

CHARITY NO: 1104951
COMPANY NO: 5176998

BOARD OF DIRECTORS – PART TWO

MEETING HELD IN PUBLIC

Thursday 25 March 2021 at 10.15 am

Microsoft Teams Meeting and St Andrew's Healthcare, Billing Road, Northampton, NN1 5DG

		Info / Dec	LEAD	Page No.	Timing
1.	Welcome and Apologies	Info	Paul Burstow	3	10.15
Divisional Update					
2.	Divisional Presentation (including patient voice): Blended Wards (Willow/Maple)	Info	Alastair Clegg (Alex Hamilton and Patient)	✓ 4	10.18
Administration					
3.	Declarations of Interest	Info	Paul Burstow	5	10.45
4.	Minutes from the Part Two Board of Directors Meeting on 28 January 2021	Dec	Paul Burstow	✓ 6-14	10.47
5.	Action Log and Matters Arising	Info & Dec	Paul Burstow	✓ 15-19	10.50
Chair Update					
6.	Chair Update	Info	Paul Burstow	20	10.55
Executive Update					
7.	CEO Report	Info	Katie Fisher	✓ 21-27	11.00
Operations					
8.	Performance Report	Info	Alastair Clegg	✓ 28-35	11.10
9.	Covid-19 Response Update	Info	Alastair Clegg & Sanjith Kamath	✓ 36-40	11.25
10.	Transformation Programme Progress Update	Info	Jess Lievesley	✓ 41-43	11.30
Finance					
11.	NHS Improvement Annual Solvency Commitment	Dec	Alex Owen	✓ 44-47	11.35
People					
12.	Patient, Carer and Employee Promise/ Commitment Launch	Dec	Martin Kersey	✓ 48-52	11.40
Governance and Assurance					
13.	External Governance Review Update	Info	Paul Burstow & Katie Fisher	53	11.50
14.	Material Risk Register Review	Dec	Andy Brogan	✓ 54-68	11.55
15.	Sub Committee Updates • People Committee • Quality and Safety Committee • Pension Trustees	Info Info Info	Tansi Harper David Sallah Martin Kersey	✓ 69 70-71 72 ✓ 73	12.05

Any Other Business						
16.	Questions from the Public for the Board	Info	Paul Burstow		74	12.20
17.	Any Other Urgent Business (notified to the Chair prior to the meeting)	Info	Paul Burstow		75	12.25
18.	Date of Next Meeting – 27 May 2021	Info	Paul Burstow		76	12.30
Meeting Closes at 12.30 pm						

PUBLIC

Welcome and Apologies

(Paul Burstow – Verbal)

PUBLIC

**Divisional Presentation
(including patient voice):
Blended Wards
(Willow / Maple)**

(Dr Alex Hamilton – Presentation on
the day)

PUBLIC

Declarations of Interest

(Paul Burstow – Verbal)

PUBLIC

**Minutes from the Part Two
Board of Directors
Meeting on
28 January 2021
(Paul Burstow)**

PUBLIC

CHARITY NO: 1104951
COMPANY NO: 5176998

ST ANDREW'S HEALTHCARE

BOARD OF DIRECTORS – MEETING IN PUBLIC

Microsoft Teams Meeting and Meeting Room 9, William Wake
House, St Andrew's Healthcare, Northampton

Thursday 28 January 2021 at 10.25 am

Present:

Paul Burstow (PB)	Chair, Non-Executive Director
Tansi Harper (TH)	Non-Executive Director
Elena Lokteva (EL)	Non-Executive Director
Stanton Newman (SN)	Non-Executive Director
Stuart Richmond-Watson (SRW)	Non-Executive Director
Katie Fisher (KF)	Chief Executive Officer
Jess Lievesley (JL)	Deputy Chief Executive Officer
Alex Owen (AO)	Chief Finance Officer
Sanjith Kamath (SK)	Executive Medical Director
Martin Kersey (MK)	Executive HR Director
Andy Brogan (AB)	Chief Nurse

In Attendance:

Alastair Clegg (AC)	Chief Operating Officer
Duncan Long (DL)	Company Secretary
John Clarke (JC)	Chief Information Officer
Alison Smith (AS)	Committee Secretary
Melanie Coxall (MC) (Agenda Item 9)	Clinical Lead, East Midlands & East of England Complex Treatment Service

Apologies Received:

David Sallah (DS)	Non-Executive Director
Paul Parsons (PP)	Non-Executive Director
Andrew Lee (AL)	Non-Executive Director

Agenda Item No		Owner	Deadline
1.	Welcome PB welcomed colleagues to the second part of the Board of Directors (Board) meeting, the part being presented as a further trial of future meetings in public. PB noted the apologies received and confirmed that the meeting was still quorate.		
ADMINISTRATION			
2.	Declarations of Interest All members of the Board present confirmed that they had no direct or indirect interest in any of the matters to be considered at the meeting that they are required by s.177 of the Companies Act 2006 and the Charity's Articles of Association to disclose.		
3.	Minutes from Part Two, Board of Directors Meeting on 26 November 2020 The minutes captured at the meeting held on the 26 November 2020 were AGREED as an accurate reflection of the discussion subject to the addition of AB to the attendee list for the Board Meeting held in public.	DECISION	

4.	<p>Action Log and Matters Arising The Board moved on to review the action log and matters arising as follows:</p> <p>24.09.20 / 01 - Board Development Plans This remains in line with discussions in November confirming that further discussions are needed as part of the Governance Review to agree the Board development programme content and then schedule appropriately throughout the year. It was AGREED this action will remain OPEN.</p> <p>26.11.20 / 01 - Board Seminars PB advised that he will explore the role of Board seminars as a means by which the Board can regularly discuss the strategic aspects of the Charity's work and feedback after the Strategy Day on 1st February 2021. It was AGREED this action will remain OPEN.</p> <p>26.11.20 / 02 - Patient access to Technology – Access to the Wi-Fi for connecting patient's devices has started with pilots in Malcolm Arnold House. As soon as this is deemed successful it will be rolled out to other units. Each ward has specific devices for providing access to applications such as Skype for communications with patient families. Where this is insufficient, wards are requesting new additional devices funded from their ward budgets. It was AGREED to close this action and to note there will be updating reports to the People's Committee.</p> <p>26.11.20 / 03 - Divisional Presentations – Mansfield AC confirmed he is happy to bring this back as a Board update and he gave assurance that work is being done around the issues previously raised. PB suggested that a comprehensive wash up be held at the end of the ward move with lines of sight in the interim. SN advised that the Board is looking for lessons learned across the Charity and not just Mansfield. It was AGREED to close this action provided there are lines of sight to Quality Safety Committee (QSC) for future reporting to the Board.</p> <p>26.11.20 / 04 – Non-Executive Director (NED) Ward Visits Due to the pandemic, site visits are currently not possible. PB asked that, outside of the meeting, Executives give thought to how visits in person can resume (when possible) to provide Non-Executive Director (NED) colleagues with visual and personal insight and experience of various services. It was AGREED this action will remain OPEN.</p> <p>26.11.20 / 05 - Quality Accounts EL advised that, following discussions with DS about how the Audit and Risk Committee (ARC) and Quality Safety Committee (QSC) share their accounts, the Quality account will be included within the ARC work plan ensuring a line of sight to the Board. It was AGREED to close this action.</p> <p>These actions were all noted by the Board.</p>	<p>DECISION</p> <p>DECISION</p> <p>DECISION</p> <p>DECISION</p> <p>DECISION</p> <p>DECISION</p>	
EXECUTIVE UPDATE			
5.	<p>CEO Report The report, presented by KF, was taken as read. The purpose of the report was to provide information and assurance on the key areas of focus for the Charity Executive Committee (CEC) over the last reporting period that are not dealt with under other agenda items.</p> <p>EL asked whether the Charity has a comprehensive plan of going for good across all functions and divisions. KF advised that quality benchmarks and standards are not just a response to the regulator's current approach. The Care Quality Commission (CQC) is consulting on a fundamental change to its strategy and approach to regulation. KF advised that St Andrew's has a comprehensive plan, overseen by AB, to ensure that standards are consistent and good based on clinical evidence and patients' feedback as well as other metrics.</p>		

	<p>KF further explained that the CQC are moving towards a Transitional Monitoring Approach (TMA) and that we are in the process of working this through with CQC colleagues who have indicated they will review all our services between now and the end of March 2021 and provide feedback on their assurance gained.</p> <p>PB commented that it would be helpful for the Board to have the opportunity to feed into this CQC Strategy consultation. He stated that, if TMA processes are being applied to us, which will not materially change our current ratings, it poses a question about how the Charity can demonstrate its progress across the CQC domains to the external world.</p> <p>PB also highlighted that National Health Service (NHS) organisations can be rated as a whole, as well as for individual services. We need to consider whether, in response to the consultation, whether we should seek for this option to be available for the Charity, particularly if we are acting in partnership with NHS organisations and in a way that is not typical of the private providers system. PB suggested that this is worth raising with the CQC.</p> <p>There were no further comments or questions.</p>	<p>AB</p> <p>AB/KF</p>	<p>25.03.21</p> <p>25.03.21</p>
OPERATIONS			
6.	<p>Performance Report</p> <p>The paper was taken as read. The paper provided the Board with a high-level overview of the Charity's performance across four key areas namely safety, patient experience, workforce and finance.</p> <p>AC highlighted that the points of focus are linked to the people elements of the report, including the extent to which the pandemic has affected the Charity. He advised that we are able to staff the wards at close to planned levels every day, but it is difficult to estimate the effect of the pandemic.</p> <p>SN commented that, whilst it is important for the Board to have awareness of targets in order to understand what the CEC is trying to do achieve, monthly figures are not always meaningful. He would like to see another dotted line indicating the proposed outcomes and timescales so that the Board has a sense of the trajectory being followed. SK concurred with SN and advised that, as soon as this quality of data is available, it will be included in the Board report. SN felt that a rolling average report of Covid-19 cases would provide more clarity about the direction we are going in. AC agreed with SN and will look at trends. EL would also like to see cause analysis and action plans to correct the trajectory if it is in a negative zone. PB felt that more commentary would be helpful, as well as a description of the mitigation and where there is not any, this should be noted.</p> <p>SK asked the Board to note that, whilst the workforce data is concerning, given the challenges we are facing with Covid-19, this is not accompanied by an increase in violence and this is due to the hard work being undertaken by our staff who are keeping patients well and safe within our wards. The Board acknowledged this.</p> <p>AO advised that the 2021 budget assumptions had been delayed to quarter one so we are not in a position to know what the fee uplift is. AO requested to delegate this review to Finance Committee on 1st March 2021. This was AGREED by the Board</p> <p>PB commented that it would be useful to have line of sight to patient's complaints, compliments and their reflections. KF advised that, with the support of the QSC, the Charity is moving towards a metric that focusses on the proportion of complaints that are reopened because this gives a better indication that the patient is satisfied that their complaint has been dealt with appropriately or not. This is much more of a quality measure in terms of responding to patients' feedback.</p> <p>There were no further comments or questions.</p>	<p>AC</p> <p>DECISION</p>	<p>25.03.21</p>

7.	<p>COVID-19 Response</p> <p>The report, presented by AC, was taken as read. The report outlined the Charity's ongoing response to the Covid-19 pandemic and the Board was asked to consider and approve the Covid-19 Board Assurance Framework (BAF) document within Appendix B.</p> <p>AC advised that managing the Covid-19 risk is not like managing normal Charity risks as everything constantly moves and rapidly changes therefore the report and some detail within the Covid-19 BAF are already slightly out of date.</p> <p>EL asked how Covid-19 has affected the support we offer our outpatients. JL confirmed that this is done via online support, however we do not have the same statutory engagement so we cannot force patients to engage with us. He also advised that, even though we are providing the service virtually, the impact and pressure on staff remains the same.</p> <p>SN acknowledged the outstanding work of Charity staff in such difficult conditions. He confirmed that the figures in Appendix A were helpful and noted the earlier spike at Birmingham and Northampton and latterly at Essex and he wondered if there was any indication why this had happened. AC explained that the data from March and April does not show what was happening nationally and regionally, so it looks like St Andrew's had a spike, whilst no-one else did, because wide spread community testing was not happening. AC further explained that the data for the positive Essex results is going against the trend in the community due to three ward outbreaks. These are being directly managed and AC is expecting to see a reduction in numbers in Essex.</p> <p>PB raised concerns around access to testing for staff and patients and the systematic approach to vaccinations for staff. SK advised the Board that we want to carry out the vaccinations on site due to the challenges faced in taking our patients and staff out of the hospital, and that we have the workforce in place to do this. He confirmed that this has been well received and supported by our local partners however, because we are not an NHS provider, it has stalled at a national level due to a reluctance to give us access to the vaccines. This has been escalated but we have as yet not received a positive response. We have been given slots at Northampton General Hospital, who have given us outstanding support, and we also have access to the Moulton Park mass vaccination site. It is not ideal and we are struggling with the morale of some of our staff who are not receiving the vaccine when their colleagues in NHS organisations are. SK confirmed he is confident that, with access to the mass vaccination site, we can roll this out, but it is right for the Board to be aware of the lack of support we have received centrally.</p> <p>SRW asked whether PB could follow this up with his NHS contacts. These points had already been made by KF and SK with Claire Murdoch at NHS England and with others leading the vaccination programme. PB reported that he had followed this up with Claire Murdoch at the beginning of the week and he will continue to pursue this.</p> <p>SN asked if any staff were unwilling to take the vaccine and SK advised that the majority of staff want to be vaccinated and that Northampton site is over booked, which is good news. He advised of a mixed response for Essex, which is being reviewed to ascertain why, and there are plans for a specific team call to Essex and Birmingham because Black, Asian and Minority Ethnic (BAME) staff appear reluctant to take up the vaccine. SK outlined that a discussion had already taken place with BAME staff with positive outcomes.</p> <p>SK advised that lateral flow test kits were rolled out to staff in December and response rates are comparable with NHS colleagues. The challenge is access to surveillance testing which we do not have. SK advised that NHS colleagues have a daily two hour slot at Kettering Hospital that they can call on, but we do not have this equity so, following an outbreak, our staff have to book individually through the national system meaning our ability to shut down</p>		
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	<p>following an outbreak is impaired. AC has reached out to colleagues in NHSE to ask for support.</p> <p>PB acknowledged the useful set of assurances provided by this report to the Board. The Board APPROVED the Board Assurance Framework as presented in Appendix B.</p> <p>There were no further comments or questions.</p>	DECISION	
8.	<p>East Midlands Alliance – Common Board Paper</p> <p>The report, presented by JL, was taken as read. JL advised the Board that, as on previous occasions, the report has been prepared by the East Midlands Mental Health & Learning Disability Alliance, which comprises of the five NHS Foundation Trusts in the region and St Andrew's Healthcare. He outlined that the paper provides an update on the continued work of the alliance and contains feedback from each partner in the alliance following the last board paper in common from the Summer of 2020.</p> <p>PB drew the Board's attention to page 49 of the meeting pack and Claire Murdoch's encouragement of the alliance in developing a population health approach. PB believes this is an interesting area of development to be involved with so it will be interesting to see how close we are able to work in this regard.</p> <p>KF outlined the work being done around developing a population health approach as well as demand and capacity modelling for the East Midlands population. St Andrew's is involved in this piece of work from an inpatient perspective and the expectation is for the model to be handed over to us in the first week of February. JL will want to include this within the ongoing Board strategy development discussions to see how we can best support and compliment the service offering.</p> <p>PB referenced the use of body worn cameras and Virtual Reality (VR) as discussed on page 50 of the meeting pack and he would be interested to hear the Board's comments on this. KF advised that we are trialling this in some of our service areas and we are leading the work around the use of VR in terms of practical application for dementia patients as well as those with personality disorders and social anxiety to support their recovery. KF confirmed that there has been extensive use of VR in the Charity's patient population and there are opportunities for shared learning across the partnership.</p> <p>PB noted that the CQC is interested in reporting on examples of good practice in the use of technology within a variety of settings; it is therefore worth thinking about how we feedback to them on our work as part of their new Transitional Monitoring Approach. He also feels that we need to identify the right place for introducing the outcome of the demand and capacity analysis because everyone is anticipating a significant increase in presentations on community based mental health services; there will be an impact that has not yet been quantified so it will be interesting to see this work.</p> <p>There were no further comments or questions.</p>		
PATIENTS AND QUALITY			
9.	<p>Community Partnerships – Complex Treatment Services (CTS)</p> <p>PB advised the Board that it was not possible for the Patient and Divisional Presentation on the Women's Blended Pilot to be delivered today due to the impact of Covid-19. He welcomed MC to the meeting and thanked her for joining and preparing the presentation at short notice.</p> <p>MC outlined the work of the Veterans' Service and the referral pathway by which patients are directed to the most appropriate service for their needs. The Complex Treatment Service (CTS) focuses on those patients with more intensive needs. MC explained that CTS offers specialised services for those with complex mental health needs and it is designed to be added on to existing services rather than being a separate pathway. However, there may be occasions when individuals have not been able to engage with existing services, for example, psychological waiting lists are high with waiting times up</p>		

