St Andrew's HEALTHCARE

CHARITY NO: 1104951
COMPANY NO: 5176998

BOARD OF DIRECTORS – PART ONE

MEETING IN PUBLIC

Thursday 27 January 2022 at 9.15 am

Microsoft Teams

		Info / Dec	LEAD		Page No.	Timing
1.	Welcome and Apologies	Information	Paul Burstow		3	9.15
Administration						
2.	Declarations of Interest	Information	Paul Burstow		4	09.16
3.	Minutes from the Meeting in Public Board of Directors Meeting on 25 November 2021	Decision	Paul Burstow	✓	5 – 13	09.17
4.	Action Log and Matters Arising	Information & Decision	Paul Burstow	✓	14 - 16	09.20
Chair's Update						
5.	Chair Update	Information	Paul Burstow		17	09.25
Executive Update						
6.	CEO Report	Information	Jess Lievesley	✓	18 – 23	09.30
Matters Arising / Discussion Topic						
7.	Education Update	Information	Martin Kersey (Dr P. McAllister, Dr D. Morris, Holly Taylor & Cheryl Smith)	✓	24 – 37	09.45
8.	Trauma Presentation	Information	Martin Kersey (Dr Deborah Morris)	✓	38 – 65	10.00
9.	Pension Schemes Act 2021 Update	Information	Alex Owen	✓	66 – 69	10:20
Quality						
10.	CQC Report and Action - Progress Update	Information	Andy Brogan	✓	70 – 73	10.25
Break 11.05 am to 11.15 am						
Assurance						
11.	**Committee Updates**				74 – 80	
	• Audit & Risk Committee (14.01.22)	Information & Decision	Elena Lokteva	✓		11.15
	• Quality & Safety Committee (14.12.21)	Information	David Sallah	✓		
12.	Governance Oversight Group update and decisions for the Board	Assurance & Decision	Alex Owen (Sally MacIntyre)	✓	81 – 83	11.30

	Governance					
13.	Court, Board of Directors and Committee Calendar and Board of Directors Annual Work Plan – resubmission	Decision	Duncan Long	✓	*84 – 87*	*11.40*
	Operations					
14.	Integrated Quality & Performance Report, incorporating: • Divisional Performance • Finance update • Covid response and update • Information Security Metrics	Review & Comment	John Clarke, Alex Owen & Dr Sanjith Kamath	✓	*88 – 109*	*11.45*
15.	Divisional Presentation (including patient voice): Neuropsychiatry Division	Information	Dr Sanjith Kamath *(Dr Muthu Natarajan and Patient)*	✓	*110*	*12.10*
	Any Other Business					
16.	Questions from the Public for the Board	Information	Paul Burstow		*111*	*12.35*
17.	Any Other Urgent Business (notified to the Chair prior to the meeting)	Information	Paul Burstow		*112*	*12.40*
18.	Date of Next Meeting - Thursday 24 March 2022	Information	Paul Burstow		*113*	*12.45*
	Meeting Closes at 12.45 pm					

Welcome and Apologies
(Paul Burstow – Verbal)

Declarations of Interest
(Paul Burstow – Verbal)

Draft Minutes from the Board of Directors Meeting in Public on 25 November 2021

(Paul Burstow)

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 25 November 2021 at 09.30 am	
Present:	
Paul Burstow (PB)	Chair, Non-Executive Director
Andrew Lee (AL)	Non-Executive Director
Elena Lokteva (EL)	Non-Executive Director
Stuart Richmond-Watson (SRW)	Non-Executive Director
Ruth Bagley (RB)	Non-Executive Director
Stanton Newman (SN)	Non-Executive Director
David Sallah (DS)	Non-Executive Director
Jess Lievesley (JL)	Interim Chief Executive Officer
Alex Owen (AO)	Chief Finance Officer
Andy Brogan (AB)	Chief Nurse
Sanjith Kamath (SK)	Executive Medical Director
Martin Kersey (MK)	Executive HR Director
In Attendance:	
John Clarke (JC)	Chief Information Officer
Duncan Long (DL)	Company Secretary
Ana-Maria Ilea (AI)	Acting Clinical Director
Rupert Perry (RP)	Lead Governor
Elizabeth Beber (EB) Item 15	Clinical Director
Melanie Duncan (Minutes)	Board Secretary
Apologies Received:	

Agenda Item No		Owner	Deadline
1.	**Welcome** PB (Chair) welcomed everyone to the first part of the Board of Directors (Board) meeting, which is a meeting held in public. There were no apologies received.		
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 Of The Board Of Directors Meeting, held in public, on 30 September** The minutes of the meeting held on the 30 September 2021 were **AGREED** as an accurate reflection of the discussion, subject to the following amendment. • Item 7 – CQC Winslow visit, to include the CQC rating in the comments to reflect that the rating result was Inadequate.	**DECISION**	
4.	**Action Log & Matters Arising** The Action Log was reviewed with the following outcomes agreed. 26.11.20 **01** - Board seminars – **CLOSED** 28.01.21 **06** - Community Services - **CLOSED**	**DECISION** **DECISION**	

	27.05.21 **01** - East Midlands Alliance - **CLOSED**	**DECISION**	
	27.05.21 **02** - NHS Benchmarking – to be presented to January Board		
	24.08.21 **01** - Lessons Learned, transformation update - **CLOSED** and add to QSC action log.	**DECISION**	
	24.08.21 **03** - Integrated Performance Report – **CLOSED**	**DECISION**	
	24.08.21 **04** - Staffing action plan – **CLOSED**	**DECISION**	
	24.08.21 **05** - Safer Staffing Report – Remain Open		
	24.08.21 **06** - Armed Services Covenant – Remain Open		
	30.09.21 **01** - Board Performance Report - Targets and metrics – **CLOSED**	**DECISION**	
	30.09.21 **02** - Board Performance Report - Staffing Forecasts – **CLOSED**	**DECISION**	

	CHAIR'S UPDATE		
5.	**Chair Update**		
	PB gave a verbal update, noting that this was the first Board meeting since Katie Fisher stepped down as the Charity's Chief Executive and wanted to wish her well and thank her for her service as CEO. PB also wished to note that Jess Lievesley had been appointed to the position of Interim CEO.		
	PB highlighted that the main focuses for all of us were the quality challenges, as noted within the recent CQC reports for our Men's and Women's services. PB has been impressed by the support from colleagues across the East Midlands region. He also wanted, on behalf of the Board to acknowledge and apologise for the standards of care delivered to our patients, and their family members and carers. PB noted that he was not satisfied with the content of the reports, and that they were taken very seriously, both from a Board and Charity perspective.		
	PB acknowledged that the Board plan for the coming year would be discussed further in the Agenda, and was mindful of the amount of work taken up by the Non-Executive Directors on behalf of the Charity, and wanted to thank them for their support. He also acknowledged Rupert Perry, who had joined the meeting in the role of acting Lead Governor, noting that these arrangements would be formalised at the AGM on 17 December, noting that this would strengthen the working relationship with the Court of Governors.		
	The Board **NOTED** the update.		

	EXECUTIVE UPDATE		
6.	**CEO's Report**		
	JL presented his report, which was taken as read. JL also wished to recognise and apologise for the identified failings in the CQC reports, particularly with regard to Women's Services.		
	JL highlighted changes in leadership, with SK now holding the post of Deputy CEO along with operational responsibility. There were also additional changes at senior management level. Current priorities were quality of service, addressing cultural challenges within the charity, and driving the changes expected. There were also a number of areas showing positive progress, with a focus being on time spent listening to colleagues regarding the challenges they were facing in order to support them. The Your Voice Survey was now live, giving staff the opportunity for formal feedback. 22% of the workforce had completed the survey to date, with another 2 weeks before closure. A series of listening events were also being undertaken with staff.		
	The CQC reports were discussed, with particular interest from the Non-Executive Directors regarding comparison with previous inspections, staff morale as a result of the publication of the reports, the reactions from patients and carers and the support from partners post inspection, together with how improvements were progressing at ward level and how staff had reacted to the reports.		
	It was noted that there had been some improvements since the prior inspections; however, the last inspection had focussed on quantitative data		

relating to seclusions and restrictive practices, along with broader issues regarding staffing. Staff morale had been affected particularly in those areas highlighted in the reports; however, there had been some positive feedback from patients and carers, with some wishing to engage with the regulator directly as a result. Overall patient and carer feedback was mixed and of concern were the patients who had had a number of placements in the past and were unnerved at the thought of potentially having to move again as a result.

With regard to support, this was coming through NHS England and Improvement and given by NHFT, via the buddying network, with their Chief Nurse working directly with the Charity. All members of the Alliance were also contributing in various ways and these were covered within a number of key workstreams, where alliance partners were leading on quality improvement themes. The improvements seen at ward level since the inspections indicates that ward staff are noting the actions required and work is continuing to address the areas highlighted. Those wards requiring additional support had already been identified, with Women's services being addressed in particular. The biggest improvement would be the move away from the current staffing model, which would have a positive impact accordingly.

The comparison of the current staff survey to the NHS was discussed, with it being noted that as much direct comparison as possible would be undertaken. As the Charity is now using the same questions as the NHS, we have the opportunity to compare and benchmark our findings. PB agreed to circulate a paper on this subject to colleagues.

The progression of the Charity's strategy was discussed with it being agreed that further discussion would take place within Part Two of the Board meeting. It was noted that the Board had considered thus far the strategic direction and priorities for the Charity and had adopted a series of signposts and priorities as a result, along with the agreement to the formation of a working group.

The potential misunderstanding within the CEO update item 5 in relation to the Board's sign off of renewed strategy was clarified, whereby it was confirmed that the Board had approved the general direction of the strategy, including the seven strategic focus areas and the initial implementation phasing. It was further clarified that the detailed plans for each focus area require working up and bringing back to Board for review and approval. There were two immediate focus areas within the strategy that the Board agrees on; the first being quality and the second to address the current model to ensure that it is fit for the future of the Charity.

PB summarised the strategic discussions and clarified:
Firstly to note that the Board would like to see a shared glossary of terms and a common way of discussing strategy within the Charity and the Board.

Secondly that the Board has considered the strategic direction and priorities and has adopted a set of signposts and priorities for the Charity.

Thirdly the establishment of the Board strategy working group to review and recommend a clear way for the Board to sign off the charity strategy.

The Board **NOTED** the update

GOVERNANCE			
7.	**Court, Board of Directors and Committee Calendar and Board of Directors Annual Work Plan** DL offered clarification on three items on the schedule, and agreed to send out a revised document, also noting that extra development days had been included for the coming year. It was requested that annual items for consideration by the Board be highlighted on the work plan for ease of reading. This was agreed.			

	PB caveated that the plan been set on the current committee structure, and that any amendments from the Governance Oversight Group would be included as and when agreed and implemented.		
	The Board **NOTED** the report, and **AGREED** the work plan as presented.	**DECISION**	
8.	**Governance Oversight Group update and Terms of Reference approval** AO presented the report and the Terms of Reference for consideration and approval, and noted that meetings of the Governance Oversight Group, which included the Programme Director, Sally MacIntyre had now commenced. PB reiterated from his update that an item would be brought to the AGM regarding the Lead Governor position. Following a review of the Terms of Reference, clarification was sought as to the basis of assurance or delegated authority for the Governance Oversight Group. PB clarified that the Group had been formed on the basis of an assurance committee in order to ensure that the Governance project was moving in a timely fashion and that the Group would bring recommendations to the Board for approval. It was agreed that these would be clearly annotated within the Terms of Reference in the necessary sections. It was also suggested that the Group be time limited in view of the project. PB acknowledged and agreed to discuss at the next Governance Oversight Group. It was also agreed that RB would join the Group from the next meeting. The Board **APPROVED** the Terms of Reference subject to the changes noted.	**DECISION**	
ASSURANCE			
9.	**Committee Updates** **Pension Trustees** MK presented the paper which was taken as read. There were no further questions and the Board **NOTED** the update **Audit & Risk Committee** EL presented the paper which was taken as read, and wished to thank management regarding the progress made with the risk management function, however the committee continued to offer only partial assurance on the risk process to the Charity. There were no further questions and the Board **NOTED** the update **Quality & Safety Committee** DS presented the paper, which was taken as read and noted that quality was currently highly important. The Community Partnerships records system was of note, with QSC now able to offer assurance that this was being addressed. Staffing and the adoption of the new model was of continued focus. SK updated that Community partnerships now had systems in place and were uploading data as necessary. Training was ongoing, and an updated paper would be presented to the Committee in December. AB outlined the IPC Annual Report which had been fully considered at Committee and subject to two amendments. He wished to note that considerable progress had been made in the previous 12 months, and asked the Board for approval of the report. JL commended the IPC team for all their hard work during a challenging time. The Board **NOTED** the update and **APPROVED** the IPC report	**DECISION**	

	People Committee PB presented the paper which was taken as read, indicating a referral to QSC regarding the L&D spend and its impact. The Committee itself would address the translation of training into practice and the QSC could provide an assessment of the impact of training on practice, quality and patient experience following the recent CQC report findings. The number of incidents reported on Datix was discussed, with MK clarifying the reporting process is currently being looked at which would address any reporting anomalies, along with a review of the team and resources to address capacity issues. The Board **NOTED** the update **Nominations & Remuneration Committee** SRW presented the paper which was taken as read. There were no further questions and the Board **NOTED** the update and **APPROVED** the Ethnicity and Diversity reports.	**DECISION**	
OPERATIONS				
10.	**Integrated Quality & Performance Report** JC presented the report which was taken as read, and thanked everyone who had had input into the report thus far. Further planned improvements were highlighted. Benchmarking and its use in target setting, over the next period was in progress and would be further developed within committee meetings. Metrics were to be extended along with the development of a set of leading indicators. Some areas of benchmarking had shown that the Charity compared favourably, with the result that work was now beginning on the meaningful translation of the data. AO presented the financial summary, with the re-forecast and its impact noted. Figures also indicated that finances are slightly ahead of budget, with no covenants being breached. The Board discussed in detail the aggregation of data for the report, with the general consensus being that detail at ward level could be missed in the process, noting that assurance would need to be given regarding robust evaluation of the data. JC commented that detailed analysis would be undertaken at committee level in order to allow scrutiny accordingly and that that ward level data could be drawn out and noted by exception. PB asked for consideration to be given to health and safety reporting and how mitigations could be referenced. JL noted that it was patient care that was the driver for the report, and that aggregation could distort the data provided, he added that it was critical that the Board not take comfort from aggregation, but that the committees provide the Board assurance, following any necessary investigation. PB noted that he would like People Committee to look at a disaggregated data for People KPIs in the future. The Board discussed the trends that have come about following benchmarking comparisons, as well as the development of stretch targets. It was agreed that leading and lagging indicators need to be confirmed, in order to help with early detection of potential concerns. EL noted staff attrition levels, quoting that 15% of staff left the Charity annually and asked if it was known why this was the case, and was the financial impact noted. MK replied that there was a challenging market in recruitment, and focus was being placed on retention and finding out why staff left the Charity. WorkChoice historically had always had a higher turnover. Flexibility for staff would be key in the future, giving shorter shift length and the ability to have longer time off to spend with family if required. EL noted that 15% equated to approximately 700 staff per annum who are leaving the organisation, and felt	**MK**	**10.02.22**

	it was important for the Board to be aware of the fact. EL requested further information to be available at the next Board meeting regarding the financial impact of the attrition level. RB commented that it would be helpful to define potential triggers and would like to see reporting on that basis, and asked for clarification on one metric, which seemed to show a seasonal variation. JC responded, assuring that this was not the case, but was due to new admissions. The Board agreed that judgement was required when evaluating the data on offer, and that once thresholds had been set, that breach of those should be reported to the relevant Committee along with the associated mitigating actions. The Board **NOTED** the report.	**AO**	**27.01.22**
11.	**Estates and Facilities Annual Board Update** AT presented the report, which was taken as read, and highlighted that an estates strategy was currently being developed in order to support the Charity's overarching strategy, and gave further information on the three current work-streams. AT also outlined the new patient food selection programme, Maple, which was tablet based, and allowed patients to order meals daily as opposed to weekly, and had been well received. Re-structure of the housekeeping teams had also been undertaken in order to cover IPC and cleaning accordingly. Servery assistants were being recruited to support the major staffing imitative involving MHOST. AL asked about the cost savings that would be realised from the Maple initiative. AT replied that efficiencies were being delivered, with AO confirming that these savings were built in to the forecast. SRW wanted to check if local produce was still being used. AT confirmed that that is was still the case. RB asked about the re-use of the main building, wanting to know what progress had been made and at what stage was the project act. PB commented that he would like the working group to bring a proposal to the Board, and that an update would be expected at the AGM. DS noted that environment had a huge impact on morale, especially for patients and that it translated to quality of care. He asked how quickly were those issues being addressed. AT replied that a project group had been brought together, with the project looking to be complete by Spring at the latest. Phasing of the project would be based on the highest demand. The Board **NOTED** the report	**JL/AT**	**27.01.22**
QUALITY			
12.	**CQC Inspection Reports** AB presented the reports which were taken as read. He requested that the Board note the reports and the work being done with the Alliance and buddy organisation, along with the concerns raised by the CQC. AB also noted that the CQC had said that they had observed the concerns previously, but that no improvement appeared to have been made, and they were not seeing the expected traction. The Charity has made progress on some areas, such as restrictive practices, however AB wanted the Board to be aware that we were focussing on the concerns raised by the CQC. He added that a full progress report and action plan would be presented to the Quality and Safety Committee in December.		

	PB wanted to ensure the Board obtained the necessary assurance on the action being taken and the necessary focus on quality.		
	JL commented on the component parts of the reports, and highlighted the tangible aspects, which the weekly QIP meeting addressed. There were also elements, which were anchored in the qualitative experience, the challenge was that these areas (quality and effectiveness of care) needed to be embedded at ward level, from a cultural and value based viewpoint. Our immediate focus is on improving the Women's Service and it was important to note that it is not possible to have a third Inadequate CQC rating without further measures being applied and we take this incredibly seriously.		
	AB supported JL's comments and noted the targeted plan and Workstreams, coupled with the support of a senior clinician working with Women's Services. We are currently finalising our written response to the CQC and we are working on sustainable measures and are working at pace to rectify the issues. The paper being provided to QSC in December will cover these areas in more detail. He added that Neuro was likely to be inspected next, with support already in place, with the work being sustainable and in place for the long-term.		
	PB noted that clarity needed to be sought on what factors were within and without the control of the Charity in regards to the actions and steps needed. The Board will require assurance via QSC that we are doing everything we can in areas where we have direct control, and everything we can to influence the necessary actions in areas where we only have indirect control. These will require more in-depth discussions at the next Board meeting.	AB	27.01.22
	AL asked if there was a mechanism in place, such as internal audit that could give assurance regarding the work being effective at patient level, that would then feed back to the Board. RB also asked about the cultural shift with staff, and how could it be measured. AB in reply to AL noted that he had asked for a weekly report on clinical supervision, and would be appointing quality matrons in the New Year to underpin that work, along with tasking nurse managers to walk the wards and observe. Standards of practice would also be introduced, along with re-framing the clinical audit process.		
	SK added that PREMs would show patient experience, whilst staff experience would be quantified via weekly conversations with front line staff, with outcomes being compared using benchmarking. In addition, the Quality Improvement Board along with Julie Shepherd would provide oversight of the work undertaken.		
	DS commented that Quality and Safety Committee were taking the reports very seriously, and that those issues identified needed to be addressed quickly, effectively and improvements sustained. He added that staff engagement would be important and be an essential part of the solution.		
	JL updated that a series of conversations had been had with the regulator, with the result that they were keen to engage with the Charity and planned to hold a series of workshop events in order to highlight areas that they were looking at.		
	RB asked for details on what would be reported on the 8th December response date. JL responded that those areas that could be addressed immediately would be reported on.		
	There followed a discussion regarding the desired shift in culture and how this could be achieved in order to give staff a sense of wellbeing and how leaders could set the tone accordingly.		
	The Board **NOTED** the reports, and that the detailed plan would be considered at the December Quality and Safety Committee and presented to the Board in January.		

