CHARITY NO: 1104951
COMPANY NO: 5176998

BOARD OF DIRECTORS – PART ONE

MEETING IN PUBLIC

Friday 21st July 2023 at 9.30 am

Trauma Centre, Main Building, Northampton, NN1 5DG
& Microsoft Teams

		Purpose	LEAD	Page No.		Timing
1.	Welcome and Apologies	Information	Paul Burstow	*1*		*09.30*
Administration						
2.	Declarations of Interest	Information	Paul Burstow		*2*	*09.31*
3.	Minutes from the Board of Directors Meeting in Public on 18 May 2023	Decision	Paul Burstow	✓	*3-13*	*09.32*
4.	Action Log and Matters Arising	Information & Decision	Paul Burstow	✓	*14-17*	*09.35*
Chair's Update						
5.	Chair Update	Information	Paul Burstow		*18*	*09.40*
Executive Update						
6.	CEO Report	Information	Dr Vivienne McVey	✓	*19-24*	*09.45*
Committee Assurance Reports						
7.	**Committee Updates**				*25-33*	*10.05*
	• People Committee (11/05) – formal report	Assurance	Dawn Brodrick	✓		
	• People Committee (18/07), incorporating: ○ Modern Slavery Act approval (to follow) ○ ToR Approval (To follow)	Assurance & Decision	Dawn Brodrick	*verbal*		
	• Quality & Safety Committee (27/06)	Assurance & Decision	Steve Shrubb	✓		
	• Audit & Risk Committee (13/07)	Assurance & Decision	Rupert Perry	✓		
Quality						
8.	CQC Inspection, Report and Actions Update	Assurance	Ash Roychowdhury	✓	*34-39*	*10.30*
9.	Safer Staffing Report	Information	Dawn Chamberlain	✓	*40-48*	*10.40*
Operations						
10.	Integrated Quality & Performance Report, incorporating: • Quality Scorecard • People Scorecard • Finance Overview • IT Security Overview	Information & Assurance	Anna Williams, Dawn Chamberlain, Kevin Mulhearn, Simon Callow & Sanjith Kamath	✓	*49-66*	*10.50*

Break 11.15 am to 11.25 am						
Service and Patient Story						
11.	Occupational Therapy (co-production with Patients and Carers)	Information	Dawn Chamberlain & Leanne Clement (and patient)		*67*	*11.25*
Any Other Business						
12.	Questions from the Public	Information	Paul Burstow		*68*	*11.55*
13.	Any Other Urgent Business (notified to the Chair prior to the meeting)	Information	Paul Burstow		*69*	
14.	What would our patients and staff think about our discussions today?	Information	Paul Burstow		*70*	
15.	Date of Next Meeting: Thursday 28th September 2023	Information	Paul Burstow		*71*	
Part One Meeting Closes at 12.00 noon						
Lunch 12.00 – 12.15 pm Trauma Centre						

Annexes - Items for information only	**Lead**		
Annex A – QSC Update Appendices ○ IPC Annual Report ○ Annual PALS & Complaints Report ○ Learning from Deaths Report 2022 - 2023 ○ Terms of Reference Approval	Steve Shrubb	✓	*73-117*
Annex B – ARC Update Appendix ○ Grant Thornton Charity Sector update ○ Strategic Risks ○ Information Governance Annual Report ○ Counter Fraud Functional Standards Return	Rupert Perry	✓	*118-171*

Welcome & Apologies

(Paul Burstow– Verbal)

Declarations of Interest

(Paul Burstow – Verbal)

Draft Minutes from the Board of Directors Meeting in Public on 18 May 2023

(Paul Burstow)

CHARITY NO: 1104951
COMPANY NO: 5176998

ST ANDREW'S HEALTHCARE

BOARD OF DIRECTORS
MEETING IN PUBLIC

The Centre for Development & Complex Trauma, Main Building and Microsoft Teams
St Andrew's Healthcare, Northampton

