative to improve support for people with a learning disability in forensic services.
- Fully mobilise and evaluate the Urgent Crisis Centre based at the Lister and develop plans for West Herts
- Roll out Right Care, Right Person with the Crisis Care Partnership
- Expand Mental Health School Teams (MHSTs) with improved pathways between specialist services and MHST.
- Establish a new model of Drug and Alcohol workers in community mental health teams, working with public Health and CGL to improve access and pathways.
- Further develop the Mental Health, Learning Disabilities and Autism HCP including responsibilities for quality, commissioning and performance in line with the HWE ICB operating framework

**Innovation and Improvement:** We will be a learning organisation that encourages innovation, research and continuous quality improvement

In 2024/25 we will:

- Integrate research skills and tools into HPFT transformation and change programmes to support evaluation of outcomes
- Develop Clinical Service Strategies identifying best practice, transformation and improvement programmes

- Use DIALOG and other outcome data tools to demonstrate improvements in care across our community services
- Redesign crisis and out of hospital pathways for older adults
- Increase the range and impact of our research activity through expanding professional involvement and the involvement of people with lived experience
- Roll out our Patient Flow Management System and Electronic Patient Status at a Glance Boards
- Review and develop clear productivity measures in community based teams to support team working
- Implement a new Business Intelligence system to improve performance management and analytics capability.
- Develop an Energy Improvement Programme including initiatives such as ground source heat pumps, solar panels, energy and electric efficient solutions
- Implement new technology across a range of programmes to release time to care

### **3.0 Recommendations**

The Trust Board are asked to:

**Agree** the enclosed Annual Plan for 2024/25, with agreement on the accompanying metrics delegated to Finance and Investment Committee.



# Our Annual Plan 2024/25

## 1. Introduction

Our Annual Plan describes our commitments to improve care and outcomes for service users and carers during 2024/25. It sets out our key priorities, the actions we will take during the year to achieve these and how we will measure progress against the goals.

## 2. Background

In 2023 we launched our new 'Great Together' Strategy. The strategy was developed during a six month engagement period. More than 2,000 staff, service users, carers, and stakeholders contributed their thoughts, providing 8,764 comments to help co-produce a strategy that we believe truly reflects the priorities that we heard during the process.

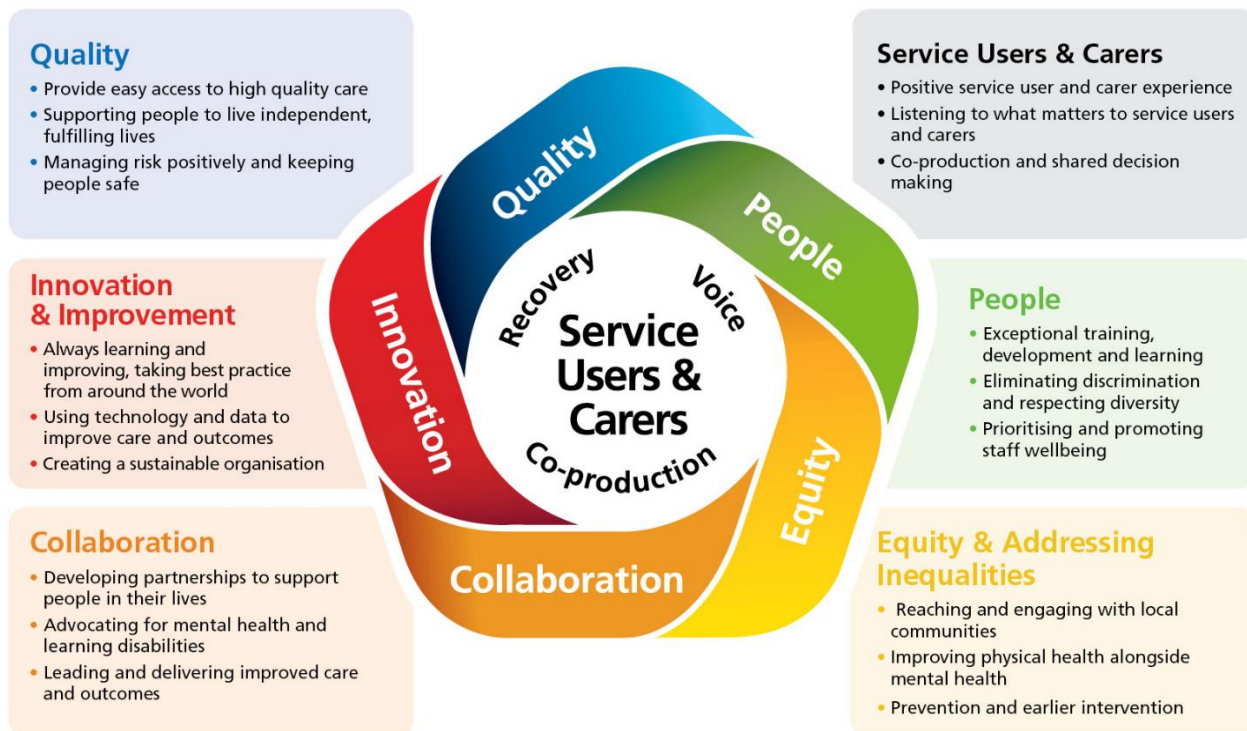
Our strategy reaffirms the Trust's vision as "**Delivering Great Care, Achieving Great Outcomes – Together**" as our ambition is to deliver great care that keeps the person at the centre and is based on best practice. Our ambition is also to deliver great outcomes – understanding what is important to each person and working with them to achieve this.

As a result of the consultation we amended our mission to "**We support people to live their lives to their full potential by enabling them to keep mentally and physically well**". This is only a slight change to our previous mission which began "We help..." rather than "We support..." as people told us that they want to be supported as it enables them to be involved in decisions about their care.

Our ambitions are that:

- Our **service users and carers** are at the centre of our strategy and at the heart of all that we do. We will improve service user and carer experience, placing emphasis on shared decision-making, co-production and recovery.
- We will provide high **quality** care and support that is safe and achieves the best outcomes for service users and carers.
- We will be a learning organisation that encourages **innovation**, research and continuous quality improvement.
- We will **collaborate** and work in partnership in everything we do to meet the needs of communities and the people we support.
  
- We will attract, develop and retain a skilled, compassionate workforce by creating inclusive and thriving workplaces for our **people**.
- We will address inequalities to improve outcomes and advance **equity** for people from all communities.

**Figure One: Our Great Together Strategy**



### 3. Our Strategic Objectives

We have six strategic objectives (framed against our Great Together strategy), and the Annual Plan is set against these objectives.

- Strategic Objective 1 **Service Users and Carers**: We will improve service user and carer experience, placing emphasis on shared decision-making, co-production and recovery.
- Strategic Objective 2 **Quality Care and Outcomes**: We will provide high quality care and support that is safe and achieves the best outcomes for service users and carers.
- Strategic Objective 3 **Our People**: We will attract, develop and retain a skilled compassionate workforce by creating inclusive and thriving workplaces.
- Strategic Objective 4 **Equity and Addressing Inequalities**: We will address inequalities to improve out-comes and advance equity for people from all communities.
- Strategic Objective 5 **Collaboration**: We will work in partnership in everything we do to meet the needs of communities and the people we support.
- Strategic Objective 6 **Innovation and Improvement**: We will be a learning organisation that encourages innovation, research and continuous quality improvement.

## **4. Our Context**

The NHS continues to face significant operational and financial challenges which are anticipated to remain in 2024/5. Locally and nationally we continue to see significant increases in the number of referrals into services and the backdrop to this is the ongoing impact of the covid pandemic on overall NHS waiting lists and demand.

