



St Andrew's
HEALTHCARE



Inclusive HEALTHCARE

DIVERSITY & INCLUSION REPORT

2020-21



Transforming lives together

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Please note, some of the photos in this report were taken before the current social distancing measures came into force.



"Equality is important to me. It always has been because everyone deserves to be listened to."

– BT, Patient

Welcome from Katie Fisher, Chief Executive Officer



Welcome to our latest Diversity and Inclusion report.

Twelve months ago, none of us could have anticipated what an unpredictable and emotional year it was going to be.

The Coronavirus pandemic has given us numerous challenges, and our staff have been on the frontline throughout, working around the clock to care for our patients. Many of our staff have worked longer hours, taken up additional shifts and also volunteered to best support our patients. I will be forever thankful that they found the energy to push through their own fears, anxieties and tiredness to put our patients first.

Supporting our most vulnerable staff has been a priority throughout the pandemic; this includes those with underlying health conditions who were required, by the Government, to shield and stay at home, as well as our colleagues from ethnic minority communities who were disproportionately impacted by Covid-19. For the latter, we provided Risk Assessments, wellbeing advice and Occupational Health support, as well as increased support from our line managers. We also prioritised our ethnic minority staff for Covid testing.

Showing our commitment to transparency and being an inclusive organisation is important to us. I am particularly passionate about understanding - and working towards removing - the barriers that stop women and ethnic minority staff achieving senior leadership positions. On a personal note, I am part of the Reverse Mentoring programme and regularly meet with my mentor, Emmanuel Mutyavaviri, who is a Senior Staff Nurse at our Birmingham hospital. I particularly value the relationship I have with Emmanuel, as he has helped me to think differently about the struggles our ethnic minority staff may have faced during their career. He has also given me insights into what it means to be a truly inclusive organisation.

While this report is an important reflection of our commitment to Inclusive Healthcare and how we are growing our people and culture, I know we have work to do. I hope you enjoy reading about our journey so far.

Katie Fisher
Katie

Public Sector Equality duty

Equality is a core value within our organisation and lies at the heart of how we deliver high quality compassionate services. It is also part of our wider Constitutional Values and our organisational culture. We are committed to promoting equality and diversity, and protecting human rights. We actively seek to explore and understand the needs of our diverse staff, service users, carers and the wider community.

We ensure we meet the aims of the Public Sector Equality Duty by:

- Eliminating unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Equality Act
- Advancing equality of opportunity between people who share a protected characteristic and people who do not share it
- Fostering good relations between people who share a protected characteristic and people who do not share it.

Introduction



Martin Kersey,
Executive HR Director

Welcome to this year's Diversity and Inclusion report, which I hope you find enjoyable and informative.

At St Andrew's, we know that diversity is one of our greatest strengths, contributing positively to our success and, most importantly, to the care we provide for our patients.

I am exceptionally proud that the Charity has one of the most diverse boards in healthcare. Our Charity Executive Committee, which oversees the day to day management of our hospitals, is also incredibly varied, with fantastic representation from both women and individuals from ethnic minority backgrounds.

We strive to treat everyone as equal, and I am proud of our recent Ethnicity Pay Gap and Gender Pay Gap results, which you can read more about in this report.

I see this report as an opportunity for us to share the experiences of our staff and the people in our care, and I hope that together we can create better understanding of the benefits a diverse mix of staff can bring.

Martin



Cheryl Nyabezi,
Diversity and Inclusion Manager

Over the last year we have made significant strides towards that inclusivity goal.

Whilst Covid has taken a toll on families and communities, it has also magnified issues around race and gender imbalances. While Trans and non-binary communities continue on their journey to become more visible and to raise awareness, many inequalities have come to light. The pressures and frustrations brought about by Covid have increased mental health awareness as well as concerns, and as an organisation we are rising to the challenge to be a part of much needed change.

Our reflections have yielded results and I am excited that we have set several plans in motion to help us address any gaps that we might have within our service, both for our staff and for patients. We also acknowledged and celebrate the good practice that we have worked so hard to attain, such as our gender and ethnicity pay gaps, our senior leadership representation and our overall adherence to core principles of diversity and inclusion.

The St Andrew's family is one I am proud to be a part of and I continue to be excited to see what else we can do together.

Cheryl

2020-2021 Diversity Summary

Ethnicity



OVER 22% of staff are from ethnic minority backgrounds



22% of our senior leadership are from ethnic minority backgrounds

15% of our Board are from an ethnic minority background

FEMALE representation has increased year on year:

64% of staff are female

50% of our leaders are female

35% of our Charity Executive Committee are female



Age



There is balanced distribution across the age bands (see page 20). This is favourable when compared to the NHS where there is an ageing workforce amongst Nurses

20%

of senior leaders have declared a disability, significantly above the 10% external benchmark



Gender Pay Gap

0% compared to the national pay gap of **15.5%**

Our Gender Pay Gap ratio is 0% - a figure we have maintained for the last 3 years. This means that our median male and female hourly rates of pay are exactly the same

8%

of senior leaders and leaders have declared their sexual orientation as LGBTQ+. This is favourable to the UK population demographic of 2.7%



Diversity and inclusion at St Andrew's



About St Andrew's

St Andrew's Healthcare is a charity that provides specialist mental healthcare for people with complex mental health needs. As a charity we exist to promote **wellbeing**, give **hope** and enable **recovery** through **innovation**.

The people who use our services come from different backgrounds and places, and have various mental and physical health needs. Some individuals need short-term, intensive support following a mental health crisis or breakdown, and some people stay with us for longer periods; for these individuals we can provide not just medical interventions, but therapy and support to help them get their lives back on track. Some patients come to St Andrew's towards the end of their life, and our expert staff care for them in as comfortable an environment as possible.

We provide care across a number of services, including Men's Mental Health, Women's Mental Health, Child and Adolescent Mental Health Services (CAMHS), Neuropsychiatry, Autistic Spectrum Disorder and Learning Disability. Our headquarters and largest site is in Northampton, but we also have facilities in Birmingham, Essex and Nottinghamshire (Winslow and Broom Cottage) which provide specialist locally-focused mental healthcare.

Across our hospitals, we provide treatment and care for over 570 inpatients who face challenges of mental illnesses, developmental disorders, brain injuries and neurological conditions. In addition we offer treatment and support for individuals within community settings and as outpatients, to different groups including former members of the Armed Forces and people within the Criminal Justice System. We also work with other services to support individuals as they leave hospital care.

Inclusive patient care

We take an inclusive approach to patient care and work hard to ensure our services and therapies are co-produced. Our Peer Support Worker programme is bringing people with lived experience of mental health recovery onto our wards, and our REDS Academy (Recovery and Every Day Skills) is going from strength to strength (see pages 12-15).

Our people

To meet our patients' needs and support their journey towards achieving hope and purpose in their lives, St Andrew's has a positive, welcoming, diverse and inclusive workforce made up of over 4,000 staff, 3,621 of which are permanent employees.

We employ more women than men, and have a higher ethnic minority population than the national average. We also have broad age distribution across our colleagues.

Charity Executive Committee

Our Charity Executive Committee oversees the day-to-day management of our hospitals. The Committee meets weekly and its 20 members come from a diverse mix of backgrounds, including both operational and clinical staff. The different experiences of the members ensures we have broad and inclusive decision-making processes, involving key clinical, operational and functional leaders.

Staff and Carer Governors

As a charity, St Andrew's is supported by up to 40 governors, whose role is both to help the charity achieve its goals and hold its leaders to account. The Board seeks governors' views on important decisions, and governor approval on the appointment of Executive Director roles.

Governors also have the option to become more involved with the charity through visiting wards, volunteering and mentoring staff. Our governors come from a wide range of backgrounds and represent different viewpoints.

The Board of Directors

We are proud of our diverse Board representation and progress we have made in this area. In 2018 our ethnic minority representation at Board was 0% and now it is 15%. Additionally, 38% of the Board are female compared with the external benchmark of 33%.



"I felt I wanted to drive change. I had seen a potential problem in my ward that should not be ignored. Everyone in the Inclusion Steering Committee (ISC) has their reasons for coming together, and that creates a great energy for positive change. I'm already surprised about how much I feel will be done."

– Sam, ISC member

Inclusion Strategy and Steering Committee

Our strategy

Our inclusion strategy is focussed on achieving Inclusive Healthcare. This means creating patient outcomes and employment opportunities that embrace diversity and promote equality of opportunity. It also means not tolerating discrimination for any reason.

Our goal is to ensure that Inclusive Healthcare is reinforced by our culture, and is embedded in our day-to-day working practices.