Thursday 18th May 2023 at 09.30 am

Present:	
Paul Burstow (PB)	Chair, Non-Executive Director
Ruth Bagley (RB)	Non-Executive Director
Karen Turner (KT)	Non-Executive Director
Steve Shrubb (SS)	Non-Executive Director
Rupert Perry (RP)	Non-Executive Director
Andrew Lee (AL)	Non-Executive Director
Vivienne McVey (VMc)	Chief Executive Officer
Kevin Mulhearn (KM)	Chief Finance Officer
Sanjith Kamath (SK)	Executive Medical Director
Martin Kersey (MK)	Managing Director of ERT
Andy Brogan (AB)	Chief Nurse
Dawn Chamberlain (DC)	Chief Operating Officer
In Attendance:	
Anna Williams (AW)	Director of Performance
Alex Trigg (AT)	Director of Estates & Facilities
Eddie Short (ES)	Director of Strategy & Business Development
Duncan Long (DL)	Company Secretary
Stacey Carter (SC)	Deputy Director HR Operations
Lara Conway (LC)	Deputy Director of HR Workforce Planning
Oliver Mackaness (OM)	Lead Governor
Shani Bradshaw (external guest)	MSI Group
Apologies Received:	
Stanton Newman (SN)	Non-Executive Director
Dawn Brodrick (DB)	Non-Executive Director

Agenda Item No		Owner	Deadline
1.	**Welcome and Apologies** PB (Chair) welcomed everyone, including Shani Bradshaw (SB) from MSI Group, to the first part of the Board of Directors (Board) meeting, which is a meeting open to attendance by the public. Apologies received from Stanton Newman and Dawn Brodrick were noted.		
ADMINISTRATION			
2.	**Declarations Of Interest** 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. The meeting was declared quorate.		
3.	**Minutes from the Board Of Directors Meeting, Held in Public, on 31 March 2023** The minutes of the meeting held on the 31 March 2023 were **AGREED** as an accurate reflection of the discussion and decisions taken.	**DECISION**	

4.	**Action Log & Matters Arising** It was agreed to **CLOSE** the following actions: • **24.01.23 03 –** IQPR – Plan detail • **24.01.23 04 –** IQPR - Training • **24.01.23 05** – IQPR – My Voice • **31.03.23 05** – Safer staffing – QSC Reporting • **31.03.23 06** – IQPR – Symbols • **31.03.23 08** – IQPR – TI presentation All other actions on the log remained open, either in line with the agreed target dates or to return at a future Board. With the following update: **31.03.23 02** – Call Bells – reallocated to AB, and due for presentation at June's QSC, ahead of returning to Board.	**DECISION**	
CHAIR'S UPDATE			
5.	**Chair Update** PB provided a verbal update, highlighting that this update included the Annual Fit and Proper persons Declaration and proposed that the Board accept assurance that Board members and Directors continue to meet the requirements, and do so in a transparent way as seen by this declaration. PB noted the previous rating for this area highlighted within the Internal Audit papers, whereupon in June 2021, an internal audit of this area provided only a partial assurance rating on the Charity's processes. As per the paper, the processes now followed are effective and provide the necessary level of assurance. PB noted that it had been a busy period with one-to-ones and that had impacted the number of ward visits, however he, along with VMc had attended the NHS Mental Health Network Conference, and the opportunities for networking that had brought, along with being able to understand just how much activity was being driven by the NHS England national team, and the strong emphasis on delivering more services in the community. On 3 May there had been a face to face session with the Chairs and Chief Executives of the East Midlands Alliance to look at whether there was an appetite to deepen the collaboration and what that might look like, with an interest amongst the NHS partners to do so. VMc advised that the Exec had recently looked at how to bring together activities with the different collaboratives in order to have a more streamlined approach. RB questioned whether NEDs would be invited to collaborative events going forward, as their previous attendance to these events had stopped. VMc advised that initially the collaboratives had been very practical and it was felt that it was not a good use of Board members time to attend these meetings, but they were now ready to have more strategic conversations, and PB confirmed that it had been noted by the Chairs and Chief Executives that Board member attendance should be revisited as more strategic choices were made. PB advised that he had attended the last two BENS meetings and valued the direct way in which patients communicated their views about their experiences and the service they received. PB highlighted the need to strengthen the involvement of the Birmingham and Essex hospitals in BENS as well as it was important to encourage involvement from the community services. PB encouraged members of the Board to attend these meetings to triangulate what was going on in the Charity. The Board **ACCEPTED** the assurance that all Board members and Directors continued to meet the Fit and Proper Persons requirements and **NOTED** the update.		