We work in 5 different Integrated Care Systems across Hertfordshire, Essex, Norfolk and Buckinghamshire, working with partners to improve outcomes for local people. We also continue to work on a regional basis with other mental health trusts within the East of England Provider Collaborative to commission specialist mental health and learning disability services.

We have recently renewed our partnership with the University of Hertfordshire and are building a range of other partnerships with local universities to increase training opportunities and widen our research activity.

We co-chair the Hertfordshire Mental Health, Learning Disability and Autism (MHLDA) Health and Care Partnership (HCP) with Hertfordshire County Council, working collaboratively across health and social care. We also lead the Essex Learning Disability Partnership (ELDP).

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

## **5. Development of the Plan**

The development of our Annual Plan for 2024/25 has been informed by the work that we did in developing the Great Together strategy. We talked to over 2,000 people in developing the new strategy, receiving over 8,000 items of feedback. This was primarily feedback from staff, service users and carers. Alongside this we talked to partners in the local Integrated Care Systems that we work in, our Council of Governors, our commissioners, and our senior leadership team.

Whilst formal national planning guidance has been delayed our plans are based on existing national plans and priorities. The plan also reflects local priorities in the different health and care systems that the Trust operates in, informed through discussions with commissioners, partners, staff, service users and carers.

There are a number of areas in our plan which are subject to conclusion of negotiations around our funding for 2024/25. Once we reach final agreement on our financial settlement, we will review the Annual Plan and may need to adapt priorities as a result. This process is overseen by the Executive Team and reported into the Trust's Finance and Investment Committee to provide overall assurance to the Trust Board.

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- Further develop the Mental Health, Learning Disabilities and Autism Health and Care Partnership including responsibilities for quality, commissioning and performance in line with the HWE ICB operating framework.

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- Implement new technology across a range of programmes to release time to care.

## 7. Monitoring and Review

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

In the event of significant changing factors (internal or external to the Trust) the plan may need to be adjusted/updated to ensure delivery of the required outcomes.

This reflects the need to ensure the plan, although produced at the beginning of the year, remains a 'live' reflection of our work and priorities across the Trust. Any such proposed changes will be approved by the Trust Board.

## **8. Conclusion**

Our Annual Plan for 2024/25 is ambitious and will support us to deliver our 'Great Together' strategy and our vision "Delivering Great Care, Achieving Great Outcomes, Together". It is supported by our values and our commitments to keep our service users and staff safe, improve their experience and provide great care and outcomes. Our new strategy and accompanying plans focus on inequalities and innovation to a much greater extent than in our previous strategy. The Covid pandemic had an unequal impact on different communities, and we need to ensure that all sections of the population are able to access great quality care. Innovating through research and by bringing best practice into the organisation will also help us to deliver great care.

The Annual Plan describes the commitments we have made across health and social care to our service users, our carers, our staff and our stakeholders. It documents the key actions we will take this year to further develop our services and to ensure we are able to provide the highest quality health and social care for those individuals with a mental health illness and / or a learning disability.



## HPFT Great Together Annual Plan Strategic Objectives 2024/2025

### SO1 Service Users and Carers: We will improve service user and carer experience, placing emphasis on shared decision-making, co-production and recovery

Great Together Priorities	Actions we will take this year (What we will do?)	Outcome (What will be different?)	Measurement (How will we know?)
<ul style="list-style-type: none"> <li>• Embed Shared Decision Making</li> <li>• Coproduce, engage and involve service users, carers and communities</li> <li>• Expand and enhance support for Carers</li> <li>• Amplifying service user and carer voice</li> <li>• Strengths Based Recovery approach</li> </ul>	<ul style="list-style-type: none"> <li>• Implement an improved model of engagement, participation &amp; co-production with people who use services</li> <li>• Work with community &amp; advocacy organisations to support engaging with people whose voices are seldom heard</li> <li>• Develop team plans to improve how service users and carers are involved in decisions about their care &amp; the development of personalised care and support plans</li> <li>• Coproduce Divisional Experience Action Plans with service users and carers</li> <li>• Reset Transformation Programmes to ensure Experts by Experience are able to contribute to design and decision making</li> <li>• Expand our pool of Experts by Experience, ensuring increased representation from diverse communities</li> <li>• Coproduce a Carers Strategy that includes identifying carer groups within ethnically diverse communities and addresses barriers to identification and accessing support</li> <li>• Enhance support for carers by reviewing and improving carers pathways across services</li> <li>• Redesign the CAMHS community clinical model to incorporate recovery principles and improve effectiveness</li> <li>• Increase the number of people with Lived Experience employed across HPFT with a support programme including training and supervision</li> <li>• Coproduce and roll out a refreshed recovery approach across HPFT</li> <li>• Further align the work of New Leaf Recovery College to increase access to educational opportunities</li> </ul>	<p>Service users and carers will:</p> <ul style="list-style-type: none"> <li>• Feel they can access the care they need.</li> <li>• Experience shorter waiting times in line with national standards.</li> <li>• Feel involved in the development of services.</li> <li>• Peer support workers will be a larger part of our HPFT workforce.</li> <li>• Feel more in control of the choices that are made about their care.</li> <li>• Feel they are being listened to.</li> <li>• Feel they have access to the right care closer to home.</li> </ul> <p>Staff will:</p> <ul style="list-style-type: none"> <li>• Feel able to listen to and respond to Service User needs</li> <li>• Feel able to actively involve service users and carers in all aspects of care and service development</li> </ul> <p>Partners will:</p> <ul style="list-style-type: none"> <li>• Feel that we are working with them effectively to improve equity of access, outcome and experience</li> <li>• Feel supported to meet the needs of service users accessing their services</li> </ul>	<ul style="list-style-type: none"> <li>• Model of engagement in place</li> <li>• Increased range of community groups &amp; organisations working with</li> <li>• Evidence increased shared decision making &amp; involvement in care plans including <ul style="list-style-type: none"> <li>○ care plan shared with service user</li> <li>○ care plan shared with carer</li> </ul> </li> <li>• Divisional Experience Plans in place</li> <li>• % increase experts by experience</li> <li>• 100% transformation plans demonstrate EBE contribution</li> <li>• Positive feedback from EBE on transformation programmes</li> <li>• Carers Strategy developed</li> <li>• Positive carer feedback</li> <li>• Carers pathways in place</li> <li>• Refreshed recovery approach and strategy in place</li> <li>• % increase employees who identify as having a lived experience</li> <li>• Increase in the number of CYP accessing CAMHS services</li> <li>• Outcomes/ DIALOG for CAMHS</li> <li>• Increase in New Leaf attendance</li> </ul>

### SO2 Quality Care and Outcomes: We will provide high quality care & support that is safe & achieves the best outcomes for service users & carers