13.	**Education Update** Deferred to January meeting		
14.	**Trauma Presentation** Deferred to January meeting		
15.	**Divisional Presentation – Low Secure and Specialist Rehab (LSSR)** A presentation was given which centred on an Induction course that the division ran regularly for staff, carers and patients. The Board asked a wide range of questions of the patient and staff on how the course was perceived and how it would be of use to other patients. JL asked the patient how the patients felt about the results of the CQC reports and how it impacts them and their peers on the ward. The patient replied that the feeling from one ward was that the patients would welcome the opportunity to share their views further with CQC as they didn't have the opportunity to do so during the inspection. They want the opportunity to share their positive experiences even though this would be after the report has been published. AB asked how doing things better could be measured from a patient perspective. The patient noted that the exchange of views and information on the course had gone between wards and was highly beneficial to all involved. EL noted that patient involvement was highly important in effecting improvement and thanked the attending patient for their input. PB asked how this work would be developed in the future. EB replied that the team were looking to hold the induction course regularly from now on, for staff and patients within the Division. SK noted that each division how has its own induction course. The Board **NOTED** the presentation and thanked all involved.		
ANY OTHER BUSINESS			
16.	**Questions from the Public for the Board** No questions were received for the Board.		
17.	**Any Other Urgent Business (notified to the Chair prior to the meeting)** There was no other Business notified.		
18.	**Date of Next Meeting :** Board of Directors, Meeting in Public – 27 January 2022		

Approved – 27 January 2022

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Paul Burstow
Chair

Action Log and Matters Arising
(Paul Burstow)

St Andrew's Healthcare Board of Directors MEETING IN PUBLIC Session Action List:

Meeting in Public	ACTION	Owner	Deadline	Open / Closed	STATUS
27.05.21 02	**NHS Benchmarking Network** NHS Benchmarking have offered to present to QSC (and Board if required). PB noted the timescales involved and suggested a Board seminar session to look at the results so that we can spend more time than in a normal Board meeting. AB suggested that the timescales could be closer to the end of the year.	DL	25.11.21	**Closed**	**Ongoing:** Session included at end of part two. **Propose action is closed**
24.08.21 05	**Safe Staffing Report – Committee oversight** It was agreed that the new Safe Staffing report would be presented to both the Quality & Safety Committee and the People Committee for reporting, progress and assurance purposes ahead of submission to the Board.	AB	25.11.21	Open	**25.11.21:** Staffing report presented to latest People Committee and adapted report to be considered at QSC
24.08.21 06	**Armed Forces Covenant – People Committee Veterans Report** It was agreed that People Committee would receive a report from MK regarding veterans with the Charity's workforce.	MK	25.11.21	Open	**25.11.21:** A veterans update will be added to the People Committee Agenda for February
25.11.21 01	**Integrated Quality & Performance Report – Disaggregated data** As part of providing the Board assurance, the People Committee are to look at a disaggregated data for People KPIs in the future.	MK	10.02.22	Open	
25.11.21 02	**Integrated Quality & Performance Report – staffing financial impact** The financial impact of the current reported staff attrition and turnover level is to be included within the IQPR at the next Board meeting.	AO	27.01.22	Open	**27.01.22:**

25.11.21 03	**Estates and Facilities Annual Board Update** It was agreed that the Working Group overseeing the re-use of the main building would provide a proposal to the Board, and that an update would be expected at the AGM.	JL / AT	27.01.22	Open	**27.01.22:** Estates update presented to AGM on 17th December.
25.11.21 04	**CQC Inspection Reports** The CQC update to QSC and then to Board in January should include clarity on what factors are within and without the control of the Charity in regards to the actions and steps needed. The Board will require assurance via QSC that we are doing everything we can in areas where we have direct control, and everything we can to influence the necessary actions in areas where we only have indirect control. These will require more in-depth discussions at the next Board meeting.	AB	27.01.22	Open	**27.01.22:**

Chair Update
(Paul Burstow – Verbal)

Paper for Board of Directors

Topic	CEO Board Update
Date of meeting	Thursday, 27 January 2022
Agenda item	**6**
Author	Jess Lievesley
Responsible Executive	Jess Lievesley
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	Review and comment ☐ Information ☒ Decision or Approval ☐
Key Lines Of Enquiry:	**S** ☒ **E** ☒ **C** ☒ **R** ☒ **W** ☒
Strategic Focus Area	Quality ☒ People ☒ Delivering Value ☒ New Partnerships ☒ Buildings and Information ☒ Innovation and Research ☒
Committee meetings where this item has been considered	

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.

Appendices

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 period since the last public Board meeting that are not dealt with under other agenda items for the Board.

1. Quality and patient experience

Quality

The CQC inspected Community Partnerships in December and whilst awaiting the formal report, initial feedback provided was positive and specifically called out the identification of strong leadership within the service.

A significant amount of work has been implemented to support the identified improvements needed following the CQC inspection of the Northampton Men's and Women's services. A comprehensive quality improvement programme is being supported by the East Midlands Mental Health & Learning Disability Alliance, who are a significant partner for the Charity's improvement programme and the work being undertaken with the Northampton Healthcare NHS Foundation Trust. Partners are supporting the Charity with nine key areas of work, and the Charity is ensuring the internal and external reporting and assurance aspects of this work are fully aligned through QSC. The weekly meeting to facilitate Charity-wide oversight and assurance of the Quality Improvement Plan (QIP) is also supporting the sharing of lessons learnt across the wider Charity.

The priority for support is being provided to the Women's service in light of the re-inspection, which will be required within six months of the publication of the report.

Work is also being undertaken by the quality team to support the Neuro Division and Birmingham as well as disseminating learning across the whole Charity as part of our commitment to continually seek to improve the quality of our services.

Patient experience

Patients have worked with the Patient Engagement team in the following areas: co-production campaign; co-production skills training course development, in collaboration with the REDS Academy; language campaign, with Learning and Development; patient-led Continuous Quality Improvement project underway, creating a forum for peer support for progression from a medium to low secure environment; work continues with IMPACT, the provider collaborative, to share best practice in patient involvement; and patients have attended the first IMPACT Service User Reference Group.

2. Staffing – Mental Health Optimum Staffing Tool, workforce transformation

The Charity is on track for implementation of MHOST at the target date of 31 January. All base establishments and qualified nurse ratios have been agreed by all wards, and there is now a strong understanding of the principles that underpin the new model. Divisional senior leaders and Nurse Managers have been fully engaged with, and are now starting to confirm their day and night base schedules. Wards are being encouraged to take a flexible approach and introduce new shift times; looking at how the acuity of their patients can vary across the 24 hour period. Wards are working closely with their wider clinical teams, to consider their therapeutic timetable when scheduling nursing staff.

As the Board are aware the KRONOS outage arising from the worldwide cyberattack has posed a potential risk to wards being able to fully implement all aspects of the plan because of the need to divert attention to remedial and business continuity requirements.

3. **Covid**

Covid 19 situation

Along with other healthcare providers, the Charity has been adversely affected by the most recent Omicron wave of the pandemic. We have recorded a high number of infections as detected by positive Polymerase Chain Reaction tests among both staff and patient groups resulting in a number of wards and areas being placed into outbreak. At one stage we had over 20 positive patients and 18 areas in outbreak. As with previous waves, it has not been possible to determine conclusively whether the source of individual outbreaks has been community transmission (given the high levels of Covid infections in the general population) or from transmission within the hospital. We continue to implement rigorous Infection Prevention and Control procedures. The effects of the challenge have been:

- Staffing challenges as a result of self-isolation requirements through positive tests and positive contacts
- Restrictions on staff movements during outbreaks
- Restrictions on patients in the context of outbreaks including restrictions on leave and visits as well as off ward therapeutic activities
- Maintaining ongoing focus on internal and external reporting and assurance requirements including numerous outbreak meetings, reports, etc.
- Challenges in obtaining timely PCR tests enabling a speedier return to work

It is important to note that despite the large number of positive cases, no patients or staff members became seriously unwell requiring hospitalisation in secondary physical health care settings. Many of the positive cases among both staff and patients were detected through surveillance testing following outbreaks.

There is no shortage of Personal Protective Equipment (PPE) or Lateral Flow Testing devices (LFTs). The Charity's Clinical and Professional Advisory Committee (CPAC) has been reviewing national and regional guidance regarding IPC and related guidance on a regular basis and amending and issuing relevant procedures within the Charity in a timely and responsive manner.

The position appears to be plateauing in line with predicated modelling and we anticipate the current position to improve gradually in line with the wider population in all our communities.

Vaccination

The requirement for healthcare staff to be fully vaccinated against Covid became law on 6 January 2022. The Charity is working closely with partners in the NHS to agree on an approach to this issue in order to maximise the uptake of the vaccine and to minimise the risk to the delivery of services that will emerge through the enforcement of this legislation. At present the Charity is awaiting further clarity and guidance on the implementation of the legislation in terms of HR procedures etc. to ensure that these are aligned with the national approach taken by the NHS. Currently a series of Impact Assessments are being undertaken to understand the impact of this legislation on the

organisation but it is to be noted that final numbers of unvaccinated staff are still being collated as these are reducing as the deadline for the first vaccination (3 February) approaches.

4. External networks

I, along with members of the Charity Executive Team and wider senior leadership teams of the Charity continue to prioritise engagement with key partners to ensure we are able to offer system wide support and resilience during a well-documented challenging winter for the NHS. Equally we continue to draw upon the support from senior sector partners and I have held positive meetings with Claire Murdoch the National Director for Mental Health and Jemima Burnage, the Interim Head of Mental Health Inspection from the Care Quality Commission.

5. Buddy Trust update

The Charity continues to work with its partners to progress its improvement in quality.

The nine Workstreams are progressing well and plans are in place and reviewed every two weeks by the Improvement Director. It is recognised that these areas of improvement are medium to long-term, with the aim of ensuring sustainable improvement.

The Workstreams link in with the Charity-wide QIP, which is monitored weekly via a meeting Chaired by the CEO. At each of the meetings a deep dive is undertaken of an individual area in order to monitor progress and provide support where this is required.

The Alliance is developing the wider support via the Improvement Director and the Head of MH Improvement at NHSI/E, which includes:

- Safer Staffing – To review compliance with Developing Workforce Safeguards and NQB guidance and recommendations, support with developing an action plan and training of key staff in the use of appropriate workforce planning tools (i.e. MHOST/LDOST) prior to cascade throughout the Charity.

- Restrictive Practice – To conduct a review of current processes, data, policies, responsibilities and accountability regarding restraint and restrictive practice, including incident recording of restraints, use of medication (over use), seclusion, segregation, use of and other restrictive practices, and produce a number of lines of appropriate enquiry and undertake improvement tools work.

- Risk Assessments – To explore current policies and procedures in regards to risk management, and engage with staff responsible for risk management and strategy. To share national best practice with St Andrew's and to work through the risk assessment diagnostic self-assessment tool.

- Data Quality and Benchmarking – To engage with St Andrew's staff members to explore data quality and current MHSDS data flows, to create a data pack for the Board using MHSDS / local intelligence. In parallel, to work with Model Hospital team to start to build specific compartments on areas they/the region feel are needed.

6. Charity Executive Committee

The Board will already know that our Chief Finance Officer, Alex Owen, has tendered her resignation having been offered a role at a prestigious university. As we plan for Alex's departure, we express our sincere thanks for her considerable commitment to the Charity over the last 3 ½ years and wish her every success for the future. Following the approval of the Nomination & Remuneration Committee, it has been agreed that Kevin Mulhearn, our current Director of Finance will take the CFO role on an interim basis to allow Alex to leave the organisation on the 31st March 2022.

In light of this change, along with a need to expand the capacity of my immediate direction reports, I will be taking the opportunity to increase those colleagues who report to me directly to include the Director of Performance Improvement, the Director of Strategy and the Company Secretary. These colleagues will routinely attend the Charity Executive Committee and offer additional senior leadership bandwidth.

7. Financial recovery

As detailed in the financial section of the performance report, the Charity has performed in line with expectations in the period ended 31 December 2021. The 2021/22 reforecast included the initial impact of the financial recovery plans, both in terms of small increases in occupancy and continuing savings across enabling functions, and these were achieved.

Going forward the impact of implementing MHOST, Allocate and the planned increases in occupancy month on month will be the key drivers to achieve the early financial recovery targets. This will also support the refinancing process, which will be undertaken throughout the first half of 2022. The timeline for the 2022/23 budget, longer-term financial plan and refinancing process were presented to the Charity Executive Committee and the Finance Committee last week for discussion.

8. Kronos Major Incident

As referenced above, the Kronos system, responsible for scheduling and recording of shifts in StAH, was subject to a ransomware attack on the weekend of the 12th of December 2021. The impact to StAH was complete loss of all access to Kronos and the respective data which led to an immediate loss of visibility of current and future staffing rotas for both management and employees. We were advised that this would be for a significant amount of time, so we developed and introduced an interim solution that gave visibility of staffing numbers to the relevant management teams, text messaging to staff to indicate planned shift patterns, and a process for requesting and managing changes.

There was no initial impact to the pay for staff in December, as we had already taken a cut of the data, but the payroll work for January has had to revert to the old pre-Kronos processes which has taken a significant amount of manual effort by a much larger cohort of staff from across the Charity. We are currently in the process of restoring our connection to Kronos and entering the relevant data back on to the system. We fully anticipate that we will be fully restored by the end of January and be able to restore the majority of the previous processes for February's pay run.

I would like to pay personal tribute to colleagues across the Charity who worked tirelessly throughout this and an already challenging period, working to put in place

mitigation measures that ensured wards were safely staffed and colleagues will be paid appropriately.

As a result of the learning from this incident John Clarke, our Chief Information Officer will lead a review of business continuity plans relating to all major IT and software applications across the organisation.

9. Workforce planning

The Charity has invested in a new role, Deputy Director of Workforce Planning, to work with teams and support them in formulating forward looking workforce plans aligned to the Charity strategy. To support this a number of workforce planning workshops are underway starting with nursing where immediate and longer term plans are in progress. The Charity have a successful ASPIRE programme and have 17 nurses qualifying in 2022. This is further supported by a recently launched Nurse Scholarship attracting school leavers into the nursing profession and we are also commencing international recruitment for qualified nurses with an initial intake to join the Charity by summer 2022. In 2021/22 the focus is on rolling out MHOST and the Allocate rostering system, increasing flexible shifts, reviewing the temporary staffing model (WorkChoice) and assessing opportunities to increase the nursing pipeline including return to practice and roles such as Nurse Associates and Advanced Clinical Practitioners.

10. Communications

Your Voice Survey
Our staff engagement survey 'Your Voice' launched on November 15 to seek feedback from colleagues about working at St Andrew's and highlight any issues. Staff responded anonymously to a range of questions about St Andrew's as an employer, their team and manager.

We sought to tailor as much of the questions as possible to those used within the NHS and the final response rate for the survey was 57%. This compares favourably with the response rate from a number of NHS Mental Health Trusts response rate of 55%.

Our response rate is an improvement of 6% points on the 2020 Your Voice survey and saw some impressive results with 16 wards / divisional teams achieving response rates of 80%+ while, conversely, 11 wards / divisional teams scored 36% or less.

The analysis of the survey is currently underway and we will be in a position to present these to both the People Committee and Board dunging the next Board cycle.

Jaffa cakes with… sessions
Supplementing our program of wider engagement, since November the Executive Team has been hosting 'Jaffa Cakes with Jess/Exec' sessions to discuss some of the big issues affecting the Charity and its staff.

More than 1,000 people have attended either in person or via Teams. Key themes raised include staffing levels, staff retention, facilities, IPDR process, and weekly pay. We are identifying 'quick fixes' we can implement as well as review how best to address some of the bigger issues not already being addressed (e.g. weekly pay & pay progression). These sessions will continue over the next few months and we will be feeding back to colleagues during the spring.

Education Update

Dr P McAllister
Dr D Morris
Holly Taylor
Cheryl Smith

Medical Education
Dr Pete McAllister

New Post-Graduate Medical Lead

- **New secured funding for each Doctor**

- Building on the MTI success- 2 new additions, Nov & Jan

- **Starting a Balint Group**

- **Forging links with local deanery for post-graduate training slots**

St Andrew's
HEALTHCARE

Undergraduate medical students

Continue to get the best feedback from both Cambridge & Buckingham

Positives:
- Staff were very helpful on all wards
- CTFs were "excellent"
- They saw many examples of caring and compassionate interactions
- Impressed by MDT working
- Felt the ward hierarchies were flat and thought this was really good
- Examples of patient centred care
- Participation in clinical audits was really helpful

St Andrew's
HEALTHCARE

Growth & Challenges

- Still Buckingham Medical preferred partner

- As the Medical grows, they need us to take on more students in each block

- Limited increase in resources, but 2/3 increase in income!

- Exploring expansion of the Physician Associates in Birmingham, along with placing Warwick students in St Andrew's Birmingham

- University of Buckingham approaching NHFT for Medical Placements

St Andrew's
HEALTHCARE

Learning & Development

Holly Taylor, Director of L&D

St Andrew's HEALTHCARE

> **Learning & Talent Development**

1 Ensure everyone receives an **inspiring induction**

2 Deliver efficient & effective **mandatory training**

3 Enhance clinical & specialist skills

4 Leverage our literacy (digital and functional)

5 Build leadership capability

6 Maximise talent, **succession planning & grow careers**

7 Celebrate a learning culture

29

Transforming lives together

What do we invest in & Why?

Mandatory Training & Induction
Legal & Regulatory
Compliance & Assurance
Safety Culture & C.A.R.E
Values

The ASPIRE programme
Increasing our supply of
Registered Nurses
Attraction & Retention of
Talented People

The REDS Academy
Recovery College
Co-production of Learning
Accessible by All

Core & Specialist Clinical Skills
Quality of Care
Best Practice & Innovation
Parity of Esteem

Clinical Higher Education
Career Development
Professional CPD
Attraction & Retention

Digital e-learning & IT systems
Accessibility
Speed & Flex of Delivery
Efficiency & Lowering Costs

Management, Leadership, & IPDR
Increasing Management
Capability
Performance Management
Talent Development

Apprenticeships
Career Development
Workforce Planning
Access to Work & Study

External Students
Recruitment Pipeline
Quality & Innovation
Community links

"Attracting, retaining & growing our people to deliver great care – today & tomorrow "

St Andrew's
HEALTHCARE

Key Achievements

Career Development – **187** people have passed a long term Qualification relevant to their role in the last 12 months.

Leadership Development – Programmes are available at every level *(first line to Director),* alongside growing **30** internal qualified coaches and a pool of **40** mentors.