<p>to two and a half years across the area whereas CTS can offer an appointment within two weeks of the referral being accepted.</p> <p>MC outlined the staffing arrangements across the two hubs and how they support the veterans depending on their needs, including the option to work with families. She explained that the model is based on evidence around trauma, therapy and relevant guidelines including coping with stress, managing medication, trauma focussed therapy, building links with the community and social networks. MC also outlined some of the challenges facing the team whilst working virtually with a complex client group who are often involved with criminal justice issues and substance abuse. She highlighted the huge demand, both within the team and more widely, for mental health services, the impact of which is being seen in terms of the number of referrals coming to CTS.</p> <p>MC also referenced the Armed Forces Covenant, which is an agreement between our Armed Forces, the Government and the nation outlining that veterans must not be disadvantaged in accessing mental and physical healthcare due to their military service. She highlighted that the CTS takes this on board when supporting veterans to access services, and suggested that the Charity considers this further as the services develop. Discussions also took place on whether St Andrew's could offer further support to veterans by including veteran's working within the staff group.</p> <p>PB picked up on this point as being something for the People Committee to consider and advise the Board of their view and recommendations. He felt that, given the direction the Charity is taking and its wider objectives, and the way it is aligning and working with the NHS, we need to look at the totality of the potential implications. JL drew the Board's attention to the need for this to be risk assessed and managed appropriately with the other healthcare agencies involved.</p> <p>PB asked MC how the service is benchmarked and she explained that a pilot scheme is being introduced for self-evaluation and peer review of the service, to set the standards for veteran mental health. She advised this links in with other complex treatment services which will provide opportunity for learning and the data from this initial period will be interesting.</p> <p>A discussion then took place over how the CTS service was funded and the standards the CTS works within, including the number of cases they have to focus on. The Board requested to have more information about the community services and for this to form part of the Board development sessions or the working plan, which will assist the Board in shaping a programme that will genuinely reflect and balance what we do. KF acknowledged the huge level of expertise within the CTS team and she felt that supporting this work, and providing the Board with lines of sight from the learning across the charity, should be discussed within the strategy day.</p> <p>There were no further comments or questions.</p>	<p>TH/MK/JL</p> <p>JL/DL</p>	<p>27.05.21</p> <p>27.05.21</p>
<p>WORKFORCE</p>		
<p>10. Your Voice Update</p> <p>The paper, presented by TB, was taken as read. TB advised the Board that the report provides an update on this year's Your Voice Survey results.</p> <p>PB noted the survey is run in November, by which time the action plans are already implemented and he asked whether the plans should therefore be reviewed multiyear rather than single year in order to achieve meaningful long term change? TB is hoping that some of the local plans will address the issues before November however, sharing the commercial plans or the Charity-wide structural changes will take time and this is one of the reasons why TB does not want to lose access to the historical results.</p> <p>SN felt it would be helpful for the Board to have sight of the data trends for the past two or three years, linked to NHS comparable data, in order to get a sense</p>		

	<p>of what is happening. As well as to see the commonalities but this will be difficult to capture if the survey keeps changing. TB advised that there is opportunity to more closely align our questionnaire with the NHS and he can share the comparative data for 2019 with the Board after the meeting. He reassured the Board that the snapshot survey includes the main six engagement questions that are included in the longer survey however, he agrees that there is a balance to be struck with maintaining consistency, which we have done over the last six years, in showing how scores have evolved over time.</p> <p>A discussion took place about whether the patient's survey is reviewed at the same time to identify any shared risks and, whilst this has not been done in the past, there is opportunity for the People's Committee to triangulate the evidence from both surveys once the new survey provider is appointed, which should be in the next couple of weeks.</p> <p>There were no further comments or questions.</p>	TB	25.03.21
GOVERNANCE AND ASSURANCE			
11.	<p>External Governance Review Update</p> <p>The report, presented by KF, was taken as read and the Board noted the progress report and associated key timelines. There were no further comments or questions.</p>		
12.	<p>Interim Governance and Assurance Map Refresh</p> <p>The Board were advised that the interim version of the assurance map has been completed ahead of the planned external governance review and ensures we have a map that reflects where we are now.</p> <p>PB noted that there does not appear to be anything within the QSC that directly picks up on responsiveness for the CQC domains and he sought clarification as to why a quality committee, that potentially has a role around integrated governance for the organisation, would not have a line of sight on this. KF and DL will review this outside of the meeting and report back to the Board with a response.</p> <p>TH noted that complaints were not included on the map and KF explained that complaints, themes, trends etc. are considered throughout the Charity's clinical governance framework so complaints would be captured through the Terms of Reference for both the People's Committee and the QSC and KF advised they should be checked and addressed if not. SK confirmed that QSC does consider complaints and compliments from which an escalation report is produced as necessary. PB felt it would be beneficial for SK to report back to DS on this discussion however, we do not need to create a new Board report that circumvents the Committee's responsibility. PB confirmed that the performance report provides the necessary lines of sight but it needs to report on compliments, not just complaints.</p> <p>TH also noted that education and training appear missing from the map and she asked for thought to be given to identifying where this should sit. PB suggested this was an area for consideration in the governance review alongside the range of activities the Charity is responsible for. This will provide the Board with both assurance and recommendations for lines of sight into all areas of the Charity.</p> <p>EL acknowledged that the document is a work in progress but advised that the usual best practice is for audit groups not to have direct reporting groups in order to remain as independent as possible within the structure. PB acknowledged that this was an interesting point and one that links into the relationship between an integrated governance committee and an audit committee which the Board needs to bear in mind. There were no further comments or questions.</p>	<p>DL / KF</p> <p>DL</p>	<p>25/03/21</p> <p>25.03.21</p>

13.	<p>Sub Committee Updates</p> <p>People Committee</p> <p>The paper was taken as read. TH advised that the Committee is soon to hold its fourth meeting and she outlined its key areas of focus as being the issue of RIDDORs (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations), the patient voice report and work led by SK and AB around PREMS (Patient Reported Experience Measures). TH advised that the issue around supporting middle managers within the new structure needs to be looked at and the next focus will be on carers and putting building blocks in place to strengthen their response and give assurance to the Board. There were no further comments or questions.</p> <p>Quality and Safety Committee</p> <p>The paper was taken as read. SK advised that the investigation into Hawkins ward is ongoing and the full report will be presented to the QSC who will provide assurance to the Board on the actions that are being taken. SK also drew attention to the medium secure division where a number of challenges have been highlighted. He provided the Board with assurance that these wards are being looked at on a weekly basis, both at clinical and CEC level, with action plans in place for addressing the individual concerns on specific wards.</p> <p>PB noted the decision made by the QSC with regards to Mental Health Managers and the proposal made by JL for the Board to have a line of sight via a NED. PB commended this proposal and advised that DS would be the link to the Board on these matters. There were no further comments or questions.</p> <p>Audit and Risk Committee</p> <p>The report was taken as read and the Board APPROVED the external auditor's remunerations and NOTED the ongoing fees. EL emphasised that the ARC remains conscious of the fact that the current risk management system can only provide the Board with partial assurance. There were no further comments or questions.</p> <p>Pension Trustees</p> <p>The paper taken as read and there were no further comments or questions.</p>	DECISION	
ANY OTHER BUSINESS			
14.	<p>Questions from the Public for the Board</p> <p>No questions were received for the Board.</p>		
15.	<p>Any Other Urgent Business (notified to the Chair prior to the meeting)</p> <p>PB noted that the Government had published its White Paper proposals in response to the review of the Mental Health act. It is probable that there will be operational implications for the Charity. The Board should keep close to the issues and be aware of any future changes to models of care and changes to legislation. PB requested that, if a briefing note is produced by the NHS confederation or other parties to help better the Board's understanding of the implications of the MHA changes, that it be circulated to Board colleagues. JL AGREED to take this action.</p>	JL	25.03.21
16.	<p>Date of Next Meeting:</p> <p>Board of Directors - Thursday 25th March 2021</p>		
The Meeting Closed at 12.35 am			

Approved by: **Paul Burstow, Chair**

Date of Approval:

Action Log and Matters Arising

(Paul Burstow)

PUBLIC

St Andrew's Healthcare Board of Directors Part Two Action List:

Meeting in Public	ACTION	Owner	Deadline	Open / Closed	STATUS
24.09.20 01	Board Development plans EL asked for dates for the Board development programme to be block booked. DL agreed and he would look at whether this could be achieved by using the second half of a standard Board day or by linking into the strategy days.	DL	16.12.20	Open	25/03: Previously agreed at January Board for action to remain open pending completion of external governance review
26.11.20 01	Board Seminars PB advised that he will explore the role of Board seminars as a means by which the Board can regularly discuss the strategic aspects of the Charity's work. PB will look to schedule these into the annual cycle of meetings in the New Year.	PB	25.03.21	Open	25/03: Previously agreed at January Board for action to remain open pending completion of external governance review
26.11.20 04	NED Ward visits It was agreed that alternative options for completing virtual ward visits were needed, along with adequate PPE and IPC related training for those NEDs completing on site visits.	AC	28.01.21	Open	25/03:
28.01.21 01	Divisional Lessons Learned Following assurance that issues highlighted in relation to the Mansfield closure and relocation of patients, the Board requested a comprehensive review be held at the end of the capacity creation project and all ward moves are completed. The Board is seeking assurance that lessons are learned across the Charity and lines of sight on this are to be maintained by the Quality Safety Committee (QSC) for future reporting to the Board.	DS/SK/AB /AC	27.05.21	Open	

28.01.21 02	Transitional Monitoring Approach (TMA) Following confirmation of the CQC's TMA approach, PB commented that it would be helpful for the Board to have the opportunity to feed into this CQC Strategy consultation. He stated that, if TMA processes are being applied to us, which will not materially change our current ratings, it poses a question about how the Charity can demonstrate its progress across the CQC domains to the external world. AB to enquire how this can be incorporated.	AB	25.03.21	Closed	25/03: Responded directly to the consultation via the CQC website. In relationship meetings with CQC we have taken the opportunity to comment on the TMA process and approach, CQC recognise that currently this process does not allow ratings to be provided and the approach therefore does not allow external world to see our improvement. They hope to be in a position to commence formal visits in the future, which will provide this opportunity. It is proposed that the action is closed.
28.01.21 03	CQC ratings PB also highlighted that National Health Service (NHS) organisations can be rated as a whole, as well as for individual services. We need to consider whether, in response to the consultation, whether we should seek for this option to be available for the Charity, particularly if we are acting in partnership with NHS organisations and in a way that is not typical of the private providers system. PB suggested that this is worth raising with the CQC.	AB	25.03.21	Closed	25/03: CQC recognise the challenge of providing overall ratings where we have registered Nurse managers. Raised with them via relationships meetings. At this stage does not appear to be an early solution to this. It is proposed that the action is closed.
28.01.21 04	Performance report The Board requested that the following additions are added to the new format of the Performance Report: <ul style="list-style-type: none"> • Rolling Averages • Proposed outcomes and timescales • Cause analysis and action plans • Supporting commentary 	AC	25.03.21	Open	25/03:

28.01.21 05	Veteran's Service Following discussions on the CTS Veteran's Service and the Armed Forces Covenant, PB requested that People Committee consider and advise the Board of their view and recommendations, taking on board the Charity's direction, wider objectives, alignment with the NHS the totality of the potential implications.	TH/MK/JL	27.05.21	Open	
28.01.21 06	Community Services Following discussions on the CTS service the Board requested to have more information about the community services and for this to form part of the Board development sessions or the working plan, which will assist the Board in shaping a programme that will genuinely reflect and balance what we do.	JL/DL	27.05.21	Open	
28.01.21 07	Your Voice data TB to share comparative NHS survey data for 2019 with the Board after the meeting.	MK (TB)	25.03.21	Closed	25/03: Comparative NHS survey data shared with Board. It is proposed that the action is closed.
28.01.21 08	Interim Governance Map – Responsive domain PB noted that there does not appear to be anything within the QSC that directly picks up on responsiveness for the CQC domains and he sought clarification as to why a quality committee, that potentially has a role around integrated governance for the organisation, would not have a line of sight on this. KF and DL will review this outside of the meeting and report back to the Board with a response.	KF/DL	25.03.21	Closed	25/03: A further review of the Responsive domain has been completed with the Chairs of quality related groups and it has been confirmed that the domain is covered within the meetings. The assurance map, has been updated and re-issued via the Governance pages on The Hub. Changes and updates where required to group Terms of References are in the process of being finalised. It is proposed that the action is closed.

28.01.21 09	Complaints – line of sight DL to review Terms of Reference for both the Quality and Safety Committee and People Committee to ensure complaints and compliments are adequately overseen and update where needed to ensure lines of sight are adequate.	DL	25.03.21	Closed	25/03: Review has been completed and confirms that the primary route for assurance over complaints and compliments is through the QSC, via the directly linked Quality and Safety Group. Further clarification is required on this within the associated Terms of References for both QSC and QSG and these amendments are in process of being actioned. It is proposed that the action is closed.
28.01.21 10	MHA briefing note PB requested that, if a briefing note is produced by the NHS confederation or other parties to help better the Board's understanding of the implications of the MHA changes, that it be circulated to Board colleagues. JL AGREED to take this action.	JL	25.03.21	Closed	25/03: Briefing note distributed by JL It is proposed that the action is closed.

Chair Update

(Paul Burstow – Verbal)

PUBLIC

Paper for Board of Directors

Topic	CEO Board Update
Date of Meeting	Thursday, 25 March 2021
Agenda Item	7
Author	Katie Fisher
Responsible Executive	Katie Fisher
Discussed at Previous Board Meeting	Updates have been discussed at the Charity Executive Committee meetings
Patient and Carer Involvement	A number of these items would have been discussed with patients, carers
Staff Involvement	A number of these items would have been discussed with staff
Report Purpose	<div>Review and comment <input type="checkbox"/></div> <div>Information <input checked="" type="checkbox"/></div> <div>Decision or Approval <input type="checkbox"/></div>
Key Lines Of Enquiry:	S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/>
Strategic Focus Area	<div>Quality <input checked="" type="checkbox"/></div> <div>People <input checked="" type="checkbox"/></div> <div>Delivering Value <input checked="" type="checkbox"/></div> <div>New Partnerships <input checked="" type="checkbox"/></div> <div>Buildings and Information <input checked="" type="checkbox"/></div> <div>Innovation and Research <input checked="" type="checkbox"/></div>
Committee meetings where this item has been considered	Charity Executive Committee

Report Summary and Key Points to Note

The attached is the Chief Executive's report to the Board of Directors from the Charity Executive Committee (CEC) meetings.

The nature and content of this report is currently under review and will be further refined following the external governance review.

Appendices

None.

CEO Report

This is the CEO report to the Board of Directors to provide information and assurance on the key areas of focus for the Charity Executive Committee over the last reporting period that are not dealt with under other agenda items for the Board.

1. CQC update

Transitional Monitoring Approach (TMA) - The CQC gave notice in early December that they wished to review information and interview some key stakeholders as part of their new transitional approach to monitoring the quality of services (TMA). They identified the wards that were part of the Men's service at the Northampton site as the subject of their review.

Having suspended their routine inspection programme the CQC have adopted a new Transitional Regulatory Approach (TRA). The TMA uses intelligence and Key lines of Enquiry (KLOE) questions to assist them in gaining an understanding of the risk level at a location and if any regulatory action is required.

The Charity submitted the evidence requested in advance and had a meeting to review it with the CQC on the 21 January. The discussion was positive with note made of progress in many areas. The process allowed the Charity to identify wards at risk of presenting a breach of regulations. Additional support has been offered to those wards and there has been no notice of any follow up apart from some increased monitoring of Mackness (see below).

This process is now being repeated for all remaining registered services (Neuropsychiatry, Women's services, Essex, Community Partnerships, CAMHS and Birmingham).

There are TMA meetings scheduled throughout March to discuss these services. The Charity has reviewed evidence requested by the CQC and looked at risks with particular wards as part of routine clinical governance oversight. As with the Men's service some wards have been identified as requiring extra support to ensure they are compliant with the requirements of the CQC. Through the divisional level governance structures, regular discussion at the CEC and the executive led peer review process of the Quality Performance meetings there are action plans in place for all wards identified.

The CQC have told us that they will give some aggregated feedback at the end of this process although there will not be a written report produced or published.

It is now over a year since the CQC published their Well Led Review of the Charity (January 2020) and it may be expected that they will visit again to judge progress. In that time the Charity has made considerable efforts to change and address the challenges they set out for the Charity.

The Charity introduced the divisional structure and new clinical governance framework that is able to provide greater assurance about the actions taken to maintain safe care. The NEDs have provided challenge and additional oversight to the running of the Charity and addressed gaps in governance the CQC previously criticised. In addition, the Board has commissioned an External Governance review to ensure a comprehensive governance framework will be embedded, fit both for the present and the future work programmes of the Charity. Together these changes mean a greater level of assurance is available about the safety of clinical practice and our hospital environments.

Mental Health Act Reviews - The CQC carried a remote MHAR review of Mackaness ward in December 2020. The reviewer heard concerns from patients about staffing and access to care plans. Their review of documentation identified some issues with recording long term segregation. The ward is currently receiving enhanced support from the division and quality teams and is preparing an action plan in response to this report.

Mackaness - Following notification of a series of incidents around relational security and their MHA remote monitoring visit the CQC have placed Mackaness ward under enhanced monitoring. They have requested fortnightly meetings, supported by a report on current incidents and activity, to ensure that the challenges to quality on the ward are being addressed. The divisional team led by Dr Stankard attend the meeting with support from the Quality team. The CQC have been satisfied with the assurance offered to date.

Registration – The CQC have received notice of the Charity's request the removal of conditions to the registration of services. They have given an indication that these conditions will be lifted allowing the re-registration of services to be completed without any previous conditions being carried over to the new certificate of registration.

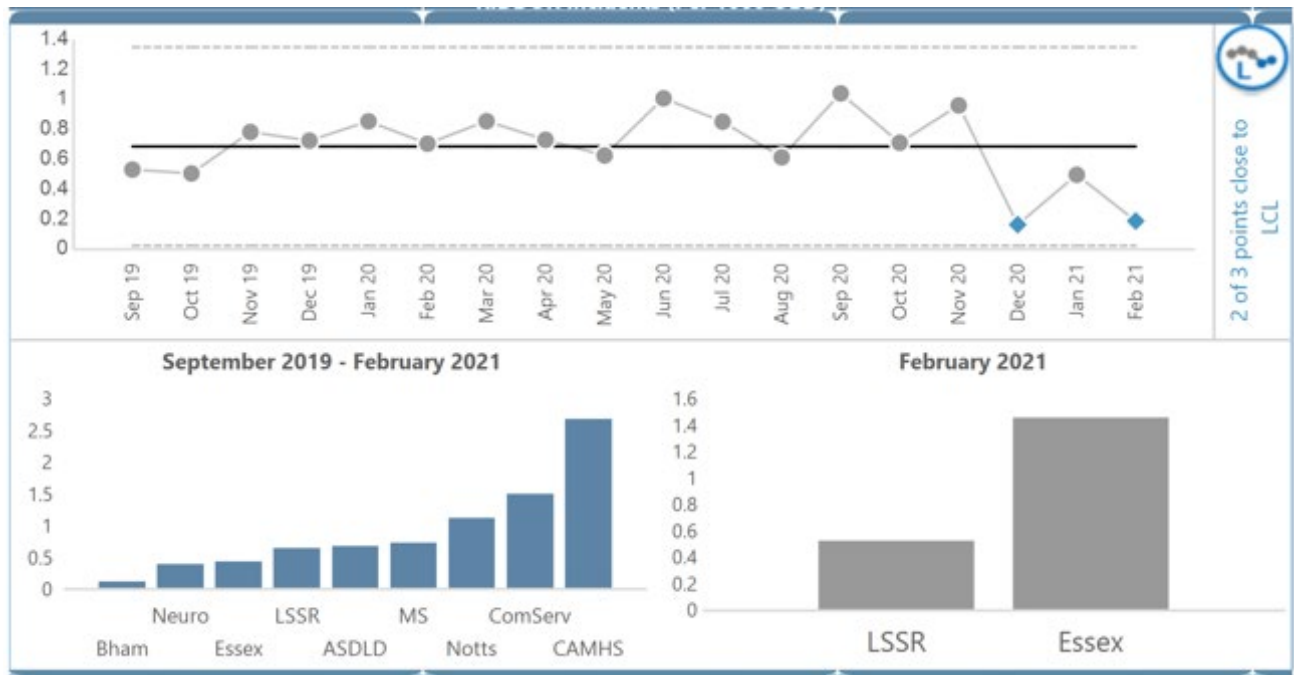
2. Health and Safety update

The Charity is continuing its approach to external assurance and review by inviting the British Safety Council, who are seen as a leading authority on safety systems and processes, to audit St Andrew's on the 12th – 14th of April. The learning from this audit will form a clear baseline and improvement plan for 21/22 and beyond. The outcome of this audit is anticipated to be available by the end of May.