Our strategic aims are to:

- 1 Fix the basics
- 2 Improve ethnic minority and female representation
- 3 Focus on mental health in the workplace



"I joined the ISC to understand the impact that I can have as a leader on championing inclusion within the Charity. Growing up I was taught the importance of having role models that you can relate to, and it is essential that we are an inclusive organisation at all levels. The ISC has developed dramatically, and each meeting has had items for discussion that are both thought provoking and inspiring. The agenda is wide ranging, and has taught me to think about inclusion in areas that you wouldn't think consideration was needed. I would recommend everyone to ask the inclusion question in every area of their work."

– Catherine Vichare, Clinical Director for Community Partnerships



The Inclusion Steering Committee

Our inclusion strategy is steered by our Inclusion Steering Committee (ISC). Chaired by our CEO, Katie Fisher, the committee was formed three years ago and meets every quarter. The ISC has 15 members, with representatives from all role levels and teams across the charity, including patients.

Our current focus is on:

- 1 Post-Covid recovery and restoration
- 2 Mental Health in the workplace – including Compassion Focused Staff Trauma support
- 3 Supporting staff through changes at St Andrew's
- 4 Anti-Racism campaign

There is more information on each of these topics later in this report.



"The ISC brings together an inclusive group from all corners of the Charity, to shine a light and take action on the things that truly matter, enabling our wonderfully rich tapestry of staff to thrive and in doing so enhance the experience of those in our care. The Committee gives a voice to those who may not feel they have previously been heard and understood."

– Sue Fairbrother, Learning and Development Manager

Supporting our staff

Covid-19 support

Protecting the health, safety and wellbeing of our staff has been critical throughout the Coronavirus pandemic. At the start we implemented health, safety and wellbeing measures, and undertook regular risk assessments, where required, to support and protect our people. We have also regularly reminded staff to ensure they follow guidance for social distancing and the use of PPE.

Staff who were considered to be clinically extremely vulnerable were advised to shield in order to minimise social contact. For these staff, where possible, we supported them to work from home. For some people this has meant an entirely different set of working tasks, but our line managers have ensured they check in regularly to provide support and guidance.

Supporting our BAME staff

During the height of the Covid-19 pandemic, data from Public Health England showed more people from BAME groups (Black, Asian and minority ethnic) were dying from coronavirus than those from white ethnic groups. Once the Covid-19 vaccination programme began, the statistics also showed that this at-risk group had a hesitancy towards vaccinations.

At St Andrew's we have worked hard to ensure that our BAME community – both staff and patients – have had additional support and guidance during this worrying and confusing time. To encourage take-up of the vaccination, we have worked with our local and national NHS partners to share targeted communications.

Also, we have:

- Held virtual TEAMS events for our ethnic minority staff to find out more about the vaccine and ask our clinical teams specific questions
- Taken part in awareness-raising events with Northamptonshire Health and Care Partnership
- Prioritised our BAME staff for Covid-19 testing
- Prioritised our BAME staff for Occupational Health Support
- Offered advice on Vitamin D, including supplements and diets
- Provided a risk assessment for all BAME staff
- Increased levels of support from line managers and our BAME network
- Communicated access to our Employee Assistance Service, a 24/7 support line for all staff.

Dr Annette Greenwood Supporting our staff after traumatic events

Due to the complex nature of our patients' mental health, our staff are sometimes victims of physical, racial or verbal abuse. At St Andrew's we have a Trauma Response team, who play a vital role in offering support to help staff process the trauma they have experienced and return to work.

Dr Annette Greenwood is our Trauma Response Lead. She explained: "Over the past year, I have helped a large number of staff from across our Charity, including people from BAME communities – and in particular colleagues from the African British and Caribbean community. When English is not your first language, it can sometimes be difficult to understand what support is available to you. From my perspective, at St Andrew's there's lots on offer – but it's hard to ensure that everyone knows what is available and how to access it.

"Last year I supported staff after a racist incident on one of our wards. I helped the individuals affected to access more than just psychological support; I also helped with practical things such as arranging medical treatment and helping staff to access support from the hardship funds.

"I see my role as quite humanitarian. If a member of staff from an BAME community is injured at work, it is often more difficult for them. For example, an injury may mean a period of not being able to work – this can have a knock on effect; what if that staff member usually sends money home? Does it mean their families aren't able to eat, or educate their children? There can be a massive impact on a large number of people from this one incident. Although we have a zero tolerance approach to racism at St Andrew's, due to the severity of our patients' conditions,

incidents do sometimes occur. Staff do not always want to mention if an incident is racially charged, as they do not want to cause problems. We work hard to reassure our staff that by speaking out they are taking an important step forward in fixing the challenges they experience.

"We work tirelessly to ensure everyone feels they can have a voice, and help us to make changes. If you work for us, you can ask us for help as a member of of the St Andrew's family."



Patient involvement

At the heart of Inclusive Healthcare is our patients. Our approach is to build a holistic package of care around each individual, in order to deliver the best possible outcomes for them. Co-production is a fundamental part of this: we seek to involve every patient – and where appropriate, their carers – in designing their care.



"You have given me the most important gift that I could ask for. You have made me realise that I am a person first and a psychiatric patient second, which nobody else along this journey has ever done. You have made me feel proud again, and I am proud to have been a student at the REDS Recovery College."

– Patient, women's division

REDS Academy

All of our patients, carers and staff have access to our Recovery and Every Day Skills (REDS) Academy, which was launched in June 2018. REDS Academy offers courses designed to help people better manage their mental health and prepare them for life outside of our care. Since the Academy was launched, over 700 students have undertaken courses, including 30 people who are carers.

All of the REDS Academy courses are designed and delivered in partnership with patients and people with personal experience of mental health challenges. This co-production is vitally important to the success of the programme.

There are currently 67 courses available in the prospectus, offering a wide range of learning opportunities from understanding mental health to meditation, drama and dance. There are also courses on topics such as budgeting and how to best manage money. Due to Covid-19, REDS now deliver courses online as well as face to face, via their REDS Live programme.

All REDS Academy students (staff, patients and carers) are classed as equals, which harnesses the benefits of collaborative learning. All students at the REDS Academy receive certificates of achievement for completing courses, and all attendees are presented with red 'student' wristbands to wear.



"Having REDS in the hospital has been a real asset. The courses that have been on offer have given hope, helped set goals and shown the differences between clinical and personal recovery for both patients and staff."

– Staff member

700 students

have undertaken REDS Academy courses

Over 300

patients have studied with the Academy

67 courses

are currently available



Peer Support Workers

While Peer Support as an idea has been around for many years now, the concept of having Peer Support Workers as active staff members is a fairly new one.



"I think that the Peer Support Worker has helped one patient immensely. The patient is much calmer and really looks forward to his time with the Peer Support Worker. The patient seems to have lost that hopeless feeling that was prevalent when he first came to our ward. I'm sure that the Peer Support Worker has played a part in this."

– Staff member

Here at St Andrew's we began recruiting Peer Support Workers in 2019, and now we have 9 Peer Support Workers who support our patients on the wards. These are individuals who have been specifically hired and trained in order to use their personal experience of recovery from mental ill health to support the recovery of others. They have all, at one time, been a service user themselves, and as they have lived through mental ill health they are living proof to our patients that recovery is possible. They offer guidance, support and most importantly, hope.

Peer Support Workers are part of the multi-disciplinary team, and they work on the ward to support the recovery of patients. They are trained to specifically use their lived experience, which brings a new area of expertise to the team.

Working with the nursing team, peer support workers can help patients to identify their own recovery goals and aspirations. They spend time talking with the patients, socialising, running group activities and providing emotional support. They also have knowledge of being a Service User in the community, so they can also offer lots of practical information and signpost patients to useful resources.

Being a Peer Support Worker can be a really positive experience, and some of our Peer Support Workers have gone on to permanent jobs in Healthcare, including as a Healthcare Assistant and in Social Work.



"We come from a variety of backgrounds and levels of experience. Our main purpose is to try and provide hope on the wards, and let patients know that while it is rarely possible to be entirely free from poor mental health, you can have a meaningful and satisfying life by learning to live with it."

– Peer Support Worker



Bryn's story

Bryn is a Peer Support Worker at St Andrew's. He has been with the charity for five months, and works on Rose Ward.

Here's his story.

"I have had difficulties with my mental health for most of my life, which has been very challenging – and still is at times – but this has not held me back from being a Peer Support Worker. In fact, it has made me stronger and allowed me to grow with my role.

"With my lived experience and the skills to use this appropriately, I am able to see things from the patient's perspective while supporting them and bring hope by working on the ward.

"This job gives me the drive I needed to believe in myself, and now I've learnt the value of what I can bring – not only to the patients but the whole ward.

"It just goes to show that with the right help and support you can achieve anything, even with mental health problems. My time as a Peer Support Worker has taught me that there is an ever-growing light at the end of the tunnel, and it is not the oncoming train I used to believe it was. The hope I bring with me each day is getting bigger".