		DECISION	
EXECUTIVE UPDATE			
6.	**CEO Report** VMc presented her report, which was taken as read, and noted the three streams of work the Executive were involved in: bringing the first phase of the Thrive programme to a close, creating a set of strategic milestones co-produced across the Charity, and continuing the everyday delivery of business as usual activity within the highly regulated space. VMc noted the sad death of Dr Alexei Titievskii, Consultant Psychiatrist, and invited the Board to attend a memorial service on 13 June in the Chapel. VMc advised that a piece of work had been undertaken with the Lead the Change group, bringing together the Charity's strategic objectives, those of the Thrive programme and ideas from the group, and a constructive conversation had been had about the future of the Change Leaders. VMc advised that she was looking at three Champion roles with the group: Communication Champions, Culture Champions and Innovation Champions. VMc highlighted that it was Mental Health Awareness Week and the Hope Exhibition would be moving around Northampton throughout the week, coming back to the Charity the following day, and noted the success of Workbridge's first foray into raising money, Workbridge Wheels, a motorcycle meet, which started with 10 bikes and 20 people the first week, rising to 50 bikes and 50 people the second week. AT believed it would continue to grow and there was the capacity to grow to at least 200 in attendance. PB highlighted an initiative Essex Healthwatch were running, using activities that were unrelated to health in order to find ways to have conversations about mental health and suggested that in time, this could be something that could be injected into the Workbridge Wheels events. RB questioned, following the recent breach of the Data Protection Act by a consultant within a NHS Trust, using access to gain personal data about another person, whether there was anything else the Charity should be doing to ensure this did not happen within the Charity. SK advised that within the Charity's RiO system, level based access was in place so staff were only able to access records if they had a reason and authority to do so. RB also questioned whether it would be possible to achieve over 90% on all online and in person training and DC advised that there had been a push at the end of the financial year to ensure that non-nursing staff had completed their mandatory training. One of the workstreams of the new Clinical Services Programme Board was on the management of statutory training, with Finance colleagues modelling what would be required to roster for nursing staff to attend face to face training (via T-Block) and an update would be brought to the Board meeting in July to demonstrate how this had been embedded. SS commented that VMc's report demonstrated real progress and PB acknowledged the level and pace of change over the past six months, which had been essential. PB flagged the nursing spend piece from within the update and questioned where this sat within the audit universe. VMc advised that this was uncovered through preparing for the Thrive process and she did not believe that it would necessarily be picked up via an audit, as basic management tools would not normally be monitored. PB noted that there could be learnings to take from this and DC advised that this was the first step in getting building blocks into the rostering process and that once the work was completed, there would be something that could be audited. KM advised that the post implementation review of Allocate was still to be completed, which would identify any shortfalls.		