'Great Together' priorities	Actions we will take this year (What we will do?)	Outcome (What will be different?)	Measurement (How will we know?)
<ul style="list-style-type: none"> <li>Keep people safe</li> <li>Develop &amp; embed Trauma Informed Care / Approach</li> <li>Eliminate violence and aggression</li> <li>Improve access, choice and continuity of care</li> <li>Embed Connected Lives</li> <li>Provide therapeutic modern environments</li> </ul>	<ul style="list-style-type: none"> <li>Coproduce a new Safety Strategy incorporating national and international best practice</li> <li>Fully implement the Patient Safety Incident Risk Framework, ensuring learning from patient safety incidents embedded</li> <li>Develop a new approach to safe and supportive observations across the Trust</li> <li>Deliver enhanced training via the simulation hub to ensure a consistent response is provided to people presenting at Watford and Lister A&amp;E with suicidal thoughts</li> <li>Continue to roll out Trauma Informed Approaches across all inpatient settings and into community based services</li> <li>Deliver a programme of work to reduce violence &amp; aggression informed by the trauma informed approach and learning from PSIRF</li> <li>Refresh policies, procedures &amp; training to ensure those who experience violence, aggression or harassment from service users or the public are consistently &amp; effectively supported</li> <li>Develop new services for autistic people in the community</li> <li>Coproduce plans for a new inpatient service to better support adults with a Personality Disorder &amp; improve crisis support</li> <li>Standardise the core adult community mental health model in line with national best practice</li> <li>Develop the plans to expand seven day working across in inpatient services, including therapies</li> <li>Develop new contracts for Supported Living to increase availability &amp; sustainability in social care community provision</li> <li>Develop a robust plan for the future of Albany Lodge and Aston Ward to improve experience and environment</li> </ul>	<p>Service users will:</p> <ul style="list-style-type: none"> <li>Tell us they feel safe.</li> <li>Feel confident in our services.</li> <li>Have timely access to specialist care</li> <li>Be discharged at an appropriate time.</li> <li>Have access to improved employment opportunities.</li> </ul> <p>Staff will:</p> <ul style="list-style-type: none"> <li>Feel confident to support physical health needs of service users.</li> <li>Be confident in their delivery of consistently safe, quality care.</li> <li>Feel safe and supported to provide great care and outcomes.</li> <li>Be able to support the needs of individuals; mental, emotional, physical, and social.</li> </ul> <p>Partners will:</p> <ul style="list-style-type: none"> <li>Be confident in our ability to deliver safe, effective services.</li> <li>See that we are working effectively with them to support people.</li> <li>Feel that suicide prevention approaches are stronger across the system.</li> <li>See better support across the weekend to people in their services.</li> <li>See the support available to them through primary, community &amp; crisis services</li> <li>Feel we are working with them effectively to improve outcomes across all areas.</li> </ul>	<ul style="list-style-type: none"> <li>Refreshed Trust wide Safety Strategy in place</li> <li>Learning demonstrated across the Trust</li> <li>Reduced number SASO &amp; incidents on wards</li> <li>TIA roll out to all inpatient units</li> <li>TIA approach understood and plans in place for all community teams</li> <li>Staff report safety as a top priority for the Trust and ability to report incidents.</li> <li>Increase in staff accessing suicide training in the simulation hub</li> <li>PSIRF priorities – reduced incidents involving PSIRF priorities</li> <li>Consistent core community model in place countywide</li> <li>Business case for PD inpatient service developed</li> <li>Reduction in admissions of service users with PD</li> <li>Business case completed for 7 day working</li> <li>Reduction in Delayed Transfers of Care (DTocS)</li> <li>Plan agreed and funding identified to achieve</li> </ul>

**SO3 Our People: We will attract, develop and retain a skilled compassionate workforce by creating inclusive and thriving workplaces**

What are the key priorities	Actions we will take this year (What we will do?)	Outcome (What will be different?)	Measurement (How will we know?)
<ul style="list-style-type: none"> <li>• Embed our inclusive culture, with compassionate and caring teams</li> <li>• Eliminating discrimination, bullying or harassment</li> <li>• Build a diverse workforce</li> <li>• Provide exceptional training, development and learning opportunities</li> <li>• Create new roles and clear career pathways</li> <li>• Prioritising staff wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure that every person across the Trust has an appraisal objective relating to belonging and inclusion</li> <li>• Roll out conscious inclusion training including inclusive leadership and allyship.</li> <li>• Coproduce targeted action plans with our disability, BAME and LGBTQ+ networks to address difference in experience based on the latest staff survey results</li> <li>• Work with our staff networks to implement the national toolkit for NHS Staff networks</li> <li>• Ensure our recruitment approaches are targeted to attract and retain a diverse workforce</li> <li>• Establish an annual trust wide training needs analysis informed by appraisals &amp; service needs</li> <li>• Refresh the development offer based on appraisal data and launch a comprehensive development directory accessible to all staff</li> <li>• Deliver the recruitment and retention plan as part of the NHS retention exemplar programme and implement the high impact actions to improve retention</li> <li>• Expand our apprenticeship programme and introduce new roles, career pathways and pipelines with the University of Hertfordshire and other local universities</li> <li>• Evaluate the current offer from our Employee Assistance Programme and identify and implement opportunities to enhance staff wellbeing</li> <li>• Provide toolkits and training to team leaders and managers to enable them to provide year round support to staff for their wellbeing</li> </ul>	<p>Staff will:</p> <ul style="list-style-type: none"> <li>• Have a great induction and experience of working with HPFT.</li> <li>• Feel supported to achieve their full potential &amp; thrive.</li> <li>• Be able to bring their whole self to work.</li> <li>• Feel seen, heard and valued for the contribution they make.</li> <li>• Feel empowered to innovate and continuously improve our services.</li> <li>• Feel a positive impact on their wellbeing.</li> <li>• Demonstrate leadership qualities to ensure we provide the best care for service users.</li> <li>• Experience leadership that models exemplary inclusive, compassionate leadership</li> </ul> <p>Service users will:</p> <ul style="list-style-type: none"> <li>• Feel supported by people and teams who live our values.</li> <li>• Experience teams who are effective and compassionate</li> <li>• Want to work for HPFT</li> </ul> <p>Partners will:</p> <ul style="list-style-type: none"> <li>• See greater inclusion and partnership working with our people.</li> <li>• Experience strong systems leadership</li> </ul>	<ul style="list-style-type: none"> <li>• Appraisal audit demonstrates inclusion objectives</li> <li>• % staff attending conscious inclusion training</li> <li>• Staff survey action plan implemented; pulse survey &amp; 2024 staff survey demonstrates improvement</li> <li>• National toolkit implemented</li> <li>• Recruitment campaign in place to focus on diverse population</li> <li>• Training needs analysis in place</li> <li>• Development directory launched</li> <li>• National High Impact actions implemented</li> <li>• Improved retention / turnover / vacancies</li> <li>• Increased number of apprentices</li> <li>• Evaluation completed</li> <li>• Improve staff '<b>safe and healthy</b>' response score on staff survey</li> </ul>

**SO4 Equity and Addressing Inequalities: We will address inequalities to improve out-comes and advance equity for people from all communities**