The anticipated inspection by the Health and Safety Executive (HSE) has been deferred until later in the year. HSE have noted the Charity's proactive and transparent approach as part of the reason for this deferment.

RIDDOR Reduction

The work of the Task and Finish Group is continuing, which was created in response to the Violence and Aggression (V&A) Audit in December 2020. Through this work there continues to be an improvement in the number of incidents reported as a result of violence and aggression, the harm caused by them and an improvement in the support offered to those affected due to the ability to identify staff earlier.



For February RIDDOR accidents and incidents were 3, 2 of which were slips on ice in Essex and only 1 incident of violence. The last three months total RIDDORs were 8. For the corresponding three month period 2019/2020, the number of RIDDORs was 41. That shows a reduction in staff RIDDORS by 82%. Consider that each RIDDOR is a minimum of eight days absence, for December 2019, January and February 2020, staff days lost due to RIDDOR injury was 287. The same three months this year is 56 days lost. This remains an area of continued executive focus through the CEC.

3. Capacity utilisation update

The Capacity Utilisation project is on track for completion by 31 August 2021. So far sixteen wards have moved to new and more appropriate accommodation and one new ward has opened (Women's service blended extension). Feedback from patients has been largely positive, particularly so in relation to some of those moves where previous accommodation was sub-optimal or inappropriate for the patient group (Spring Hill's move to Ashby and Naseby's move to Sunley being cases in point). Nine wards remain to be moved and plans are in place for each of these moves and three wards to be opened (enhanced MS LD/ASD, MS Men's and MS ASD).

There have been some delays to some of the moves, almost all as a result of Covid, either because wards were in isolation or outbreak, or because staff absence levels were too high to allow for a safe move. A prolonged Covid-free period would enable the project to remain on track, but this is by no means guaranteed.

4. Provider collaborative update

Progress continues to be made with our partners across the East and West Midlands to facilitate the Charity's role in these three provider collaboratives for Adult and CAMHS forensic and secure care. The Board will be reviewing these plans in detail to finalise St. Andrew's role, with a view to agreeing the approach the Charity wishes to take with regional partners to improve outcomes for service users and families in these areas.

Many CEC members are involved in work programmes supporting the provider collaboratives with good and strengthening networks emerging for strategy, finance, operations and HR; complementing the work of the existing Medical and Nursing Director and Quality Improvement networks.

5. Communications update

Your Voice listening sessions

Following the conclusion of our Your Voice Snapshot survey a number of listening sessions have been running across the Charity. This started with three focus groups with teams who had high engagement scores, in order to identify best practice, and has now moved to more general listening sessions in each Division. In parallel with this, teams across the Charity are now holding their own action planning sessions in order to address any issues raised by the survey.

Media coverage:

Research team help debunk vaccine myths

Head of Research and Innovation, Dr Kieran Breen, has shared Covid-related updates since the pandemic began. He recently penned a piece which busts some of the worrying myths surrounding the Covid vaccine. The full piece is available [here](#), and extracts have featured in the [Chronicle and Echo](#) and on social media.

The Metro

Psychotherapist Liz Ritchie has spoken to the Metro about why toxic positivity can be so damaging to people during a pandemic. In the feature, Liz lays bare the cost of suppressing negative feelings. "This constant promotion of 'look on the bright side', 'things could be worse', 'appreciate what you have', 'cheer up', can be so damaging in that we are not allowed to be honest about feelings of anxiety, stress, sadness and fear in the middle of a global health emergency," she says. "Positivity can become toxic when it masks our own reality and how we're really feeling."

Chronicle and Echo

The local newspaper have shared two positive stories. The first focusses on St Andrew's new virtual group therapy course, which will run over eight weekly sessions, to help people manage their emotions and mental health during the third lockdown. 'Coping with Emotions' aims to support individuals to become better equipped to recognise problematic emotions so that they can be managed more effectively. [The story is online here.](#)

The second article highlights a former patients' campaign to raise awareness of the benefits of exercise to mental health. Sian, who was discharged in January last year, is supporting Sport in Mind's 'RED January' campaign, which aims to get the nation moving to help people's mental wellbeing. [Read the full story here](#).

Third Sector

The trade title recently published a piece which focused on St Andrew's Annual Report and Financial Statements, particularly highlighting the closure of the bonus scheme in 19/20. The piece is online [here](#) (If you do not have access to read it, please contact us for a text version).

Campaigns and social media

New film aimed at answering controversial mental health questions

A group of our Peer Support Workers – members of St Andrew's staff who themselves have lived experience of a mental health condition – recently took part in a video where they answered questions from the general public about mental health. The sometimes controversial questions demonstrated that there is still stigma attached to the more complex of mental health conditions. Mental Health: Your Questions Answered is out now. Watch the full film on YouTube, [here](#).

Angela's recovery story

Angela, who was cared for in our brain injury unit, has been sharing her story of recovery in the hope to inspire others who may be struggling with their own mental health. [Her short recovery story is online here](#).

On The Ward Podcast

St Andrew's award-winning podcast has released a new episode focussing on education. In the podcast, host / staff nurse John-Barry Waldron speaks to a patient about the importance of education and what types of things are available to our patients, such as vocational courses to learn new life skills, or courses through our REDs academy. Throughout his honest conversation with John, the patient explains that he himself has faced issues associated with education: "I came up against a surprising stigma, and that was my education.... because I had a degree they said, 'you can't be that ill'. They said 'you're well spoken, eloquent and educated, you'll be alright', and that was very frustrating." The patient thankfully got the treatment he required and says he is now recovering well in hospital.

John and the patient also explored the outdated perception of secure mental health hospitals: "Unless people have had experience of visiting, or being in a hospital, they still think of straitjackets and padded cells. "We're living our lives in here. This is our home. And it's not just about taking your pills and talking to the shrink. There's more to everybody's lives than that."

[Listen to the episode here](#). You can also subscribe on the Google Play and Apple stores.

Service spotlight on our Neuropsychiatry Division

We have started creating a series of short films, which aim to shine a spotlight on what our staff within different divisions do, on a day to day basis. Firstly we are focussing on Neuropsychiatry, sharing stories about staff who work with brain injury patients. So far we have released [Lorraine's](#) and [Vishelle's](#) films and the [overall neuro film](#).

Hedgehogs and people with brain injuries

We recently released a video, featuring patients with acquired brain injuries taking part in an arts session. The patients have been creating clay hedgehogs, and it is helping them to improve their mobility. Modelling materials such as clay have huge potential for learning; it is a tactile and accessible material, which people of all abilities can work with. Moulding shapes allows for artistic expression, while also helping to improve hand mobility. [The video is available here.](#)

Latest WelshStar blog

Former patient WelshStar is still sharing her recovery journey with us as part of her blog. Since being discharged from our care last year, she has been navigating her way through the pandemic with less support. [Here's her latest post.](#)

PUBLIC

Paper for Board of Directors

Topic	Performance Report
Date of meeting	Thursday, 25 March 2021
Agenda item	08
Author	Alastair Clegg, Chief Operating Officer
Responsible Executive	Alastair Clegg, Chief Operating Officer
Discussed at previous Board meeting	28 January 2021
Patient and carer involvement	As a high-level summary of Charity performance, the data in this report has not been discussed with patients or carers. This view of patients in particular will have greater prominence in this report as the PREMs are embedded.
Staff involvement	There has been no specific discussion on the report with staff groups, although the various elements of performance are discussed at ward and team level as appropriate
Report purpose	<div>Review and comment <input checked="" type="checkbox"/></div> <div>Information <input type="checkbox"/></div> <div>Decision or Approval <input type="checkbox"/></div>
Key Lines Of Enquiry:	S <input type="checkbox"/> E <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> W <input checked="" type="checkbox"/>
Strategic Focus Area	<div>Quality <input checked="" type="checkbox"/></div> <div>People <input checked="" type="checkbox"/></div> <div>Delivering Value <input checked="" type="checkbox"/></div> <div>New Partnerships <input type="checkbox"/></div> <div>Buildings and Information <input type="checkbox"/></div> <div>Innovation and Research <input type="checkbox"/></div>
Committee meetings where this item has been considered	The safety and patient experience elements of the report have been considered and discussed in detail at QSC. The workforce elements at People Committee and the Finance elements will be discussed at FinCom.

Report summary and key points to note

This latest iteration of Performance Report builds on previous, drawing on feedback from the Board. Your reflections on updates are most welcome.

As colleagues will know members of the CEC are working closely with nominated NEDs to enhance benchmarking and targeting of key metrics – this work continues to progress and will be woven into IPR once the approach is agreed.

The headline from this report, as to be expected in the prevailing climate, is one of a challenging staffing dynamic as a result of high absence level. Alongside this, the CAMHS division is of particular focus both clinically and financially.

Appendices

PUBLIC

Summary overview

Safety

Overall incident volumes are within SPC limits, level 1 incidents are above their control limit, this is offset by high level incidents being at or below the mean - with violent incidents below the lower control limit. The only other metric not within SPC limits is hours of long term segregation, which is due to care planned segregation unlikely to change until discharge.

Patient Experience

We have piloted our new PREMs approach – offering greater and more regular levels of actionable insight. Divisional learnings and actions from the Annual Patient Survey are being finalised. Patient leave is currently below desired levels due to the national lockdown restrictions.

Workforce

Sickness levels have risen, active monitoring and management is needed to ensure well-being is preserved and potential impacts to ward based staffing levels are mitigated. Turnover has increased as people seek more balance and/or more remuneration. Fill ratio continues to be challenging in an increasing employee driven market. Workforce Strategy focuses on improved well being and retention.

Finance

Operating surplus and Net Surplus favourable to forecast. Capacity creation plans and occupancy levels have been hampered by COVID infection rates in patients and staff. Mitigated impact in current financial year, yet present a challenge to the original planning assumptions for 21/22. The budget is to be presented at this Board meeting.

St Andrew's Healthcare – Board Performance Report

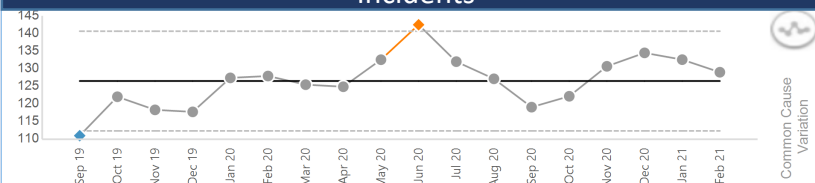
March 2021

Safety

Indicator (all per 1,000 occupied bed days)

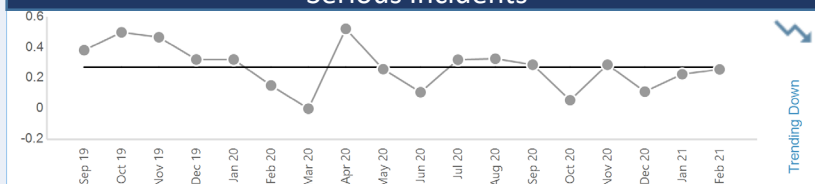
Commentary, cause analysis and action plans

Incidents



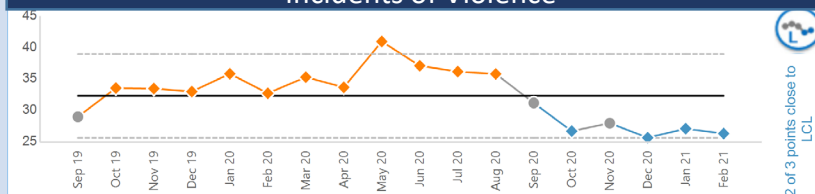
Whilst overall there is no statistically significant trend apparent within the incident data, CAMHS, Lower Secure & Specialist Rehab and Neuro are above their divisional upper control limits. **Causal analysis** - a comparatively high volume of level 1 incidents is driving the variation – level 3 and serious incidents remain close to the mean. New admissions plus the need to isolate patients as a result of their COVID status are the key drivers of the raised levels. **Remedial actions** - as new admissions respond to treatment and patients recover from COVID we anticipate these incidents returning to typical levels.

Serious Incidents



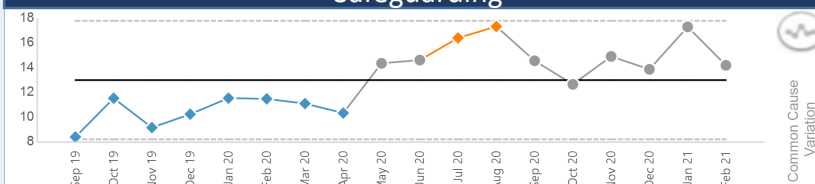
Serious Incidents are trending down across the Charity – with no outlying divisions. On going focus - we have instigated improved reporting, investigation and scrutiny of Serious Incidents. SIs are reviewed for early learnings as part of the Clinical Governance Oversight approach and where appropriate form part of our Make it Count cascade in order to drive timely learning.

Incidents of Violence



Incidents of violence continue to be below the historical mean and in recent months have been below the lower control limit. At a divisional level both Medium Secure and Low Secure and Specialise Rehab are below their control limits.

Safeguarding



Overall there is no statistically significant trend apparent in the safeguarding data. With the exception of Low Secure and Specialist Rehab all divisions are within control limits. For LSSR, the high level of safeguarding incidents is chiefly due to a small number of patients engaging in self harm whilst on enhanced observations. The majority of episodes could not have been prevented and staff have intervened as early as possible. The presenting behaviour typically correlates with anxiety regarding NG tube feeding – refer to corresponding restraint commentary.

St Andrew's Healthcare – Board Performance Report

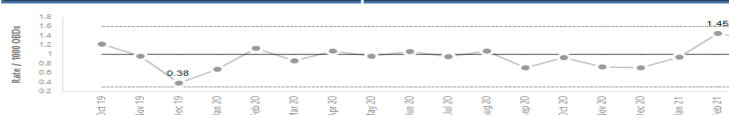
March 2021

Patient Experience

Indicator (all per 1,000 occupied bed days)

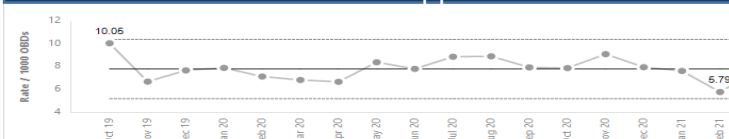
Commentary, cause analysis and action plans

Complaints



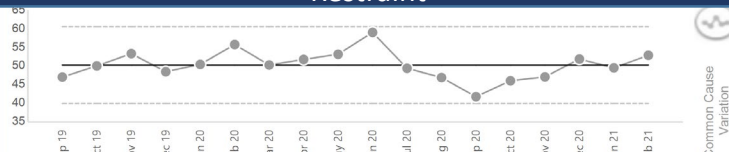
The introduction of a PREMs is a significant focus for the Charity. Pilot work in CAMHS has clearly demonstrated the actionable insight gathered from the new approach. The pilot broadens from April with feedback and the associated actions being taken from it being included in Community meetings and monitored via the Clinical Governance Framework.

Enhanced Support



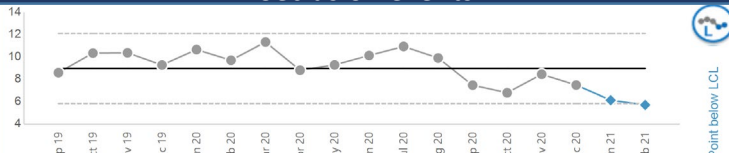
The number of episodes of patients being placed on enhanced support continues to fall. However, when considered in terms of the number of observers per patient there is an increase. **Causal analysis** – this is driven by a number of patients who are pending transfer to an alternative setting, more appropriate for their presentation and needs. **Remedial actions** - continue to advocate for our patients in order to secure appropriately placement as swiftly as possible.

Restraint



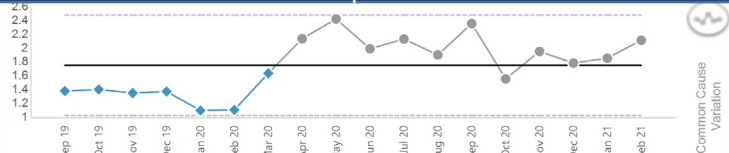
At a Charity level restraint continues to remain around the mean. LSSR are above their upper control limits. **Causal analysis** – this due to interventions in order to prevent or minimise self injurious behaviour and for NG feeding. This partly reflects the change in the service. **Remedial actions** - we expect interventions to reduce for these individuals as they successfully respond to treatment.

Seclusion events



Seclusion events remain below the historical mean, more recently being below the lower control limit. Hours of seclusion are also below the historical mean. All divisions are within their control limits.