Race and Ethnicity

Over 22% of staff at St Andrew's are from ethnic minority backgrounds which is in line with the NHS and significantly higher than the national average of 12.5%.



At a senior level, our BAME representation is 22%, one of the highest in the country.

Ethnicity Pay Gap reporting

We value the importance that diversity can bring to the workplace, and we're working hard to show our commitment to transparency.

As part of our commitment to inclusion we have reviewed the relationship between ethnicity and pay in our charity. Our 2020 Ethnicity Pay Gap results highlight the difference in average hourly pay between our ethnic minority colleagues and non-ethnic minority colleagues.

When organisations publish pay gap data the median is the main measure assessed. It is calculated by listing all rates of pay for Minority Ethnic colleagues and other colleagues, identifying the ones in the middle and then identifying any pay difference.

Our median ethnicity pay gap at April 2020 was -3.9% (based on disclosed ethnicity). This compares to -2.8% last year. The calculation considers total remuneration, which means payments such as enhancements for working unsocial hours are included. The figure of -3.9% means that overall our ethnic minority employees received a higher hourly rate of pay in comparison to our non-ethnic minority colleagues when taking into account enhancement payments.

Our BAME network

Our active BAME network offers peer support and networking opportunities. The network is open to individuals who identify as BAME, but also allies and people interested in raising awareness of the issues that BAME people face. The network has a calendar of events throughout the year, tailored to the needs and tastes of members of our BAME community.

Our ethnicity pay gap is
-3.9%

Akim Bande, Nurse Manager and Co-Chair, BAME Network

"The death of George Floyd and the impact of Covid 19 on members of the BAME community have prompted many to think about what we are doing to tackle racism and discrimination, and how do we promote equality and diversity?"

"It is important that we, and by we I mean everyone, not just members of the BAME community, need to focus on championing an environment where people can speak up and be reassured that their concerns are heard and understood. We need to be working with external organisations and community groups to ensure that we are ALL aware of what constitutes racism, discrimination, hate crimes

and how to tackle these issues. There is a need to support and assist people who have witnessed or been subject to racism.

"We all have a right to expect a fair and inclusive working environment. It is important for members of our organisation, our service users and their friends and family to be aware that we do not indulge racial injustice or discrimination of any kind.

"We need to be having frank discussions. We need to be sharing our experiences. We need to be looking after each other. We need to keep learning and recognise the need for change. We need to recognise the whole human race as one."



"Injustice anywhere is a threat to justice everywhere. We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly."

— Martin Luther King Jnr —
Letter from Birmingham Jail,
April 16 1963



Juliet Muzawazi, Specialist Nurse and Co-Chair, Bame Network

"Moving to the UK several decades ago helped me view certain aspects of life from a different perspective. I had never thought barriers to progress could be linked to race. I however saw the impact of these barriers in my community and I resolved that I would never be discouraged by such for my own career.

"When the opportunity to volunteer as co-chair of the St Andrew's BAME Network came along, I saw a chance to reach out and encourage more people from BAME communities to reach for the sky. I believe in grabbing opportunities and having a tenacious attitude. 'Never give up trying, discouragement is not an option'.

I hope my support for BAME staff will motivate them to be the best they can be. I believe that an inclusive environment is a place where everyone thrives, achieves more and delivers the best quality of care. It is exciting to see that this is what St Andrew's is aiming to achieve through the different staff networks."





Black History Month

In November 2020 we celebrated Black History Month across our hospitals and community settings with the theme Empowering and Celebrating Achievements. The celebrations included cultural dress, dance, food, events and music.

One of the special events was a virtual conference, held on Microsoft Teams, which featured updates from staff across the charity - including CEO Katie Fisher, Non-Executive Director Professor David Sallah, Sanjith Kamath, Executive Medical Director and Exec Sponsor of the BAME group and Birmingham Lead Chaplain, Kartar Singh Bring. There was an opportunity to ask questions and network with speakers including the host Richard Grant Poet (AKA Dreadlock Alien), Rob Neil OBE, and Wendy Irwin (Royal College of Nursing Equalities Lead). There was an opportunity to ask questions and network. The event was attended by around 100 people from across the charity, many of whom wore cultural dress.



"This was such an inspirational day with some very thought provoking and powerful speakers. The conference led me to buy and read some of the books that were recommended throughout the day, and also inspired me to give much more thought about how we can influence change and develop understanding through education days in our College. Some highlights of the day were Dreadlock Alien's incredible poems, the Jerusalem dance and our very own Akim Bande's amazing DJ talents! I thoroughly enjoyed it and felt so grateful to be included in such an important and inspirational event."

– Cheryl Smith, Head Teacher,
St Andrew's College



"I really enjoyed attending the conference in November. As a relatively new member of staff, I found it extremely interesting and especially loved the atmosphere on the call, which was inclusive and supportive. It really showed the challenges and the changes of our history, that have made a pathway to the present. Although there is still work to be done, we have a solid foundation to build on."

– Laura Slater, Finance Assistant, Birmingham

SERVICE USER STORY:



Public Enemy: Why they matter!

Before Public Enemy, black youth were not well recognised in popular white culture. Black experiences and issues affecting young black people were not mentioned in music lyrics or many movies. These lived experiences related to suffering racism and prejudice. During the 1980s black people started to find their voice and there was no stronger voice than Public Enemy.

For me as a young black person experiencing racism from police and being divided away from other white communities, it was really positive to know that these groups were out there and available for different races. They pulled no punches in their lyrics and let people know what it was like being young and black in a divided society.

Public Enemy were underground but had a strong following. I felt strong when I heard the lyrics. I felt powerful when I heard the bass and rhythm. I felt proud when they spoke about issues relating to me.

Their band brand was a cool target that influenced Stone Island clothing. They wore black monkey boots and military clobber. They were like black cobras moving on the stage.

With the Black Lives Matter campaign, their music, fashion and lyrics reach out to many black people. There are lots of black rappers and performers but they were the pioneers. They were the first rap artists to talk about black politics. Public Enemy are more relevant than ever.

They could easily headline a Black Lives Matter concert or festival, if ever there was one organised. My life matters.

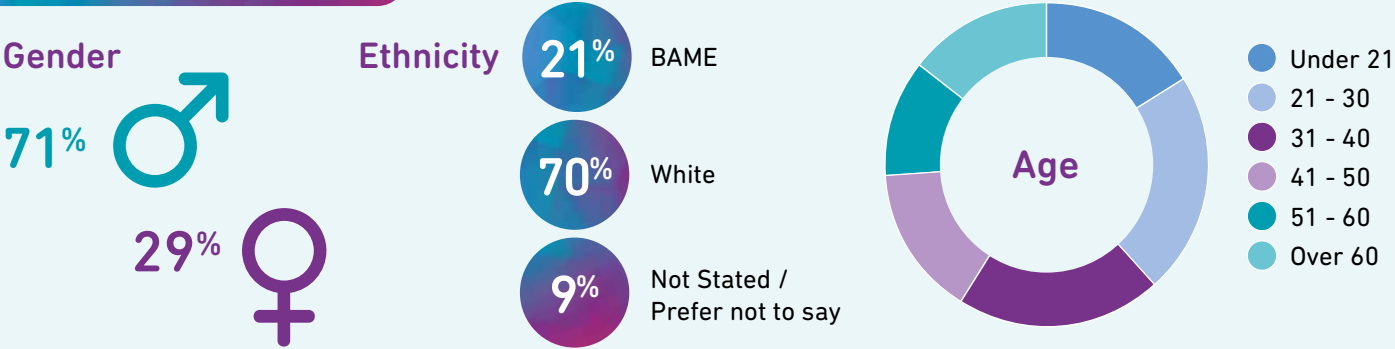
By CF, Hawksley ward.