Great Together Priorities	Actions we will take this year (What we will do?)	Outcome (What will be different?)	Measurement (How will we know?)
<ul style="list-style-type: none"> <li>Collaborate with local communities and community leaders to build trust and address barriers to access</li> <li>Develop staff awareness and understanding of local communities</li> <li>Take positive action to support local communities by acting as an anchor institution</li> <li>Address the wider determinants of mental health by focusing on prevention and earlier intervention</li> <li>Enhance care and support for individuals with neurodevelopmental needs</li> <li>Drive better Physical Health outcomes</li> </ul>	<ul style="list-style-type: none"> <li>Develop our Patient and Carer Race Equality Framework (PCREF) plan using data effectively to improve access, experience and outcomes</li> <li>Codevelop staff training with community organisations &amp; people with lived experience to improve understanding of people from LGBTQ+ and culturally diverse communities</li> <li>Collaborate with the University of Hertfordshire to support local communities by providing training and development, employment, and other opportunities</li> <li>Work with local schools and local communities to attract people from local communities to work in HPFT</li> <li>Roll out the expansion of Individual Placement and Support (IPS) in line with national funding</li> <li>Work with partners to identify a sustainable model that will address waiting times and improve treatment for children and young people with autism or ADHD</li> <li>Deliver the Hertfordshire Special Educational Needs and Disability (SEND) action plan in partnership with Hertfordshire County Council Children's Services and HWE Integrated Care Board</li> <li>Work with primary care, community and acute Trusts to ensure that mental health support is embedded in physical health services and pathways</li> <li>Improve health outcomes for people with dementia by enhancing the pre-diagnostic and post-diagnostic offer within the diagnosis pathway and development of the Mild Cognitive Impairment pathway</li> </ul>	<p>Service users will:</p> <ul style="list-style-type: none"> <li>Feel supported to make healthier lifestyle choices (weight, smoking, exercise)</li> <li>Have improved outcomes and will be supported with depression.</li> <li>Be accessing screening programmes and support.</li> <li>Have improved physical health.</li> <li>Autistic people will feel supported to access the care they need.</li> <li>Will feel more in control of the choices that are made about their care.</li> <li>Underserved groups and communities will feel engaged and able to access and shape services.</li> <li>Receive care in the most appropriate setting.</li> </ul> <p>Staff will:</p> <ul style="list-style-type: none"> <li>Better understand the communities we serve and how to engage and reach them.</li> <li>Feel confident in supporting Autistic people.</li> <li>Be well trained and supported to learn.</li> </ul> <p>Partners will:</p> <ul style="list-style-type: none"> <li>Feel that we are working with them effectively to improve physical health outcomes.</li> <li>Feel that we are working with them effectively to improve equity of access, outcomes and experience</li> </ul>	<ul style="list-style-type: none"> <li>PCREF Plan developed</li> <li>Baseline data collated and improvements identified</li> <li>Trust able to demonstrate feedback from communities and action taking as a consequence</li> <li>Training in place for staff</li> <li>Anchor Institution plan developed identifying clear baseline metrics and development targets</li> <li>Increased number of people accessing IPS</li> <li>Clear plan in place to address numbers waiting for an ADHD Diagnosis</li> <li>More Long Term Conditions pathways include MH</li> <li>Mild Cognitive Impairment pathway in place; with clear outcomes</li> </ul>

**SO5 Collaboration: We will work in partnership in everything we do to meet the needs of communities and the people we support**

Great Together Priorities	Actions we will take this year (What we will do?)	Outcome (What will be different?)	Measurement (How will we know?)
<ul style="list-style-type: none"> <li>Continue to develop partnerships to deliver improved outcomes</li> <li>Drive the development of the Hertfordshire Mental Health, Learning Disability and Autism Health and Care Partnership</li> <li>Collaborate with schools, district councils and other local community services</li> <li>Partner with public health and substance misuse services to improve pathways and outcomes</li> <li>Develop Learning Disability and forensic services</li> <li>Advocate for mental health &amp; learning disability services, policies &amp; parity of esteem</li> </ul>	<ul style="list-style-type: none"> <li>Lead the development of perinatal mental health services as Lead Provider on behalf of the EoE Provider Collaborative</li> <li>Lead the development of CAMHS Eating Disorder services as Lead Provider on behalf of the EoE Provider Collaborative</li> <li>Work with the EoE Provider Collaborative to improve support for people with a learning disability in forensic services</li> <li>Fully mobilise &amp; evaluate the MH Urgent Crisis Centre based at the Lister, and develop plans for West Herts</li> <li>Roll out Right Care, Right Person with the Crisis Care Partnership</li> <li>Expand Mental Health School Teams (MHSTs) with improved pathways between specialist services &amp; MHST</li> <li>Establish a new model of Drug &amp; Alcohol workers in community mental health, working with Public Health and CGL to improve access &amp; reduce deaths by suicide</li> <li>Further develop the Mental Health, Learning Disabilities and Autism HCP including responsibilities for quality, commissioning and performance in line with the HWE ICB operating framework</li> <li>Prepare for the renewal of Learning Disability contracts in Essex &amp; Norfolk in 2025 – identifying vision, service model and plans for next 5 years</li> <li>Continue to advocate for mental health, learning disabilities and autism locally as lead MH partner across HWE ICB and geographical HCPs</li> <li>Contribute to national bodies and boards to advocate for mental health, learning disabilities and autism</li> </ul>	<p>Service users will:</p> <ul style="list-style-type: none"> <li>Experience more joined up care across organisations and pathways</li> <li>Experience improved outcomes</li> <li>Have improved access to the right support and care</li> <li>Have increased life opportunities.</li> </ul> <p>Staff will:</p> <ul style="list-style-type: none"> <li>Feel supported and able to work openly and collaboratively with other teams</li> <li>Feel supported to influence across all the geographical areas in which the Trust operates</li> <li>Feel able to advocate for and improve services</li> </ul> <p>Partners will:</p> <ul style="list-style-type: none"> <li>Value HPFT as a partner &amp; collaborator</li> <li>Feel engaged &amp; part of Herts MHLDA HCP</li> <li>Be able to demonstrate the impact of collaborative working for the populations we serve</li> <li>Feel supported to develop &amp; deliver plans and services for MHLDA population and needs</li> <li>Be involved in the development of new service models</li> </ul>	<ul style="list-style-type: none"> <li>Lead provider contract for perinatal MH services in place</li> <li>Outcome measures for perinatal services being met</li> <li>MHUCC mobilised and improved experience and access demonstrated</li> <li>Plans in place for Watford MH Urgent Crisis Centre</li> <li>Roll out of Right Care, Right Person</li> <li>Herts MHLDA HCP programme delivered &amp; development plan in place</li> <li>Increased number of MH teams located in schools across Hertfordshire</li> <li>Increased number of D&amp;A workers in MH teams &amp; reduction in incidents</li> <li>Plan will be in place to support service users with LD in Forensic services</li> <li>HPFT and MH profile demonstrated – feedback from partners and national bodies positive</li> </ul>

**SO6 Innovation and Improvement: We will be a learning organisation that encourages innovation, research and continuous quality improvement**

Great Together Priorities	Actions we will take this year (What we will do?)	Outcome (What will be different?)	Measurement (How will we know?)
<ul style="list-style-type: none"> <li>Strengthen our culture of continuous development and improvement</li> <li>Adopt best practice &amp; drive effectiveness</li> <li>Expand research activities and culture</li> <li>Explore &amp; adopt new technologies, artificial intelligence and innovations</li> <li>Create a Green movement and improve sustainability</li> <li>Focus on value, reducing waste and driving productivity</li> </ul>	<ul style="list-style-type: none"> <li>Identify an improvement partner to further support the development of our quality improvement culture</li> <li>Align and strengthen our project management, transformation programmes and continuous quality improvement framework</li> <li>Integrate research skills &amp; tools into HPFT transformation &amp; change programmes to support evaluation of outcomes</li> <li>Develop Clinical Service Strategies identifying best practice, transformation and improvement programmes</li> <li>Use DIALOG &amp; other outcome data tools to demonstrate improvements in care across our community services</li> <li>Redesign crisis &amp; out of hospital pathways for older adults</li> <li>Increase the range and impact of our research activity through expanding professional involvement and the involvement of people with lived experience</li> <li>Upgrade our Electronic Patient Record &amp; optimise</li> <li>Roll out our Patient Flow Management System &amp; Electronic Patient Status at a Glance Boards</li> <li>Review &amp; develop clear productivity measures in community based teams to support team working</li> <li>Implement a new Business Intelligence system to improve performance management and analytics capability.</li> <li>Develop an Energy Improvement Programme including initiatives such as ground source heat pumps, solar panels, energy &amp; electric efficient solutions</li> <li>Implement new technology across a range of programmes to release time to care.</li> </ul>	<p>Service users will:</p> <ul style="list-style-type: none"> <li>Find it easier to access information and our services.</li> <li>Have better outcomes</li> <li>Experience less delays in their care and inpatient admissions</li> <li>Be able to engage in research and trials</li> </ul> <p>Staff will:</p> <ul style="list-style-type: none"> <li>Have more time to care</li> <li>Feel able to harness their ideas and implement improvements.</li> <li>Be able to behave 'Green' at work as much as at home</li> <li>Feel supported to undertake research</li> <li>Be clearer on their financial responsibilities &amp; able demonstrate value for money</li> <li>Have understandable ways to access support for business/innovation cases.</li> <li>Feel enabled to put in place new care offers and change the way we work.</li> </ul> <p>Partners will:</p> <ul style="list-style-type: none"> <li>Find referral into our services is quick and easy.</li> <li>Be able to connect with professionals within the Trust with greater efficiency.</li> <li>Be able to engage in joint research and development programmes of work with the Trust.</li> </ul>	<ul style="list-style-type: none"> <li>Clear improvement methodology being used consistently in teams</li> <li>Increased evidence of improvement approach across organisation</li> <li>Clinical Service strategies in place and teams working towards</li> <li>Community services outcome tools evidence improvement in care</li> <li>Increased number of people with lived experience involved in research</li> <li>Increased number of clinicians involved in research</li> <li>Reduced number of DTocS on Older Peoples Assessment &amp; Treatment wards</li> <li>Changes to EPR implemented</li> <li>Electronic PSAG boards in place in all inpatient wards</li> <li>Productivity review completed, measures in place and improvement demonstrated against baseline.</li> <li>New Business Intelligence system in place</li> <li>Plan in place and energy efficient improvements demonstrated</li> <li>Reduction in gas &amp; electricity usage</li> </ul>