LTS episodes

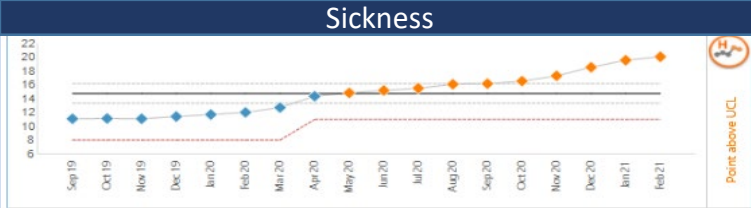
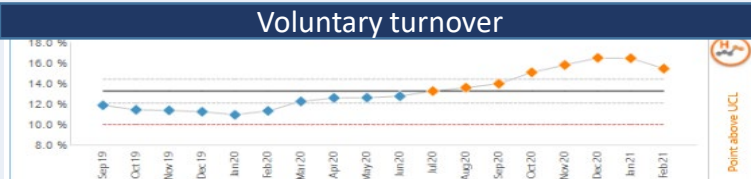
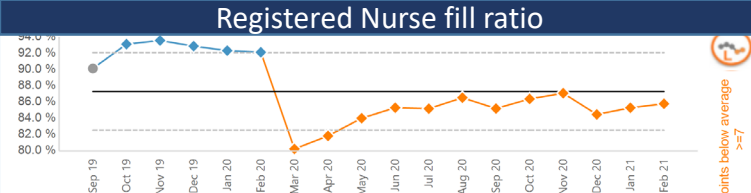



Episodes of long term segregation remain within the control limits and show no statistically significant trend. Medium Secure are below their lower control limit with the remaining divisions within. This metric must be considered alongside days spent in long term segregation which is above the upper control limit and stable. **Causal analysis** - This is driven by ASDLD, due to long term placements care planned for long term segregation and is unlikely to change until their discharge.

St Andrew's Healthcare – Board Performance Report

March 2021

Workforce

Indicator	Commentary, cause analysis and action plans
<p>Sickness</p> 	<p>Sickness remains above the upper control limit and significantly above tolerance. Causal analysis - increases in both COVID related absences and non-COVID illness, with stress and anxiety being most prevalent. Remedial actions - the Absence strategy is being implemented, we are monitoring sickness rates daily, we are introducing enhanced dashboard visibility to enable speedier trigger management, this will be in place by 15th April. Line managers continue to work closely with Occupational Health and HR colleagues to support individuals back to work.</p>
<p>Voluntary turnover</p> 	<p>Voluntary turnover remains above the upper control limit. driven by CAMHS, LSSR and Neuro. Causal analysis – exit interviews insight is that work-life balance (40%) and better package and promotion (30%) are the primary drivers of turnover. Remedial actions - a pay subcommittee is currently considering pay rates. Retention forms a core aspect of the Workforce strategy. HR and Communications are working together on a communication campaign to highlight the competitiveness of the remuneration package and the broader benefits of working with STAH.</p>
<p>Registered Nurse fill ratio</p> 	<p>The registered nurse fill ratio is breaching the control limits and well below the required number. Causal analysis – the fill ratio is due to a combination of the turnover rates and the high level of national and local nursing vacancies. Remedial actions – we continue to develop in house and are actively recruiting. Retention of our registered staff is a key focus, analytics are underway to determine patterns and inform targeted actions.</p>
<p>Mandatory training</p> 	<p>Whilst there is a reducing trend, we remain above the 90% target. Causal analysis - mandatory training has decreased due high staff absence levels, prioritisation of ward based shifts and the induction of new staff. Remedial actions - we continue to focus on training that is essential to safety. Remediation plans are underway - we are introducing weekly reporting and expect to reverse the decline by the end of April and training to have reverted to the mean by the end of June.</p>

St Andrew's Healthcare – Board Performance Report

March 2021



Finance update

	Feb 2021 MTD			Feb 2021 YTD		
	Feb 2021 MTD Actual	Re-forecast	Variance to Re-forecast	Feb 2021 YTD Actual	Re-forecast	Variance to Re-forecast
Available beds	699	721	(22)	762	767	(5)
Occupied beds	567	606	(39)	620	624	(4)
Occupancy %	81.1%	84.0%	-2.9%	81.4%	81.4%	0.0%
Total Income (£'000)	11,956	12,897	(941)	152,171	152,145	26
Total Direct costs*	(6,293)	(6,708)	415	(80,019)	(78,978)	(1,041)
Gross surplus (£'000)	5,663	6,189	(526)	72,152	73,167	(1,015)
Total Indirect costs**	(2,781)	(2,935)	154	(31,979)	(32,490)	511
Net Contribution (£'000)	2,882	3,254	(372)	40,173	40,677	(504)
Enabling functions (£'000)	(3,364)	(3,683)	319	(38,318)	(38,997)	679
Depreciation (£'000)	(1,153)	(1,174)	21	(4,460)	(4,554)	94
Exceptional costs (£'000)	(121)	(85)	(36)	(992)	(963)	(29)
Project costs (£'000)	(85)	(502)	417	(5,534)	(6,000)	466
Operating Surplus/(Deficit) (£'000)	(1,841)	(2,190)	349	(9,131)	(9,837)	706
Non-operating costs (£'000)	(128)	(150)	22	(1,710)	(1,734)	24
Unrealised Movement on investments (£'000)	0	0	0	1,549	1,549	0
Net Surplus/(Deficit) (£'000)	(1,969)	(2,340)	371	(9,292)	(10,022)	730

* - includes ward nursing and ward funds

** - includes MDT and other divisional costs

Commentary

Operating surplus and Net surplus positions better than forecast by £706k and £730k respectively for the 11 months to 28th February 2021

Level of Covid infections across January and February in both staff and patients has had a significant impact on the ability of the Charity to achieve the capacity creation plan and associated ward moves and enabling function savings. Financial impact of these delays has been mitigated in the current year but has impacted the ability of the Charity to meet its original 2021/22 financial plans

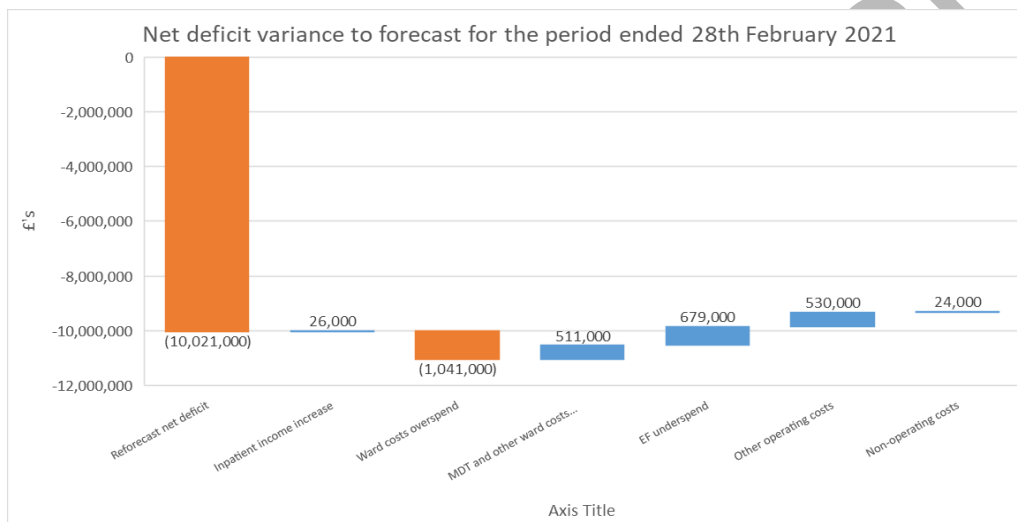
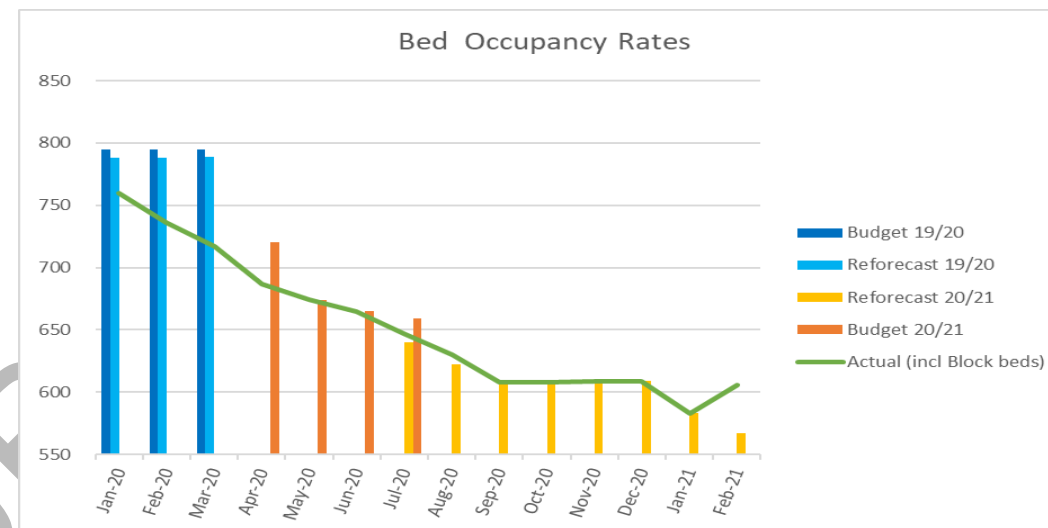
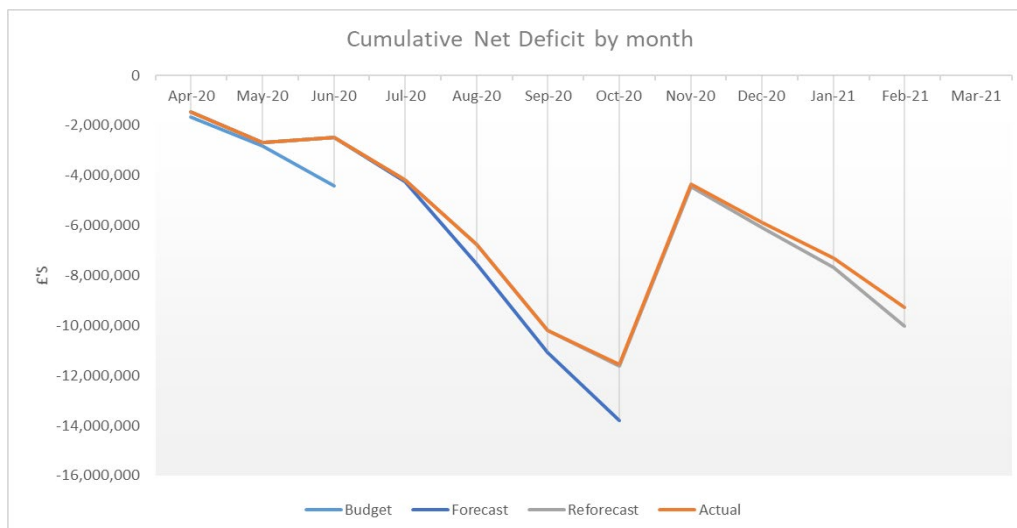
Occupancy is also lower due to significant numbers of wards in isolation due to Covid infections in January and February. As a result of National quarantine guidance and the inability to admit to an isolated ward, occupancy has dropped rather than increasing in line with the plan for the last quarter of the year. The impact of this has been mitigated in February financially and we anticipate this will also be the case for March 2021.

2021/22 budget has been prepared and presented to CEC and Finance Committees and will be presented to the Board on the 25th March. The impact of the Kent variant of Covid in January and February has delayed the Charity's ability to hit previously agreed high level financial plans in 2021/22 details of which are given in the Board Budget presentation.

St Andrew's Healthcare – Board Performance Report

March 2021

Finance snapshot



Cashflow summary to February 2021		Feb 2021 (£'m)
Opening net debt at 1/4/2020 *		(32)
YTD Net Capex and project movement		18
YTD Net cash flows from operations and balance sheet movements		(3)
Closing net debt at 28/02/2021*		(17)
Planned Capex and project spend		(1)
Forecast net cashflows from operations and balance sheet movements		(2)
Forecast/Actual closing net debts at 31/03/2021*		(20)
* 35 excludes Stock Market investments		

Paper for Board of Directors

Topic	Covid-19 Response Update
Date of meeting	Thursday, 25 March 2021
Agenda item	9
Author	Alastair Clegg
Responsible Executive	Alastair Clegg
Discussed at previous Board meeting	The Charity's response to Covid has been discussed at all Board meetings in 2020 and January's Board meeting
Patient and carer involvement	Patient feedback is sought at community meetings on the impact of Covid and Covid-related restrictions on patients. This is escalated to CPAC.
Staff involvement	Daily communications sent to all staff - staff feed back on these. Weekly Teams calls allow for further staff comment, questions and feedback.
Report purpose	<div>Review and comment <input checked="" type="checkbox"/></div> <div>Information <input checked="" type="checkbox"/></div> <div>Decision or Approval <input type="checkbox"/></div>
Key Lines Of Enquiry:	S <input checked="" type="checkbox"/> E <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> W <input checked="" type="checkbox"/>
Strategic Focus Area	<div>Quality <input checked="" type="checkbox"/></div> <div>People <input checked="" type="checkbox"/></div> <div>Delivering Value <input type="checkbox"/></div> <div>New Partnerships <input type="checkbox"/></div> <div>Buildings and Information <input type="checkbox"/></div> <div>Innovation and Research <input type="checkbox"/></div>
Committee meetings where this item has been considered	Risk management: discussed by both ARC and QSC.

Report summary and key points to note

The report provides an update on the Charity's ongoing response to the Covid pandemic.

Appendices

A Trend data for positive Covid cases

Summary

This paper provides an update to the paper submitted to the January Board meeting, and outlines developments in the Charity's response to and management of the impact of the Covid-19 pandemic.

The Board is invited to review and comment on the arrangements set out in the paper.

Patient data

As at close of play on Tuesday 15 March, the position in relation to patient infection rates was:

Current positive **1**

Current symptomatic 0

The cumulative position since the beginning of the pandemic is:

Total positive **252**

Wave 1 (Feb-May) 114 (101 recovered, 13 passed away)

Wave 2 (Sept+) 138 (133 recovered, 4 passed away)

Very sadly, since the last Board meeting, a fourth patient passed away having tested positive for Covid. However, the morbidity rate remains significantly lower in the second wave, when compared to the first (2.9% compared with 11.4%), reflecting an improved response and the embedding of learning from the first wave.

More generally, the Charity has been 25 days since the last positive patient test, reflecting a reduction in infection rates nationally.

Staff data

The position at close of play on Monday 15 March is summarised in Table 1.

Table 1: STAH staff COVID and sickness absence as at 15 March 2021

	Covid-related absence	Other sickness	Total
Operations	115	143	258
Estates	16	12	28
Enabling functions	16	16	32
TOTAL	147	171	318

As with patient data, there has been a welcome reduction in Covid-related absence (down from 321 in January) and other sickness (down from 289). This has resulted in improved staffing levels and a reduction in the need for non-nursing MDT and other colleagues to support ward staff.

Isolation and Outbreaks

In line with Public Health England (PHE) and NHSE/I guidance, we place a ward in isolation when a patient becomes symptomatic. Staff on outbreak wards wear scrubs and do not move to other wards, visitors to the wards are not permitted. As at 15 March, no wards were in isolation.

Again, in line with PHE and NHSE/I guidance, an Outbreak is declared when two or more positive cases are recorded that can be linked by time and place. Outbreak wards and areas require daily returns to NHSE/I together with regular detailed management. As at 15 March, no wards or other areas were being managed as outbreaks.

Lateral Flow Testing

14,900 test results have been received to date (up from 5,500 in January), with a positive test rate of 0.51%. The rate of positive tests has decreased since January (0.89%), reflecting the lower prevalence of Covid more generally.

Covid Risk Management

The Charity Executive Committee continue to review the Covid Risk Register regularly, and individual risks are managed on an ongoing basis by risk owners.

This reflects a reduction in risks relating to some key activities in relation to Covid, in particular risks that Lateral Flow Testing and the vaccination process would each contribute to significantly higher levels of staff absence. Neither of these turned out to be the case.

PPE Supplies

The NHSE/I “pallet push” continues to deliver supplies of key PPE items on a weekly basis. All the Charity’s requests for PPE items continue to be met and the target of 50 days’ internal supply of all items has been met for several months. As things stand, there are therefore no concerns about the supply of PPE.

Vaccinations

Considerable progress has been made in relation to vaccinations since January. Our vaccination programme went live on 3 February, and numerous clinics have been held, including roaming clinics and drop- in clinics, and out-of-hours clinics to encourage night staff. 120 volunteers supported the programme, and there have been no adverse incidents and minimal wastage of vaccines.

Table 2: STAH Vaccination rates as at 15 March 2021

Site	Patients vaccinated (%)	Staff vaccinated (%)
Northampton	88	72
Birmingham	67	33
Essex	92	84
Winslow/Broom	91	78

The overall vaccination rate for the Charity stands at 69%, which is broadly in line with that for NHS providers, given that the STAH vaccination programme started two months later. The take-up rate in Birmingham is a particular cause for concern and additional support is being given to the site.

Across the Charity, there have been considerable efforts to increase take-up, including multiple briefing sessions, dedicated sessions for BAME staff, poster and IT campaigns, and telephone calls with all staff. In line with an NHS initiative (and requirement) all staff who have declined will now also be offered a 1:1 conversation with their line manager to help them understand the benefits of the vaccine.

Governance arrangements – lessons learned

The six key governance processes outlined in the January report continue to be utilised to manage the Charity's response to the pandemic:

- Twice daily Silver Command meetings looking at staffing.
- Daily Gold Command meetings
- Outbreak meetings as required
- The Clinical Professional Advisory Committee, and
- CEC oversight weekly, and
- Closure meetings to learn lessons following each outbreak.

January's report anticipated that lessons learned feedback from these meetings would be submitted to ARC and to the Board. However, the process remains ongoing, given the number of outbreaks during the November-February period and lessons are still being identified and actioned. The summary of lessons and actions will therefore be submitted to the next Board. Key headline lessons emerging so far from ward lessons learned include:

- The importance of timely, local on-site PCR surveillance testing for staff following an outbreak
- The need to provide continual IPC and PPE training for staff rather than only doing so in response to an outbreak
- Ward-based IPC "super-trainers", directly supported by the Infection Prevention and Control Team, are invaluable
- A greater role for local management in producing and delivering daily updates on isolation wards and outbreak wards, and ensuring actions are taken forward
- Greater collaboration between Estates and nursing staff to ensure a faster joint response to any environmental concerns on wards.