Digital Learning - New ways of learning enabled accessibility during the pandemic. Over **190** courses are available on our iAcademy with **65,000** e-learning modules completed.

Compliance & Induction - **92%** Compliance for mandatory Training and over **1,200** people inducted into the charity.

Clinical Skills - Supporting divisions with **service improvement plans**. From designing training plans to delivering ward based learning and coaching.

St Andrew's
HEALTHCARE

What we are working on

CQC action plans – Supporting services with driving through and leading change.

Reducing time to hire & aiding retention – increasing number of induction programmes and mobilising local inductions.

Mandatory training – catching up plans on key topics such as ILS, Safeguarding and SIT training.

Local learning systems – supporting Career Cafes to support development planning, promote 1-2-1's, Team meetings, de-briefs, mentoring etc.

Co-production standard – Adopting the REDS kite mark across the L&D family of products and services.

Ofsted & Regulators – Laying the foundations for external growth.

Workbridge – Review of services & change plan.

St Andrew's
HEALTHCARE

Congratulations

The L&D Awards
November 25th 2021 (6-8pm)

Learners, Friends & Family welcome
Virtual event via teams

Education
Cheryl Smith

What do we offer?

St Andrew's College – Our Ofsted registered independent school for young people in the CAMHS service providing individualised, trauma informed education programmes

Adult Education - Provision of education for adult patients across the charity wishing to develop their vocational, numeracy and literacy skills, and attain academic qualifications or learning. There is provision in Birmingham, Essex and Northampton.

Libraries – Access to library services for all of our patients across all of our St Andrew's sites.

LightBulb – A mental wellness programme for schools in the community to support schools with building a positive culture of, and awareness around mental health.

St Andrew's
HEALTHCARE

Key Achievements

Ofsted – The college was inspected in June 2021 and achieved an overall rating of 'good' with 'outstanding' for behaviour and attitudes.

Qualifications - Our college students achieved 177 separate qualifications this year including three grade 9 GCSE's

Duke of Edinburgh Awards - One student has completed their bronze award in the college, and two more are very close to completion. A student in Adult Education is nearing completion of their silver award.

Lightbulb mental Wellness Programme - NHSE funded a pilot of our LightBulb programme in Northamptonshire secondary schools providing £30k for us to it deliver to 20 schools. It has been very successful.

St Andrew's
HEALTHCARE

What we are working on

Ofsted – we are focused on achieving 'outstanding' across all domains in our next inspection of the college.

Duke of Edinburgh – we are looking to increase the numbers of D of E achievements for our students and trial a peer mentoring programme in schools for the volunteering section of the D of E

Lightbulb rollout – we are looking to increase our range from local to regional, and then national

Scholarships / careers – working with secondary schools to incorporate mental health careers into their careers curriculum and offering scholarships places for aspiring nurses via our academic department.

Scoping - for further community reach ideas

St Andrew's
HEALTHCARE

Trauma Presentation
(Dr Deborah Morris)

The Centre for Developmental and Complex Trauma

Dr Deborah Morris

Aims of the presentation

- Provide an overview of the CDCT and our activities

- Report on initial activities & impact

- Outline 5-year plan

'To improve the representation and outcomes of marginalised populations who have experienced trauma'

Advocating and Empowering through partnership and education

Mainstreaming

Reducing the gap between research and practice

Promoting and enhancing the wellbeing of professionals
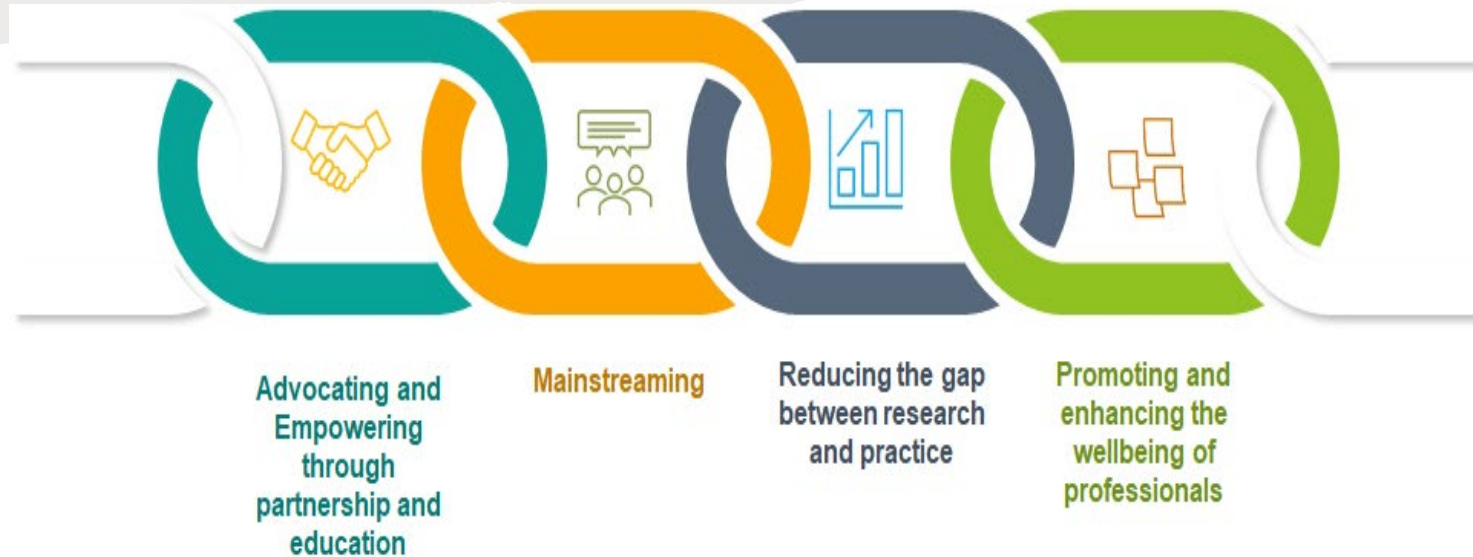
Established in the Charity in 2020
The 'core' team
1 x Consultant Clinical Psychologist
1 x Senior Research Assistant
1 x Research Assistant
(secondment starting Feb 2022)
Governance though the 'TAG'

The 'extended' team
- 5+ volunteer researchers
- Placement students (2-6)
- Trauma Advisory Group (4 people)
- 10+ clinicians involved at any one time
- Partnership and support from the Academic Centre

'Our Philosophy'
'Go big or go home'

41

The Centre for Developmental and Complex Trauma: Who are we and what do we do?

All activities are overseen by our Trauma Advisory group made up STAH and external attendee's

Performance is measured by Key Performance Indicators
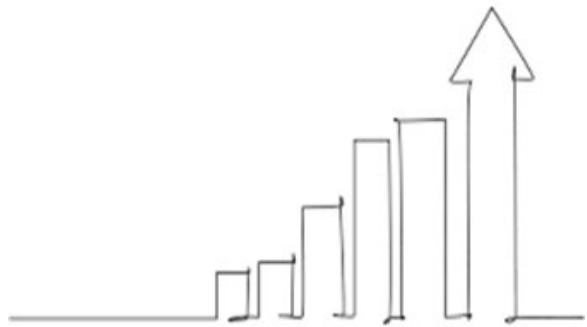
Research & service
development programme

International conferencing programme

CPD activities

Key achievements so far: Research Outputs..

Publishing initial papers in quick succession led to..

- Invitation to submit a book chapter

- Guest editing a trauma special edition for a journal

- Which led to the invite to present in Rome last March

- Which led to our first scientific award (Rome; conference presentation)

- Which led to senior individuals in trauma agreeing to present at one of our conferences

- Which led to being invited to guest edit a second journal…..

1 BOOK CHAPTER

6 CONFERENCE (ORAL) PRESENTATIONS

13 PEER REVIEWED JOURNAL PUBLICATIONS

12 CONFERENCE POSTERS

Research outcomes.... Establishing a programme of investigation

- We have grown from 2 to 24 ***current*** projects

- Focus very much on improving practice (applied research)

- Majority of projects are in collaboration with divisions in STAH, universities & not-for-profit / charity sector organisations

- 6 priority themes have been identified for 2022-2025

  - 14 submissions are planned for 2022-2023

    - 3 x conference papers submitted to date for 2022-2023

- Priority: Developing a strategy around grant / funding applications for research

44
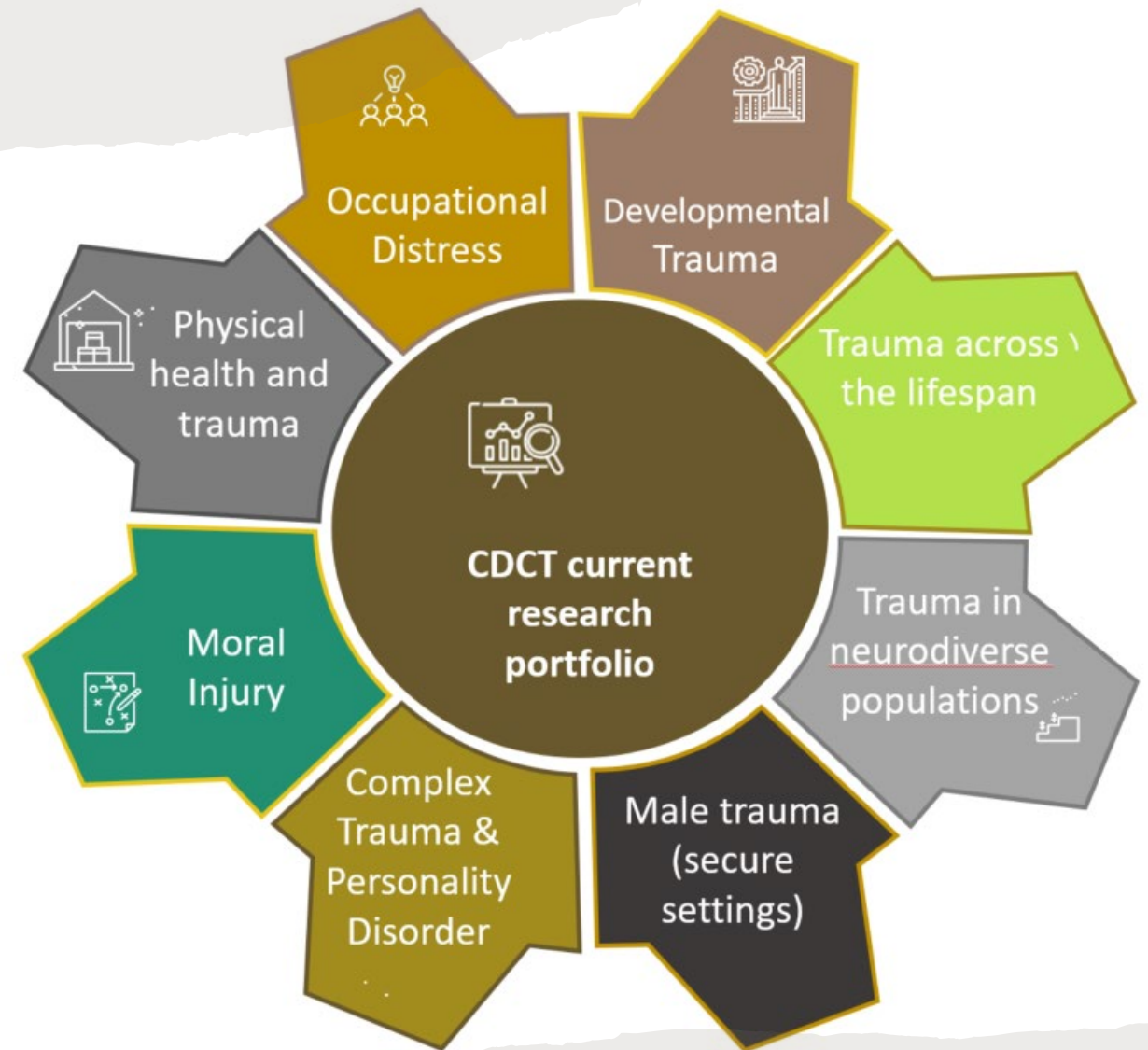
Research outcomes: Organizational impact
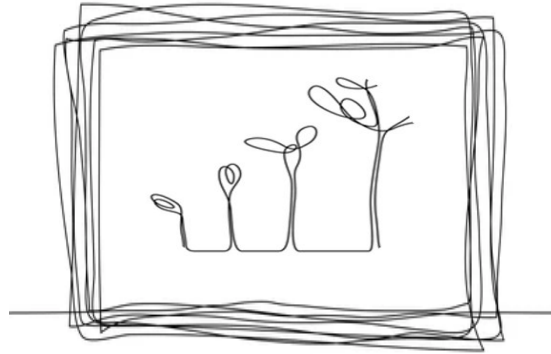
Nurturing talent and skills

20+ clinicians and students have worked with us.

6 Assistant Psychologists currently volunteer with us

20+ clinicians and students have published in peer-reviewed journal with us
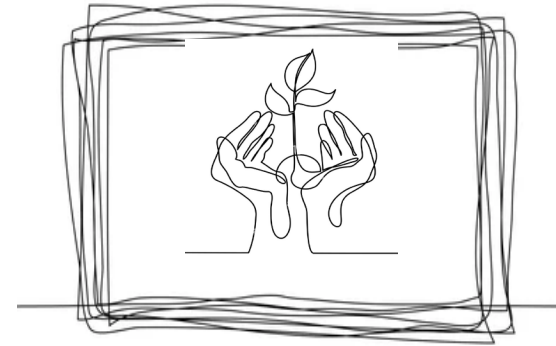
Increasing 'people' resources for wards

6 student placements in our clinical services (people resources)

1 x external volunteer now working full time in STAH

Research outcomes: Impact on services - Enabling others and direct input

	Establishing the trauma needs of service: Implementing screening of exposure to adversity	Designing and Implementing assessment processes	Feedback (service development needs) and supporting staff training / service changes	Implementing intervention and milieu changes
DBT Service	✓	✓	✓	Planned for 2022-2023
Deaf Service	✓	Planned for Spring 2022	Planned for Spring 2022	Planned for summer 2022
ABI & MSU	✓	✓	Planned for summer 2022	Planned for Summer 2022
Staff Trauma Response Service	✓	✓	✓	Ongoing

46

Conferencing and CPD programme

- Current conference programme
  - 4 x trauma-focused conferences per year

  - Lead on additional non-trauma conferences for the Academic Centre

- Key partnerships and additional conference outcomes
  - Strong national and international speaker profiles

  - International top 10 ranked experts in trauma (globally) present at our events

  - Supporting developing relationships with external organisations, e.g. British Psychological Society

  - Post conference: Further collaborations in research and further presentations, with STAH and the CDCT being invited to present at International conferences.

  - Invitations to speak at NHS commissioning and RCP-led teaching forum with senior RCP and commissioning figures

  - Leading to requests to supervise trauma-focused research in other organizations (x2; paid)

External links generated through our conferencing work

- Relationships being built with universities that we have not previously had relationships with, or that have lapsed.

- Strong international context to the relationships we are building

- All speakers that we have requested to speak at future events have done so

- Speaking at events is leading to collaborations for either further events or with our research programme

What has helped us grow.. and to keep growing?
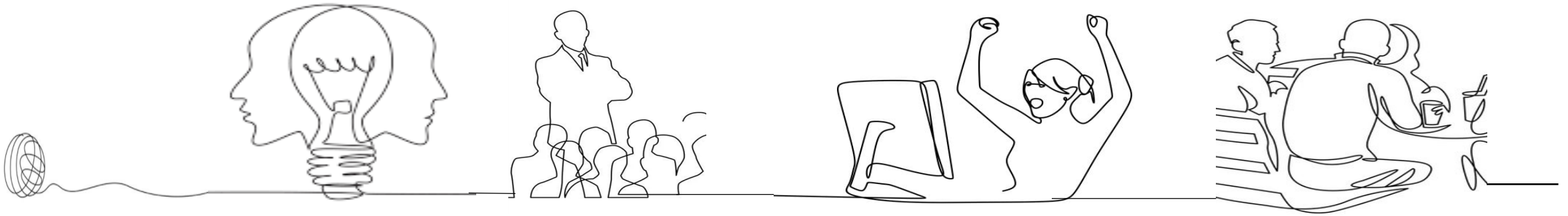
'Bright ideas at the right time and a very motivated (small) team

The right amount of support (and belief) from senior leadership in the Charity

Key people in and outside of the Charity that have 'opened doors' to help us grow

Early (publishing) successes and invitations for collaborations

Clear KPI's

Strong partnerships

Next steps - what are we working on?: The 5 year plan

Research & Service Development Programme

Conferences & Workshops

Postgraduate Education: MSc programme

The Journal of Developmental and Complex Trauma

Income generation / offsetting costs

Questions and thank you.....