## Report to the PUBLIC Board of Directors

<b>Meeting Date:</b>	28 March 2024	<b>Agenda Item:</b> 15
<b>Report Title</b>	Draft Capital Plan 2024/25	<b>For publication:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Report Author (s)</b>	Sam Garrett, Financial Controller	
<b>Approved by:</b>	Phil Cave, Chief Finance Officer	

<b>The Trust Board is asked to:</b>
<b>Approve:</b> Draft proposals for Capital Plan 2024/25

### Executive Summary

This report proposes the draft Capital Plan for 2024/25 (as well as indicative numbers for the following two years) and provides an update on the following: the proposed Capital Investment Programme value; the process followed to prepare it; areas identified for spend; and suggested final steps.

The draft Plan assumes a total Programme of £10.3m including System CDEL of £9.0m and the proceeds from the disposal of Harper Lane. For the time being no additional National CDEL for IT has been assumed as no confirmation has been received. For 2025/26 and beyond it is expected that allowable System CDEL will reduce in line with Depreciation.

	24/25 Plan	25/26 Plan	26/27 Plan	Comments
System CDEL	8,980	7,100	7,100	Estimate only from 25/26
Digitisation CDEL	0	0	0	Assumed at 0 from 24/25
Total CDEL	8,980	7,100	7,100	
Disposal Proceeds	1,350	1,600	0	24/25 Harper Lane; 25/26 potential Holly Lodge
Total Programme	10,330	8,700	7,100	

The report explains the process followed to arrive at the draft Plan and next steps to be taken. It includes a summary by grouping as well as further detail on each of the Divisional priorities along with those from IM&T. An over-commitment of c. £1.0m continues at this stage in order to mitigate against potential delays during the year and ensure that CDEL is fully spent.

Next steps include finalising the Divisional priorities and forming these into a detailed prioritised Plan; as well as confirming a list of items to be commenced early in April to be run alongside completion of existing schemes.

### Recommendations

The Trust Board is asked to approve the draft Capital Plan for 2024/25 and note the further work required to complete prioritisation of schemes.

<b>Implications</b>	
<b>Risk and Assurance</b>	Risk of not meeting mandated CDEL target, or conversely of having insufficient capital to spend; risk of spending limited resources on the right areas.
<b>Equality, Diversity and Human Rights</b>	Ensure the Capital funding is spent equitably.
<b>Quality</b>	Making sound decisions on capital spend impacts positively on service quality by improving environments, for example.
<b>Financial</b>	Financial implications in meeting the mandated CDEL limit.
<b>Service Users and Carer Experience</b>	Making sound decisions on capital spend impacts positively on service user experience by improving environments, for example.
<b>People</b>	Making sound decisions on capital spend impacts positively on staff experience by improving environments, for example.
<b>Legal and Regulatory</b>	Parts of the Plan may be in response to regulatory standards or CQC comments.
<b>Digital</b>	Digital is a core part of capital spend
<b>System</b>	HPFT CDEL is part of a wider system CDEL limit which has to be balanced to; it is therefore necessary to work collaboratively within the system.
<b>Sustainability</b>	An element of the Capital Plan relates to sustainability e.g. LED lighting installations.

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



# Draft Capital Plan 2025/25

March 2024

## 1. Introduction

- 1.1. This report presents the proposed value of the Capital Plan for 2024/25 and provides an update on: the process followed to prepare the Plan; areas identified for spend; and suggested next steps. It also presents draft values for 2025/26 and 2026/27.
- 1.2. The report also includes some detail of proposed schemes for 2024/25 including the priority completion of the Mental Health Urgent Care Centre (MHUCC); regular ongoing commitments against Capital such as Digital and Backlog Maintenance; and new requests. A long list has been drawn up by Estates, Finance and IM&T, in conjunction with the Managing Directors of the four Strategic Business Units.
- 1.3. There remain some uncertainties at this point, in particular around Digital spend which has been funded nationally for several years; it is not known at this point whether this funding will continue in any way in 2025/26. In addition, detailed Capital Planning Guidance has not yet been published by NHSE for 2024/25 and beyond. The main System CDEL allocation for the Trust is assumed at £9.0m as per previous National allocation to the System, and subsequent System agreements, with 2024/25 being the final year of these.

## 2. Background and Overall Funding Available

- 2.1. The Trust has had a significant Capital Investment Programme over several years, benefiting from System CDEL (agreed for 3 years as noted above); from significant additional National digital investment; and from several Property disposals. Figures for the previous, current, and next years are shown in Table 1 below:

**Table 1 – Capital Investment Programme**

	<b>22/23 Actual</b>	<b>23/24 Expected</b>	<b>24/25 Plan</b>
System CDEL	10,948	8,980	8,980
Digitisation CDEL	2,347	1,942	0
Other	0	1,319	0
Total CDEL	13,295	12,241	8,980
Disposal Proceeds	1,345	0	1,350
Total Programme	14,640	12,241	10,330

*Note: ROU Assets under IFRS16 shown separately for ease of comparison*

- 2.2. The “Other” row relates to a requirement to overspend by this amount in 2023/24 as the result of the System reallocating CDEL to cover the MHUCC.

2.3. For the 3 year Plan from 2024/25 the following points have been considered:

- 2.3.1. System CDEL is assumed to remain at £9.0m for the third and final years of the previous agreement;
- 2.3.2. System CDEL for 2025/26 and 2026/27 are assumed to reduce to £7.1m in line with previous expectations to match depreciation plus an allowance for Backlog Maintenance (based on ERIC returns);
- 2.3.3. It is not known whether any National Digital CDEL (for which the third and final year is 2023/24) will be made available and the assumption has been made at this stage that it will not; and
- 2.3.4. Disposal of Harper Lane is expected to give disposal proceeds of £1.4m to benefit the overall programme in 2024/25, and an amount of £1.6m is assumed in 2025/26 in relation to another site. Harper Lane buyers remain engaged and are awaiting planning permission; potential disposal of Holly Lodge is much less certain.
- 2.3.5. Additionally the disposal of several SRS Bungalows may take place during 2024/25 or 2025/26; this would provide additional proceeds to spend on capital. This has not been included below however due to the complexity of the potential transaction and uncertainty particularly over timing at this stage.