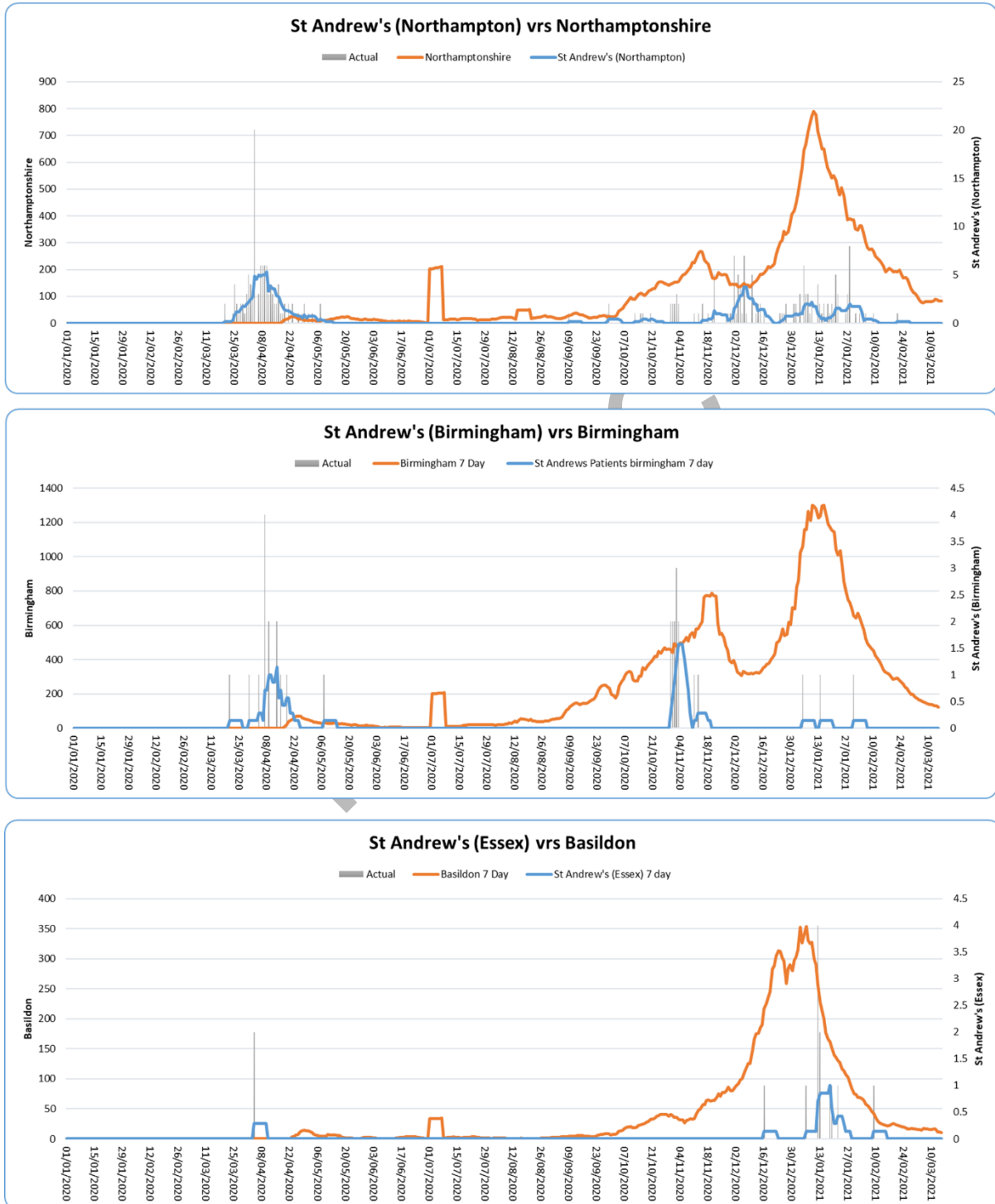
Alastair Clegg

Chief Operating Officer

March 2021

Appendix A

Seven day rolling averages of positive patient cases, compared with positive cases in the local population



Paper for Board of Directors

Topic	Transformation Programme Progress Update
Date of meeting	Thursday, 25 March 2021
Agenda item	10
Author	Michaela Roberts
Responsible Executive	Jess Lievesley
Discussed at previous Board meeting	14 th May 2020
Patient and carer involvement	Information shared with patient groups at Community Meetings and Carers and Family via Family and Carers Communication Channels. Patient groups involved in co-production of programme.
Staff involvement	Information shared via project and programme meetings and internal charity-wide communications
Report purpose	<div>Review and comment <input type="checkbox"/></div> <div>Information <input checked="" type="checkbox"/></div> <div>Decision or Approval <input type="checkbox"/></div>
Key Lines Of Enquiry:	S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> W <input checked="" type="checkbox"/>
Strategic Focus Area	<div>Quality <input checked="" type="checkbox"/></div> <div>People <input checked="" type="checkbox"/></div> <div>Delivering Value <input checked="" type="checkbox"/></div> <div>New Partnerships <input type="checkbox"/></div> <div>Buildings and Information <input checked="" type="checkbox"/></div> <div>Innovation and Research <input type="checkbox"/></div>
Committee meetings where this item has been considered	N/A

Report summary and key points to note

The Transformation Programme exists to support a new service model in line with St Andrew's strategic aims and objectives to improve quality and rightsizing the organisation.

This paper provides a status update of the Transformation Programme as St Andrew's passes the midway point in terms of the number of wards moved, changed clinical specialism or new services opened.

The Board are asked to note the status of the Programme.

Appendices

Transformation Programme Status Update Report, March 2021

Purpose

This paper provides a status update of the Transformation Programme as St Andrew's passes the midway point in terms of number of wards moved, changed clinical specialism or opening of new services.

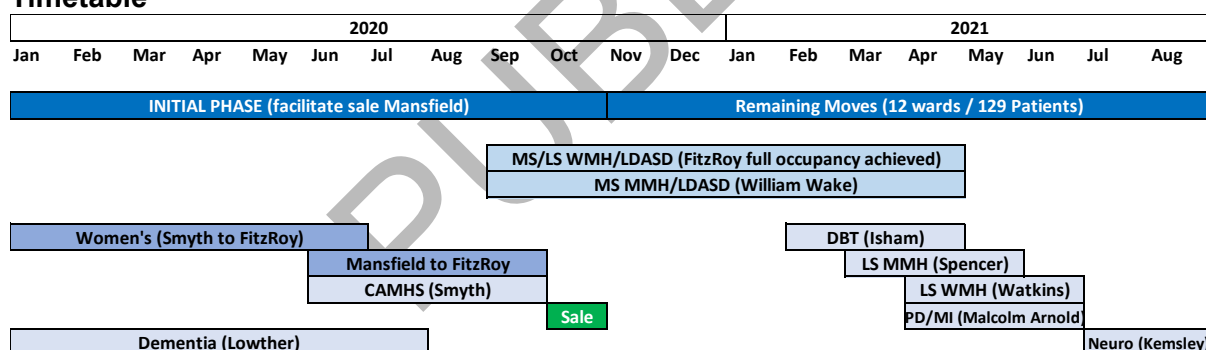
Background

The programme was conceived to address a number of co-related issues:

- Policy context through Transforming Care which sought to reduce unwarranted inpatient admissions as well as reduce ward sizes where these were clinically indicated.
- Deliver improvements in the clinical quality of the services we provide and specifically respond to the concerns relating to our CAMH service
- Development of new clinical service offerings to meet local/national needs, e.g. enhanced MS LD to support women providing a therapeutically secure environment for women with developmental cognitive disabilities and complex mental health needs
- Reduced occupancy in line with strategy and in response to our commitment to support care closer to home
- A strategic commitment within the charity to recognise our role in promoting the right level of investment within local systems, resulting in our 'rightsizing' of the charity

The CEC approved this programme to support the new service model in line with St Andrew's strategic aims and objectives to improve quality, and right sizing the organisation.

Timetable



Key Milestones / Achievements

The programme is enabling significant improvements in the quality of patient care through:

- Co-location of clinical speciality to co-design of patient centred care
- Implementation of a revised target operating model, creating greater efficiency for Divisional Triumvirates, Nursing and MDT working
- Improved pathway support
- Patient co-production for ward moves
- Supporting the exit of patients from Main Building and better use of current estate
- Exit from and sale of the Mansfield site, where recruitment pressures for quality nursing staff were unsustainable
- Supporting the exit of patients from Mansfield to build on the Transforming Care service model to provide improved acute learning and disability patient services within FitzRoy House
- Provision of 10 bedded wards

- Rightsizing the Charity enabled the redeployment of skilled staff to specialist services
- Exit from Spring Hill and 32 Berkeley Close, accommodation that was sub-optimal to support the outcomes for their patient population

Through the relocation of a downsized CAMHS service into a refurbished Smyth House the Charity has been able to fully occupy Fitzroy House and achieve improved quality and CQC ratings within the CAMHS service.

Risks

Having delivered the programme during a turbulent period of change, largely arising as a result of COVID 19 we have managed to maintain the majority of the transformation programme with only 6 months of residual delay.

COVID 19 remains the largest single risk to the programme timeline, having the ability to impact staffing levels and supply chain activity. Proactive mitigation and learnings from the initial phases of the pandemic are in place to assist programme continuity, and delivery against further milestones.

Financial

The total cost of the programme is £3.1m which includes 27 ward moves, 4 new ward openings, major refurbishment of Smyth House, providing access to 8 previously unused Fitzroy wards, the sale of Mansfield site and the exit of patients from the Main Building. As part of the original business case the programme will also release Spring Hill and 32 Berkeley Close.

Governance

SPOG (Strategic Projects Oversight Group) was established by the Deputy CEO to provide oversight and governance of high impact programmes and projects in the Charity's and first met on 7 Jan 2020.

It provides a strategic link between the operational delivery of the programme, reporting to the Charity Executive Committee (CEC). The membership comprises the senior directors responsible for clinical, operational and financial leadership of the Charity.

Recommendation

The Board are asked to note the report.

Paper for Board of Directors

Topic	NHS Improvement Annual Solvency Commitment
Date of Meeting	Thursday, 25 March 2021
Agenda Item	11
Author	Alexandra Owen
Responsible Executive	Alexandra Owen
Discussed at Previous Board Meeting	Not previously discussed
Patient and Carer Involvement	Not appropriate due to the commercial nature of the document
Staff Involvement	Not appropriate due to the commercial nature of the document
Report Purpose	<div>Review and comment <input type="checkbox"/></div> <div>Information <input type="checkbox"/></div> <div>Decision or Approval <input checked="" type="checkbox"/></div>
Key Lines Of Enquiry:	S <input type="checkbox"/> E <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> W <input checked="" type="checkbox"/>
Strategic Focus Area	<div>Quality <input type="checkbox"/></div> <div>People <input type="checkbox"/></div> <div>Delivering Value <input checked="" type="checkbox"/></div> <div>New Partnerships <input type="checkbox"/></div> <div>Buildings and Information <input type="checkbox"/></div> <div>Innovation and Research <input type="checkbox"/></div>
Considered at Committee Meetings	

Report Summary and Key Points to Note

As a 'Commissioner Requested Service' we come under the scrutiny of NHS Improvement. They track our financial performance to ensure that we are financially sound and able to continue to provide services. They do this on a quarterly basis but once a year require confirmation from us as a Board of Directors.

They require us to make the following statement:

"The Board of St Andrew's Healthcare formally confirm that St Andrew's Healthcare reasonably expects to have the required resources to keep our Commissioner Requested Services running over the course of the next 12 months.

In making this statement we have considered:

- The level of current and likely future demand for Commissioner Requested Services.*
- The availability of appropriately skilled workforces.*

-
- *The availability of facilities.*
 - *The availability of working capital and other financial resources.*

I remain confident that we can make this statement and seek the Board's agreement to do so.

Appendices

PUBLIC

25 March 2021

To: Dr Mark Hendy, Provider Transformation Programme Director, NHS Improvement


Sent via the Licensing Portal

Dear Mark

Re: Self-Certification Against the G6 Licence Condition (Systems for Compliance with Licence Conditions and Related Obligations) for St Andrew's Healthcare

Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the financial year most recently ended, the Licensee took all such precautions as were necessary in order to comply with condition G6.

Signed:

A rectangular box with a blue border, used to redact the signature of the sender.

Name: Alexandra Owen

Position: Chief Finance Officer

On behalf of the licensed entity's Board of Directors.

Continuity of Services 7 Self-Certification

After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.

In making this statement the Executive Team have considered:

- The level of current and likely future demand for Commissioner Requested Services.
- The availability of appropriately skilled workforces.
- The availability of facilities.
- The availability of working capital and other financial resources.

Signed on behalf of St Andrew's Healthcare:

Name: Alexandra Owen

Position: Chief Finance Officer

Signature:

Date: 25 March 2021

Paper for Board of Directors

Topic	Patient, Carer and Employee Promise/Commitment Launch
Date of meeting	Thursday, 25 March 2021
Agenda item	12
Author	Lara Conway
Responsible Executive	Martin Kersey
Discussed at previous Board meeting	N/A
Patient and carer involvement	Carers Group and BENNS have been involved in the content and design.
Staff involvement	Employee Forum involvement.
Report purpose	<div>Review and comment <input type="checkbox"/></div> <div>Information <input type="checkbox"/></div> <div>Decision or Approval <input checked="" type="checkbox"/></div>
Key Lines Of Enquiry:	S <input type="checkbox"/> E <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> W <input checked="" type="checkbox"/>
Strategic Focus Area	<div>Quality <input type="checkbox"/></div> <div>People <input checked="" type="checkbox"/></div> <div>Delivering Value <input type="checkbox"/></div> <div>New Partnerships <input type="checkbox"/></div> <div>Buildings and Information <input type="checkbox"/></div> <div>Innovation and Research <input type="checkbox"/></div>
Committee meetings where this item has been considered	Charity Executive Committee and People Committee

Report summary and key points to note:

- A Patient Promise, Carers Commitment and Employee Promise have been developed with significant consultation via patient representatives in BENNS, a Carers Working Group and the Employee Forum
- These highlight the Charity commitments and also clearly document expectations
- These will be launched together and incorporated into induction, recruitment and relevant documentation/ meetings. There will be a localised approach with separate divisional roll outs

The Board of Directors is asked to approve the patient, carer and employee promises/commitment and proposed communications plan.

Appendices: Patient Promise, Employee Promise and Carers Commitment

Patient Promise, Carers Commitment and Employee Promise Launch

1. Background

The Patient Promise, Carers Commitment and Employee Promise (appendix 1) have been developed to highlight the commitments of the Charity to all of the St Andrew's family and also to clearly document expectations.

The development of these documents has involved significant consultation with all parties via patient representatives in BENNS, a Carers working group and the Employee Forum. They have all been designed in the same format ensuring they are easy to read, visual and consistent.

2. Roll out approach

It is recommended that the documents are jointly rolled out at from April 2021 and utilised in key forums such as those outlined below:

- Include in induction within the specific patient, carer and HR slot
- Include on the intranet hub and external website
- Include in the employee new starter welcome packs and the code of conduct
- Review how the patient promise can be utilised for new patients
- Include the Carers Commitment in the Carers welcome booklet

It is key to ensure there is a localised approach within divisions, therefore divisions will be briefed and asked to roll this out to align to existing programmes and objectives.

3. Communications Plan

The following communications plan is proposed:

Date	Activity
February	CEC briefing and approval
March	Board of Directors briefing and approval
From April	Divisional roll out to align with existing programmes/objectives
From April	Charity-wide launch including News Story, locked screens and email to all staff. Utilise within induction, recruitment and new starter packs
From April	Briefing at BENNS, Carers Group and the Employee Forum

The Board of Directors is asked to approve the patient, carer and employee promises/commitment and proposed communications plan

Appendix 1: Promise and Commitment Design

St Andrew's Patient Promise



No decision about me, without me

You will get the most suitable, useful, least restrictive, evidence based care
Your care should be co-produced by you and suitably qualified staff

We will...





-  Be polite, respectful and thoughtful at all times looking after your dignity and privacy
-  Include your views in reports about your care, Ward Rounds and any other meetings
-  Do our best to keep you safe
-  Respect you as an individual, your interests and meet your needs: physical, psychological, social and spiritual
-  Treat you as an equal, whatever your ethnicity, religious/cultural beliefs, gender, social class, disability or age
-  Work hard to give the highest standards of care at all times
-  Update and involve you in your care
-  Involve your family in your care (while respecting your wishes)

Transforming lives together

Your promise



We ask you to...

-  Please work with staff and take on board advice on treatments
-  Please ask questions if you don't understand something or would like more information
-  Please treat everyone - including staff and other patients - with respect
-  Please be open and honest with staff, especially about how you are feeling

This Promise has been developed by patients and staff to explain what every patient at St Andrew's can expect from their care

Transforming lives together

St Andrew's Carers Commitment



As a Charity we are committed to working with you as partners in care.

We will:

-  Provide support and guidance, led by your needs
-  Listen to you, respect your views and treat you with dignity
-  Recognise you as a partner in care and value the information you share with us about the person you care for
-  Respond to your questions and concerns
-  With patient consent, keep you informed and ensure you are involved and included in care and planning
-  Welcome your feedback and use it to improve and develop our services

If you ever feel we are not doing these things well enough, contact our Patient Advice and Liaison Service (PALS):

Tel: 01604 616829







Email: PALS&Complaints@standrew.co.uk

Transforming lives together

Your promise



We ask you to...