2021-2022

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Appendix B: KPI targets and performance 2021-2022

KPI's are set and reviewed by the Trauma Advisory Group

NB: Publishing target for 2022-2023 is not being increased as the scope of publications will increase in complexity rather than quantity

	Key Performance Indicator	2021-2022 Targets	Progress	2022-2023 Targets
	Publications	14	(18) 128%	14
	Hosting conferencing and CPD events	4	100%	6
	Clinical Impact: Service improvement initiatives	2	(3) 150%	4
	Reputation Building: Social Media engagement Citations ResearchGate Reads	16,000 engagments 20 2000	18,000 (112.5%) (100%) 3500+ (175%)	19,000 20 3,500

54

Appendix C: Highlighted results of *some* of our studies so far

1. CAMHs developmental disorder and different type adversity / trauma

2. DBT (personality Disorder) and complex trauma

3. Staff wellbeing / trauma
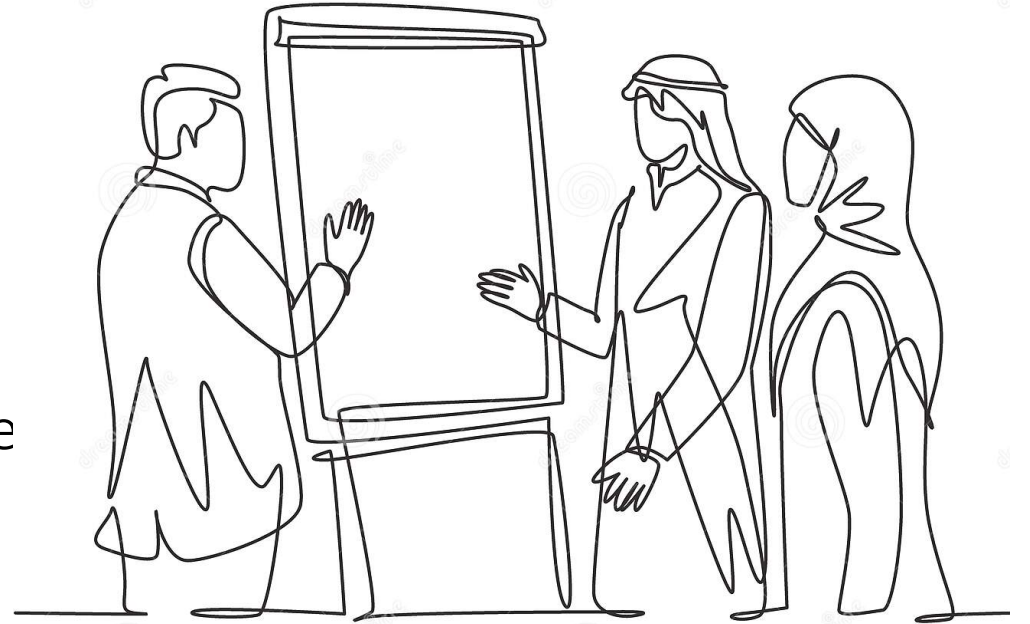
CAMH's Developmental Disorders Paper 1: Adverse Childhood Experiences (ACEs), Care Orders & Placement Failures**

91.7%
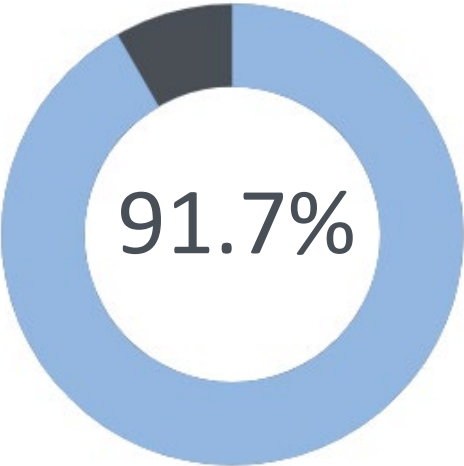
of our participants had experienced **at least 1 ACE**

58%
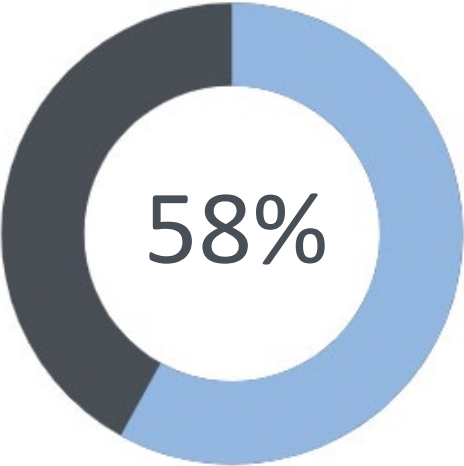
of our participants had experienced **4 or more ACEs**

36%
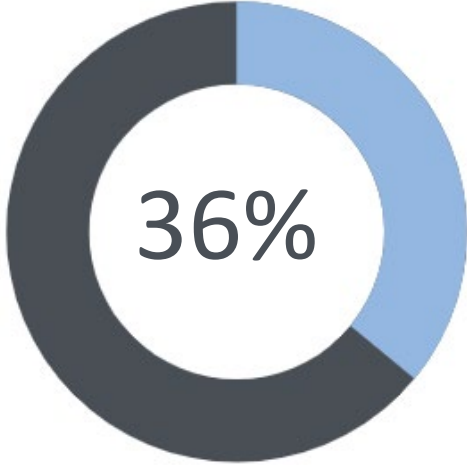
of our participants had experienced **6 or more ACEs**

How do these compare to the neurotypical population?

1+ ACES

47% of UK adults (Bellis et al., 2014)

4+ ACES

8.3% of UK adults (Bellis et al., 2014)

6+ ACES

2.7% of US adults (Brown et al., 2009)

4+ ACES

The IMPACT: 6 x the odds of having a mental health diagnosis

Adverse childhood experiences and placement histories...

Overall, almost half of participants were **<u>not</u>** residing in their family home prior to admission 50% of participants had experienced at least one placement breakdown.

A significant positive association was found between ACEs and placement breakdowns. Those exposed to more ACEs typically experienced a **greater number of placement breakdowns**.

4+

Participants who had experienced four or more ACEs had over **two times greater odds** of experiencing a placement breakdown.

6+

Participants who had experienced six or more ACEs had almost **eight times greater odds** of experiencing a placement breakdown.

The risk and impact of being subject to a Compulsory Care Order

39.9% had been **subject to a compulsory care order** (CCO) and, by virtue, removed from the family home

84% vs. **93.3%**

In line with expectations, the prevalence of exposure to ACEs was greater in those who had been subject to a CCO.

Adolescents who <u>had</u> been subject to a CCO

experienced significantly more ACES (6.37 vs. 3.16)

had 5x the odds of experiencing 4+ ACEs

had 11x the odds of experiencing 6+ ACEs

experienced significantly more placement breakdowns (3.68 vs. 0.68)

more frequently reported physical & sexual abuse, physical & emotional neglect, and parental substance use

Papers 2 & 3: ACEs, BMI and the role of re-traumatization

67.7% had a BMI **above the healthy range**

41.7% had a BMI **in the obese range,** specifically.
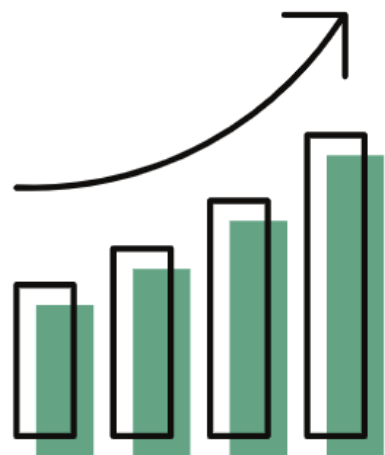
A **strong positive association** between **ACEs and BMI** was found. ACEs had a dose responsive impact on BMI and predicted BMI

Those exposed **to 4 or more ACES** were **4X** **more likely to be obese**

Those exposed to **6 or more ACES** were **10X** **more likely to be obese**

Participants with a BMI above the healthy range reported significantly greater exposure to:

PHYSICAL AND EMOTIONAL NEGLECT

PARENTAL SUBSTANCE USE

PARENTAL MENTAL ILLNESS

In consideration of the prevalence of placement breakdowns in the sample, particularly in those exposed to ACEs (paper 1), we considered the relative impacts of 'original' ACEs, and that of ongoing placement failures, once in institutional care, on BMI….

THE RELATIVE IMPACTS OF ACES AND INSTUTITIONAL TRAUMA ON BMI…

We also considered the relative impacts of 'original' ACEs, and that of ongoing placement failures, once in institutional care, on BMI….

Excluding consideration of ACEs, those who had experienced a **placement breakdown** had **3.5 times greater odds** of having a **BMI above the healthy range**

Whilst ACEs were a significant predictor of BMI, entering placement breakdowns into the model nullified their effect…. … in other words, **placement breakdowns drive risk for obesity, rather than the initial trauma.**

An obesogenic effect of institutions?

Neither length of current admission, not total length of stay in inpatient services, was associated with BMI.

As such, time spent within institutional settings, which are thought to be 'obesogenic environments', doesn't account for differences in obesity risk, above that explained by placement breakdowns.

Paper 6: Risk assessments as a source of stigma and mis formulation of need?

KEY MESSAGE?
Adolescents with more ACEs had higher risk scores, due to greater endorsement of childhood trauma items, but did not engage in more frequent risk behaviours. As such, **the SAVRY may inaccurately inflate risk in the presence of early trauma**.

Participants exposed to more ACEs had **higher risk scores** on the SAVRY. Specifically, **elevations were on the historical subscale,** which comprises 'ACE' items.

Risk scores were **not associated with the frequency of any risk behaviour,** but were **positively associated with seclusion frequency.**

I. ACEs & Risk Scores

II. ACEs & Observed Risk

III. Risk Scores & Observed Risk

IV. Developmental disorder need complexity

Despite their higher risk scores, participants exposed to more ACEs **did not engage in more frequent risk behaviours.** Those exposed to 4+ ACEs were **secluded more often.**

Number of developmental disorder needs were **negatively associated with ACEs** and frequency of self-harm behaviours. No associations were found with risk scores or any other risk behaviours.

Paper 5: Ethnicity and the Mental Health Act (MHA)*

5 times the risk of being on a criminal section

People from ethnic minority groups were more likely to be detained under criminal sections of the MHA

30.8% of adolescents were from an ethnic minority group, despite making up **14%** of the general population

•Analyses showed **NO significant differences** between ethnic minority and White British participants in terms of

- •Age & Gender
- •History of childhood trauma, previous placements
- •Number and type of diagnoses & care needs
- •length of current admission and total inpatient admissions
- •Psychometric & risk profiles
- •Number or range of aggressive incidents since admission
- •Number and length of restraints, seclusions or safeguarding incidents since admission

Ethnic Minority participant Section
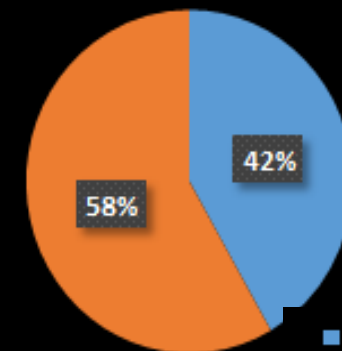
White Participants MHA Section

42%
58%

19%
81%
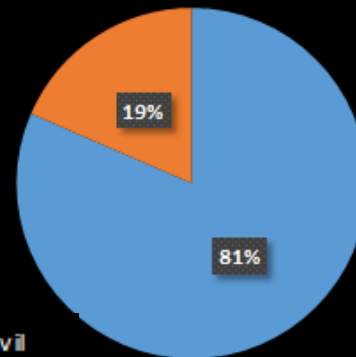
■ Civil
■ Criminal

Prevalence of Complex PTSD in secure DBT service**

66.8%
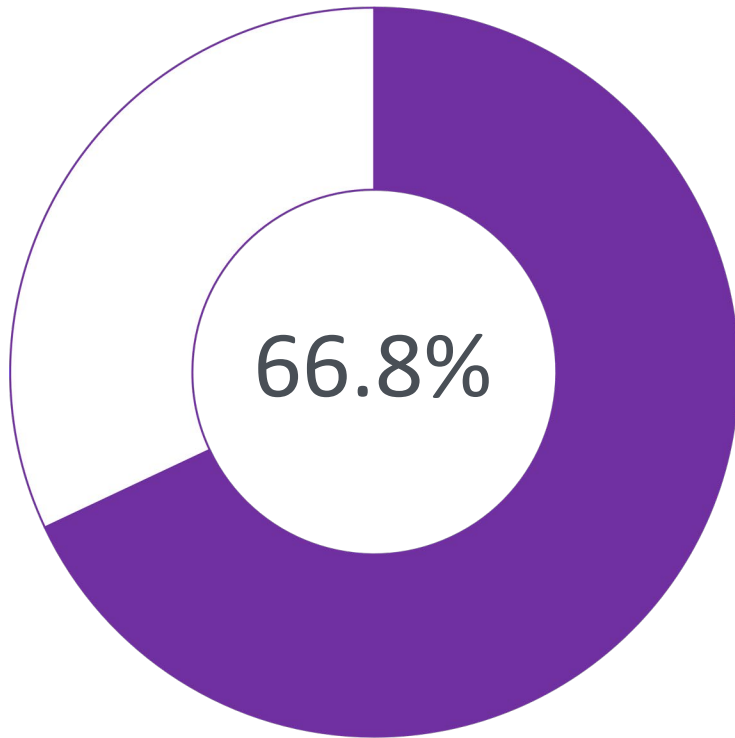
of patients also met criteria Emotionally unstable Personality Disorder and PTSD
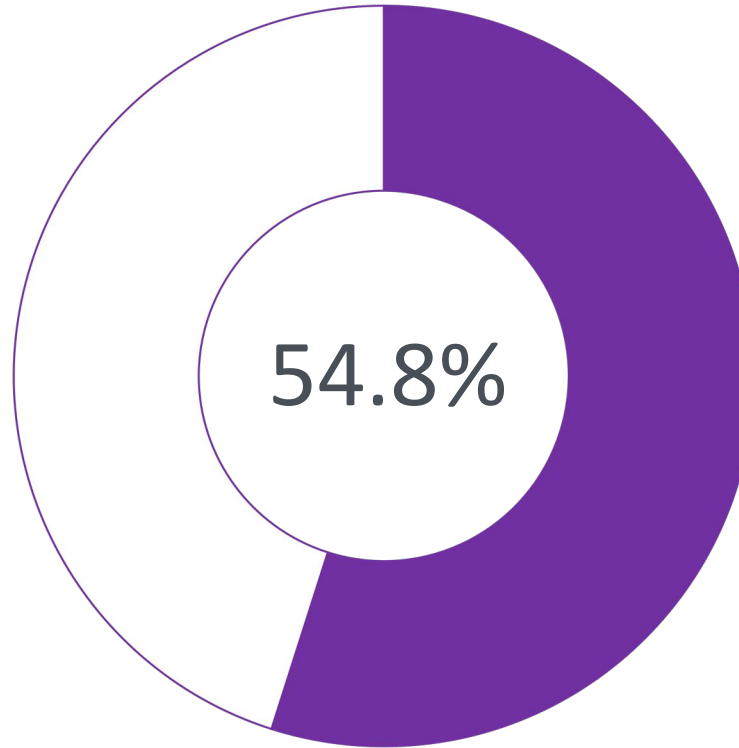
54.8%

of patients also met criteria Emotionally unstable Personality Disorder and Complex PTSD

Our papers are the first to demonstrate:

Not measuring the functional impact inflates trauma diagnoses

Which trauma symptoms impact on functioning

Differential Clinical needs of women with Emotionally unstable personality disorder and complex PTSD

Women with personality disorder + Complex PTSD vs Women with personality disorder only

levels of self reported
psychological distress
levels of risk to self and others
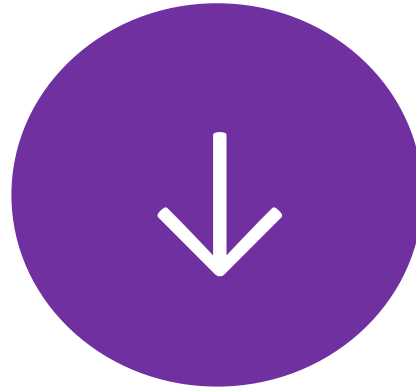
levels of self reported wellbeing
levels of self reported quality of life
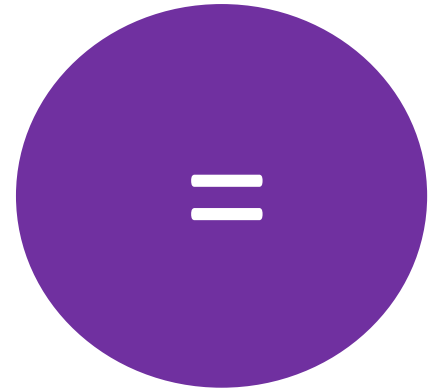
Overall problems with functioning

Staff wellbeing: What predicts burnout and secondary trauma in our clinical teams?
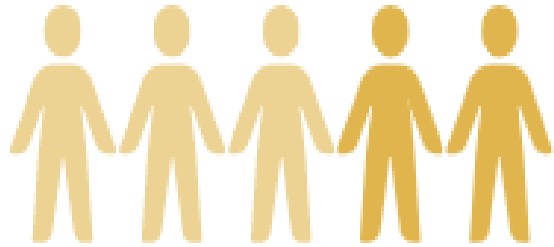
Lack of external social support. In some divisions 1 in 4 of our staff have NO social support network outside of STAH

Female Staff: Engaging in restraints predicts wellbeing

Working across multiple populations

'Moral Injury' predicts Secondary trauma, burnout, functioning and compassion satisfaction (not related to impact of COVID)

65

Self report wellbeing

64.3% Report moderate levels of burnout

45.2% Report moderate levels of secondary trauma

65.6% Report moderate levels of compassion satisfaction

Paper for Board of Directors

Topic	Pension Schemes Act 2021
Date of Meeting	Thursday, 27 January 2022
Agenda Item	**9**
Author	John Bannister
Responsible Executive	Alex Owen
Discussed at Previous Board Meeting	Not previously discussed by Board
Patient and Carer Involvement	Not applicable
Staff Involvement	Not applicable
Report Purpose	Review and comment ☐ Information ☒ Decision or Approval ☐
Key Lines Of Enquiry:	**S** ☐ **E** ☐ **C** ☐ **R** ☐ **W** ☒
Strategic Focus Area	Quality ☐ People ☒ Delivering Value ☐ New Partnerships ☐ Buildings and Information ☐ Innovation and Research ☐
Considered at Committee Meetings	Not previously considered

Report Summary and Key Points to Note

The purpose of this report is to note the new requirements of the Pension Schemes Act 2021 and their potential implications on the Charity and Charity Trustees.

In summary, it is recommended that the Charity should consider enhancing its processes when taking decisions and actions that could lead to adverse changes in the Charity's net income or assets Discussions with the Pensions Manager and potentially the Pension Scheme Trustees, Covenant Advisor or Legal Advisor may be required and should be built into any decision making process.

Appendices

Pension Schemes Act 2021

Update Paper

This paper provides an update on the Pension Schemes Act 2021 and the potential implications for the Charity and the Charity Trustees, together with recommendations to ensure continued compliance.

1. Background

   In response to various high profile pension scheme failures, the Pension Schemes Act 2021 (Act) has introduced a number of new requirements around the way pension schemes are administered and the way that pension sponsors (i.e. STAH) manage such pensions in the context of its business. These requirements are being introduced in stages.

   From 1 October 2021, the Act has introduced two new criminal offences and given the Pensions Regulator (TPR) significant new powers of enforcement as well as extended information-gathering and new interviewing powers.

   The new criminal offences have been introduced with the stated aim of strengthening the enforcement powers of TPR in order to "tackle the more serious examples of intentional or reckless conduct that puts member's savings at risk; and strengthen the deterrent and punishment for that behaviour".

   The enforcement powers includes two new grounds on which TPR can issue a Contribution Notice (a legal requirement to make an additional cash contribution to a pension scheme), intended to capture material "covenant leakage" where the value of the employer's business may impact its ability to support its defined benefit pension scheme.

   Whilst these new offences and powers are currently untested, the Charity should consider enhancing its processes when taking decisions and actions that could lead to adverse changes in the Charity's net income or assets in order to manage these new regulatory risks.

   It is anticipated that further new requirements will be introduced over the course of the next 12 months, including notification obligations around certain business transactions (expected 6 April 2022 – subject to Parliamentary approval) and pensions dashboard publication and Defined Benefit Scheme funding (expected 2023). Further advice will be provided on these as the Regulations are made.

2. New Criminal Offences

   The two new criminal offences are:

   - **Conduct risking accrued scheme benefits** – a person does something that detrimentally affects in a material way the likelihood of accrued scheme benefits being received <u>and</u> that person knew or ought to have known that the act would have such effect.

- **Avoidance of Employer Debt** – a person does something that prevents recovery or reduces all or part of the scheme's buy-out deficit <u>and</u> that person intended the act to have such effect.

They are both punishable by up to 7 year's imprisonment and/or an unlimited fine and apply to any person – i.e. Charity Trustees, professional advisors and other third parties are within scope. They will not apply where the person had a "reasonable excuse". What is a "reasonable excuse" is, at this stage, untested but TPR has been clear that "the intent of the new criminal offences is not to change commercial norms or accepted standards of corporate behaviour".

The Regulator can also impose a civil penalty of up to £1million as an alternative to criminal liability.

3. <u>TPR's New Powers</u>

The Pension Schemes Act 2021 introduces new powers for TPR.

TPR will be able to impose a Contribution Notice on the Charity if it decides either of the two new tests are met. The tests are triggered by changes in a Charity's income or assets:

- **The Employer Resources Test** benchmarks a Charity's net income relative to the pension scheme's buyout deficit (estimated to be £40m at the last review). If a person acts in a way (or deliberately fails to act in a way) which results in a material reduction in the Charity's resources then TPR could impose a Contribution Notice.