Organisational diversity and overall representation

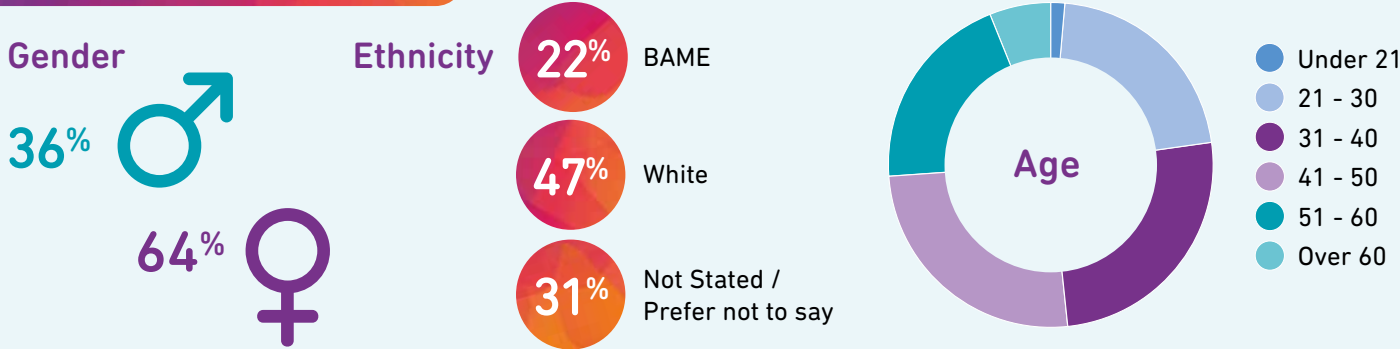
Career level numbers:

E - Senior Leaders - 21 total
D - Leaders - 26 total
C - Manager/Expert - 251 total
B - First line manager/Professional - 882 total
A - Team Leader/Core Contributor - 2,058 total

Patient demographics



Employee demographics

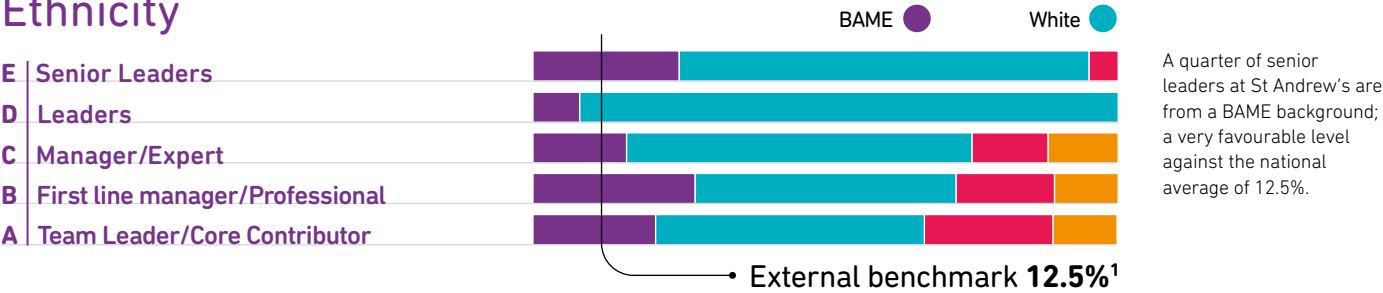


The below does not include people recruited to Workchoice, our internal staff bank for workers on flexible, zero hours contracts.