-  Talk to us about you and your role as a carer
-  Work with us, as a partner in care
-  Please treat everyone – including staff and other patients – with respect
-  Respect the patients' rights and confidentiality
-  Please ask questions if you don't understand something or would like more information
-  Please contact us with any concerns you have at the earliest opportunity

For more information please contact our dedicated team at the St Andrew's Carers Centre:

Tel: 01604 616125

Email: carerscentre@standrew.co.uk

Transforming lives together

St Andrew's Employee Promise



You will be treated with respect and fairness



You will have a voice



We will invest in your development and strive to promote from within



You will always know how you are performing, through thoughtful and comprehensive feedback



We will do everything we can to ensure you are safe and supported



We will make time to have fun and celebrate success



Your contributions and accomplishments will be appreciated and recognised



We will strive to ensure that you have the tools and resources you need to be successful

Katie Fisher

Katie Fisher, Chief Executive Officer

Transforming lives together

Your promise



Put patients at the heart of what you do



Treat everyone with compassion and respect and value their contributions



Continually learn and grow



Embrace innovation and change



Share your ideas, opinions and listen to others



Speak up



Do everything to the best of your abilities



Do what you say you are going to do



Always live, embrace and promote our values

Transforming lives together

External Governance Review Update

(Paul Burstow and Katie Fisher –
Verbal)

PUBLIC

Paper for Board of Directors

Topic	Material Risk Register Review
Date of meeting	Thursday, 25 March 2021
Agenda item	14
Author	Duncan Long, Company Secretary
Responsible Executive	Andy Brogan, Chief Nurse
Discussed at previous Board meeting	January 2020
Patient and carer involvement	Not appropriate at this stage.
Staff involvement	Staff across all divisions and functions are involved within the risk management process, including the Material Risks.
Report purpose	<div>Review and comment <input type="checkbox"/></div> <div>Information <input checked="" type="checkbox"/></div> <div>Decision or Approval <input type="checkbox"/></div>
Key Lines Of Enquiry:	S <input type="checkbox"/> E <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> W <input checked="" type="checkbox"/>
Strategic Focus Area	<div>Quality <input checked="" type="checkbox"/></div> <div>People <input checked="" type="checkbox"/></div> <div>Delivering Value <input checked="" type="checkbox"/></div> <div>New Partnerships <input checked="" type="checkbox"/></div> <div>Buildings and Information <input checked="" type="checkbox"/></div> <div>Innovation and Research <input checked="" type="checkbox"/></div>
Committee meetings where this item has been considered	<div>Charity Executive Committee</div> <div>Audit and Risk Committee</div>

Report summary and key points to note

This paper presents the Board of Directors (Board) with the Charity's current Material Risks as reviewed and approved by the Charity Executive Committee (CEC) in March 2021.

The Board is asked to note and acknowledge the progress made to the Material Risk process and the changes referenced in this paper.

Appendices:

Annex A – Material Risks Register

Annex B – Material Risks Review Table

Material Risk Update – 25 March 2021

Introduction

This paper presents the Board of Directors (Board) with the Charity's current Material Risks as reviewed and approved by the Charity Executive Committee (CEC) in March 2021.

Background

The current review process requires the CEC to collectively approve any revisions or changes to the Material risks, including for example, adding or removing risks from the register, allocating 'risk owners' or identifying additional actions that may be necessary to address specific risks.

Executive owners of Material Risks review and update them in accordance with the frequency set within the Risk Management system, either on a monthly, quarterly or annual basis. The CEC review the Material Risk Register on a quarterly basis, ahead of a further review by the Audit and Risk Committee. To further improve review and oversight, Material Risks are now being allocated to the Board Committees for a more detailed assurance review and "deep dive". The scheduling for this additional review and oversight is currently being agreed with the Chairs and members of the relevant committees.

The Material risk register is now presented to the Board twice a year.

Assurance

The Risk function now offers an overall assurance opinion on the risk management process. This opinion is heavily influenced by the on-going Risk Improvement Project, and whilst this remains on track (due for completion in June 2021), but in progress, we continue to offer an overall assurance of Partial. It is noted however that this last reporting period has seen an increase in updates and movement in residual ratings, as well as many mitigating actions completed.

Please see Annex A – Material Risks Register

Please see Annex B – Material Risks Review table

Summary

1. The number and type of Material Risks have remained relatively consistent over the last year with the addition of three new Material Risks (COVID-19 Infection & Pandemic, EPRR and Violence and Aggression) and no Material Risks removed.
2. There have been a number of changes to the on-going 'residual risk' ratings following individual risk assessments, with eight Material Risks reducing in risk and one increasing, however no significant movements are to be reported.

3. Following the commencement of the Risk Improvement Programme, the management and administration of the Material Risks were temporarily migrated to an Excel (manual) process held within Microsoft Teams. This was to allow greater access to the register by the Executive Risk Owners and relieved the administration pressures seen under the previous licenced system.
4. The current Material Risk register includes 21 risks with the latest Material Risk added in December 2020 (see Annex A). All Material Risks are in-date and/or have been recently reviewed by their Executive owner. The following updates and changes to risks have occurred in the last quarter:
 - **R244 Integrated Patient (Physical & Mental) Healthcare Management** – residual impact has been increased from ‘Medium’ to ‘High’ changing the residual score from ‘23’ to ‘28’. The mitigation controls has been revised and/or updated and four new mitigating actions have been added.
Rationale for a change in residual risk score: “This is due to the overall increase in the risk of becoming seriously unwell and indeed of mortality in the COVID-19 pandemic, the impact on non-integrated care delivery will be increased”. (SK)
 - **R1271 COVID-19 Infection & Pandemic** – residual impact has been reduced from ‘High’ to ‘Medium’ changing the residual score from ‘28’ to ‘23’.
Rationale for a change in residual risk score: “This reflects the reduction in COVID-19 activities across the Charity and following a review of the C-19 supporting risk register where residual risks were also reduced.” (AC)
 - **R1011 Unwarranted Clinical and Practice Variation** – revised mitigation controls and four new mitigating actions have been added. (SK)
 - **R302 Reputation Management** – the residual impact has been reduced from ‘High’ to ‘Medium’ changing the residual score from ‘31’ to ‘27’ changing the rating from ‘red’ to ‘amber’. The mitigating actions descriptions have been amended.
Rationale for a change in residual risk score: “Improved relationships with commissioners, regulators and wider stakeholders as a result of improved quality outcomes. Removal of special measures and stepping down by regulators and commissioner of Quality Assurance Board”. (JL)
 - **R264 Restrictive Patient Interventions** – amendments made to mitigating actions description to reflect current activities. (AR)
 - **R247 Strategic Environmental Change** - the residual likelihood has been reduced from ‘Highly Likely’ to ‘Possible’ changing the residual score from ‘33’ to ‘28’ changing the rating from ‘red’ to ‘amber’. One new mitigating action has been added.
Rationale for a change in residual risk score: “Direct engagement with partners and stakeholders has resulted in improved engagement and oversight of strategic environment to afford the Charity greater influence to support the effectiveness of the system”. (JL)

- **R1446 Violence & Aggression** - amendments have been made to mitigation controls and a new mitigating action added. (JC)
- **R528 Health & Safety Management** – the residual likelihood has been reduced from ‘Likely’ to ‘Possible’ changing the residual score from ‘31’ to ‘28’ changing the rating from ‘red’ to ‘amber’. More detail has been added to mitigation controls and the mitigating action.
Rationale for a change in residual risk score: “The reason the likelihood has reduced is due to the ongoing engagement with enforcing authorities and building a positive working relationship as well as updating them with our progress”. (JC)
- **R263 Regulatory & Compliance Risk** – amendments to mitigating controls and three new mitigating actions have been added. (DL)
- **R1259 Variable Standards of Ward Cleanliness** – additional information and amendments has been made to mitigation controls and one new mitigation action added and amended description for the other present action. (AT)
- **R249 Dated & Inefficient Estate** – additional information has been added to mitigation controls and one new mitigation has been added. (AT)
- **R300 Achieving Positive Cultural Change** – the residual likelihood has been increased from ‘Possible’ to ‘Likely’ changing the residual score from ‘23’ to ‘27’. One mitigation control has been removed and three new mitigating actions have been added.
Rationale for a change in residual risk score: “The Charity have come through an exceptionally challenging year, we are in the midst of very significant changes and the results of our last staff survey showed a significant drop in engagement scores”. (KF)
- **R258 Recruiting Required Capabilities** – revised mitigation controls and a new mitigating action with detailed activities has been added. (MK)
- **R1006 Data Quality & Completeness** – amendments to mitigation controls and one new mitigation added closing the previous two actions. (JC)
- **R1008 Development of Community Services** – the residual likelihood has been reduced from ‘Medium’ to ‘Possible’ changing the residual score from ‘27’ to ‘23’.
Rationale for a change in residual risk score: “The risk arising from the development of services remains possible – however the ability to progress the implementation of new services is achievable- albeit compromised by COVID in the last reporting period”. (JL)
- **R260 Delivery of the Change Programme** – additional detail added to the mitigating action. (JL)
- **R1009 Declining Revenue & High Costs** – amendments to mitigations controls and one new mitigating action added. (AO)

- Risks reviewed with no changes to report:
 - **R245 Cyber Risk & Resilience (JC)**
 - **R1329 Insufficient EPRR Plan in Place (AC)**
 - **R259 Retention of Key Skills (MK)**
 - **R241 Pension Scheme Deficit (AO)**
- 5. Material Risk updates are actioned within the manual process by the Executive Risk Owner and their nominated administrator. All Material Risk reviews are supported by the Risk function where required, and the process monitored and reviewed frequently.
- 6. At the Audit & Risk Committee (ARC) meeting in January 2021, it was agreed that 'deep dive' risk reviews for the residual 'red' rated Material Risks would be completed, in a similar way as seen for the Covid-19 related risk. It was noted that the newly allocated oversight committee for each Material Risk should review these risks prior to them going to ARC. The review and reporting of Material Risks has been mapped by the Risk Function so that the reviews by the relevant committee aligns with the scheduled reviews completed by the Executive Risk owners. All Material Risks (in addition to the current "red" rated risks) are scheduled to undergo a committee "deep dive" by the end of the current reporting year. See Appendix A.

Conclusion

The Board is asked to note and acknowledge the progress made to the Material Risk process and the changes referenced in this paper.

Duncan Long
Company Secretary

Emily Sebastian
Risk Management Advisor



Appendix A



Sl. No	Risk Number	Title	CEC Member	Oversight Committee	Deep Dive review with Committee
1.	R244	Integrated Patient Healthcare Management	Sanjith Kamath	QSC	13/04/2021
2.	R1011	Unwarranted Clinical and Practice Variation	Sanjith Kamath	QSC	13/04/2021
3.	R528	Health & Safety Management	John Clarke	PeopleCom	13/05/2021
4.	R1446	Violence & Aggression	John Clarke	PeopleCom	13/05/2021
5.	R247	Strategic Environmental Change	Jess Lievesley	SPOG	24/05/2021
6.	R1271	COVID-19 Infection & Pandemic	Alastair Clegg	QSC	08/06/2021
7.	R1329	EPRR- Business Continuity Management	Alastair Clegg	TBC*	08/06/2021 via 12/04/2021
8.	R260	Delivery of the Change Programme	Jess Lievesley	SPOG	21/06/2021
9.	R258	Recruiting Required Capabilities	Martin Kersey	PeopleCom	08/07/2021
10.	R259	Retention of Key Skills'	Martin Kersey	PeopleCom	08/07/2021
11.	R1006	Data Quality & Completeness	John Clarke	TBC *	16/07/2021
12.	R245	Cyber Risk & Resilience	John Clarke	TBC *	16/07/2021
13.	R1008	Development of Community Services	Jess Lievesley	SPOG	19/07/2021
14.	R264	Restrictive Patient Interventions	Ash Roychowdhury	QSC via QSG	10/08/2021 via 27/07/2021
15.	R300	Achieving Positive Cultural Change	Katie Fisher	PeopleCom	13/09/2021
16.	R1009	Declining Revenue & High Costs	Alex Owen	FinCom	17/09/2021
17.	R263	Regulatory & Compliance Risk'	Duncan Long	TBC *	12/10/2021
18.	R302	Reputation Management	Jess Lievesley	PeopleCom	11/11/2021
19.	R249	Dated & Inefficient Estate	Alex Trigg	TBC *	12/11/2021
20.	R1259	Variable Standards of Ward Cleanliness	Alex Trigg	QSC via QSG	14/12/2021 via 30/11/2021
21.	R241	Pension Scheme Deficit	Alex Owen	TBC*	11/03/2022

*TBD - To be confirmed

ANNEX A - Material Risk Register March 2021

Threat Risks (residual)					
Impact	Very High				
	High			6	1
	Medium		1	6	5
	Low				
	Very Low		1		
	Rare	Unlikely	Possible	Likely	Highly Likely
Likelihood					





Risk														Actions					
Risk No	Risk Title	Description	Inherent Rating	Inherent Score	Risk Mitigation	Residual Impact	Residual Likelihood	Residual Rating	Residual Score	Residual Score Movement Direction	Is the Risk Acceptable?	Next Review Date	Risk Owner	Risk Owner	Risk Owner	Risk Owner	Materiality Ref/ Test Criteria		
R244	Integrated Patient (Physical & Mental) Healthcare Management	Insufficient depth and range of skills, capabilities, organisational frameworks and stakeholder support compromise the development and delivery of an effective integrated patient healthcare management strategy.		35	Physical healthcare strategy Ensuring that the Charity has the right resources and structure to deliver integrated physical and mental healthcare	High (£50m-£100m)	Possible (4-10% probability)		28		Not Acceptable	05/06/2021	Sanjith Kamath	Physical Healthcare Team Structure and Resource	Director of Physical Healthcare and Head of Physical healthcare recruited and in post. PHC Team fully funded and providing in hours and some out of hours physical healthcare provision	James Severs	30/06/2021	7. Quality	
					Physical Healthcare Data									Further work ongoing in terms of providing data to Clinical Directors and RCs regarding physical health outcomes and measurements to support decision-making and also assurance processes.	James Severs	30/06/2021			
					Access to Primary Care									Patients have access to GP services on all sites and steps are being taken to explore long term sustainable solutions to ensure a focus on preventative physical healthcare is improved.	James Severs	30/06/2021			
					Physical Healthcare Training Education									Training programme to improve the escalation of deteriorating patients is being rolled out from March 2021.	James Severs	30/06/2021			
R1271	COVID-19 Infection & Pandemic	The risks associated with COVID-19 outbreak could impact the Charity's financial position, workforce stability, procurement of resources, patient and staff safety causing widespread service disruptions (impacting patient care) potentially leading to litigation, financial and reputational damage.		35	Working Arrangements Adaptions Identification of Facilities Clinical & Professional Advisory Committee (CPAC) Insurance Cover Programme Charity-wide Communications Incident Management Process External Guidance for Coronavirus (COVID-19) Charity-wide Daily Staffing Reviews Personal Protective Equipment (PPE) Policy & Procedures Pandemic Preparedness Plan Infection Control Procedures	Medium (£15m-£50m)	Likely (10-50% probability)		23		Not Acceptable	05/04/2021	Alastair Clegg	CPAC Guidance and Oversight	2x weekly reviews by the Clinical and Professional Advisory Committee (CPAC), forms part of the Charity emergency planning for COVID-19. The CPAC will provide advice to clinical teams regarding ethical, clinical and complex decisions regarding patients are services in the face of challenges presents to StAH by the pandemic. It will report directly to the CEC.	Sanjith Kamath	31/04/2021	1. Strategic Risks 2. Health & Safety of patients, staff and public 3. Loss of key functions / operational disruption 9. Human factors risks	
					Periodically Review Strategic Targets									Periodically review strategic targets which are delayed due to tactical focus on risks associated with COVID-19 pandemic. Contractual targets reviewed and mitigations agreed with commissioners in the short term. Planning for medium term contractual changes underway to reflect ongoing requirements arising from COVID 19.	Jess Lievesley	31/03/2021			
					Revise Pandemic Preparedness Plan									Review and revise Pandemic Preparedness Plan to ensure it reflects actual practices.	Alastair Clegg	31/03/2021			

Risk														Actions					
Risk No	Risk Title	Description	Inherent Rating	Inherent Score	Risk Mitigation	Residual Impact	Residual Likelihood	Residual Rating	Residual Score	Residual Score Movement Direction	Is the Risk Acceptable?	Next Review Date	Risk Owner	Risk Owner	Risk Owner	Risk Owner	Materiality Ref/ Test Criteria		
R1011	Unwarranted Clinical and Practice Variation	Inconsistencies in the application, oversight and recording of clinical practice could undermine the quality and effectiveness of patient care.		35	Effective Clinical Governance Having committees that have oversight of clinical activities and their safety and effectiveness as well as an embedded clinical governance framework that provides ward to Board reporting	High (£50m-£100m)	Likely (10-50% probability)		31		Not Acceptable	05/06/2021	Sanjith Kamath	Clinical Governance Framework	The Charity has a clinical governance framework and associated manual. Clinical governance meetings are held monthly at ward, divisional and CEC level with clear reporting and escalation lines and lines of assurance.	Sanjith Kamath	30/06/2021	7. Quality	
					Consistency of workforce									The Charity has a recruitment and retention strategy which is susceptible to market related pressures in terms of supply and demand of skilled clinicians.	Alastair Clegg	30/06/2021			
					Clinical Audit and benchmarking programme									The Charity has a clinical audit programme that is clinically led and compares Charity wide practice with national guidelines. There is also an ongoing accreditation programme with external peers organisations such as the RCPsych QNFMHS standards, Headway standards etc.	Ash Roychowdhury	30/06/2021			
					Reduction of Restrictive practices. Charity-wide review of 'Least Restrictive Practices' and sharing of learnings and best practices.									There is a well established Restrictive Practices Monitoring Group and a programme of reducing unnecessary restrictions leading to reductions in the use of seclusion and prone restraint	Ash Roychowdhury	30/06/2021			
					Reduction of Restrictive practices Ensuring that there is a comprehensive programme of reducing unnecessary restrictive practices.														
R302	Reputation Management	The risk of significant short or long-term damage to StAH credibility and brand due to media reports, adverse events, false rumours and / or the materialisation of high profile risks.		35	Clinical & Commercial Strategy East Midlands Mental Health Alliance External Media Expert Appointment Director Relationship Programme Proactive Stakeholder Engagement	Medium (£15m-£50m)	Likely (10-50% probability)		27		Not Acceptable	08/06/2021	Jess Lievesley	Stakeholder Reputational Analysis & Reputational Improvement Plans	Independent reputation assessment with broad range of stakeholders leading to actionable insights of how we can change perceptions. This will also inform an integrated campaign of promotion and marketing that will run for an extended period (circa 18 months) with distinct phases and messaging around how the Charity is changing. A re-measure of the stakeholder perceptions will occur at the end of this campaign with the intention of significantly improved result.	Eddie Short	31/05/2021	8. Reputational impact	
					Partnership Oversight									Working directly with partners in the oversight and delivery of StAH services with positive progress noticed by stakeholders, NHSE, CQC. Ongoing system relationships with Midlands Partnership and NHSE as well as expanding community based service provision.	Jess Lievesley	01/06/2021			