- **The Insolvency Test** would trigger if actions were taken (or deliberately failed to be taken) that resulted in a material reduction in the insolvency recovery position of the pension scheme.

Actions which could cause material changes to net income or insolvency outcomes

Examples include:
- Introducing new debt, particularly if secured ahead of the pension scheme (an unsecured creditor) which could reduce the insolvency recovery position and/or could impact annual earnings by significantly increased interest costs;
- Selling assets to pay down a creditor;
- Running down charitable reserves to cover operating shortfalls;
- Changes to the Charity structure or movement of assets outside of the entity supporting the pension scheme.

4. <u>What actions does the Charity need to take?</u>

It is recommended that the Charity should consider enhancing its processes when taking decisions and actions that could lead to adverse changes in the Charity's net income or assets Discussions with the Pensions Manager and potentially the Pension Scheme Trustees, Covenant Advisor or Legal Advisor may be required and should be built into any decision making process.

The steps in general are:

- Undertake analysis to establish what the impact of the event will be on the net income and insolvency position.
- Where the analysis shows that the impact on the pension scheme is clearly material*, or where there is a concern that TPR could view it as material, the Charity should consider a combination of:
    - Raising with the pension trustees and, if appropriate, offering and agreeing mitigation to the Scheme (contingent security or cash contributions);
    - Ensuring evidence of decision making is on file in order to satisfy TPR, should they make enquiries;
    - Seeking "clearance" for the proposed actions from TPR.

* note there is no definition of "material" and so this would ultimately be decided by TPR if ever in dispute.

John Bannister – Pensions Manager – 13th January 2022

Paper for Board of Directors

Topic	CQC Report and Action – Progress Update
Date of meeting	27 January 2022
Agenda item	**10**
Author	Jenny Kirkland
Responsible Executive	Andy Brogan
Discussed at previous Board meeting	The Women's and Men's CQC reports were discussed at the Board meeting on 25 November.
Patient and carer involvement	A number of these items have been discussed with patients and carers, as part of the quality improvement projects on the wards in response to the CQC inspections.
Staff involvement	A number of these items have been discussed with staff as part of the response to the CQC inspections through focus groups and via the improvement Workstreams.
Report purpose	Review and comment ☐ Information ☒ Decision or Approval ☐
Key Lines Of Enquiry:	**S ☒ E ☒ C ☒ R ☒ W ☒**
Strategic Focus Area	Quality ☒ People ☒ Delivering Value ☒ New Partnerships ☒ Buildings and Information ☒ Innovation and Research ☒
Committee meetings where this item has been considered	Updates have been discussed at the Charity Executive Committee meetings and Quality Improvement Meeting in December 2021

Report summary and key points to note

The attached is the report to the Board regarding the actions being taken following the CQC inspection of Women's and Men's services at Northampton.

The Quality Improvement Plan (QIP) has been developed with staff and is monitored on a weekly basis, with input from all divisions and support functions.

Three actions are due for completion January 2022.

The East Midlands Health Alliance Quality Support Programme led by NHFT continues to support the Charity with the wider improvements identified, and these have been informed and linked to the actions identified in the QIP.

The report advises on the progress with the Buddy support Workstreams and wider support offered via the Head of MH at NHSI/E for leadership training and Mental Health Model Hospital Data.

Appendices:

CQC Report and Actions – Progress Update

ALERT:

The CQC inspected the Community Partnerships service in December 2021. The draft report is still pending, however, informal feedback given was overall positive, with specific note given to the leadership of the service.

The actions following the inspections of Men's and Women's services are being monitored by the weekly Quality Improvement Plan (QIP) meeting. There are 101 actions open on this, as a specific result of the inspections. A number of actions that formulate the QIP have been completed; due to the robust assurance process that has been implemented, the requirement to embed the actions, and need to provide evidence of this, within the period no actions have been closed off. This is acknowledged by our Director of Improvement as appropriate.

Three actions on the QIP are due for completion by the end of January 2022, and the relevant responsible owners have assured that these are on track to be completed.

Due to the recent issues with the international security incident with Kronos, internal delays have been experienced with collating and presenting meaningful data, which is being met by extensive manual work arounds. The delays in automating these processes, due to capacity issues within the information team, will have a direct impact on the ability to roll these improvements out across the whole Charity, as time is spent on assessing compliance rather than the quality of service delivered. We continue to provide the requested information to our external partners, including CQC and commissioners within the required timeframes.

ADVISE:

The weekly QIP meetings are well attended and include representation from all divisions and support functions. All divisions not directly impacted by recent CQC inspections have been requested to review the learnings and identify relevance and actions for their areas of service, and will be required to present this to the QIP meeting on a rolling basis.

The following table gives a breakdown of the number of actions aligned to the relevant CQC regulations by division.

	Number of open actions			
	LSSR	LD ASD	MEDSEC	Charitywide
Regulation 9 Person Centred Care	2	5		
Regulation 10 Dignity and Respect	3		3	2
Regulation 12 Safe care and treatment	28	16	11	
Regulation 13 Safeguarding service users from abuse and improper treatment	1	2	2	
Regulation 16 Receiving and Acting on complaints		1		
Regulation 17 Good Governance	6	3	3	3
Regulation 18 Staffing	2	3	3	2
Total	42	30	22	7

Specific focus remains within the Women's service due to the anticipated re-inspection within six months of report publication. This project has additional support and is led by Dr Vishelle Kamath.

To provide a level of assurance to the CQC a weekly meeting Chaired by the Chief Executive is attended by the divisional leads, Dr Vishelle Kamath and the Director of Nursing for Quality Jenny Kirkland.

The East Midlands Health Alliance quality improvement programme, led by our 'buddy trust' Northampton Healthcare Foundation Trust, continues to support the broader improvement work for the Charity that has been identified. The nine Workstreams are led by a member of the alliance, with a named individual from SAH supporting. The Workstreams have all individually developed plans for improvement – plans on a page, which are tried and tested Quality Improvement processes. These are monitored via a weekly internal review meeting and twice monthly with the Quality Improvement Director. Additional support has been provided to the Workforce Safeguards Workstream form NHSE/I and further support is being discussed with the Head of Mental Health Improvement NHSE/I in respect of leadership training and development, and potential access to Mental Health Model Hospital data. These Workstreams have been cross referenced to the relevant QIP actions to ensure central oversight and support with prioritisation.

ASSURE:

The quarterly divisional Integrated Quality and Performance reviews have commenced, which enable a collective review of a range of leading and lagging indicators combined with clinical judgement and oversight of actions on the Charity wide QIP attributable to the relevant division and the Divisional QIP. This is triangulated with staffing data and financial performance.

No actions have been closed from the QIP in the period; this is to be expected as the evidence and embedding of practice is required before an action is deemed complete. This is also overseen by the Director of Improvement, Julie Shepherd.

The Quality and Safety Committee is provided with full oversight of the Charity QIP and assurance is provided through this structure.

Committee Updates
Audit & Risk Committee (14.01.22)
Quality & Safety Committee (14.12.21)

Committee Update Report to the Board of Directors

Name of Committee:
Audit and Risk Committee

Date of Meeting:
14 January 2022

Chair of Meeting:
Elena Lokteva

Significant Risks/Issues for Escalation:

Whilst there has been significant progress with the improvements required over the risk management system, the Committee remains very conscious that current risk management system can provide the Board with partial assurance only.

Two Internal Audits "Long-Term Segregation" and "Stores and Stock Control", were rated as Limited Assurance

Key issues/matters discussed:

1. Grant Thornton

The committee were introduced to the new External Auditors who presented a paper covering introductions to key audit personnel; 2021/22 deliverables and a sector update. They also highlighted two key areas of challenge that the Charity could face in the coming 12 months, firstly the impact of a government white paper on the audit profession and large corporates, which would now include St Andrew's, secondly the focus on Going Concern.

2. Risk

ARC received a new format of risk reports that assisted in providing clarity over the key messages and including the current state of the risk management system, material risks and operational risks, recognising the significant progress that is being made within the function.

The Committee asked that in future less information is provided on the operational risk registers, with a suite of 3 to 5 KPIs being introduced at the next meeting to allow ARC to draw the assurance that there is an improvement in risk management process and risk awareness culture. This will the committee to spend more time on the material risk register and BAF.

The ARC received the latest review of the Material Risk Register, of the 21 current material risks, 18 have been reviewed with the Executive Responsible in line with the agreed schedule and of which, three were identified as having increases to their residual ratings, namely Covid, Community Services and EPRR.

The Committee also received a paper on Risk Management Culture, which consisted of a

deep dive and survey into the potential root causes of some of the risk related challenges seen within the Charity over the last few years. The analysis highlighted a number of key recommendations required to strengthen the risk culture within the Charity, moving Risk Management to a business as usual function and not a "tick box" exercise, strengthening the tone from the top and agreeing KPIs that could be kinked to staff objectives.

3. Internal audit

The Committee reviewed the current internal audit update covering published reports, audit actions dashboard and progress versus IA annual plan and following an update from the IARM, noted that there were no reported overdue actions at this point in time. The level of engagement from auditees and senior management has demonstrably improved which is having a positive impact on completion of audit actions, the effectiveness of audit assignments and an improved internal control environment. Three Internal Audits have been published since the last meeting, two of which were rated as Limited Assurance (Long-Term Segregation and Stores and stock control). The committee reviewed and endorsed changes to the agreed annual plan, including support relating to the global Kronos outage, advisory work on the Charity's Well-Led processes and additional audit on Data Security Protection Toolkit 21/22 submission.

ARC received and considered a paper on IA Resourcing, which following the paper discussed at the last ARC highlighted seven potential options for the IA and Risk function. These were discussed at length and the Committee approved a variation on one of the options whereby the IA function would continue to have access to third-party audit resource to assist on specific audits, along with an increase to the Risk Management resource of one FTE member of staff (in line with EY recommendations).

4. Counter fraud

The Committee received and reviewed the latest counter fraud activity update that included information on proactive counter-fraud work, referrals for potential fraudulent activity in the previous period and wider horizon scanning for issues that may impact the Charity. The Committee was satisfied with Local Counter Fraud Specialist work.

5. IT and Cyber Security

The Committee received and noted IT and Cyber Security update that covered the on-going work relating to the impact of the global Kronos outage, future business continuity actions for IT and the ISO27001 Re-validation. The Charity were successful in achieving its re-validation with no findings of significance.

6. Whistleblowing and Speaking Out

The Committee received and considered an annual update on the Charity's Whistleblowing and Speaking Up processes. This covered the Charity's methods for employees' raising concerns including, Safecall, Freedom to Speak up guardians; line management; employee relations and HR, unions, Exec Listening sessions and many other avenues. The Committee was satisfied with the adequacy and security of the charity's arrangements.

7. Board Assurance Framework

The Committee received an update on the next stages for the development and roll-out of the Charity's new BAF and noted that it was fully aligned with the finalising of the Charity's new Strategic direction and objectives. Once these were agreed, the principal risks would

be agreed and the BAF populated. The BAF would then be aligned to the material risk register and updated to include a risk appetite before being brought back to the committee in April.

8. Annual Accounts and RCF 2022/23 timeline

The Committee received an updated timeline for the 2021/22 Annual Accounts and RCF renewal process. This was in line with discussions at the December extra-ordinary ARC and involved a re-alignment of previously agreed ARC meetings to the updated and more realistic timeline worked through with the banks and the Charity's finance team. The revised timeline results in proposed changes to the September ARC meeting, along with an additional extra-ordinary Board meeting and the rescheduling of the AGM from October 2022 to November 2022.

Decisions made by the Committee:

- Approved the IA Resource option relating to use of co-sourced IA where necessary and increasing the risk management staffing by one FTE member of staff
- Approved the proposed adjusted timeline for the RCF and annual accounts process
- Agreed to move the September ARC meeting to October

Implications for the Charity Risk Register or Board Assurance Framework:

A new suite of operational risk related KPIs are to be adopted for future ARC reports.

Principal strategic risks to be agreed in conjunction with the Board Strategy Group and incorporated into the new BAF template. New Charity Risk Appetite to be agreed and added to BAF process.

Issues/Items for referral to other Committees:

- None

Issues Escalated to the Board of Directors for Decision:

- Agreement of revised ARC dates and implications to Board of Directors and AGM to be discussed at January Board in line with re-submission of Court, Board and Committee Calendar for 2022/23.

Appendices:

- None

Committee Escalation Report to the Board of Directors

Name of Committee: Quality and Safety Committee (QSC)

Date of Meeting: 14 December 2021

Chair of Meeting: Professor David Sallah

Significant Risks/Issues for Escalation:

- Solutions to the patient record system issues highlighted within the Community Services division are being embedded and the committee continues to monitor the impact and outcome
- The committee received an update on the NHSE/I input into quality improvement across the Charity following CQC recent Inspection report. Working with NHFT through The Buddy Forum, we have identified nine workstreams for improvement. The Committee requested regular updates on the progress of this improvement partnership
- Reviewed last quarter serious incidents, noting the clearance of the backlog and the introduction of a weekly monitoring to ensure relevance. The Committee requested future benchmarking information.

Key issues/matters discussed:

- **Health & Safety – HSE Notice update**

  The update was presented confirming that the HSE improvement notices had now been lifted and that the investigation had been concluded. Key areas of ongoing actions and monitoring were discussed including how H&S can be more effectively embedded in day-to-day operations.

- **Patient Records Update – Community Partnerships**

  The committee noted that the issues were being addressed and that all services have a RiO system in place, with assurances forthcoming on maintaining the correct level of patient records. A quarterly audit programme is now in place to monitor the patient records. On-going risks in this area were being managed by the IT function.

- **Safety Nurse removal**

  The committee received a paper on the proposal to remove the ward based safety nurse roles. Feedback from the nursing teams was that much of this role was duplication and did not offer any assurance around patient safety. A new staffing framework has been piloted and proposed to replace the existing role that captures all the key responsibilities and will provide the necessary assurance over patient and staff safety. The committee approved the proposal to remove the safety nurse role.

- **Capacity utilisation update**

  The committee received a status update on the Capacity Utilisation Programme's final phase (with two remaining ward moves and a ward opening), highlighting the quality benefits from the project.

- **Birmingham Division deep dive**

  The deep dive was presented by the division and noted. The division used the recently introduced new template that ensured the key areas of focus requested by the Committee were included for discussion, including principal function; CQC ratings; areas of good practice; areas of concern and action plans in place. Discussions covered leadership, morale, open culture' learning from events and clinical governance.

- **Essex Division deep dive follow-up**

  The deep dive follow-up was presented by the division and noted. Discussions focussed on the previous pessimistic view applied to the divisions self-assessment against the KLOEs and that following further review and the gaining of wider assurances (utilising the quality leads and other internal audits), many of the areas were now assessed as "green". The report also demonstrated the progress being made on actions and previous areas of concern and focus.

- **Executive Medical Director report**

  The committee noted the EMD report, that included updates on Clinical Governance; quality improvement via the buddy relationship with NHFT and the introduction of the nine quality workstreams; divisional clinical models and the trial of the Charity's E-observation programme. The committee requested that further information on clinical models is provided once all are in place.

- **Chief Nurse report**

  The committee noted the Chief Nurse report, that included further updates on Safer Staffing, the eRostering Solution (Allocate) and the introduction of a CQI approach to the revised approach to handovers.

  Staffing number levels and solutions remain a key focus, with the eRostering solution and implementation of MHOST ongoing.

- **Quality Improvement Plan and Women's Service CQC progress**
  The quality Improvement plan and progress update on the CQC related actions for the Women's service were presented together and noted. The work being done within the service was having an impact and improvements were being seen in clinical supervision and in KPIs relating to protection from harm. KPIs were being introduced for the next meeting as well as a clear report showing actual progress against each CQC action.

- **Serious Incidents**

  The serious incidents in the last period were reviewed, noting the clearing of the historic backlog and the introduction of a weekly triage meeting to address the incidents. The committee requested more benchmarking information within the report to facilitate wider discussion.

- **Integrated Performance Report**

  The Integrated Performance Report template was presented and noted. It was agreed that the report would be supported by an executive summary and dashboard to improve the its effectiveness.

- **Covid-19 update**

  The committee noted the latest Covid update that highlighted the latest Covid statistics, including the increase in staff absences and the status of the vaccination programme. The committee stressed the need to ensure the appropriate IPC measures were in place to mitigate against the increased infection rates being seen.

- **Quality and Safety Group (QSG)**

  The Quality and Safety Group report was received and noted. The splitting of the group was discussed, with one meeting now for compliance (chaired by the Deputy Medical Director) and one focussing on quality (chaired by the Chief Nurse).

- **Mental Health Law Steering Group (MHLSG)**

  The Mental Health Law Steering Group report was received and noted.

Decisions made by the Committee:

- **Safety Nurse removal**

  The committee approved the proposal to remove the safety nurse role.

Implications for the Charity Risk Register or Board Assurance Framework:

- Material Risk R263 – Regulatory and Compliance Risk - following a comprehensive review led by the IA&RM the risk is being split between clinical and non-clinical related risks. 36 clinical related risks that are associated with the material risk have been identified and the future QSC deep dive will focus on these.

Issues/Items for referral to other Committees:

- None

Issues Escalated to the Board of Directors for Decision:

- None

Appendices:

- None

Committee Escalation Report to the Board of Directors

Name of Committee: Governance Oversight Group

Date of Meeting: 17 December 2021

Chair of Meeting: Paul Burstow, Chair of the Board

Significant Risks/Issues for Escalation:

None at this stage.

Key issues/matters discussed:

1. Programme Reporting template.
2. Terms of Reference template for Committees of the Board.
3. Duties of the Charity – Matters Reserved for Board.
4. Change to administrative support.
5. Scope change to programme, to include clinical governance.

Decisions made by the Committee:

1. The Programme Reporting template was approved, including activities and specific milestones so that performance against the project aims could be measured.
2. The Terms of Reference template was discussed, with the changes proposed by the members agreed, which included an annual timetable of activity, and standard agenda within the TOR; a separate overarching document, with a chart of accountability and delegation; quality and content approval of papers; and roles of members and attendees, which would be produced in conjunction with the TOR.
3. The Duties of the Charity paper was declined. It was agreed that Appendix K of the EY would be the framework for Matters Reserved for Board and the Duties of the Committees would be redrafted in January 2022.
4. The proposal to support the Board and Committees centrally by the company secretariat, and the CEC and Senior Leadership Team by Exec Assistant, was declined. Further work to be performed in this area to ensure that whatever structure is agreed there would be consistency in the meetings and associated reporting / documentation.
5. The proposal to include clinical governance as part of the programme was declined.

Implications for the Charity Risk Register or Board Assurance Framework:

None at this stage.

Issues/Items for referral to other Committees:

Committee Chairs will be consulted with draft Terms of Reference in January 2022.

Appendices:

- Appendix A - Terms of Reference

<p align="center">**Governance Oversight Group**</p>

<p align="center">**TERMS OF REFERENCE**</p>

1. Purpose

The purpose of the Governance Oversight Group (the "Group") is to provide oversight and gain assurance on the overall Programme and implementation of recommendations as laid out in the Ernst and Young Governance and Risk Review Final Report. The Group will:

- Meet at least monthly, and outside of the scheduled Board meetings
- Agree the programme plan – timescale, priorities
- Agree key performance indicators
- Agree the communication flow from the Oversight Group to the Board and the Board to the Governors
- Report to Board on progress, escalating areas of potential concern to both the Board and Responsible Executive
- Report to Board on the level of assurance gained in the effective implementation of the recommendations
- Validate the effectiveness and adequacy of all closed recommendations
- Be time bound and in-line with the agreed project timeline

The Group's responsibilities cover all aspects of Governance within the Charity.