2.4. The potential impact of these assumptions on the overall programme for the next 3 years is shown below in Table 2:

**Table 2 – Breakdown of Expected Programme**

	<b>24/25 Plan</b>	<b>25/26 Plan</b>	<b>26/27 Plan</b>	<b>Comments</b>
System CDEL	8,980	7,100	7,100	Estimate only from 25/26
Digitisation CDEL	0	0	0	Assumed at 0 from 24/25
<b>Total CDEL</b>	<b>8,980</b>	<b>7,100</b>	<b>7,100</b>	
Disposal Proceeds	1,350	1,600	0	24/25 Harper Lane; 25/26 potential Holly Lodge
<b>Total Programme</b>	<b>10,330</b>	<b>8,700</b>	<b>7,100</b>	

### 3. Process for Developing Draft Plan

- 3.1. The Associate Director of Estates and Financial Controller have worked together with Managing Directors and other Divisional representatives including Clinical colleagues to develop a draft Plan. The output of these sessions is a “long list” of schemes requested.
- 3.2. Priority items from 2023/24 which have yet to either commence or complete will be included in the 2024/25 Plan providing they need completion or remain a priority to undertake.

- 3.3. A number of engagement sessions have taken place including with Divisions, the Executive Team, and IM&T as key stakeholders; Managing Directors have also engaged with their own teams at Core Management sessions. The output is that each Division have stated their key priorities which will be worked into the Plan where feasibly possible. This has ensured clinical and operational perspective, including consideration of patient safety, and service user and staff impact.
- 3.4. First priority for 2024/25 remains the completion of 2023/24 items including the MHUCC.

## 4. Identified Spend Areas – Summary

- 4.1. As requested by the Executive Team for 2023/24, the Plan for 2024/25 continues to be grouped into sections as follows:
  - 4.1.1. A: Completion of Existing Schemes including the Mental Health Urgent Care Centre
  - 4.1.2. B: Schemes Relating to Patient Safety including Medical Devices and Fire Compliance
  - 4.1.3. C: Recurrent Requirements (Backlog Maintenance, Reactive Capital, Sustainability, Digitisation & IT Equipment)
  - 4.1.4. D: Discretionary Projects – this is where Divisional priorities will be considered most closely (will be over-committed to mitigate against slippage on projects during the year)
  - 4.1.5. E: Other including Right of Use Assets under IFRS16 – considered separately

4.2. Table 3 below outlines the summarised draft Plan:

**Table 3 – Summary Draft Plan**

Group	Scheme	Value
<b>A Completion of Existing Schemes</b>	MHUCC	700
	Other	400
<b>B Patient Safety Schemes</b>	All including medical devices	2,200
<b>C Recurrent Requirements</b>	Backlog	1,000
	Reactive	500
	Sustainability	500
	Digital	2,000
<b>D Discretionary incl over-commitment</b>	Including those deferred from 23/24	4,030
<b>E Other</b>	Disposal	-1,350
<b>Total</b>		9,980
Available		8,980
Planned over-commitment		1,000

## 5. Divisional Priorities

5.1. In discussing Divisional priorities for estates-related capital expenditure it was clear that wider estates priorities (i.e. those funded by revenue) also remain an issue. Whilst in the main these issues are outside of scope for the Capital Plan they are also being discussed to ensure they are prioritised in the appropriate forum.

5.2. Each Division and IM&T were asked to identify their key areas (as per below) and these will be worked into the overall Plan where feasibly possible.

5.3. Unplanned Care Priorities:

5.3.1. For Unplanned Care the highest priority remains provision of additional adult inpatient beds or significant re-development of several existing units. The capital needed for this is beyond what the Trust alone can provide and would need allocation of additional capital resources, however resolving this issue is crucial to service user care going forwards and as such it remains on the list.

5.3.2. Additionally the Mental Health Urgent Care Centre (MHUCC, which has partially opened – Phase 1) needs completion this is therefore first call on capital available in 2024/25, in order that Phase 2 opens during Quarter 1 2024/25.

5.3.3. In terms of patient safety and providing a quality environment bathroom replacement at Kingfisher Court will be completed during 2024/25 as an existing priority.

5.3.4. CCTV Phase 4 will also continue and remains a key patient safety measure.

5.4. Planned Care and Specialist Services Priorities:

5.4.1. For Planned Care and Specialist Services the key priorities are around clinical and office space for a number of Community and Talking Therapies teams across the county. Much of this is likely to impact either as revenue or via Right of Use assets rather than building. This includes potential for an East/South East Hub; a site in Borehamwood; and space for Primary Mental Health Care in a number of areas. CAMHS Community specifically also needs a better configuration of space in some areas.

5.4.2. For inpatient services within specialist services the installation of CCTV as mentioned above continues.

5.5. Learning Disabilities and Forensics Priorities:

5.5.1. For LD&F there is discussion ongoing with commissioners around several potential development of specialist inpatient services, though these are at an early stage.

5.5.2. Similarly to Planned and Specialist Services there are a number of priorities around sites including in Essex.

5.5.3. There have been requests for telephone work including 4G rollout in Norfolk which relates to patient safety, and also requests for development to enable physical activity such as a pitch at Warren Court. The final high value request is for generator replacement on one site which may be needed for patient safety reasons, though the business case isn't fully developed yet.

#### 5.6. IM&T Priorities:

5.6.1. As noted above it is currently assumed that no national funding will be forthcoming in 2024/25. Even if it is, this could not be used for the largest item below i.e. laptops and desktops.

5.6.2. Although not grouped into Divisions the capital spend from IM&T does impact directly onto staff and service users. The largest value item is a request for just under £1.5m on laptops and desktops, though some of this could slip into 2025/26 the vast majority will be needed in 2024/25, for both new staff and replacements due to Windows 11 coming in.

5.6.3. There is a further £0.5-0.7m required across a number of items including licenses for Power BI and SQL, EPMA work, tablets and hardware.

5.6.4. There is also an ask for revenue funding for smartphones and several other items.

## 6. Summary / Conclusions

### 6.1. Next steps include the following:

6.1.1. Final prioritisation session at end of March 2024 with Managing Directors and the Executive Team.

6.1.2. Final approval of detailed schemes to the Finance and Investment Committee in May 2024.

6.1.3. Key initial items to Estates and IM&T to ensure schemes can commence in April.

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

## 7. Recommendations

7.1. The Trust Board is asked to approve the draft Plan; and approve the next steps identified.

## Report to the PUBLIC Board of Directors

<b>Meeting Date:</b>	28 March 2024	<b>Agenda Item:</b> 16
<b>Report Title</b>	Report of the Audit Committee held on 4 December 2023 and 1 February 2024	<b>For publication:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Report Author (s)</b>	Helen Edmondson, Head of Corporate Affairs & Company Secretary	
<b>Approved by:</b>	Phil Cave, Chief Financial Officer	

### The Board is asked to receive

To provide the Board with an overview of the work undertaken by the Audit Committee at its most recent meetings on 4 December 2023 and 1 February 2024

### Executive Summary

Report details the work of the Audit Committee which met on 4 December 2023 and 1 February 2024.

The Committee considered a deep dive into preparation for 2023/24 year-end.

The Committee also considered a number of reports that provided assurance regarding financial management, corporate governance, internal audit and counter fraud.

### Recommendations

The Board are asked to note:

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

There were no other matters for formal escalation to the Board

### Implications

<b>Risk and Assurance</b>	Audit Committee is the Committee that is responsible for providing assurance regarding systems of risk and control.
<b>Equality, Diversity and Human Rights</b>	The Committee considers Trust delivery against strategic aims of Belonging and Inclusion Strategy.
<b>Quality</b>	The Committee that is responsible for providing assurance regarding risk and control systems, which are closely aligned with management of quality.