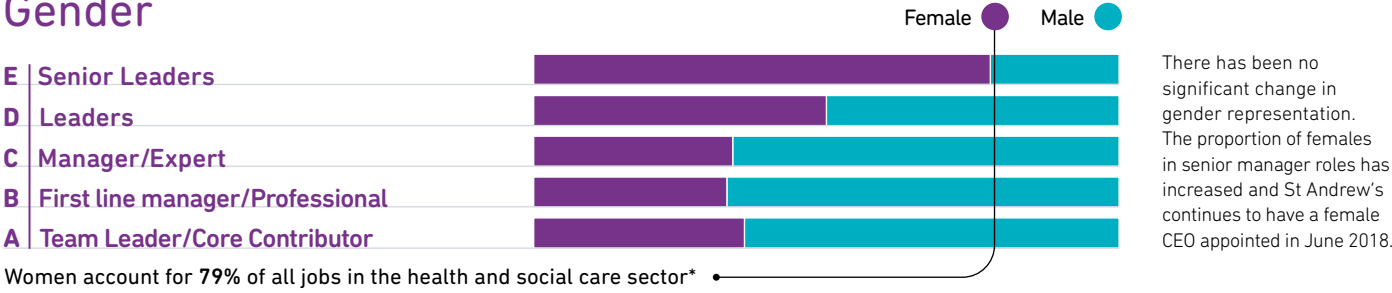
Prefer not to say
Not Stated

Total number of permanent employees
3,261

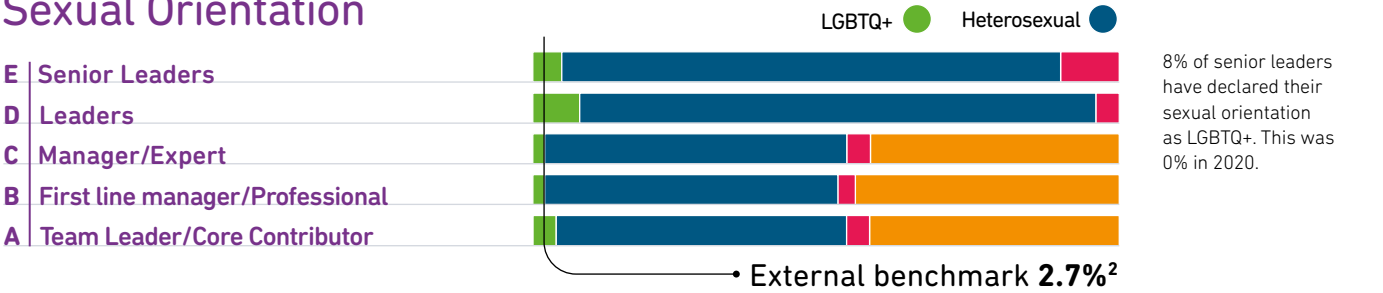
Ethnicity



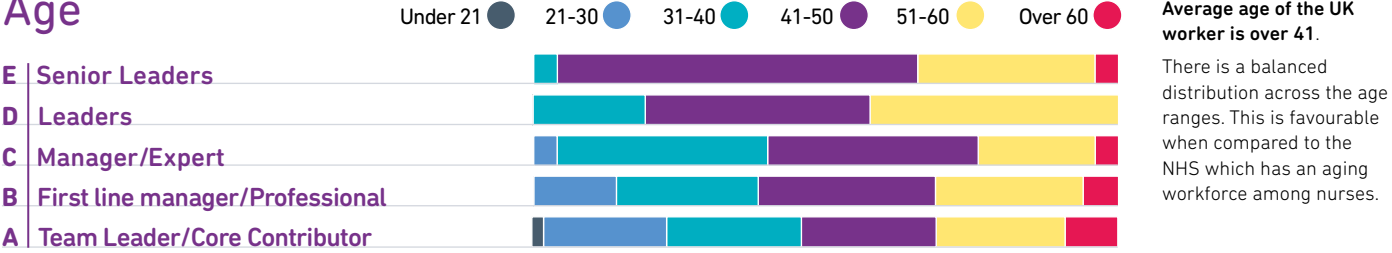
Gender



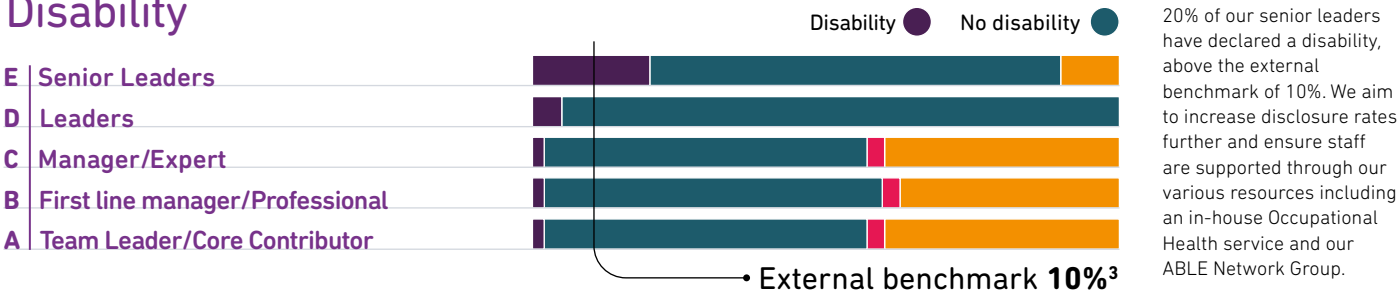
Sexual Orientation



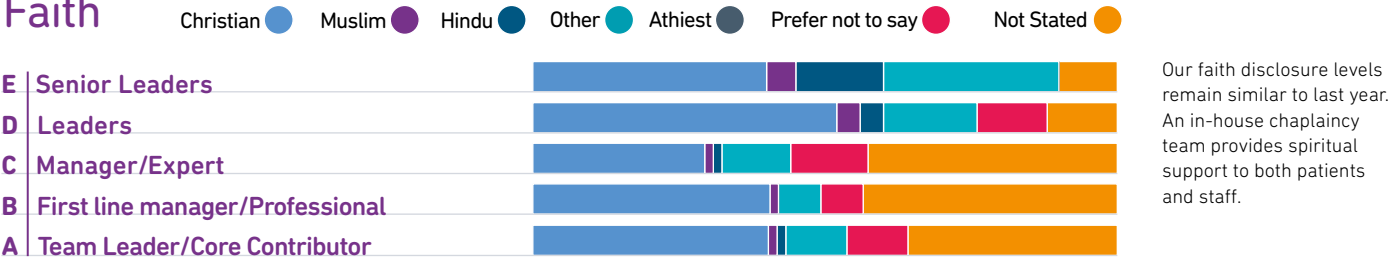
Age



Disability



Faith



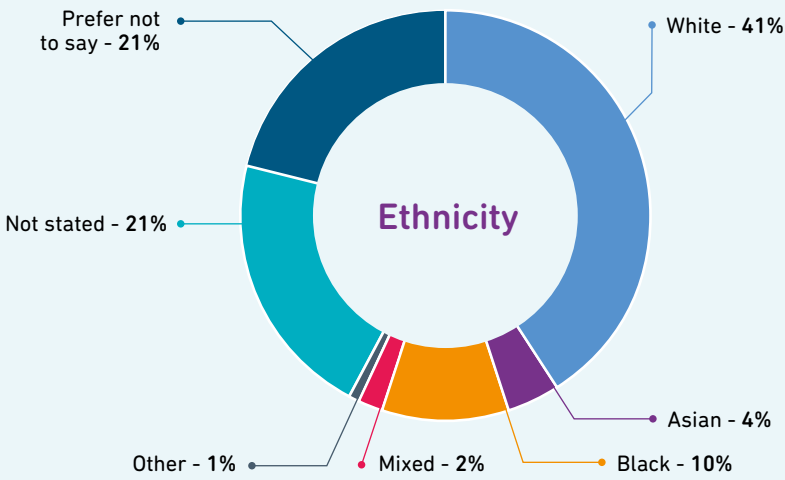
Religion National Benchmarks (British Religion in Numbers)*
Christian - 50.7%, Muslim - 2.5%, Hindu - 0.7%, Jewish - 0.6%, Sikh - 0.3%, Buddhist - 0.6%, Other non-Christian - 1.5%, No religion - 41.5%, Not answered - 1%

* ONS/Gov. Labour Market Stats.

Employee lifecycle

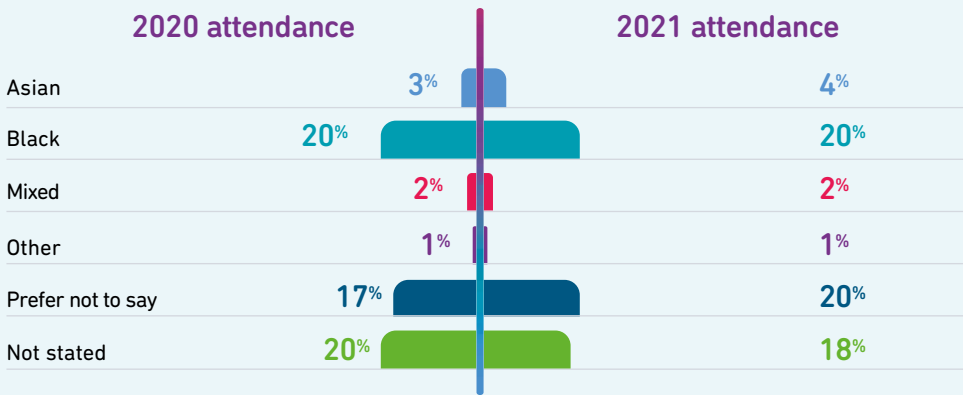
Leavers 2020/21

Following a challenging year in 2020/21 there was a small increase in overall turnover, which is also reflected in the number of BAME staff who left the charity compared to the previous year, although this is below the BAME workforce demographic.



Internal training

During 2020-21 the way training was delivered adapted to align with COVID requirements with over 23,000 hours of training undertaken. The number of BAME staff attending training remained at 26% and there was a 2% decrease for white staff attending training.



* The ethnicity breakdown is provided as a percentage of total leavers and the figures exclude any leavers related to the Mansfield site closure in 2020.

Training levels for black staff have increased from 11% in 2018, 15% in 2019 to 19% in 2021



Employee relations*

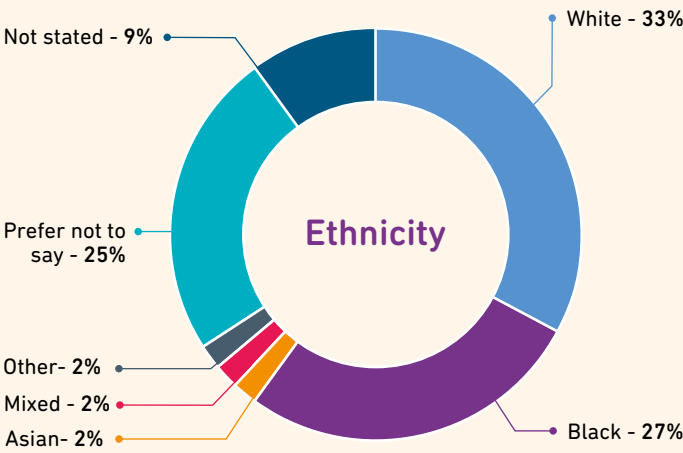
During 2020 the charity set up a dedicated internal Employee Relations specialist team to support all disciplinary and grievance cases ensuring consistency in case management and accurate reporting of case numbers.

Disciplinary cases

There has been an increase in the number of overall disciplinary cases (including appeals) compared to the previous year. The data shows there was a higher proportion of black staff involved in disciplinary cases during 2020/21 comparable to the workforce ethnicity demographic (black staff represent a minimum of 14% of the total workforce). This data continues to be tracked and is reviewed on a quarterly basis in conjunction with the Diversity and Inclusion team.

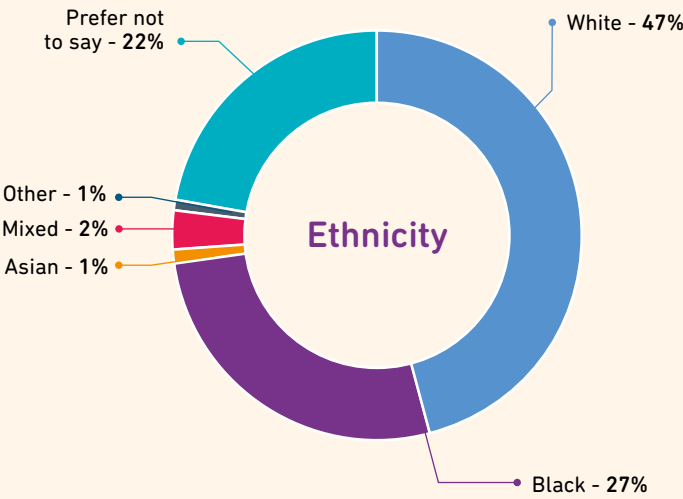
This data is regularly tracked and reviewed by the Senior HR team assessing the trends and actions that need to be taken. This year saw an increase in disciplinary cases relating to staff that work nights, where there is a higher proportion of black staff than the workforce demographic. An action plan has been developed to ensure a fair and consistent approach in employee relations. For example, on our Birmingham site hearing panels now include someone from an ethnic minority background.

* This data applies to permanent and WorkChoice staff (our temporary staffing bank) and count an investigation, hearing and appeal as a separate case. The grievance ethnicity data refers to the person who has raised the concern.



Grievance cases

There has been an increase in the number of overall grievance cases (including appeals) compared to the previous year. The data shows a higher proportion of grievances being raised from black staff compared to the wider workforce ethnicity demographic.



Disability

At St Andrew's we are committed to supporting everyone's mental and physical wellbeing, with various events and support channels open to both our staff and our patients.

Our ABLE employee network group is focussed on promoting equality of opportunity, and positive attitudes towards people with disabilities. Its overarching purpose is to enable positive physical and mental wellbeing in the workplace. This group is open to all staff interested in disability equality.



Corinne's story

"Having single sided deafness and experiencing problems in other workplaces in the past, I was very worried about joining St Andrew's and not being able to cope with the noise levels in an office environment.

My line manager from day one alleviated all these fears. She made sure that the team were aware of how it would affect me and what they could do to support me. Without prompting, the team around me made sure that they always spoke to me on my hearing side – something my own family struggle to remember! I wear noise cancelling earphones to help deal with noise levels and in the past I have been made to feel uncomfortable doing so. Again, the team completely accepted this and made sure that they included me in conversations and made me really feel part of the team.

My manager also ensured that I had a quiet space in the building if the noise got too much, and allowed me to work from home on Fridays when I told her that that was the day I most struggled with fatigue from being in noisy environments."