2. Constitution and Authority

The Governance Oversight Group shall be accountable to the Board of Directors and is authorised by the Board to seek assurance on progress, providing a written report to the Board at each scheduled Board meeting and interim updates as needed.

This Terms of Reference is effective from 18th November 2021 and will be on-going until terminated by the Board of Directors upon dissolution of the Group.

3. Membership

3.1. The Governance Oversight Group shall be chaired by the Charity Chair or, in their absence one of the Non-Executive Directors within the Group membership.

3.2. Group core membership shall be made up of the following:
- Paul Burstow, Charity Chair (Chair of group)
- Andrew Lee, Non-Executive Director (Chair of Finance Committee)
- Elena Lokteva, Non-Executive Director (Chair of Audit & Risk Committee)
- Alex Owen, Chief Finance Officer
- Martin Kersey, Executive HR Director
- Sally MacIntyre, Programme Director

Whilst there is no official quorate requirement for the meeting, at least four members of the Group should be present, including the Chair or at least one Non-Executive Director and one Executive Director. Non-members may be invited to join the Group to aid discussion of a particular topic.

3.3. All members shall be required to confirm any declarations of interest at each meeting.

4. Meetings

4.1 Meetings to be held monthly

4.2 Meetings will be held in person if possible or via Microsoft Teams

4.3   Additional meetings may be convened at the request of the Chair in addition to the scheduled meetings

4.4   The Programme Director or their nominee shall act as the Secretary of the Group and maintain administrative oversight and responsibility for the Governance and Risk Review Project plan and timeline, including any associated Dashboards or project reports

5.   **Duties**

The duties of the Group shall be:

5.1   Agree the project timeline and key project milestones and performance indicators

5.2   Approve solutions proposed by the steering group to risks, issues, and conflicts.

5.3   Report to Board on the level of assurance gained in the effective implementation of the recommendations

5.4   Agree the communication flow from the Board to the Governors

5.5   Review the Performance Dashboard

5.6   Validate the effectiveness and adequacy of all closed recommendations and request appropriate follow-up by the appropriate function or governance group/committee

5.7   To review the Risk and Issues Log

5.8   To identify and agree new recommendations that may arise through the scrutiny of the agreed recommendations

5.9   To identify any agreed recommendations that are no longer appropriate, escalating these to the Board with a clear explanation as to the reasons why and to recommend any additional requirements to Board to support the implementation of the programme.

6.   **Reporting Procedures and Other Matters**

6.1   The Governance and Risk Review Programme Plan, Risk and Issues Log and Performance Dashboard will be updated at each meeting by the Programme Director and circulated to all members following the conclusion of the meeting for confirmation and further update as required.

6.2   The Group meeting agenda and any required papers will be circulated via email by the Programme Director (or nominee) at least 5 working days before the meeting. Topics for the agenda will be generated by the members of the Group

6.3   Notes from the meeting, any action plans or any other relevant information will be distributed to the Group members within 5 working days after the meeting.

6.4   The Chair of Group will ensure a written report on progress against the programme plan is provided to the Board at each scheduled Board meeting and interim updates as needed.

6.5   These Terms of Reference are to be approved by the Group, and ratified by the Board

November 2021

Paper for Board of Directors

Topic	Court, Board of Directors and Committee Calendar and Board of Directors Annual Work Plan - **Resubmission**
Date of meeting	Thursday, 27 January 2022
Agenda item	**12**
Author	Duncan Long, Company Secretary
Responsible Executive	Paul Burstow, Charity Chair
Discussed at previous Board meeting	Annual Paper, discussed at previous Boards
Patient and carer involvement	Not appropriate in this instance
Staff involvement	Discussed with responsible executives and senior management, as well as Committee Chairs and Executive Assistants.
Report purpose	Review and comment ☐ Information ☐ Decision or Approval ☒ Assurance ☐
Key Lines Of Enquiry:	**S** ☐ **E** ☐ **C** ☐ **R** ☐ **W** ☒
Strategic Focus Area	Quality ☒ People ☐ Delivering Value ☐ New Partnerships ☐ Buildings and Information ☐ Innovation and Research ☐
Committee meetings where this item has been considered	Board of Directors 25th November 2021 Audit & Risk Committee 14th January 2022

Report summary and key points to note

The previously approved board and committee calendar (Appendix 1) has been revised to accommodate a number of subsequently required amendments to meeting dates. These revisions cover the rescheduling of a number of Board of Director meetings and changes necessary to accommodate a revised timeline for the Charity's 2022/23 statutory accounts review and approval process. The revised timeline impacts on the Audit and Risk Committee, Board of Directors and Court of Governors, necessitating a change to the planned Annual General Meeting and the addition of an extra Board meeting. Key changes to note:

Court of Governors:
- Expanding 25th February Court of Governors to accommodate a joint development session at the end with the Board of Directors
- Move Court of Governors from May 27th to May 20th
- Introduce a Court of Governors on 30th September, following the rescheduling of the Annual General Meeting from 28th October to 25th November

- Cancel the Court of Governors scheduled for 16th December 2022.

Board of Directors:
- Move from 26th May to 27th May
- Move from 28th July to 26th July
- Move Strategy/Development Day from 29th July to 25th July
- Introduce an additional Board of Directors meeting on 28th October (utilising old Annual General Meeting date) to accommodate review and approval of Statutory Accounts following revised timeline
- Move from 24th November to 22nd November
- Move from 26th January to 24th January 2023
- Move Strategy/Development Day from 31 March 2023 to 10th February 2023 (joint session with CoG)
- Move from 30th March to 31st March 2023.

Audit and Risk Committee:
- Move from 18th July to 21st July
- Move from 19th September to 17th October
- Move ARC Annual Report Page turning session to September (date and time to be arranged).

As stated previously, the proposed schedule is based on the existing committee structure and will need to be further considered as the Governance Project progresses, accounting for any changes in committees, committee responsibilities and review and approval processes. Furthermore, consideration may be required to some of the timings of meetings once more meetings return to a face-to-face format, rather than the Microsoft Teams based meetings (or hybrids thereof) as individual member's availability may need reviewing. This could include moving Board meetings to later in the day to allow for members' travel arrangements.

Once the revised calendar is approved, meeting invites will be updated to accommodate the new meetings.

The Board of Directors is asked to consider the revised meetings calendar (taking into account the possible impact of the on-going Governance Project) and if in agreement, approve the proposed changes.

Appendices

Appendix 1 – Revised Court, Board and Committee Meeting Calendar up to March 2023

Court of Governors, Board of Directors and Sub-Committee Dates January 2022 – March 2023

Month	Court of Governors	Board of Directors	Board Strategy / Development Day	Nomination and Remuneration Committee	Finance Committee	Audit & Risk Committee	Quality and Safety Committee	People Committee	Research Committee	Pension Trustees	Investment Committee
January 2022		27 January 2022 Pt 1 9.30 am – 13.00 pm Pt 2 13.15 pm – 15.00 pm	20 January 2022 9.30 am – 3.30 pm NHS Providers	11 January 2022 9.00 am – 10.00 am		14 January 2022 9.30 am – 12.30 pm					January 2022 (date to be confirmed)
February 2022	25 February 2022 11.00 am – 3.00 pm (Includes Development session with BoD)		25 February 2022 11.00 am – 3.00 pm (With CoG)				8 February 2022 9.30 am – 12.30 pm	10 February 2022 3.00 pm – 5.00 pm	2 February 2022 2.00 pm – 5.00 pm	3 February 2022 10.00 pm – 1.30 pm	
March 2022		24 March 2022 Pt 1 9.30 am – 13.00 pm Pt 2 13.15 pm – 15.00 pm	17 March 2022 9.30 am – 3.30 pm NHS Providers 25 March 2022 9.30 am – 3.30 pm	8 March 2022 9.00 am – 12.00 pm	18 March 2022 12.30 pm – 15.30 pm						
April 2022			21 April 2022 9.30 am – 3.30 pm NHS Providers			19 April 2022 9.30 am – 12.30 pm	12 April 2022 9.30 am – 12.30 pm				
May 2022	20 May 2022 11.00 am – 2.00 pm	27 May 2022 Pt 1 9.30 am – 13.00 pm Pt 2 13.15 pm – 15.00 pm	25 May 2022 9.30 am – 3.30 pm NHS Providers	10 May 2022 9.00 am – 10.00 am			Quality Account - Page Turning session 26 May 2022 13.30 pm – 15.30 pm	12 May 2022 3.00 pm – 5.00 pm	4 May 2022 2.00 pm – 5.00 pm		May 2022 (date to be confirmed)
June 2022	9 June 2022 11.00 am – 3.00 pm (Joint Development Day with BoD)	09 June 2022 Quality Account Approval 9.30am – 10.30am	9 June 2022 11.00 am – 3.00 pm (Joint with CoG)				14 June 2022 9.30 am – 12.30 pm				
July 2022		26 July 2022 Pt 1 9.30 am – 13.00 pm Pt 2 13.15 pm – 15.00 pm	25 July 2022 9.30 am – 3.30 pm	5 July 2022 9.00 am – 10.00 am	15 July 2022 9.30 am – 12.30 pm	21 July 2022 9.00 am – 12.00 pm				7 July 2022 10.00 pm – 1.30 pm	
August 2022							16 August 2022 9.30 am – 12.30 pm	11 August 2022 3.00 pm – 5.00 pm	3 August 2022 2.00 pm – 5.00 pm		August 2022 (date to be confirmed)
September 2022	30 September 2022 11.00 am – 2.00 pm	29 September 2022 Pt 1 9.30 am – 13.00 pm Pt 2 13.15 pm – 15.00 pm		6 September 2022 9.00 am – 10.00 am	23 September 2022 10.00 am – 13.00 pm	Annual Report Page Turning session - Date & time TBC				September 2022 10.00 pm – 1.30 pm (date to be confirmed)	
October 2022		28 October 2022 SAH & SAPML Accounts approval 9.30 am – 11.00 pm				17 October 2022 9.00 am – 12.00 pm	11 October 2022 9.30 am – 12.30 pm				
November 2022	25 November 2022 11.00 am – 2.00 pm AGM	22 November 2022 Pt 1 9.30 am – 13.00 pm Pt 2 13.15 pm – 15.00 pm	4 November 2022 9.30 am – 3.30 pm	7 November 2022 9.00 am – 12.00 pm	18 November 2022 9.30 am – 12.30 pm			10 November 2022 3.00 pm – 5.00 pm	2 November 2022 2.00 pm – 5.00 pm		November 2022 (date to be confirmed)
December 2022							13 December 2022 9.30 am – 12.30 pm			December 2022 10.00 pm – 1.30 pm (date to be confirmed)	

Month	Court of Governors	Board of Directors	Board Strategy / Development Day	Nomination and Remuneration Committee	Finance Committee	Audit & Risk Committee	Quality and Safety Committee	People Committee	Research Committee	Pension Trustees	Investment Committee
January 2023		24 January 2023 Pt 1 9.30 am – 13.00 pm Pt 2 13.15 pm – 15.00 pm		10 January 2023 9.00 am – 10.00 am		23 January 2023 9.00 am – 12.00 pm					
February 2023	10 February 2023 11.00 am – 3.00 pm (Includes Development session with BoD)		10 February 2023 11.00 am – 3.00 pm (With CoG)				14 February 2023 9.30 am – 12.30 pm	9 February 2023 3.00 pm – 5.00 pm	1 February 2023 2.00 pm – 5.00 pm		
March 2023		31 March 2023 Pt 1 9.30 am – 13.00 pm Pt 2 13.15 pm – 15.00 pm		7 March 2023 9.00 am – 12.00 pm	13 March 2023 9.30 am – 12.30 pm						

Paper for Board of Directors

Topic	Integrated Quality Performance Report
Date of Meeting	Thursday, 27 January 2022
Agenda Item	**14**
Author	Anna Williams (Director of Performance), Kevin Mulhearn (Finance Director) and Lara Conway (Deputy Director of Workforce Planning)
Responsible Executive	John Clarke
Discussed at Previous Board Meeting	Routine paper with an iteratively improving approach. This specific version has not been previously discussed.
Patient and Carer Involvement	Patients and Carers have not been directly involved in this paper. The voice of those we work with will be included as part of PREMs. Insight gained from PREMs will be used to inform the measures included within the Integrated Quality and Performance Report.
Staff Involvement	Staff have not been involved in this paper. The voice of staff will be included via the outputs of Your Voice and a proposed experience / morale metric that is more frequent.
Report Purpose	Review and comment ☒ Information ☐ Decision or Approval ☐ Assurance ☐
Key Lines Of Enquiry:	**S** ☐ **E** ☐ **C** ☐ **R** ☐ **W** ☒
Strategic Focus Area	Quality ☒ People ☒ Delivering Value ☒ New Partnerships ☐ Buildings and Information ☐ Innovation and Research ☐
Committee meetings where this item has been considered	The quality 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

Integrated Quality & Performance reporting improvements update

The improvements planned for this report have been severely hampered by the necessity to redirect the Performance and Business Intelligence functions to support the interim solutions mitigating the Kronos unavailability.

Improvements delayed
- Expanding the IQPR scorecard to include HONOS, PREMs and key leading indicators
- Including position against target as well as SPC variation for each metric (available for people metrics currently)
- Further development of rolling averages and forecasting

Whilst the reintroduction of Kronos is planned by the end of January, the extent of remedial manual activities is being assessed. Every effort will be made to deliver the above improvements for the next Board meeting. PREMs data and a summarised ward level quality snapshot have been added to this month's report.

December review

Quality – at a Charity level, the quality KPIs (included in quality scorecard) show no areas of special cause concern. At ward level 92% of the quality KPIs (the 11 KPIs across 64 wards / services) are either in control, have little or no data or show a statistically insignificant trend. The quality scorecards for each division and ward were shared at the last QSC. Benchmarking insight gathering is on-going, in order to derive targets. Leading indicators continue to be a focus and will be shared in the upcoming QSC.

People – training and agency spend are favourable to target. The Kronos outage has necessitated a significant volume of interim processes in order to manage staffing. Sickness % remains impacted by Covid and adverse to target. In common with other healthcare providers, both locally and nationally, the Charity is working tirelessly to mitigate potential impacts to patient care. Voluntary turnover is adverse to target yet benchmarks favourably. Remedial actions are shared in the report.

Finance – December 2021 Year to Date net surplus is £1.55m better than the re-forecasted position. Occupancy is in line with the expectations set out in the reforecast. Cash balances held are better than forecasted due to the Net Surplus favourable position.

Appendices

St Andrew's Healthcare Integrated Quality Performance Report

January 2022

1) Quality Scorecard

Quality Scorecard at a Charity level there are no special cause concerns. The underdevelopment addition of benchmarked targets for 22/23 will support the identification of areas of comparative improvement requirement. The planned inclusion of leading indicators and additional quality metrics will complete the view.

Charity Position

_	Incident	Violence	Incident L1	Incident L2	Incident L3	SI	Restraint	Seclusion	LTS	ES Episodes	ES WTE
StAndrews	In Control	In Control	In Control	In Control	In Control	Improvement (trend down)	In Control	In Control	In Control	Improvement	Improvement

Divisions

-	Incident	Violence	Incident L1	Incident L2	Incident L3	SI	Restraint	Seclusion	LTS	ES Episodes	ES WTE
ASDLD	In Control	In Control	In Control	In Control	In Control		In Control	In Control	In Control	Improvement	In Control
Bham	In Control	In Control	In Control	In Control	In Control	Improvement (trend down)	In Control	In Control	Improvement	Improvement	In Control
CAMHS	In Control	In Control	In Control	In Control	In Control		In Control	In Control	In Control	In Control	In Control
ComServ	In Control	In Control	In Control	In Control	Improvement (trend down)		In Control				
Essex	In Control	In Control	In Control	In Control	In Control		In Control	In Control	In Control	Improvement	Improvement
LSSR	In Control	In Control	In Control	In Control	In Control		In Control	Concern	Improvement (trend up)	In Control	In Control
MS	In Control	Improvement	In Control	In Control	In Control	Improvement (trend down)	In Control	Improvement	Improvement	In Control	Improvement
Neuro	Improvement	Improvement	Improvement	In Control	In Control		In Control	In Control	Improvement (trend down)	Improvement	In Control

Divisional level – for LSSR seclusion presents as an area of statistical concern, with long term segregation showing an upward trend. During the divisional Integrated Quality & Performance review the clinical team confirmed that the increase in seclusion and the LTS trend related to three recently admitted PICU patients, each has responded well to treatment. For January the associated quality metrics are now back in control.

* The Charity level is an aggregate of the Divisions excluding Community Partnerships

Statistical Process Control (SPC) rule trigger icons.   Hover over icon for more info

Concerns   Improvements   In Control

Trend lines are shown for KPIs with data volume too low for statistical significance

Concerns   Improvements

Exception reporting – Enhanced Support Episodes

Enhanced Support Episodes (Per 1000 OBD)

July 2020 - December 2021 / December 2021

Enhanced Support WTE (Per 1000 OBD)

July 2020 - December 2021 / December 2021
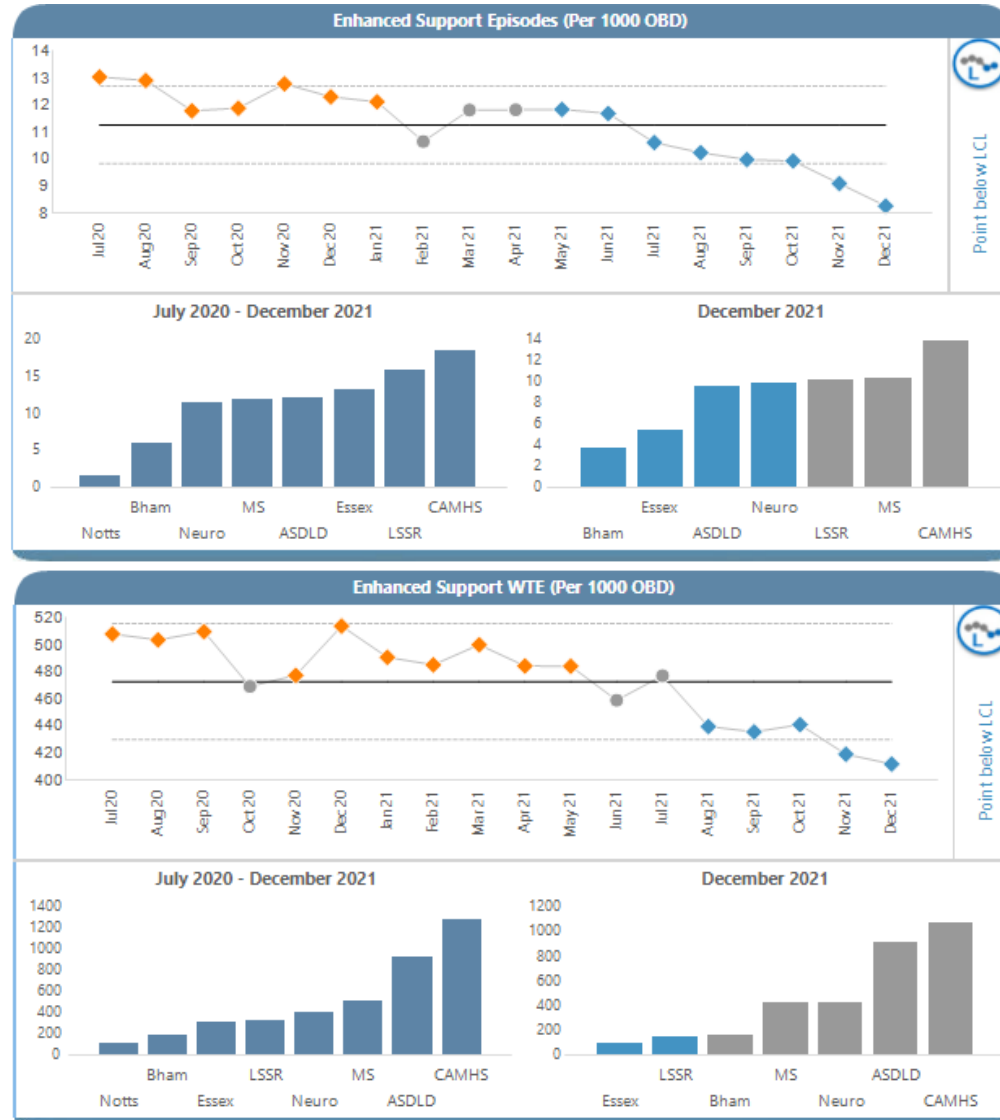
Sustained improvement - fewer new episodes of enhanced support, correlating with a reduction in the level of resource required to facilitate enhanced support. Benchmarking will inform a target for this trajectory.