<b>Financial</b>	The Committee considered a number of reports which detailed the financial position and reporting for the Trust
<b>Service Users and Carer Experience</b>	Ensuring the delivery of financial plan is important to ensuring positive service user experience.
<b>People</b>	Ensuring the delivery of financial plan is important to ensuring positive staff experience.
<b>Legal and Regulatory</b>	The Committee received report on work to ensure compliance financial and corporate governance requirements.
<b>Digital</b>	Committee noted positive impact of digital and technological solutions
<b>System</b>	No implications
<b>Sustainability</b>	No implications

<b>Strategic Objectives this report supports</b>	<b>Please tick any that are relevant</b>
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 Audit Committees held on 4 December 2023 and 1 February 2024

## 1. Introduction

- 1.1 This paper provides the Board with a summarised report highlighting key Committee business and issues arising from the meeting.
- 1.2 Since the last Audit Committee report to the Trust Board in Public, the Committee has met twice on 4 December 2023 and 1 February 2024 in accordance with its terms of reference and was quorate.
- 1.3 The Committee meetings were chaired by David Atkinson, Non-Executive Director.
- 1.4 The Committee received and considered a number of items, appendix 1 details the agenda items from the meetings in December and February. Detailed below are the key areas to be highlighted to the Board on the areas that the Committee discussed.

## 2. Planning for 2023/24 Year End

- 1.1 Both Committee meetings received reports on the preparation for 2023/24-year end. In particular the December meeting were briefed on learning from 2022/23 and the plan for 2023/24, addressing the identified areas and new guidance.
- 1.2 The Committee received at its February meeting a deep dive into planning and preparation. The Committee noted the sound progress against the plan agreed with External Audit, noting that the interim audit was starting 5 February 2024. The deep dive also set out the forecast outturn position and expectation that the Trust would be reporting a surplus. Committee members were taken through the balance sheet, provisions, key accruals and deferred income. The Committee was updated on the approach to property valuation.
- 1.3 The timetable for drafting and completion of Annual Report for 2022/23 was noted by the Committee at the February meeting. It was noted that the draft report would be available earlier than 2022/23.
- 1.4 At the December meeting External Auditor, Deloitte presented a detailed report on their audit plan for 2023/24. The Committee considered the new reporting requirements including those for the Annual Report relating to Climate Disclosure and Inequalities. Also, the parameters for the value for money review and the risk areas that would be focused on. A verbal update on progress was provided by Deloitte at the February Committee meeting,



noting that the plan was progressing as planned with close working with the Trust finance team.

## **2. Quarterly Reports**

- 2.1 The meeting held in December received a number of quarter two reports for assurance and approval. The Committee considered a report that set out the waivers approved in the quarter, noting that there was a fewer number and value to the previous quarter. It was noted that RSM had benchmarked the Trust as a low user of Single Waiver Tenders.
- 2.2 At the February meeting the Committee considered the quarter three single waiver tender report. The report detailed that a higher total value of waivers had been approved compared to quarter two. It was noted that this was due to a high number of Estates Backlog Maintenance waivers.
- 2.3 The Committee at the meetings considered and approved the recommendation to write off losses for quarters two and three. The Committee discussed the efforts made to retrieve the costs but that the advice was that they were uneconomical to pursue and that all efforts of recovery had been exhausted. The Committee were updated on the total irrecoverable debt provision and continue focus on reducing overpayments.
- 2.4 The Committee received reports on the use of the Corporate Seal in quarters two and three, noting that the majority of the use related to estates matters.

## **3. Compliance**

- 3.1 The December Committee meeting considered a report that provided an update on the National Clinical Audits that the Trust had participated in with the last 12 months. It was noted that ten audits had been undertaken with one more scheduled for quarter four, seven of which had been published.
- 3.2 In response to action from a previous Committee meeting the December meeting received an assurance report on Trust performance against Better Payment Practice Code. The Trust's current performance was discussed and the plan in place to improve the position so that the Trust meets the required performance standard of 95%. The factors impacting on performance were discussed including the need to improve purchase order compliance.
- 3.3 At the February meeting and in support for year-end planning the Committee considered and recommended to Board for approval the Trust's self-declaration against the new Code of Governance. It was noted that the Trust was reporting its compliance with the Code, noting that the completion of the Annual Report would provide an opportunity further to demonstrate compliance. It was noted that the Trust would consider adoption of policy for non-audit services provided by external audit provider.

- 3.4 The Committee received a report outlining the planned arrangements for the management and regular review of financial policies and procedures. The report clarified which are the Trust's primary financial policies, different to the financial procedural documents to be approved by the Chief Finance Officer
- 3.5 The Committee considered the Quality Account Priority Indicators 2023/24 report that provided an overview of the Trusts performance against the nine chosen areas of quality. The progress with the indicators was reported and the process for reporting and monitoring.

#### **4. External Assurance Reports**

- 4.1 At both meetings the Committee received update reports from internal audit and counter fraud, which detailed the good progress with the relevant work programmes. The February Committee meeting were informed that no issues had emerged from the internal audit work to date that was likely to impact on the Head of Internal Audit Opinion for 2023/24.
- 4.2 The Committee also considered a report that set out the progress with the actions identified from audit reports noting the progress with their completion, noting the significant progress that had been made with closing the actions on tracker.

#### **5. Plan for 2024/25**

- 5.1 The December Committee meeting discussed and were consulted on the potential areas to be covered by the internal audit and counter fraud plans for 2024/25, noting that both draft plans would be considered for approval at the February meeting.
- 5.2 At the February meeting the internal audit and counter fraud work plans for 2024/25 were considered and approved. Committee members supported the range of areas included, noting that they linked with risk and priority areas for the Trust and covered both corporate and operational areas.

#### **6. Charitable Accounts – Dec 2024**

- 6.1 At the December Committee meeting the Charitable Accounts for 2022/23 were reviewed and recommended for approval by the Board of Trustees.
- 6.2 It was noted that the queries raised at the September Committee meeting had been investigated and it was proposed that the funds do not need to be restricted and a resolution would be put to the Trustees to that effect. Audit Committee members supported the presentation of this resolution.

## **7. Internal audit and Contract**

- 7.1 At the December Committee meeting a proposal to extend the contract for internal audit and counter fraud services provided by RSM was considered.
- 7.2 It was noted that the feedback on the service provided was positive and the advice from the procurement team was to extend. Based on Committee members' advice and feedback it was agreed to extend the contract until March 2026.

## **8. Governance**

- 8.1 In line with its Terms of Reference, the Committee agreed and received the feedback from its annual review of its effectiveness. Committee members noted the high level of participation. The positive feedback was welcomed in particular the support for Committee's new role regarding the Board Assurance Framework and annual reporting requirements. Areas of development were identified with a view to improving on an already strong position:
- 8.2 At the February meeting the Committee reviewed, amended and recommended to the Board for approval to its updated Terms of Reference.
- 8.3 The Committee also considered the updated Standards of Business Conduct Policy. The policy had been updated to include approach to sponsored research. It was noted that the counter fraud team had been consulted. The updated policy was approved.

## **9. Matters for Escalation to the Board**

- 9.1 There were no items for formal escalation to the Board.