Risk														Actions						Materiality Ref/ Test Criteria
Risk No	Risk Title	Description	Inherent Rating	Inherent Score	Risk Mitigation	Residual Impact	Residual Likelihood	Residual Rating	Residual Score	Residual Score Movement Direction	Is the Risk Acceptable?	Next Review Date	Risk Owner	Risk Owner	Risk Owner	Risk Owner				
R264	Restrictive Patient Interventions	Organisational and procedural factors could potentially inhibit patients achieving their lowest level of restriction.		35	<p>People and Culture</p> <p>1. The Charity has implemented new online e-learning modules for seclusion, long-term segregation and restrictive practices to increase knowledge and compliance for all clinical areas. There is also face to face training in induction on Least Restrictive Practice, Positive behaviour Support, and Clinical Risk management, all of which are highly relevant knowledge and skills to enable LRP to enacted.</p> <p>2. The BENNS patient forum and the LRP advisory group are patient led structures that are central to a culture of co-production and understanding the patient experience of restrictions.</p> <p>Systems and Processes</p> <p>1. The REDUCE programme, reducing violence and restrictive practices supports drive to implement least restrictive practices and interventions for every patient which includes recommendations from the Zero Tolerance Working Group and Continuous Quality Improvement (CQI) approaches. It has annual updates and reports to the GCG.</p> <p>2. The Clinical Governance Framework- review of blanket restrictions and rates of use of RI's is a standard agenda item Ward to Board. The Restrictive Practice Monitoring Group and the Clinical Governance Oversight Group are 2 key governance structures that monitor rates of restrictive practices in divisions, develops standards, reviews the external evidence base for best practice and ensures all our policies and procedures reflect the evidence base e.g. that our LRP policy, or Positive and Safe policy is compatible with NICE and Code of Practice guidance.</p> <p>Estates and Technology</p> <p>Ensuring we have environments and equipment that are adapted to patient needs and promote use of de-escalation e.g. quiet rooms, sensory rooms, safety pods; and a programme to close non required seclusion rooms.</p> <p>Use of evidence based treatment models such as SAFEWARDS</p> <p>Information</p> <p>A continuously iterated Patient Safety Framework and IPR that allows real-time monitoring and control of rates of use of restrictive practices, down to ward and patient level.</p>	Medium (£15m-£50m)	Possible (4-10% probability)		23	→	Not Acceptable	01/06/2021	Ash Roychowdhury	The 2020/21 REDUCE programme priorities	REDUCE PROGRAMME 2020/21 PRIORITIES SUMMARY PEOPLE: developing and rolling out bespoke F2F training on PBS, CRM and LRP; embedding the new LRP advisory group; SYSTEMS: new guidance on patient and staff debrief; revising the police and prosecution policy; RPMG overseeing self assessment against regional collaborative standards; TECHNOLOGY AND ESTATES: SAFEWARDS implementation in many wards and other CQI supported initiatives; continued focus on seclusion room closure once main ward moves have occurred; development of an enhanced security function INFORMATION- iterations of PSF and also review of external datasets for benchmarking where applicable	Ash Roychowdhury	30/06/2021	2. Health & Safety of patients, staff and public 7. Quality		
R247	Strategic Environmental Change	A late and ineffective response to the changing expectations and requirements of key stakeholders in the healthcare economy could materially impact the Charity's Strategy and its relevance to national mental health provision emphasising provider collaborative care and new commissioning models to deliver care, including risk and gain share arrangements.		34	<p>Midlands Provider Collaboration Partnership</p> <p>Director Relationship Programme</p> <p>Strategic Market Insight</p> <p>Clinical Modelling Development</p> <p>Patient Outcomes Management</p> <p>Estates Management Strategy Plan</p>	High (£50m-£100m)	Possible (4-10% probability)		28	↓	Not Acceptable	08/06/2021	Jess Lievesley	<p>Address Fixed Costs</p> <p>Proactive Stakeholder Engagement</p> <p>Monitor & Review</p> <p>Strategy Review</p>	<p>Challenge to reduce the Charity costs against reducing occupancy and revenue generation.</p> <p>To develop on-going contact and engagement with key stakeholders including high-level contacts with NHS England, Wales and the Care Quality Commission to improve the perception of the Charity and working relationships.</p> <p>Monitor and review COVID related impacts on health and social care system may lead to changes in priorities at a local, regional and national policy level which may impact on the ability to implement the charity's strategy.</p> <p>Review of wider strategy, Board level review and refresh. Board to sign-off.</p>	<p>Alex Owen</p> <p>Jess Lievesley</p> <p>Jess Lievesley</p> <p>Jess Lievesley</p>	<p>31/03/2021</p> <p>30/06/2021</p> <p>15/07/2021</p> <p>30/07/2021</p>	1. Strategic Risks		

Risk													Actions					Materiality Ref/ Test Criteria
Risk No	Risk Title	Description	Inherent Rating	Inherent Score	Risk Mitigation	Residual Impact	Residual Likelihood	Residual Rating	Residual Score	Residual Score Movement Direction	Is the Risk Acceptable?	Next Review Date	Risk Owner	Risk Owner	Risk Owner	Risk Owner		
R1446	Violence and Aggression	Failure to prevent and control the risk of violence and aggression towards staff increases the risk of serious harm or fatality, which could result in prosecution or enforcement by the Health and Safety Executive resulting in unlimited fines if found guilty and up to two years imprisonment for any member of staff found guilty of a breach of the law (a crime), the ability to provide adequate care to our service users, significant financial loss in personal injury claims and associated court costs. The reputation of the Charity and its standing with Commissioners, Patients and their families.		34	Health & Safety Strategy three year from 2021 Health and Safety Policy's and Procedures Physical Risk Assessments Clinical Risk Assessments De escalation and restraint procedures i.e. MAPA training provision and implementation Investigation Policy & Procedure in draft. Rigorous Response matrix and alarm system Include 'Violence at Work' and adoption of, and compliance with the NHS 2020 Incident debriefs (hot and cold) Thematic Review reports and recommendations Violence Task & Finish Group Safe staffing numbers ans skills set in place on wards	High (£50m-£100m)	Possible (4-10% probability)		28	→	Not Acceptable	08/06/2021	John Clarke	H&S Three Year Strategy	CEC & Board to approve strategy . Review of all ward H&S risk assessments on new RA template. Violence at work policy approved by CEC.	Terence Considine	31/03/2021	2. Health & Safety of patients, staff and public
R528	Health and Safety Management	Failure to comply in our duties under the Health & Safety at Work Act (1974) and other regulations could compromise patient and staff safety, potentially leading to fines and sentencing of individual prosecution and litigation.		34	Health and Safety at Work Group H&S Strategy from April 2021. Annual H&S Plans. Health and Safety Steering Group (HSSG), chaired by the Chief Information Officer which meets monthly with representation from key senior clinical and non clinical managers, recognised representative body representatives and non unionised representatives. Sub-groups report to the HSSG, i.e. Fire Safety, Water Safety, RIDDOR and statutory compliance. H&S Policies and Procedures in place that provide guidance for compliance. Business Partners from H&S Department supporting Divisions and enabling Functions. Developing the Systems and culture to support 'just culture' by investigating accidents and incidents to prevent reoccurrence and reduce likelihood of enforcement and civil liability. H&S competencies framework developed to provide guidance to all business areas on the legislative requirements in terms of competence. Developing a H&S Assurance programme on the 4LoD principles. From April 2021 - Ser leading and lagging KPIs for all business areas.	High (£50m-£100m)	Possible (4-10% probability)		28	↓	Not Acceptable	08/06/2021	John Clarke	Interim Strategy & Planned Actions	Develop a interim H&S strategy and plan up until Feb 2021. completed. Three year H&S strategy 2021 - 24 developed. Year one (2021/22) plan developed. SMART H&S objectives included in Charity strategy and plan and included in all Executive Directorates and through the Charity to staff members. The Health and Safety Steering Group with new ToR. Attendance by all elements of the Charity including operations and trade unions. New Policies and procedures developed. H&S Accident and Incident Policy and Procedures developed including investigation of staff and visitor accidents and incidents. Fire Safety Policy and Response procedures developed and tested. New response protocols in collaboration with Emergency Services in Northampton in place. H&S Business Partnership model in place.	Terence Considine	31/03/2021	2. Health & Safety of patients, staff and public
R263	Regulatory and Compliance Risk	Failure to comply with existing or changing regulatory requirements and achieve positive ratings for standards/ inspections could lead to reputational damage, adverse media comment, negative perceptions amongst patients, relatives and friends and financial and business impacts.		34	Regulatory Compliance Register Safety Framework Charity Policy Procedure Key External Stakeholders Risk Assessment and Compliance Procedures Clinical Governance Framework Governance Structure Audit Assurance	High (£50m-£100m)	Possible (4-10% probability)		28	→	Not Acceptable	30/04/2021	Duncan Long	Governance & Assurance Map	Confirm and communicate the Governance & Assurance Map for Charity-wide groups and committees agreeing the TORs and action plans for the governance structure to provide effectiveness and escalation and dissemination. Communicate throughout the governance model vertically and horizontally.	Duncan Long	31/03/2021	6. Legal/ Compliance
													External Reviews and Actions	Engage with external government regulatory/compliance reviews and implement improvement actions following reviews.	Duncan Long	31/12/2021		
													Review Safety Framework	Review Safety Framework to map it for key aspects of regulatory/compliance mitigated by the Framework and what assurance it demonstrates.	Duncan Long	30/04/2021		
													Develop Engagement Matrix	Develop a proactive engagement matrix to be populated with key contacts and scheduled meetings.	Duncan Long	31/03/2021		

Risk														Actions					
Risk No	Risk Title	Description	Inherent Rating	Inherent Score	Risk Mitigation	Residual Impact	Residual Likelihood	Residual Rating	Residual Score	Residual Score Movement Direction	Is the Risk Acceptable?	Next Review Date	Risk Owner	Risk Owner	Risk Owner	Risk Owner	Materiality Ref/ Test Criteria		
R245	Cyber Risk and Resilience	Weaknesses in cyber security strategy and arrangements could render STAH information systems and applications vulnerable to external or internal attack, increasing the risk of major systems disruption, data loss and 'ransom-ware' attack.		33	Windows 10 / Office 365 External Testing and Auditing Vulnerabilities Management Group Testing of Cyber Protections Controls Perimeter Security (Physical) Third Party Cyber Recovery Contract Controlled Data Backups Information Governance Communications	High (£50m-£100m)	Highly Likely (>50% probability)		33	→	Not Acceptable	04/06/2021	John Clarke	Network Improvement Plan	Development and delivery of the Network Improvement Plan.	Adam Griffin	01/04/2021	10. Information Technology (IT) risks 11. Information Systems (IT) risks	
R1259	Variable Standards of Ward Cleanliness	Variation in cleanliness standards between wards could develop in the absence of a consistent Charity standard against which to apply quality checks		33	Introduction of Auditor software Revised audit software rolled out at Northampton utilising tablet devices with 95% pass mark as target. Frequency increased as required for wards in isolation due to COVID 19 pandemic IPC Oversight IPC Monitoring Group for audit output established and specific IPC Training developed to Audit Team Leaders. E&F represented on IPC Assurance framework IPC Reporting & Oversight IPC Lead to obtain access to the Auditor System, to have clear oversight of Cleaning Audits. House Keeping Restructure E&F adopted management and oversight of ward cleaning teams that sat within the former IPUs. Subject to final approval at CEC, ward cleaning teams to fall under direct E&F management from Q1 FY21/22 thereby supporting consistent standards.	Medium (£15m-£50m)	Unlikely (1-3% probability)		19	→	Not Acceptable	05/06/2021	Alex Trigg	Waste Management Review	Review of organisation and standards of waste disposal across the Charity. Action plan to improve management and standards. Phase 1 of waste compound project has been completed, a review of the project is to be completed and next steps for further compounds to be installed is in progress,. 11.11.2020 - To be review by new Head of Soft FM who is due to commence post on the 14/12/2020. 04.02.21 - Being reviewed as part of the 21/22 Project Budget process.	Victoria Akinwumi	26/03/2021	7. Quality	
													Training Provision & Supervision Improvements	Implement training provision for improved understanding of regulated cleaning standards and develop positive cultural behaviours. Review effectiveness of supervision checks.. 05/10/2020 Apprenticeship training for level 2 cleaning has commenced and progress of standards following this will be reviewed.	Victoria Akinwumi	26/03/2021			
R249	Dated and Inefficient Estate	Dated estate and facilities, e.g. Main Building, may not be acceptable to commissioners, and cannot be modernised or improved, presenting constraints to the delivery of innovative healthcare and risks of reduced patient referrals. Phase 1 of Capacity creation is completed, Sinclair, Thornton and Hereward wake remain in situ, planned to relocate April/May 2021. Broader Estates Strategy is to be presented to December Board.		33	Facilities Maintenance and Repair Procedures On-going focus on addressing historic maintenance backlogs, i.e. accelerated update and replacement of key assets, inspections and checks to maintain standards and ensure statutory compliance. Phase 1 of Capacity creation is completed, Sinclair, Thornton and Hereward wake remain in situ, planned to relocate April/May 2021. Broader Estates Strategy is to be presented to Board Q1 FY21/22	Medium (£15m-£50m)	Possible (4-10% probability)		23	→	Not Acceptable	08/05/2021	Alex Trigg	Closing of Main Building Wards	Removal of patient accommodation from the Main Building. Three wards relocated to Lowther in August 2020. Hereward Wake, Thornton and Sinclair Reflected in phase 2 of Capacity Creation.	Alex Trigg	01/09/2021	12. Tangible assets risks	
													Action Maintenance Backlog	Review delivery of actions to address historic maintenance and compliance backlog across the estate. All of the backlog maintenance figures will be included in the estates strategy document Q1 FY22/22.	Charles Hiscock	01/09/2021			
													Formulate Estates & Facilities Strategy	Formulate Estates strategy which will be driven by the approved Clinical and Commercial Strategies. Board presentation Q1 FY21/22.	Alex Trigg	01/09/2021			

Risk														Actions					
Risk No	Risk Title	Description	Inherent Rating	Inherent Score	Risk Mitigation	Residual Impact	Residual Likelihood	Residual Rating	Residual Score	Residual Score Movement Direction	Is the Risk Acceptable?	Next Review Date	Risk Owner	Risk Owner	Risk Owner	Risk Owner	Materiality Ref/ Test Criteria		
R300	Achieving Positive Cultural Change	Development of a positive, challenging organisational culture could be compromised by poor engagement, understanding and support for the Strategy and the organisational change agenda.		33	REDUCE Programme	Medium (£15m-£50m)	Likely (10-50% probability)		27		Not Acceptable	01/04/2021	Katie Fisher	Your Voice Survey engagement score	Engagement score in 2020 survey significantly reduced, listening events and focus groups underway to address reduced engagement score.	Tom Bingham	30/04/2021	9. Human factors risks	
					Differentiated approaches									Developing differentiated approaches to tackle specific cultural change challenges within the Divisions. Further work still required.	Alastair Clegg	30/06/2021			
					Address MDT 'Silo' Working Risks.									To improve integration of Multi-Disciplinary Teams (MDT) into clinical teams to address risks of 'silo' working. Evidence of improvement in some teams but more work still needed.	Sanjith Kamath	30/06/2021			
					Effective Communications									Effective processes to communicate the 'Value Based Healthcare' strategy and deliverables to clinical and healthcare teams. Raising awareness and understanding of CARE values focus, co-production of care and clinically led structure.	Tom Bingham	On going			
					Organisational Design														
R258	Recruiting Required Capabilities	The Charity is unable to recruit sufficient numbers and quality of clinical, management and strategy skillsets and expertise to deliver operational excellence and develop and implement the strategy		31	People Strategy - Delivering the workforce of today and tomorrow Recruitment Strategy - Corporate HR recruitment strategy and build a reputation for being THE place to grow your chosen career in Mental Health & Developmental Disorders Reward Strategy Continuous monitoring of pay rates for equivalent roles and grades to ensure reward remains compatible or in advance of rates from competitor organisations for sought after staff skillsets and experience. Learning and Development Strategy Learning and Development Strategy encompassing a comprehensive programme aimed at developing the qualifications, skillsets and capabilities of staff. Includes the following programmes, i.e. Aspire, MBA, MSc (with University of Northampton), apprenticeships, developing Operational Lead skillsets. Recruitment Strategy Corporate HR recruitment strategy focusses on the recruitment of experienced, qualified nursing staff, together with Charity-wide Engagement and Brand Awareness frameworks. Includes participation in Charity level recruitment fairs and other initiatives. Also includes addressing continuing on-going demand across most skillset area and containment of agency and bank costs. Staff Retention Strategy Internal succession planning and skills development processes to improve leadership capacity, employee motivation and retention of high performers, e.g. ASPIRE programme, leadership training (EVOLVE), registration as an Apprenticeship provider. Reward Strategy	Medium (£15m-£50m)	Likely (10-50% probability)		27		Acceptable	31/03/2021	Martin Kersey	Deliver Recruitment Strategy	Medics Approved by the Royal College of Psychiatry to recruit through the Medical Training Initiative Scheme which has always been reserved for NHS Trusts. This allows us to bring in International Psychiatry Graduates to the Charity. Recruitment of Clinical Teaching Fellows. Campaigns in British Medical Journal to recruit Consultant & Non-Consultant Doctors. Nurses Advertising Campaigns in RCN Bulletin & Nursing Times, Refer-A-Friend scheme, Social Media Campaign and adverts on Job Boards. Nursing Recruitment Fairs are suspended due to COVID although we are planning to continue post COVID, participating in Virtual Career fairs. Best of Both Worlds working with NHFT, NHG, KGH and Univ of Northampton to promote cross system careers in Healthcare. Employee Value Proposition ASPIRE, In House specialist recruitment team. One of the Midlands largest Appreniceships providers, strong L&D offering inc post grad MSc, PhD and MBA's .. Interview and Selection Training for hiring managers/Professionals. Competency based assessment centres, many of which are lead by patients.	Martin Kersey	31/03/2021	9. Human factors risks	
R1329	Insufficient EPRR Plans in Place	Failure to have sufficient emergency preparedness, resilience and response plans (EPRR) in place could lead to failures in the operation of the Charity to provide patient care services effectively potentially leading to breach of contractual agreements and financial implications.		31	Incident Management Process Incident Command and control procedures for the anticipation and response to unplanned disruptive events and situations, (BCEP02). Incident Command process established with patient evacuation identified as an Incident Command event.	High (£50m-£100m)	Possible (4-10% probability)		28		Acceptable	01/04/2021	Alastair Clegg	Embed BCM System	Develop and implement a Business Continuity Management System and effectively embed into the Charity. This will be directly in line with ISO 22301:2019 and ensure it includes any additional NHSE standards. 1st draft to be completed by January 2021 to present to EPRR Committee and a gap analysis will be conducted to identify any existing gaps in current processes and/or where improvements are required.	Alastair Clegg	31/03/2021	3. Loss of key functions / operational disruption	
R1006	Data Quality and Completeness	Arrangements to manage the quality of data inputs are not sufficient to ensure that data is credible, of high quality, accurate and can be understood properly.		31	BI Tool The BI Portal is a central hub for all BI reporting, providing self service real time analytics Integrated Performance Reporting Self service visibility for STAH on all KPIs in real time. DQ issues are transparent and users have the ability to fix in source systems	Medium (£15m-£50m)	Likely (10-50% probability)		27		Not Acceptable	04/06/2021	John Clarke	Develop Charity Data Asset Ownership	Develop clarity with Nursing and Operations Directorate on Charity data asset ownership. Due to Covid activities and lack of resource this project has been delayed. The Data Governance Policy has been signed off by the IGG ,and we will aim to implement in the first half of 2021/22.	Murtz Daud	30/09/2021	9. Human factors risks 11. Information Systems (IT) risks	