93

Ward level assurance

The quality scorecard presented in this report provides a Charity position alongside a disaggregated divisional view. The Quality & Safety Committee is provided with a further level of granularity in the form of the ward level quality scorecards, associated causal analysis and remedial actions. The below table represents a hybrid – providing an overview of the status, at ward level, of the 11 current quality KPIs. In summary 92% of the ward level quality KPIs are in control, have little or no data, or show a statistically insignificant trend, 5% show statistically significant improvements and less than 3% show statistically significant concerns.

| Division | No. of Wards | No. of KPIs | SPC status across the 11 KPIs that form the Quality Scorecard | | | | | |
| | | | Concern | | Improvement | | In Control / Statistically insignificant | |
			No.	%	No.	%	No.	%
ASD/LD	13	143	7	4.90%	7	4.90%	129	90.21%
BHAM	8	88	3	3.41%	4	4.55%	81	92.05%
CAMHS	4	44	1	2.27%	2	4.55%	41	93.18%
COMSERV	2	22	0	0.00%	0	0.00%	22	100.00%
ESSEX	6	66	0	0.00%	2	3.03%	64	96.97%
LSSR	9	99	1	1.01%	6	6.06%	92	92.93%
MS	10	110	1	0.91%	5	4.55%	104	94.55%
NEURO	12	132	5	3.79%	11	8.33%	116	87.88%
TOTAL	**64**	**704**	**18**	**2.56%**	**37**	**5.26%**	**649**	**92.19%**

Whilst the above demonstrates lagging quality indicators are largely in control, the monitoring of leading indicators - including the results from Quality Assurance visits and clinical supervision rates - highlights the need for continued effort and are a focus of the Charity's Quality Improvement Plan. Detailed analysis of the clinical leading indicators and the QIP status are being shared in the upcoming Quality & Safety Committee.

Patient Report Experience Measure (PREMs)

How was your experience of the service we provide?

● Don't Know ● Very Poor ● Poor ● Neither Good nor Poor ● Good ● Very Good

| St Andrew's Divisions | 6% | 7% | 9% | 16% | 44% | 18% |

0%   20%   40%   60%   80%   100%
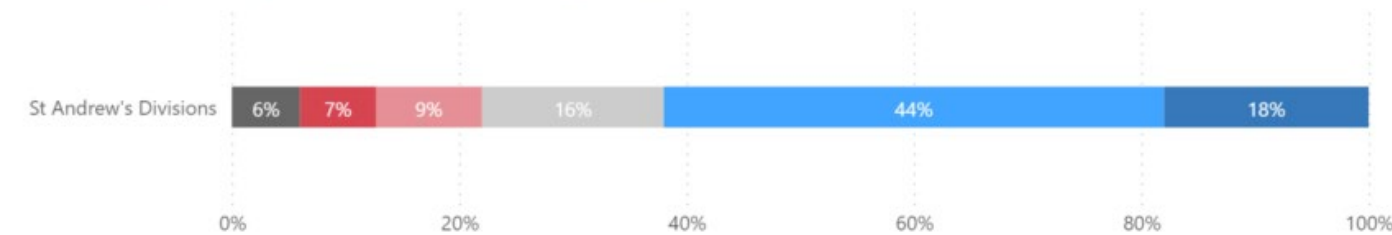
Average rating per 10 point question

ⓘ Site View
ⓘ Division View

- I feel safe here
- The staff supporting me are kind and caring
- I feel listened to by staff
- Staff spent time with me
- I know who I can talk to when needed
- I know everything I want to about my care
- I had my say about my care
- Being at St. Andrew's is helping me
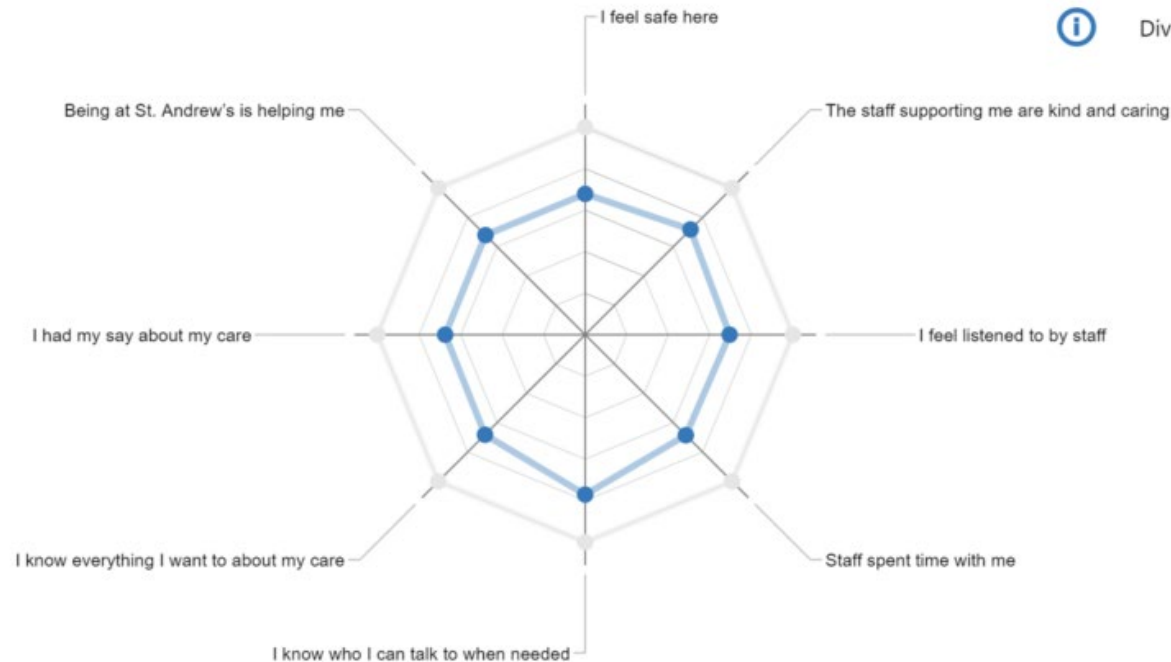
PREMs was piloted in the latter part of 2021 – the collated responses show 62% of respondents rate their experience as good or very good. The collation of data was paused whilst the questionnaire was systemised and the associated dashboard built – the improved iteration goes live late January. Actions and learnings from PREMs will be included in ward, division and Charity wide QIPs. With lesson learnt being addressed via the dedicated Embedding lessons learnt into practice workstream (one of the nine workstreams in the Improvement Programme).

95

2) People Scorecard

People Scorecard

Charity Position

Measure	Vol Turnover		Vol Turnover Month		Training		Sickness		Agency Spend		Sickness %	
-	SPC	Target	SPC	Target	SPC	Target	SPC	Target	SPC	Target	SPC	Target
StAndrews	⬤	⬤	⬤	⬤	⬤	⬤	⬤	⬤	⬤	⬤	⬤	⬤

Divisions

Measure	Vol Turnover		Vol Turnover Month		Training		Sickness		Agency Spend		Sickness %	
-	SPC	Target	SPC	Target	SPC	Target	SPC	Target	SPC	Target	SPC	Target
ASDLD	⬤	⬤	⬤	⬤	⬤	⬤	⬤	⬤	⬤	⬤	⬤	⬤
Bham	⬤	⬤	⬘	⬤	⬤	⬤	⬤	⬤	⬤	⬤	⬤	⬤
CAMHS	⬤	⬤	⬤	⬤	⬤	⬤	⬤	⬤	⬤	⬤	⬤	⬤
Essex	⬤	⬤	⬤	⬤	⬤	⬤	⬤	⬤	⬤	⬤	⬤	⬤
LSSR	⬤	⬤	⬤	⬤	⬤	⬤	⬤	⬤	⬤	⬤	⬤	⬤
MS	⬤	⬤	⬤	⬤	⬤	⬤	⬤	⬤	⬤	⬤	⬤	⬤
Neuro	⬤	⬤	⬘	⬤	⬤	⬤	⬤	⬤	⬤	⬤	⬤	⬤

At a Charity level training and agency spend are favourable to target. Voluntary turnover and sickness are adverse to the target and are explained further within the scorecard. The HR KPIs continue to be impacted by covid particularly sickness levels and the availability of agency staff. Despite these challenges there has been great progress to increase mandatory training rates.

Establishment fill rate metrics
The proportion of registered nurses employed compared to the planned establishment has not been shared, as the planned establishment is being rebased with the introduction MHOST and the current approach is not comparable.

MHOST goes live 31st January and will be supported by a new e-Rostering solution, Allocate in Summer 2022. This solution will provide greater flexibility to existing and new staff.

- The Charity Position is an aggregate of the Divisions excluding Community Partnerships & Community Services. Full charity in development.

- CAMHS is a smaller division and therefore figures may be disproportionately impacted - individual divisional reviews are in place to assess this

Statistical Process Control (SPC) rule trigger icons. Hover over icon for more info

Trend lines are shown for KPIs with data volume too low for statistical significance

Concerns ⬤ ⬤   Improvements ⬤ ⬤   In Control ⬤ | 97   Concerns ↘ ↗   Improvements ↘ ↗

Exception reporting – Voluntary turnover in year (adverse to target)
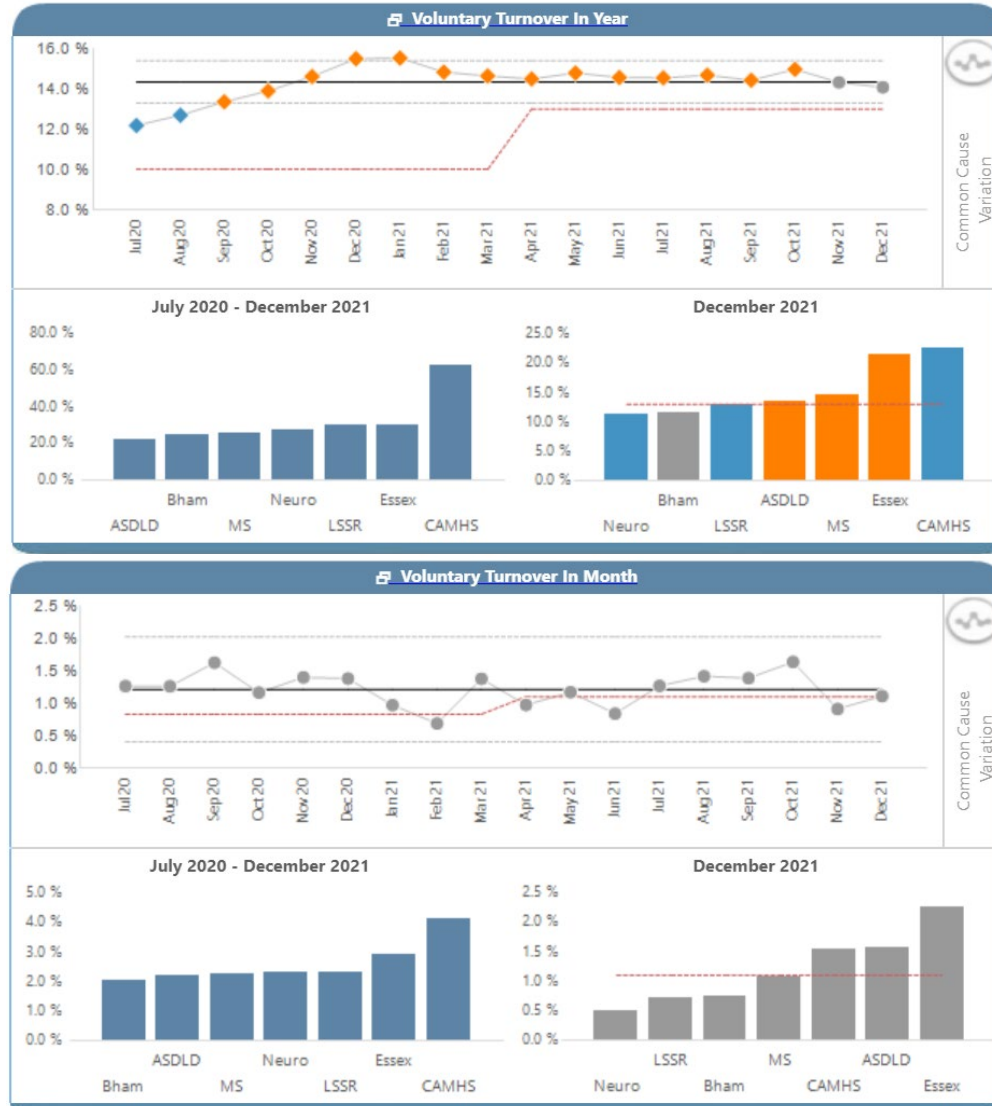
Charity wide voluntary turnover over the past 12 months is 13.5% (14% for the inpatient divisions), marginally above the 13% target. Turnover reported within the private sector ranges between 20-25%.

Reflecting recent improvements, the December monthly figure is on target at 1%, the 4th lowest rate since July 2020 (when IQPR reporting began). The Charity compares favourably in the latest NHS benchmarking (average per month, Jan to July 21) STAH 1%, with an improvement trends versus a static 1.5% for the NHS. In December there were 32 voluntary leavers, consistent with the prior month, including 12 HCAs, 6 Nurses, 3 Psychologists and 2 OTs - aligning with areas that are experiencing increased turnover internally and externally. Based on the average cost to recruit being £1,350 the cost of turnover in December (excluding backfill) was £43.2k.

Causal analysis: People report leaving the Charity for a 'better package' alongside 'worklife balance', which often relates to flexible working. Experienced individuals are being lost – with an average 4years service.

Remedial actions
- A review is in progress assessing pay progression for critical roles
- Nurse pay will increase in April 22 (as per agreed staggered increase)
- Project to increase flexible working options linking to Allocate
- Managers capability continues to be reviewed and managed
- Workforce resilience and agility programme focusing on wellbeing

Exception reporting – Mandatory Training & Agency Spend
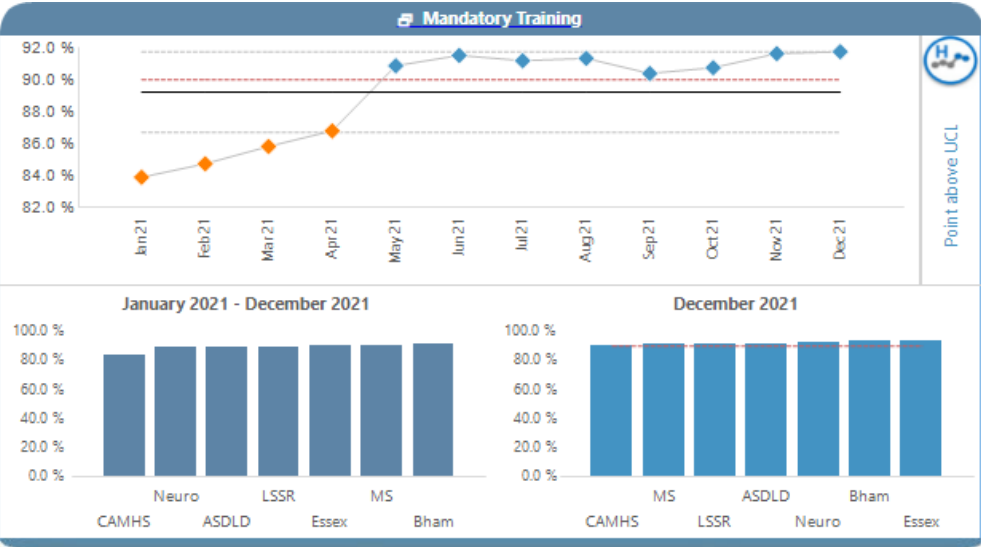
Charity wide mandatory training has seen an upward trend since Sept 2021 and is at 92% in December, with all divisions above the 90% target. This is a notable achievement considering the impact of sickness in recent months. There has been a particular increase in ILS, which is now above target at 92%.

The areas for continued focus are BLS, MAPA and Safeguarding Level 3.
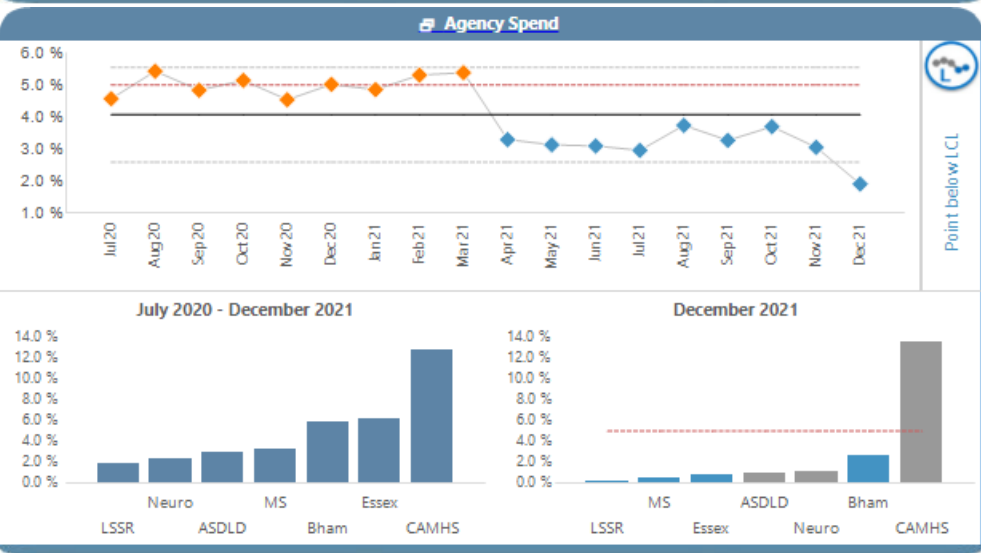
Charity wide agency spend is 1.9%, the lowest point since IQPR reporting, with a cost in December of £109k. All divisions are below the tolerance except CAMHS at 13.6% (although this is a smaller service).