## Appendix One

### Audit Committee 4 December 2023 agenda items

<b>Minutes of the meeting held on 5 September 2023</b>
<b>Matters Arising Schedule</b>
<b>Risk/Governance Matters</b> <ul style="list-style-type: none"><li>a) Planning for year end 2023/24</li><li>b) Clinical Audits</li><li>c) Use of Waivers Quarter Two</li><li>d) Provision for Irrecoverable Debt Quarter Two</li><li>e) Use of Corporate Seal Quarter Two</li><li>f) Better Payment Practice Code Performance</li></ul>
<b>External Reports</b> <ul style="list-style-type: none"><li>a) External Audit Plan 2023/24</li><li>b) Internal Audit Progress Report</li><li>c) Internal Audit Tracker Report</li><li>d) Counter Fraud Progress Report</li></ul>
<b>Other Matters</b> <ul style="list-style-type: none"><li>a) Charitable Accounts 2022/23</li><li>b) Quality Accounts – Update 2023/24</li><li>c) Committee Effectiveness Self Assessment</li><li>d) Internal Audit and Counter Fraud Plans 2024/25</li></ul>
<b>TO NOTE</b>
<b>Minutes from Other Committees</b> <ul style="list-style-type: none"><li>a) Finance and Investment Committee – 18 May, 25 July and 26 October 2023</li><li>b) Integrated Governance Committee – 16 May, 27 July and 24 October 2023.</li></ul>
<b>Items to Note</b> <ul style="list-style-type: none"><li>a) NHS News Briefing September 2023</li><li>b) Integrated Care Systems</li><li>c) Data Security and Protection Toolkit</li><li>d) Payroll overpayments in the NHS</li><li>e) SWT Benchmarking Report November 2023</li></ul>
<b>Other Matters</b> <ul style="list-style-type: none"><li>a) Committee forward planner</li></ul>
<b>OTHER ITEM</b>
<b>Any Other Business</b> <ul style="list-style-type: none"><li>a) Internal Audit and Counter Fraud Contract</li></ul>
<b>Date of future meetings</b> <b>8 February 2024</b>

## Audit Committee 1 February 2024 agenda items

<b>Declaration of Interest</b>
<b>Minutes of the meeting held on 4 December 2023</b>
<b>Matters Arising Schedule</b>
<b>Deep Dive</b> Update on 2023/24 Year End
<b>External Reports</b> a. External Audit 2023/24 Progress Update b. Internal Audit Progress Report 23/24 c. Internal Audit Action Tracker Exception Report d. Draft Internal Audit Plan for 24/25 e. Counter Fraud Progress Report 23/24 f. Draft Counter Fraud Plan for 24/25
<b>Risk and Governance Matters</b> a) Review of Terms of Reference b) Annual review of effectiveness – results c) Allowance for doubtful debts d) Accounting Policies and Procedures Review e) Code of Governance f) Standard of Business Conduct Policy
<b>Items to Note:</b> a) Notes of Integrated Governance Committee – 16 November 2023 b) Update on 2023/24 Annual Report c) Quarter 3 Use of Waivers d) Quarter Three – Use of the Seal e) Committee planner
<b>Any Other Business</b>
<b>Date of future meeting: 22 April 2024</b>

## Report to the PUBLIC Board of Directors

<b>Meeting Date:</b>	28 March 2024	<b>Agenda Item:</b> 17
<b>Report Title</b>	Annual Report of the Nominations and Remuneration Committee 2023/24	<b>For publication:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Report Author (s)</b>	Helen Edmondson, Head of Corporate Affairs & Company Secretary	
<b>Approved by:</b>	Sarah Betteley, Chair	

### The Board is asked to:

To receive the report which details the work of the Nominations and Remuneration Committee in 2023/24.

### Executive Summary

The report details the work of the Nominations and Remuneration Committee in 2023/24. An overview of the work undertaken is outlined in the body of the report.

### Recommendations

The Board are asked to note the report and seek any additional information, clarification or direct further action as required.

### Implications

<b>Risk and Assurance</b>	Nominations and Remuneration Committee is the Committee that is responsible for ensuring the senior leadership team is in place.
<b>Equality, Diversity and Human Rights</b>	The Nominations and Remuneration Committee considers Trust's delivery of a diverse leadership team ensuring equity of opportunity.
<b>Quality</b>	The Nominations and Remuneration Committee that is responsible for recruiting senior leaders for quality at the organisation.
<b>Financial</b>	The Committee considers and approves the remuneration packages for very senior leadership at the Trust.
<b>Service Users and Carer Experience</b>	The Nominations and Remuneration Committee is responsible for recruiting senior leaders who are committed to ensuring the Trust provides high quality care and experience

<b>People</b>	The Nominations and Remuneration Committee that is responsible for recruiting and supporting the very senior leaders at the organisation.
<b>Legal and Regulatory</b>	The Nominations and Remuneration Committee ensure that the process for recruitment meet the people and corporate governance requirements.
<b>Digital</b>	No implications
<b>System</b>	No implications
<b>Sustainability</b>	No implications

<b>Strategic Objectives this report supports</b>	<b>Please tick any that are relevant</b>
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.	✓

# Annual Report from the Nominations & Remuneration Committee

**28 March 2024**

## **1. Introduction**

1.1 The Nominations and Remuneration Committee is a Committee of the Trust Board of Directors and is responsible for:

- Reviewing and making recommendations to the Board of Directors on the composition, balance, skill mix and succession planning of the Board. It recommends to the Board of Directors the appointment of Executive Directors.
- Setting the remuneration policy for the Chief Executive, Executive and non-voting Directors and other senior managers reporting directly to the Chief Executive.
- Approving contracts of employment for the Chief Executive, Executive Directors, and non-voting Directors and other senior managers reporting directly to the Chief Executive.
- Agreeing arrangements for termination of contracts, including severance payments paid to the Chief Executive, Executive and non-voting Directors and other senior managers reporting directly to the Chief Executive.

## **2. Meetings from March 2023 – February 2024**

2.1 Since March 2023 the Committee had met four times:

23 May 2023  
19 September 2023  
30 November 2023  
20 December 2023

2.2 Each meeting was quorate as outlined in the Committee's Terms of Reference. Please note that the Trust's Annual Report will detail the attendance for each Committee member for 2023/24.

2.3 At the beginning of each meeting any conflicts of interests were reviewed and mitigating action taken as appropriate. Also this year, the meeting has received the declaration register for each member in line with recommendation from an internal audit.

2.4 The Committee forms part of the overall governance framework for the Trust which supports the assurances and controls detailed in the Board Assurance Framework.



2.5 During the past year a range of topics were discussed in line with the Committee's responsibilities, namely:

- a) Changes to the Executive Team and Structure
- b) Succession and future planning for Executive team members
- c) Approach to equality
- d) Feedback on annual appraisals
- e) Pay award
- f) Fit and Proper Person
- g) Recruitment to the Executive Team, including skills required, remuneration and terms and conditions for the posts of:
  - Chief Finance Officer
  - Chief People Officer
  - Chief Nursing Officer

### **3. Committee Effectiveness**

- 3.1 Each meeting in the past year has been minuted and matters arising logged and followed up. Each meeting also received a business planner detailing the topics for the forthcoming year.
- 3.2 The Committee's agendas are in line with the Terms of reference and papers are distributed in advance of the meeting.
- 3.3 The Terms of Reference for the Committee were reviewed by the Committee in September 2023 and were recommended to the Board for their approval in October 2023. The Terms of Reference are next due to be reviewed by the Committee in September 2024.
- 3.4 Committee members and attendees undertook an effectiveness self-assessment questionnaire in January 2024, the Committee meeting May 2024 will consider the results and identify areas for improvement.

### **4. Next Steps**

- 4.1 The Committee will review the outcome of the 2023 self- assessment, identifying and agreeing any actions as required.

### **5. Recommendations**

The Board of Directors are asked to receive the report.