Risk														Actions					
Risk No	Risk Title	Description	Inherent Rating	Inherent Score	Risk Mitigation	Residual Impact	Residual Likelihood	Residual Rating	Residual Score	Residual Score Movement Direction	Is the Risk Acceptable?	Next Review Date	Risk Owner	Risk Owner	Risk Owner	Risk Owner	Materiality Ref/ Test Criteria		
R259	Retention of Key Skills	Unable to retain key persons and core skillsets, raising the risk of disruption to the Charity's strategy delivery and operational performance.		31	Pay and Benefits 'Speak-up' Policy Top 50 Succession Plan Staff Retention Strategy	Medium (£15m-£50m)	Likely (10-50% probability)		27	➡	Not Acceptable	31/03/2021	Martin Kersey	Deliver HR Strategy	Includes People Strategy; CARE values in action, changing culture through our leadership, development of staff, leadership capability, employee wellbeing, reward, succession planning and value based recruitment. Drive staff engagement through 'Your Voice' Survey and action plan, leadership and listening events and celebrations of success. Refresh and develop KPIs dashboards and systems approaches. Drive engagement Patient, Carer and Staff Committee. Advocate Freedom to speak up Guardians, employee forum and executive visibility in the Division.	Martin Kersey	31/03/2021	9. Human factors risk	
R241	Pension Scheme Deficit - impact of triennial pension scheme revaluation (next valuation 31/03/2022)	Increasing long-term Defined Benefit pension scheme deficit, could place demands on the Charity for increased funding, e.g. lump sum payments and higher on-going contributions.		27	Pension Scheme De-risking Strategy Agreed Pension Scheme Contributions Leverage Physical Charity Assets	Very Low (£1m-£5m)	Unlikely (1-3% probability)		9	➡	Acceptable	01/03/2022	Alex Owen					4. Financial exposure / loss	
R1008	Development of Community Services	The Charity does not have the internal capabilities and capacity to successfully deliver the proposed Community based service user and patient services.		27	Progress significantly hampered by Covid and availability of housing associations investment and partnership working. This emphasis beginning to re-ignite as partners become more engaged. Management Structure Appointment of Programme Director role to lead the 'out of hospital' community care programme.	Medium (£15m-£50m)	Possible (4-10% probability)		23	⬇	Not Acceptable	08/06/2021	Jess Lievesley	Consultation with Commissioners	Consultation with Commissioners on requirements for bespoke service developments. Engagement with housing association partners recommended with a view to establish new services.	Sally MacIntyre	01/06/2021	1. Strategic Risks	
													Jess Lievesley	Utilise Available Northampton Estate	Utilise available Northampton estate capacity to develop community infrastructure and capacity to support decant of patients from the Main Building, i.e. Berkley Close, The Avenue etc.	Sally MacIntyre	30/09/2021		
R260	Delivery of the Change Programme	There is a risk that a lack of capability and flexible frameworks for the delivery of change and transformation could inhibit the Charity in adapting to address changes in strategic and operational markets, potentially leading to lost opportunities.		27	Clinically Led Decision Making Small Change Process Change Management Processes Change Toolkit Addition of new business agility change framework (FLOW)	Medium (£15m-£50m)	Possible (4-10% probability)		23	➡	Not Acceptable	08/06/2021	Jess Lievesley	Continuous Improvement	Preparation and launch of the Continuous Improvement Programme based on the 'PDSA' model. CQI delayed roll out due to CV19 – planned program to increase awareness through September and strong engagement within the divisions in place. Both with using internal resource and external support through NHSE. Next phase will involve partnership working with NHFT to provide an accredited level of QI within the Charity.	Michaela Roberts	31/12/2021	5. Project Failure	
R1009	Declining Revenue and High Costs	The failure to control direct costs and the potential for declining revenues as a result of declining occupancy could materially challenge the financial viability of the Charity.		27	New Operational Structure Daily Establishment Reviews Financial Reporting Budgeting Procedure Finance Committee oversight	Medium (£15m-£50m)	Possible (4-10% probability)		23	➡	Not Acceptable	31/03/2021	Alex Owen	Active Management Ward Occupancy	Review of ward financial efficiency involving the increase or decrease of beds to achieve optimum financial benefit. Hurst staffing modelling and an e-rostering system review will be undertaken to support divisions to ensure appropriate staffing is on the wards at any one time and that staffing overspends are controlled.	Alastair Clegg/ Andy Brogan	31/03/2021	4. Financial exposure / loss	
													Alex Owen	Enabling Function costs	Identification of cost reduction opportunities to manage central costs in line with Strategy and patient bed numbers. Achievement of the target savings will be scrutinised by the Finance Committee and ARC	Alex Owen	31/03/2021		

ANNEX B - Inherent score, Residual score over time and Target score.

Risk no	Description	Inherent Risk	Apr-20 Residual	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Target Score	Review Frequency	Next Review Date	Responsible Executive	Oversight Committee
R244	Integrated Patient Healthcare Management Insufficient depth and range of skills, capabilities, organisational frameworks and stakeholder support compromise the development and delivery of an effective integrated patient healthcare management strategy.	35	28	–	–	–	28	–	–	28	–	–	28	–	n/a	Quarterly	05/06/2021	EMD	QSC
R1271	COVID-19 Infection & Pandemic The risks associated with COVID-19 outbreak could impact the Charity's financial position, workforce stability, procurement of resources, patient and staff safety causing widespread service disruptions (impacting patient care) potentially leading to litigation. financial and reputational damage.	35	28	28	28	23	23	23	23	23	27	27	27	23	n/a	Monthly	05/04/2021	COO	QSC
R1011	Unwarranted Clinical and Practice Variation Inconsistencies in the application, oversight and recording of clinical practice could undermine the quality and effectiveness of patient care.	35	35	–	–	–	31	–	–	31	–	–	31	–	n/a	Quarterly	05/06/2021	EMD	QSC
R302	Reputation Management The risk of significant short or long-term damage to StAH credibility and brand due to media reports, adverse events, false rumours and / or the materialisation of high profile risks.	35	33	–	–	–	31	–	–	31	–	–	–	27	n/a	Quarterly	08/06/2021	DCEO	PeopleCom
R264	Restrictive Practices Interventions Organisational and procedural factors could potentially inhibit patients achieving their lowest level of restriction.	35	27	–	–	–	–	27	23	–	23	–	–	23	n/a	Quarterly	01/06/2021	DEMD	QSC
R247	Strategic Environmental Change A late and ineffective response to the changing expectations and requirements of key stakeholders in the healthcare economy could materially impact the Charity's Strategy and its relevance to national mental health provision emphasising provider collaborative care and new commissioning models to deliver care, including risk and gain share arrangements.	34	–	–	33	–	33	–	–	33	–	–	–	28	n/a	Quarterly	08/06/2021	DCEO	SPOG
R1446	Violence & Aggression (new risk Dec20) Failure to prevent and control the risk of violence and aggression towards staff increases the risk of serious harm or fatality, which could result in prosecution or enforcement by the Health and Safety Executive resulting in unlimited fines if found guilty and up to two years imprisonment for any member of staff found guilty of a breach of the law (a crime), the ability to provide adequate care to our service users, significant financial loss in personal injury claims and associated court costs. The reputation of the Charity and its standing with Commissioners, Patients and their families.	34	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	28	–	–	28	n/a	Quarterly	08/06/2021	CIO	PeopleCom
R528	Health & Safety Management Failure to prevent and control the risk of violence and aggression towards staff increases the risk of serious harm or fatality, which could result in prosecution or enforcement by the Health and Safety Executive resulting in unlimited fines if found guilty and up to two years imprisonment for any member of staff found guilty of a breach of the law (a crime), the ability to provide adequate care to our service users, significant financial loss in personal injury claims and associated court costs. The reputation of the Charity and its standing with Commissioners, Patients and their families.	34	31	–	–	–	31	–	–	31	–	–	–	28	n/a	Quarterly	08/06/2021	CIO	PeopleCom
R263	Regulatory & Compliance Risk Failure to comply with existing or changing regulatory requirements and achieve positive ratings for standards/ inspections could lead to reputational damage, adverse media comment, negative perceptions amongst patients, relatives and friends and financial and business impacts.	34	–	28	–	–	–	28	–	–	–	–	28	–	n/a	Quarterly	30/04/2021	Company Secretary	To be confirmed
R245	Cyber Risk & Resilience Weaknesses in cyber security strategy and arrangements could render StAH information systems and applications vulnerable to external or internal attack, increasing the risk of major systems disruption, data loss and 'ransom-ware' attack.	33	33	–	–	–	33	–	–	33	–	–	–	33	n/a	Quarterly	04/06/2021	CIO	To be confirmed
R1259	Variable Standards of Ward Cleanliness Variation in cleanliness standards between wards could develop in the absence of a consistent Charity standard against which to apply quality checks	33	23	–	–	–	–	19	–	19	–	–	–	19	n/a	Quarterly	05/06/2021	Director of Estates	QSC
R249	Dated & Inefficient Estate Dated estate and facilities, e.g. Main Building, may not be acceptable to commissioners, and cannot be modernised or improved, presenting constraints to the delivery of innovative healthcare and risks of reduced patient referrals. Phase 1 of Capacity creation is completed, Sinclair, Thornton and Hereward wake remain in situ, planned to relocate April/May 2021. Broader Estates Strategy is to be presented to December Board.	33	23	–	–	–	–	23	–	–	23	–	23	–	n/a	Quarterly	08/05/2021	Director of Estates	To be confirmed
R300	Achieving Positive Cultural Change Development of a positive, challenging organisational culture could be compromised by poor engagement, understanding and support for the Strategy and the organisational change agenda.	33	23	–	–	–	–	23	–	–	23	–	27	–	n/a	Quarterly	01/04/2021	CEO	PeopleCom
R258	Recruiting Required Capabilities The Charity is unable to recruit sufficient numbers and quality of clinical, management and strategy skillsets and expertise to deliver operational excellence and develop and implement the strategy.	31	27	–	–	–	–	27	–	–	–	27	–	–	n/a	Quarterly	31/03/2021	Director of HR	PeopleCom
R1329	Insufficient EPRR Plans in Place Failure to have sufficient emergency preparedness, resilience and response plans (EPRR) in place could lead to failures in the operation of the Charity to provide patient care services effectively potentially leading to breach of contractual agreements and financial implications.	31	n/a	n/a	n/a	n/a	28	–	–	28	–	28	–	–	n/a	Quarterly	01/04/2021	COO	To be confirmed
R1006	Data Quality and Completeness Arrangements to manage the quality of data inputs are not sufficient to ensure that data is credible, of high quality, accurate and can be understood properly.	31	27	–	–	–	27	–	–	–	27	–	–	27	n/a	Quarterly	04/06/2021	CIO	To be confirmed

Risk no	Description	Inherent Risk	Apr-20 Residual	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Target Score	Review Frequency	Next Review Date	Responsible Executive	Oversight Committee
R259	<u>Retention of Key Skills</u> Unable to retain key persons and core skillsets, raising the risk of disruption to the Charity's strategy delivery and operational performance.	31	27	-	-	-	-	27	-	-	-	27	-	-	n/a	Quarterly	31/03/2021	Director of HR	PeopleCom
R241	<u>Pension Scheme Deficit</u> Increasing long-term Defined Benefit pension scheme deficit, could place demands on the Charity for increased funding, e.g. lump sum payments and higher on-going contributions.	27	-	-	9	-	-	9	-	-	-	9	-	-	n/a	Annually	01/03/2022	CFO	To be confirmed
R1008	<u>Development of Community Services</u> The Charity does not have the internal capabilities and capacity to successfully deliver the proposed Community based service user and patient services.	27	27	-	-	-	27	-	-	27	-	-	-	23	n/a	Quarterly	08/06/2021	DCEO	SPOG
R260	<u>Delivery of the Change Programme</u> There is a risk that a lack of capability and flexible frameworks for the delivery of change and transformation could inhibit the Charity in adapting to address changes in strategic and operational markets, potentially leading to lost opportunities.	27	23	-	-	-	23	-	-	23	-	-	-	23	n/a	Quarterly	08/06/2021	DCEO	SPOG
R1009	<u>Declining Revenue & High Costs</u> The failure to control direct costs and the potential for declining revenues as a result of declining occupancy could materially challenge the financial viability of the Charity.	27	-	-	23	-	-	-	23	-	-	23	-	-	n/a	Quarterly	31/03/2021	CFO	FinCom

PUBLIC

Sub Committee Updates

People Committee

Tansi Harper

Quality and Safety Committee

Professor David Sallah (Verbal)

Pension Trustees

Martin Kersey

PUBLIC

Paper for Board of Directors

Topic	People Committee Update
Date of meeting	Thursday, 25 March 2021
Agenda item	15
Author	Lara Conway
Responsible Executive	Martin Kersey
Discussed at previous Board meeting	January 2021
Patient and carer involvement	Carer representatives in attendance at the Committee. BENNS and Carers group updates provided.
Staff involvement	Employee Forum representative in attendance.
Report purpose	<div>Review and comment <input type="checkbox"/></div> <div>Information <input checked="" type="checkbox"/></div> <div>Decision or Approval <input type="checkbox"/></div>
Key Lines Of Enquiry:	S <input type="checkbox"/> E <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> W <input checked="" type="checkbox"/>
Strategic Focus Area	<div>Quality <input type="checkbox"/></div> <div>People <input checked="" type="checkbox"/></div> <div>Delivering Value <input type="checkbox"/></div> <div>New Partnerships <input type="checkbox"/></div> <div>Buildings and Information <input type="checkbox"/></div> <div>Innovation and Research <input type="checkbox"/></div>
Committee meetings where this item has been considered	People Committee

Report summary and key points to note

This report provides the Board of Directors with an update from the People Committee in February, which focused on carer engagement. This covered the development of the carer's strategy during 2021, further communicating support for employees that are carers and observations were given from two Carer Governors in attendance. The People KPIs were reviewed and are discussed at each Committee meeting.

Appendices

None.

Committee Update Report to the Board of Directors

Name of Committee:

People Committee

Date of Meeting:

11 February 2021

Chair of Meeting:

Tansi Harper

Significant Risks/Issues for Escalation:

- The absence and turnover KPIs for the Charity remain above the current tolerance level at 14.7% turnover and 9% absence in January 2021. These figures have declined slightly in February and a number of actions are in place to support retention and individuals returning to work.
- The Carer governors provided observations about the importance of communication and offering increased activities for patients at weekends.

Key issues/matters discussed:

The February Committee focused on carer engagement covering:

- People KPIs including turnover, absence, nurse fill rate, agency spend and mandatory training
- Carers Strategy development during 2021
- Support available for employees who are carers
- Carer Governor observations and ideas
- Introduction of a Carers Award
- Updates were also provided from the following reporting groups:
 - BENNs Group
 - Carers Group
 - Employee Forum
 - Learning & Development Group
 - Inclusion Steering Committee

Decisions made by the Committee:

- To further promote employee access to Carers UK resources

Implications for the Charity Risk Register or Board Assurance Framework:

- Turnover impact on the ability to retain key skills

Issues/Items for referral to other Committees:

- None

Issues Escalated to the Board of Directors for Decision:

- None

Quality and Safety Committee

(Professor David Sallah - Verbal)

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Committee Update Report to the Board of Directors

Name of Committee:

Meeting of Directors of St Andrew's Pension Trustees Limited

Date of Meeting:

04 February 2021

Chair of Meeting:

Martin Gaskell

Significant Risks/Issues for Escalation:

- None

Key issues/matters discussed:

- Considered the Scheme's long-term objectives and agreed to discuss these objectives with the Charity.

Decisions made by the Committee:

- Agreed that the Investment Committee should work with BlackRock on the next stage of the Fiduciary Management appointment process before coming back to the Trustees with a formal proposal.
- Long-term funding objective - Agreed to explore the level of investment returns and risk required to achieve the Scheme's investment objectives.
- Agreed that Barnett Waddingham should commence the first stage of the Guaranteed Minimum Pension rectification/equalisation process.

Implications for the Charity Risk Register or Board Assurance Framework:

- No Change for Pension Risk on the Risk Register

Issues/Items for referral to other Committees:

- None

Issues Escalated to the Board of Directors for Decision:

- None

Questions from the Public for the Board

(Paul Burstow - Verbal)

PUBLIC

Any Other Urgent Business

(Paul Burstow - Verbal)

PUBLIC

**Date of Next
Board Meeting –
27 May 2021**
(Paul Burstow - Verbal)

PUBLIC