Corinne Hughes,
HR Services Assistant



Marlon Nyakuwanikwa,
Nurse Manager, Birmingham
and Co-Chair ABLE Network

"I am honoured to be co-Chair of the ABLE Network. I believe the Charity takes the network seriously, evidenced by the support from senior management. The priority for me is to highlight the profile of the group and increase its membership. I am looking forward to working with colleagues in increasing awareness of the group and sign posting staff to get support.

"The ABLE Network aims to promote opportunity and positive attitudes towards others with disabilities. The Network are planning various events to highlight World Mental Health Day in October, and International Day of Persons with Disabilities on 3 December."

CASE STUDY: Katrina

"I was told I would never walk again and now I'm able to stand on my own"

37-year-old Katrina, a person in our care, was delivered the devastating news eight years ago that she would never walk again. She'd lost the power in her legs and was wheelchair bound following an incident in 2011 where she tried to take her own life.

"The branch broke and I fell about 20 foot," she recalls. "I fractured my T12 and damaged my spinal cord."

Due to the trauma experienced from the suicide attempt and losing function in her legs, Katrina's mental health continued to decline. By 2017 she experienced further weakness and paralysis and then lost movement in her arms, rendering her unable to feed herself.

She was eventually diagnosed with Functional Neurological Disorder (FND) a psychological condition which means that the brain stops sending messages to the body. The depression, suicide attempts and FND were all brought on by problems she encountered when she was younger.

"They say it was brought on by trauma... stuff that happened to me in my childhood that I didn't speak about. My brain, more or less, couldn't take anymore," she explains.

Katrina was admitted to St Andrew's at the end of 2018 and spent months working with her physiotherapist, Jyothi Kraleti, and the mental healthcare team to improve her mobility and function.

She has now regained complete movement in her arms, is able to walk using a frame, and is working towards walking completely unaided.

"I was told I was never going to be able to stand, let alone walk again, and now I'm able to stand on my own. It feels fantastic, it's just great. The physios of St Andrew's have been absolutely fantastic. If it wasn't for them I wouldn't be where I am today," she says.

Katrina is still working on improving her mental health to reduce her feelings of depression and anxiety, but she says she is determined to get better so she can teach football to young players. Her advice to others suffering from mental health problems is to keep going and believe that you will get better.



PRIDE

St Andrew's is committed to building a more inclusive working environment, where **everyone** has equal opportunities to **progress** and **grow**.

Our PRIDE network – formerly known as the LGBTQ+ (lesbian, gay, bisexual, transgender, queer and others) network – was set up in YEAR for employees who identify as lesbian, gay, bisexual or transgender, and allies.

The Network is open to everyone, including people who don't identify as LGBTQ+ who want to show their support for the community and get involved in our activities. The network aims to increase the visibility of employees who identify as LGBTQ+, while promoting equality across the Charity by supporting personal and career development. PRIDE works to ensure people feel they can 'bring their whole self to work', because we know that people who feel they must hide their identity in the workplace often suffer in terms of both wellbeing and performance. PRIDE also aims to help us improve the quality of care we offer our patients, especially those who identify as LGBTQ+.

PRIDE's three main aims are:

- To raise awareness about the issues that people identifying as LGBTQ+ face
- To support and give LGBTQ+ staff a voice at St Andrew's
- To engage 'allies' and help them to support their LGBTQ+ colleagues.

To spread awareness and promote inclusivity, PRIDE meet regularly and embrace key events in the calendar such as Pride, IDAHOT day – also known as the International Day Against Homophobia, Transphobia and Biphobia – and LGBT History month. The network share regular blogs and run mentoring and support sessions for staff, too.



Sarah Ward-Greef,
Co-Chair of PRIDE
Leadership Development Facilitator

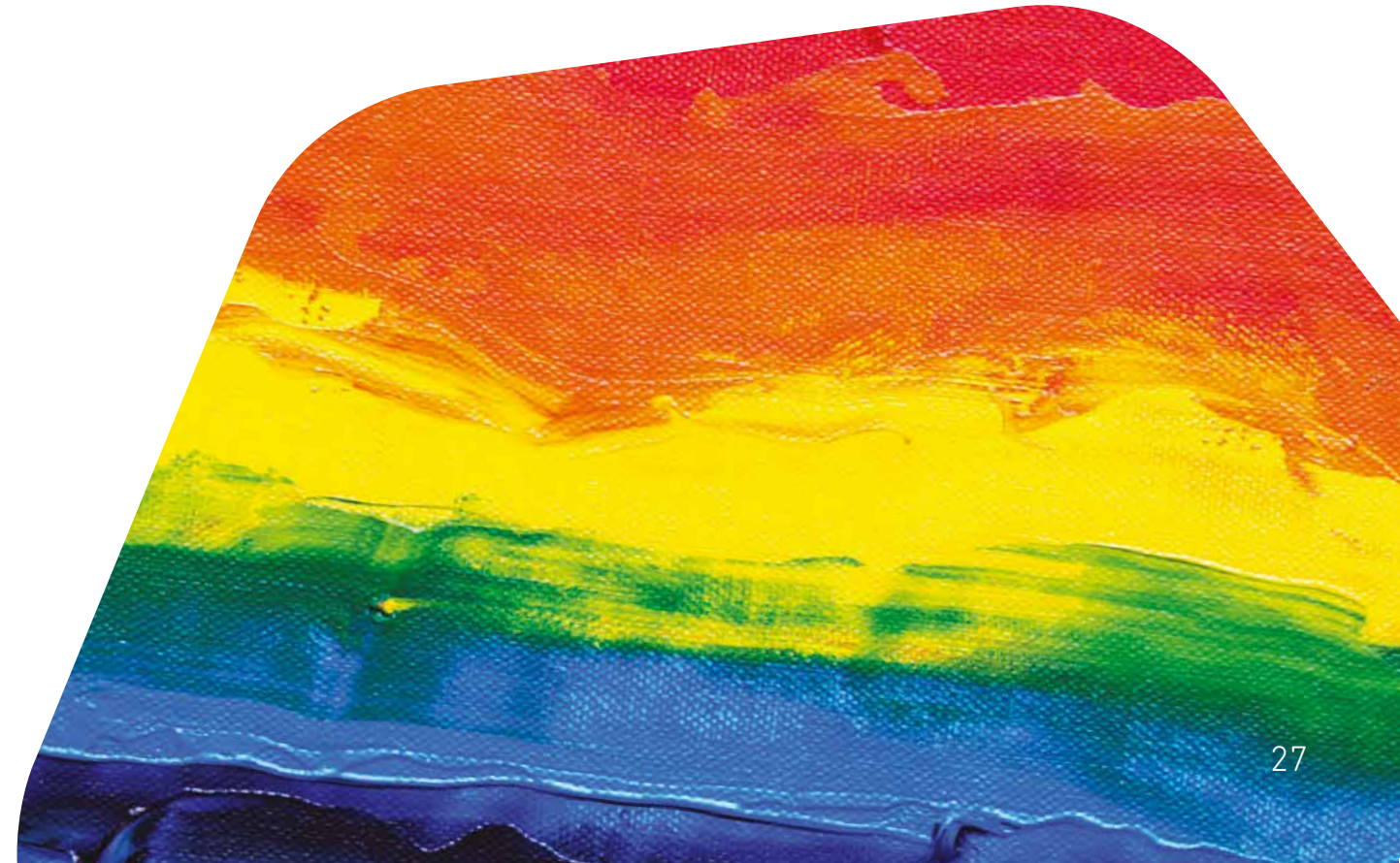
"Being fully accepted and feeling included in society and your environment is essential for people's emotional and mental wellbeing. The St Andrew's PRIDE network aims to celebrate an inclusive culture, honour the history and contribution of LGBT+ people, educate and be a source of support anyone who identifies, or wishes to be an ally to, LGBT+ people. I have worked within the charity for 12 years and feel more supported than ever to be truly out at work, and I hope that others feel supported in doing this should they choose to. The PRIDE network celebrates a diverse range of identities and connections and can be a great source of information and strength to those who need it."



Jessica Davies, Co-Chair of PRIDE
Assistant Psychologist

"I was motivated to volunteer for this network because I want to make sure that LGBTQ+ staff at St Andrew's feel supported whilst at work. I think it is so important for staff of all gender identities and sexual orientations to feel included, accepted, and that they have a voice here. I hope that the PRIDE network will make a difference in validating issues that LGBTQ+ staff and patients may face and spread awareness of these difficulties without judgement.

"I hope to be able to support staff through my involvement in the network by continuing to write monthly informative blogs about the history of LGBTQ+ community, as well as light hearted pieces around LGBTQ+ pop culture, as a way for staff to learn more about the community in their own time. I would love to see the PRIDE network grow and develop, and we will also support members by organising events for the network, staff and patients to be involved in."