Part of the reason for a lower overall percentage is that agency staff are not currently available to work. The Charity are working closely with agencies to increase numbers for specific wards and support staffing.

Exception reporting – Sickness (adverse to target)

Sickness Avg Days Lost In Year

Point above UCL

July 2020 - December 2021

December 2021

Bham, Essex, LSSR, MS, Neuro, ASDLD, CAMHS

Sickness % In Month

Common Cause Variation

July 2020 - December 2021

December 2021

Average sickness charity wide (for a rolling 12 month period) remained at 18 days (20.7 for divisions). December was 8%, 35k hours of working time, at a cost of £362k (£253k for wards). Current levels, whilst not reaching previous highs, reflects the on-going impact of Covid, are in excess of the charity wide target and have a significant impact on staffing, which is anticipated to continue for January.

Short term absence levels remain high, with a small increase in long term absence to 98. Due to the unique nature of the charity, benchmarking to comparable organisations is challenging. Overall NHS sickness levels are largely static at 4.6%. 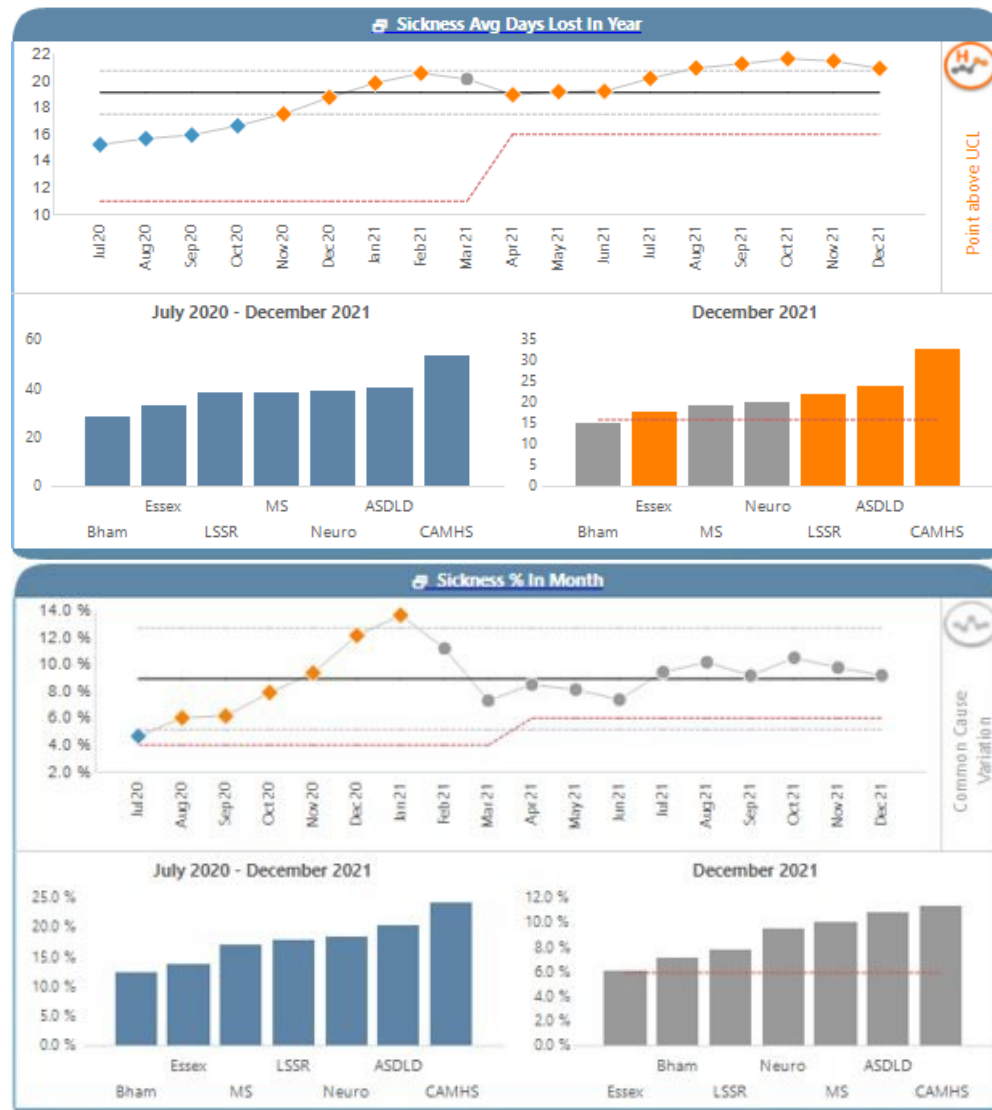However, NHS figures include both acute and community services which typically have lower sickness rates than services support mental health.

The Kronos outage meant that absence could not be cross checked against SAP and therefore the pending reconciled figure for December is likely to be higher particularly considering the increase in Covid cases.

Remedial actions
- The staffing action plan reviewed at People Committee includes a focus on absence management
- The continued roll out of vaccination programmes
- The employee relations and Central Absence Team are providing central support and management for sickness management
- A continued focus on wellbeing via the Workforce Resilience and Agility strategy workstream

100

Finance overview

Finance Overview

Commentary

December 2021 Year to Date net surplus is £1.55m better than the re-forecasted position.
- £1.3m of the YTD position is due to direct cost savings and relational to lower staffing levels than forecasted.
- Bed occupancy has been in line with the reforecast, although the divisional mix (more CAMHS patients) has increased inpatient income.
- Other operational costs are £150k below forecast, with lower project spend incurred as the Charity focussed on Kronos recovery and the current COVID wave during the last few months.

Occupancy is in line with the expectations set out in the reforecast. We continue to meet with divisional colleagues on a monthly basis to review occupancy and predict future months activity. Future admissions over Qtr4 will be determined by staffing levels but we expect staffing to be positively impacted, as COVID absence reduces and go live of the new staffing MHOST model from 1 February 2022.

Cash balances held are better than forecasted due to the Net Surplus favourable position. Cash continues to be closely monitored and in March 2022 we expect to liquidate £5m of the Investment Portfolio and repay part of the loan balance; this is commercially advantageous, due to the higher interest rate applied to the Revolving Credit Facility (RCF) extension period. No breach to banking covenants occurred in the period to December 2021.

Cumulative Deficit before exceptional and project costs - December 2021

Bed Occupancy Rates

Cumulative deficit before exceptional and project costs variance to reforecast - Cumulative YTD December 2021

Cashflow summary to December 2021	(£'m)
Opening cash position at 1/4/2021*	(14.0)
YTD Capex expenditure	(1.5)
YTD Proceeds asset disposal (Springhill House)	1.8
YTD working capital movements	(4.4)
YTD net deficit	(9.3)
YTD Investment Portfolio Gain/Dividends	(1.9)
YTD Depreciation	10.4
Closing cash position at 31/12/2021*	(19.1)
Qtr4 FY21/22 Forecasted Capex expenditure	(1.4)
Qtr4 FY21/22 Forecasted Working Capital	(0.1)
Qtr4 FY21/22 Investment Portfolio Liquidation	5.0
Qtr4 FY21/22 Net Deficit	(3.6)
Qtr4 FY21/22 Depreciation	3.2
Reforecast closing cash position at 31/03/2022*	(16.0)

Excludes stock market Investment Portfolio

103

St Andrew's Healthcare – Board Performance Report
December 2021

Finance Update

	Dec 2021 MTD			Dec 2021 YTD		
	Dec 2021 MTD Actual	Reforecast	Variance to Reforecast	Dec 2021 YTD Actual	Reforecast	Variance to Reforecast
Available beds	674	692	(18)	694	698	(4)
Occupied beds	567	566	1	576	577	(1)
Occupancy %	84.1%	81.8%	2.3%	83.0%	82.7%	0.3%
Total Income (£'000)	12,999	12,850	149	119,510	119,423	87
Total Direct costs	(6,640)	(6,930)	290	(61,787)	(63,057)	1,270
Gross surplus (£'000)	6,359	5,920	439	57,723	56,366	1,357
Total Indirect costs	(3,450)	(3,586)	136	(32,722)	(32,730)	8
Net Contribution (£'000)	2,909	2,334	575	25,001	23,636	1,365
Enabling functions (£'000)	(2,441)	(2,456)	15	(22,778)	(22,817)	39
Depreciation (£'000)	(1,124)	(1,129)	5	(10,396)	(10,396)	0
Operating Surplus/(Deficit) (£'000)	(656)	(1,251)	595	(8,173)	(9,577)	1,404
Non-operating costs (£'000)	(106)	(72)	(34)	(719)	(753)	34
Exceptional costs (£'000)	(85)	(49)	(36)	(702)	(657)	(45)
Project costs (£'000)	(109)	(204)	95	(1,125)	(1,317)	192
Disposal of Fixed Assets & Impairment	0	0	0	(164)	(180)	16
Unrealised Movement on investments (£'00	0	0	0	1,546	1,593	(47)
Net Surplus/(Deficit) (£'000)	(956)	(1,576)	620	(9,337)	(10,891)	1,554

St Andrew's Consolidated Balance Sheet 2021/22	Mar-21 Audited £M	Jun-21 Actual £M	Sep-21 Actual £M	Dec-21 Actual £M
Intangible and tangible fixed assets	209.0	205.9	203.3	198.2
Investments				
Stock Market Investments	15.7	15.8	15.9	17.6
Investment Properties	5.7	5.7	5.7	5.7
Current Assets				
Stock	0.6	0.5	0.4	0.5
Trade debtors	7.3	10.4	9.0	9.6
Other Debtors & Accrued Income	5.2	5.6	6.1	4.4
Prepayments	1.7	1.3	1.6	2.0
Cash	5.8	4.1	4.5	5.8
	20.6	21.9	21.6	22.3
Current Liabilities				
Trade Creditors	(7.6)	(4.9)	(3.8)	(2.8)
Taxation and Social Security	(3.1)	(3.4)	(3.6)	(2.8)
Other Creditors & Accruals	(8.5)	(8.6)	(9.0)	(8.6)
Staff Accruals	(4.0)	(3.3)	(3.6)	(4.4)
Deferred Income	(2.5)	(2.7)	(3.5)	(4.3)
	(25.7)	(22.9)	(23.5)	(22.9)
Net Current Assets/(Liabilities)	(5.2)	(1.0)	(2.0)	(0.5)
Total Assets Less Current Liabilities	225.2	226.4	223.0	221.0
Bank Loans (between 1 and 5 years)	(19.8)	(24.8)	(24.9)	(24.9)
Pension Scheme Liability	(0.7)	(0.7)	(0.7)	(0.7)
Total Assets Employed	204.7	200.9	197.4	195.4
Reserves	204.7	200.9	197.4	195.4

IT Security overview

IT Security Metrics (Oct – Dec 2021)

Legend	No Change	Trending Down	Trending Up

December

	OCT	NOV	DEC	RAG Rating	Causal	Remediation
Vulnerabilities not fixed within SLA Highlights the amount of infrastructure vulnerabilities that haven't been fixed within the agreed timescales	**5**	**1**	**2**		**Causal Analysis**: The 2 vulnerabilities relate to legacy Java and an out of date Mozilla Instance on the same Clinical App Server. A dispensation was not raised nor risk presented to ensure compliance. They are not relating to the November SLA breach.	**Remedial Actions:** A non-conformance has been raised against the responsible owner to agree an action plan. These vulnerabilities are on an internal server and are not internet facing.
Overdue Penetration Test Remediation The last Pen test for the Charity was in July 2021. This highlights how many findings are overdue.	**0**	**0**	**0**		**Causal Analysis**: No overdue actions again this month.	**Remedial Actions:** IT Security will continue to monitor the remediation and co-ordinate their resolution.
Security Incidents Trend of Priority 1, Priority 2 and Priority 3 incidents	P1 **0** P2 **0** P3 **2**	P1 **0** P2 **1** P3 **4**	P1 **0** P2 **2** P3 **3**		**Causal Analysis**: All incidents in December related to phishing attacks. An increase in P2 incidents this month whereby staff clicked on malicious links within phishing emails, but the links were blocked by the web filter.	**Remedial Actions:** IT Security are reviewing the current phishing awareness methods as a multi-pronged approach is required. 1:1 conversations with staff who click on links have been implemented to provide more targeted awareness as well.

106

IT Security Metrics (Oct – Dec 2021)

December

	OCT	NOV	DEC	RAG Rating	Causal	Remediation
Blocked Network Attacks — These are blocked network attacks directed at our external network edge	6,256	14,316	34,319	(Orange)	**Causal Analysis**: We are constantly being port scanned and probed by external threat actors. Our firewall is configured to block this traffic. The month of December appears to indicate a significant increase in blocked IP addresses on the firewall.	**Remedial Actions:** The increase is being monitored but does seem to coincide with the increased probing and attacks on Healthcare providers towards the end of last year.
Overdue IT Sec Audit Actions — Number audit actions and their rating from scheduled internal and external audits.	0	0	0	(Green)	**Causal Analysis**: There has been good engagement from action owners. Updates have been provided with some actions closed.	**Remedial Actions:** A dashboard has now been set up on 4action to allow for better overview. Regular catch ups are conducted with audit action owners. Next steps will be automation from 4action and ensuring action owners have visibility of 4action. (External Audit OBS)
Outstanding Operating System Patches — % of devices patched across the infrastructure. Separated into server and endpoint estate	Servers = 98% Client = 85%	Servers = 93% Client = 92%	Servers = 99% Client = 94%	(Green)	**Causal Analysis**: An average tolerance of 16% each month is expected as ~300 devices take longer to check in & update during the 4-week patching window (holiday, sickness, network speed, etc). Client devices are all built to a government secure industry standard, have anti-malware installed, are protected by the web filter even off the network and have firewalls enabled	**Remedial Actions:** The patching process for client devices is due to be reviewed with more staff working remotely or not being based in an office which causes some delays e.g. Community Partnerships.

107

IT Security Metrics (Oct – Dec 2021)

Legend	No Change	Trending Down	Trending Up

	December	

	OCT	NOV	DEC	RAG Rating	Causal	Remediation
Anti-Malware Installation Compliance % of machines on the network that have anti-malware protection installed and enabled	97%	100%	100%	*(green)*	**Causal Analysis**: None	**Remedial Actions:** None
Blocked Attacks on Staff Accounts Attempted logins from malicious actors to staff accounts. These aren't successful and are flagged by our SIEM tool	34	39	55	*(orange)*	**Causal Analysis**: Attackers perform password attacks against accounts they find on LinkedIn or through other means. They will use 1000s of common passwords through automated tools. Finance is the most targeted department per ratio of 100 staff	**Remedial Actions:** IT Security monitor these on a daily basis and will investigate to ensure they are not successful. High risk departments have Multi-Factor Authentication enabled e.g. Finance, HR, IT, Estates.
Security Awareness % of applicable staff who have completed their e-learning module on cyber security & information governance	91%	91%	88%	*(orange)*	**Causal Analysis:** L&D are seeing challenges in staff booking and being released to attend training with the current staffing challenges. Not at the required level of 95% for the Data Security & Protection Toolkit.	**Remedial Actions:** IT Sec & Info Gov have revised the training and are looking to have different training courses for different job roles to ensure staff are getting the right information at the right level. Currently with L&D to implement.

108

Navigating St Andrew's SPC charts

Target line

Proposed target for the KPI

SPC icon for the latest month

Orange icon = Special cause concern
Blue icon = Special cause improvement
Grey icon = Common cause variation
Trend line = Not enough data for statistical significance. Icon replaced by trend line.

Charity level SPC chart

Shows the trend for the last 18 months as a per 1000 occupied bed days rate

Division average for the last 18 months

Helps understand how the last 18 months compare to the latest month

Latest month by Division

Shows how Divisions are contributing to the overall charity level in the SPC chart above.

The bar colour illustrates if a Division itself has an SPC concern/improvement

Incidents (Per 1000 OBD)

Point above UCL

November 2019 - April 2021
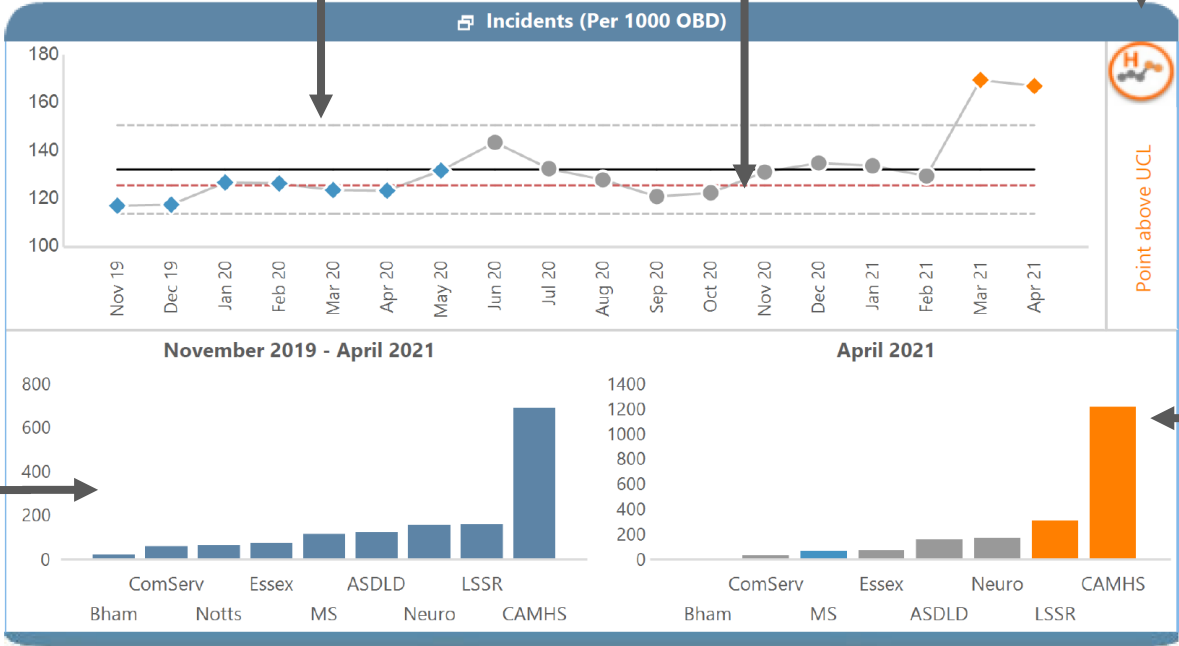
April 2021

Example Narrative

April 2021 shows an SPC special cause concern as the data point is above the Upper Control Limit.

The latest month Division chart shows that CAMHS and LSSR are high contributors, with both triggering an SPC special cause concern in their own data. Although their high contribution is in line with the last 18 months trend, the latest month rate is much higher.

Whilst the charity position is concerning, MS is showing special cause improvement for April 2021.

Divisional Presentation Incl Patient Voice

Neuropsychiatry Division
Dr Sanjith Kamath
Dr Muthu Natarajan
and
Patient

Questions for the Board
(Paul Burstow - Verbal)

Any Other Urgent Business

(Paul Burstow - Verbal)

Date of Next
Board Meeting in Public

24th March 2022
9.00am
(Paul Burstow - Verbal)