Faith and Spirituality

"We develop innovative ways to help our patients to recover, creating a personalised package of care designed around each individual, which focuses on their physical and spiritual wellbeing as well as mental health."

This is our clear commitment to inclusive holistic care – seeing each person as an integrated whole. We are each one of us much more than a physical body with a mind; we are spiritual people, with a deep, inner, personal being. We might articulate it in different words – the ‘heart’ of me, what makes me ‘tick’, my ‘spirit’, or ‘soul’. Hard to express, but we know, deep down, that we are ‘something more’. Patients and staff have this in common.

We all recognise that we may be physically or mentally unwell, but that does not mean that the real ‘me’ is diminished. Indeed it is often in challenging times we see the beauty, resilience and deep positive heart of a person shining through and gleaming even more brightly.

Our challenge is how to care for this deep, precious, hard to articulate essence of each person in an environment which separates care into different professions looking at physical and mental health matters. Care plans and care reviews are typically split into a whole range of separate health areas – but how can spirituality be included and indeed integrated into ‘whole person’ care? Furthermore how can the positive mental health impact that comes from our spiritual inner being be recognised, fostered, and contribute to recovery and wellbeing?

In May 2020, the Chaplaincy completed a pilot study of 24 patients (from ASD, LD and mental health wards) inviting them to make their own judgments of the impact that their spirituality or faith had on a range of mental health outcomes (those outcomes identified by patients themselves). An assessment tool, the

‘Spirituality and Faith Outcomes Measure’ (SAFOM) was developed for this. Each patient made at least two assessments, six months or so apart, and this made it possible to measure in a quantifiable way the substantive contribution to health made by spirituality and faith.

The results were crystal clear, showing that spirituality and faith have a quantifiable impact on mental health – just as one might measure the impact of medication or therapy – and of course at significant added value relative to cost.

The Chaplaincy’s innovative work caught the attention of the Royal College of Psychiatrists, and in December 2020 Lead Chaplain Philip Evans was invited to give a presentation to a conference held by the College’s Spirituality Special Interest Group. He did this in partnership with Dr Paul Wallang, Associate Medical Director, through the medium of a ten-minute video which can be viewed online here:

<https://youtu.be/--THhIXVlm0>

One of the patients who is quoted in the presentation spoke at a recent review meeting of how he saw his faith as an important part of his treatment. When completing his latest assessment he commented:

"Bringing faith and psychotherapy together is like putting on a light switch into the past, which gives you insight, understanding of where we have gone wrong, and healing."

A striking feature of this patient’s assessment is that in two outcomes (Becoming/Identity and Compassion/Caring) the patient saw himself over the period as moving ‘backwards’. But he commented that his later judgment was more realistic and grounded, and his faith had helped him gain this perspective. He said:

"Psychology is helping me think and be more thoughtful. My relationship with Jesus is making me more aware of my problems and what needs to be done to deal with them. This is a more realistic and honest judgment. By relying on the Holy Spirit and allowing him in, we can increase our understanding of who we are – the Holy Spirit gives a mirror into my life."

Spirituality is an inclusive concept. Many express it in terms of faith (and faiths of all type and tradition), but some do not use that language or express their spirituality in such a way. But we need to recognise that nonetheless the deep expression and recognition of self, beyond the physical and mental expression, still plays a significant part in recovery and wellbeing.

Another patient, who described himself as not religious, and who was included in last year’s pilot project, has completed his assessment five times over a total period of two and a half years. He originally asked for chaplaincy sessions to explore issues of compassion, empathy, and guilt, which he saw as related to spirituality. His assessment shows steady positive progress in all outcome areas over time.

Respect for spirituality and faith, and support in particular of patients’ exploration and expression of these areas, are at the heart of our approach to diversity and inclusion, especially given the demonstration of positive impact on health.

St Andrew’s is at the leading edge of work in this area, and in February 2021 Paul and Philip were invited to speak at an international webinar of some 250 participants, hosted by the Value Institute for Health and Care, at Dell Medical School in the University of Texas at Austin.

Our pilot study has now been extended to include 50 patients across a wide range of clinical areas. Patients of all backgrounds continue to find their assessments to be positive and affirming. They enable them to explore and give value to aspects of their care which they regard as deep and important, but which can sometimes be overlooked, or not included as contributors to health.

Our continuing challenge is to ensure that spirituality, faith, and spiritual care are fully integrated into the overall care of our patients, into care planning and review, and including end of life care and discharge planning. Not as another separate segment or category of provision or outcomes, but fully reflecting the homogeneity of each whole person.



Paul Wallang



"Bringing faith and psychotherapy together is like putting on a light switch into the past, which gives you insight, understanding of where we have gone wrong, and healing."

– Patient

Gender

St Andrew's has a diverse workforce, where we employ more women than men. Our CEO, Katie Fisher, is the first female CEO in our Charity's history, and our Charity Executive Committee features seven women within its ranks (35%).

In 2019 we launched the WiSH (Women in St Andrew's Healthcare) network, which is fully inclusive and open to all staff, not just females. The network aims to ensure all members feel they have a voice, and can be a part of positive change. The network holds events throughout the year, including celebrating International Women's Day on March 8. This year the theme for IWD was #ChoosetoChallenge. Staff and patients across the charity took part by holding their hand high to show their commitment to choose to challenge, and call out inequality.

"We can all choose to challenge and call out gender bias and inequality. We can all choose to seek out and celebrate women's achievements. Collectively, we can all choose to help create an inclusive world."

The WiSH network are planning to launch WiSH Wednesdays in the near future, a bi-weekly virtual forum where staff are encouraged to share ideas, experiences and dialogue.

We are immensely proud to be co-chairs of the WiSH network (Women in St Andrew's Healthcare) and that St Andrew's has a 0% gender pay gap, plus a high representation of female leaders and board members. While we celebrate these achievements, we are aware there is further work to do to ensure we continue to promote equality throughout all areas, with our aim to attract and retain women.

"Due to the pandemic, last year was extremely challenging for all St Andrew's colleagues. As a network we recognised this, and we encouraged staff to speak with us in different ways about how the pandemic has affected them. We are proud to listen to stories and take these into our action plans to develop the network and support for the future.

"Recently we promoted a women's health awareness event, and we are continuing our work on supporting Menopause in the workplace as there was feedback to address. We are now reviewing data to ensure we have gender equality throughout."

Gender pay gap

The Gender Pay Gap ratio, published in March 2021, showed that the median pay gap at St Andrew's 0% for the third year.

The median gender pay gap is calculated by listing all pay rates by gender and finding the ones in the middle. A median gender pay gap of 0% means that our median male and female hourly rates of pay are exactly the same. This is a fantastic achievement and one that we should be very proud of, especially when we compare ourselves to the national average gender pay gap of 15.5%.



We're extremely pleased that we have a **0%** gender pay gap and that this is significantly lower than the national average of 15.5%.

We are continuing in our efforts to pay everyone fairly and equally.



Felicity Watson,
Project Support
Officer



Claire Jones,
Head of Emergency
Preparedness,
Resilience and
Response

Research and Innovation

Inequalities and mental health

Social inequality has been identified as a key factor associated with development of mental ill-health, and is particularly relevant to the onset and development of symptoms among vulnerable people. It has been defined as “not being treated the same as everyone else or being treated unfairly”.

Links between issues including ethnicity, economic deprivation, abuse, bullying at school, low incomes and a lack of support have been identified as having a particular impact. The interplay between individual factors can have a particular effect on the development of mental ill-health. When exploring such interactions, the concept of intersectionality should be considered.

St Andrew’s Research and Innovation team were awarded funding from NHS England, as part of the women’s blended ward project, to allow the Charity to investigate the impact of inequalities on mental health. This involved discussions with patients, peer support workers and staff to understand their experiences and their understanding of the impact of inequalities. The study gave a very clear insight into how these factors can have a very specific impact on the development of mental ill-health, and how individual inequalities can have a compound effect.

The findings of the study have formed the basis of a REDS Academy training course which will shortly be available for both staff and patients. We have also prepared a short animated video based upon the quotes of the study participants which can be viewed on our YouTube channel.



“People tend to make judgments based on the fact that you’ve had mental illness in the past, and their assumptions are you must be somebody who perhaps hasn’t been involved in education, in professional jobs and things like that.”

PSW



“I messed up in class so that I didn’t have to go outside, cause when I went outside, I used to get beaten up and tortured”

– Patient



“We must ensure that any inequalities are noticed and addressed at an organisational level, as inequalities exist everywhere and need to be challenged everywhere.”

– Staff

Carers

We recognise that a large proportion of our staff members have care responsibilities; some of our staff are parents, and others may support a relative or friend who has a disability, long-term illness or other additional needs.

We aim to offer as much support as possible, including flexible working to assist people with their work and life balance. We are also engaging with our employee networks to understand if our current practices and policies support employees who are carers, or if we can make improvements.

Caring for our patients

Sometimes a few words from someone who understands your situation can be a lifeline for carers. Caring can be difficult and isolating, so speaking to someone who knows what you are going through can make a big difference. At St Andrew's, our friendly Carers' Centre team are on hand to offer support to the carers, family members and friends of the people in our care. Based in Northampton, our Carers Centre is a quiet and welcoming place for carers to visit and recharge.

The rights and needs of our Carers are very important to us, and we regularly communicate with carers to seek out ways we can improve. The Carers Advisory Group includes family and friends of patients from across our hospitals. The group meets every two months and works hard to keep carers visible and valued throughout the year.



Rob: a carer's story

This is my story of a journey into the world of mental illness, which as a mechanical engineer I had very little experience of until my son, and then his mother, became seriously unwell about three years ago. This resulted in both of them being admitted to hospital at the same time. My son J remains in hospital to this day.

J was born very prematurely in 2002 and struggled with his early development goals, and a diagnosis of ASD (Autism Spectrum Disorder) was made when he was around 3 years old. He went to mainstream school and was able to make friends and take part in many activities, and while his behaviour could be a bit quirky he always managed fairly well - for example, he joined the local sea cadets and was awarded Cadet of the Year.

It was shortly after his 15th birthday that we noticed he was becoming ever more withdrawn, and finally one Friday afternoon in February I noticed several cuts on his arms. I sat him down and it all came pouring out about how J was struggling to manage his feelings. I took him to his GP who referred him to the CAMHS crisis team, who then referred him to see the consultant.

The next available appointment was five months down the line, and during that time his mental health spiralled rapidly downwards. We had ever-greater problems getting him to go to school and he was becoming increasingly paranoid thinking that everyone was watching him and was prone to frequent meltdowns.

Sadly his mental health worsened to the point where we could not get him to go to school, and he was becoming increasingly aggressive towards his mother and sister. One day I came home from work to find his mother sitting on the lawn sobbing uncontrollably, telling me she wanted to end it all. I became involved with another crisis team and this led to her admission to our local NHS mental health unit. My son's condition continued to deteriorate and admission to hospital was planned. Nine people arrived to take him there, including doctors, social workers, police officers and an ambulance crew.

I remember watching him get into the ambulance and he looked quite frightened. After they left I was standing there on my own, thinking they have taken my child, and I must admit I was close to tears. Later in the day, the hospital called to say that J had forgotten his charger and could I bring it to him. When I arrived I asked to see my son and was told that it was not allowed. It was at that point that I realised for the first time that I no longer had control over what happened to my child. That was a difficult thing to accept.

The following day J was transferred to hospital in Nottingham for assessment. The care at the hospital was excellent, but on a number of visits I would hear the crying and screaming of young people in distress and that is something that still troubles me.

After three weeks of assessments it was agreed that J should be transferred to the CAMHS unit in FitzRoy House at St Andrew's, Northampton. On the day my son was admitted I called the ward and was told that he had arrived safely and was invited to visit him.

When I arrived I was taken to the ward meeting room and he was brought to me, and the nurse sat and explained to us the basic workings of the ward. At the end of the visit, a young Healthcare Assistant went with J back to the ward, where she sat and talked with him and played chess with him for a couple of hours. I remember feeling relieved that he would be safe, and being impressed with the staff and the facility.

A couple of weeks later I was invited to a welcome meeting with the multi disciplinary team which included nursing staff, ward social worker, psychologist and the consultant psychiatrist (also the Responsible Clinician, or RC). All members of the MDT introduced themselves and explained their role in J's care. The RC took some time discussing J's needs and the basics of a care plan, he also took time to listen and acknowledge J's views. The staff made me feel that I was part of the team looking after my son.

Mentoring

At St Andrew's we have a large number of mentoring pairs, the primary aims of which are professional and personal development of senior leaders, with an opportunity to share knowledge, experience and offer advice and guidance. Through this process, both parties benefit from the insight and perspective of the other person.

In 2019 we also introduced a 'reverse mentoring' scheme, which aimed to raise awareness and understanding about the barriers and challenges faced by our BAME community in the workplace and ultimately break down inequalities. The difference with reverse mentoring is it is about mentoring 'upwards'; in this case, it is the senior leader who is primarily learning from the less experienced, usually younger colleague.



Alex Owen, Chief Finance Officer Khyati Patel, Principal Forensic Psychologist

Khyati and Alex are a traditional mentoring pair, who share insights from each of their respective professions.

Khyati has found the mentoring relationship very helpful especially in terms of reflecting, discussing and having a plan of how to manage difficult situations at work. She explained: "My mentor is very experienced and is able to give sound advice on a number of areas. She has increased my confidence to assert myself in certain situations better."

Other mentees across St Andrew's have shared that the experience has had mutually positive impact, particularly by opening doors to people the mentee can speak to, building self-awareness, opening up opportunities (for example project involvement and shadowing) and gaining useful insights.

Alex has also found being a mentor to be a positive experience. She said: "Through this process I have learnt a lot more about what it is like to be on a ward and be so personally invested in our patients' progress. It has supported me to more fully understand the wider impact of some of my actions, and as a result I am in a much better position to make the right decisions going forwards. I have also gained a greater understanding of the psychology profession and the challenges it faces, as well as how we are perceived as a leadership team."

Learning and Development

St Andrew's is highly committed to providing career opportunities for all, and we have a focussed learning and development strategy in place to achieve this.

On average, our staff members complete 23,000 days of learning each year, with numerous opportunities for face to face study, e-learning and further education available to people of all role levels and career paths.



Entry level

For many junior staff members, progressing their careers can be a challenge as they may not have achieved the entry level requirements in English and Maths.

To support these individuals we provide free Functional Skills courses to help improve literacy and numeracy skills, and equip e-learners with the practical skills needed to learn and work successfully. After completing these courses, many members of staff have gone on to enrol in further education. In the past year, 119 people have studied for entry level qualifications with us.

Unconscious bias training

The charity is committed to developing staff at all levels, while ensuring we maintain an inclusive and fair culture. Unconscious bias training is delivered as a leadership workshop to ensure that all managers have the tools to challenge their own decision making, can ensure they are not swayed into biased thinking and fully embrace the diversity of their team and what we all bring.

Staff also have the opportunity to attend an awareness session to better understand their thinking, actions and the impact it could have on others. In doing this, we can work towards celebrating the diversity of our workforce and ensure a fully engaged culture where everyone can bring themselves to work.

ASPIRE and Higher Education: Diversity breakdown

In the past year...

410 people have undertaken Higher Education courses at St Andrew's

Of these:

242 are female, 165 male

12 identify as having a disability

21 identify as being LGBTQ+

50% identify as being white, and 31% of learners state they come from an ethnic minority background

There is balanced distribution across all age groups

Nursing

There is a national shortage of nurses, and we're committed to encouraging more people to join this worthwhile and rewarding profession. At St Andrew's we offer three 'career routes' for our nursing staff, which can support them to progress from the entry level role of Healthcare Assistant to Senior Nurse and then on to either leadership, management, further clinical specialisation, or into education or research.

Each year we fund 20 staff members to undertake their nursing degree via our ASPIRE Programme, at an investment of over £17,000 per person. ASPIRE recognises motivated and talented individuals who are keen to develop, both personally and professionally. To do this the programme offers pastoral and financial support while students study for a degree and qualify in either Mental Health or Learning Disability Nursing. We have a specialised admissions procedure with the University of Northampton which allows St Andrew's staff with healthcare experience to enter at year two of the degree programme, aiming to qualify as a Nursing and Midwifery Council (NMC) registered Nurse within two years.

There are currently over 90 St Andrew's people at various stages of their ASPIRE journey. As of January 2021 we have had over 70 Aspire students return to the wards as Registered Nurses.

Apprenticeships

Over the past year, we have supported 110 apprenticeship learners across our Charity.

Staff have undertaken apprenticeships across many and varied areas, including health care support, business administration, HR, finance, catering, estates, data analytics and leadership.

Apprenticeships are a fantastic way in which we can support our staff to develop their skills – which are then put to good use in ensuring continuous improvement in all areas of the Charity's work.

A selection of our Apprenticeship programmes include:

- Level 2 Health Care Support Worker
- Level 3 Business Administrator
- Level 4 Data Analyst
- Level 5 HR Consultant Partner
- Level 7 MBA Senior Leaders Degree.

With new apprenticeship programmes available each month, the total number of apprentices is ever-growing.



Getting in touch

For more information about our **comprehensive care services** or to make a referral:

t: 0800 434 6690 (We welcome text relay calls)

e: enquiries@standrew.co.uk

w: stah.org

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