	PB noted that the Board was being asked to approve the Data Security and Protection Toolkit (DSPT) submission, that was provided within the report, noting that the Charity was submitting a "Standards Met" position. The Board **APPROVED** the "Standards Met" DSPT submission and **NOTED** the update.	**DECISION**	
COMMITTEE ASSURANCE REPORTS			
7.	**Audit & Risk Committee** RP introduced the report, which was taken as read, highlighting that the Charity's Reserves Policy had been agreed, and although the Charity's current level of reserves were low at £9m, the Board should be assured that thought was being given as to how to increase this to the target of £22m under the new policy. RP reiterated that the purpose for having the policy was so that people could judge effectively where the Charity was. AL noted that available funding had been excluded from the reserves calculation and that they could be drawn upon if needed. KM confirmed that that had been considered and also concluded that having a policy in place had been a long overdue action for ARC and it had been agreed that FinCom would review annually where the Charity was on the policy in line with the budget cycle and report this to the Board. RB added that ARC had requested the position in relation to the Reserves policy would be recorded as a Material Risk and managed accordingly. RP noted an improving trend on risk management, agreeing adequate assurance for both operational and material risk management, and although there had been more whistleblowing and raising concerns activity, less reports had been upheld, and the Committee had no concerns in that respect. The existing audit universe had been looked at, as well as the proposed audit plan for 2023/24, with internal audit choosing 60% of the topics and management the remaining 40%. The Committee thought this provided a good balance. RP confirmed that there was nothing of concern within the counter fraud update. RP advised that the new Terms of Reference for the Committee had finally been agreed. AL questioned whether ARC was looking at the risk associated with AI, and how it was transforming cyber threats and penetrations. RP advised that this would be picked up through the IT Committee, but that ARC would be mindful of it. DL advised that he would ask Darren Handley (DH) to look into how this was being managed from a Counter Fraud perspective and would see what the LCFS's within the NHS were advising. The Board were asked to approve the Charity Reserves Policy, the NHSE CRS Licence Agreement and the revised ARC Terms of Reference. The Board **APPROVED** the Charity's Reserve Policy, the NHSE CRS Licence Agreement and the revised Terms of Reference for the Audit & Risk Committee and **NOTED** the report. **Quality & Safety Committee** SS introduced the report, which was taken as read, with SS noting a significant improvement in identifying establishments and a more flexible approach to use of agency and temporary staffing, along with the innovative approach to deploying MDT staff. However, the Committee remained concerned about the Charity's ability to consistently employ qualified nurses, particularly in CAMHS and at night, and this would be looked at in more detail at the next QSC meeting and reported back to the next Board meeting. SS advised that although the Committee were positive about the safeguarding training recovery plan, it felt that more work was needed on the data it received around safeguarding. SS also noted My Voice uptake had improved but needed to increase further and there needed to be commitment at ward level to support patients where required. SS asked the Board to	**DL** **DECISION**	**21.07.23**

reflect on whether there should be more attention given to a broader patient involvement carer strategy.

DC confirmed that the full nursing establishments were now complete, which had highlighted that there were more Clinical Nurse Leads than available posts, so progress was being made on qualified nurses. Two pieces of work were taking place in CAMHS in terms of the new leadership team carrying out a 9C's assessment, and a piece of work reviewing the actual use of wards per se, which would be presented to Exec and then to QSC. Positive conversations were being had around growing peer support workers, with a plan to have one on every ward, where recruitment allowed. SS acknowledged this but advised that it went beyond peer support workers and there was a need to look at what was happening across the rest of the mental health system.

KT questioned when NEDs would be involved in discussions around the strategy for CAMHS and SK advised that currently work was being undertaken with clinicians and non-clinicians to develop the Charity's clinical strategy for the next five years and beyond and CAMHS is central to that. SK added that the current problem faced by CAMHS was the one of trained, experienced staff who had the resilience to work in both inpatient and outpatient CAMHS settings. KT expressed her wish to be involved early in the discussions. PB suggested that the topics raised, including innovative approaches to patient care, and possible business development opportunities were good candidates for future board seminars as we look to better utilise Board time at meetings. PB asked that a way be found to have the discussions without necessarily trying to do more now.

PB commented that it would be useful when discussing night staffing at the next QSC meeting, to look at whether there was a differentiation between the levels of willingness to speak up between day staff and night staff.

AB noted that the Charity was in its final stages of the Patient Experience Co-Production Strategy and creative ways were being looked at for CAMHS and vulnerable patients to have a voice. OM advised that the two Carer Governors were nervous about the Thrive programme and whether the patients voice was strong enough in this.

RB questioned if it would be possible, once the models were in place, to review whether having three people with related but competing accountabilities was creating tension. DC advised that this was a tried and tested model, with healthy tension and collaboration welcomed. SK added that the model was already working in some areas of the Charity and was an evolving process. VMc noted that she had ultimate accountability and what was trying to be achieved was that those who were responsible for the standards had a relationship with those responsible for the delivery, resulting in a true partnership.

The Board **NOTED** the report.

Research Committee

In SN's absence the report was taken as read.

The Board **NOTED** the report, including the Annual Research Report for 2022-23.

People Committee

In DB's absence SS provided a verbal update, highlighting good progress on the People KPIs, particularly in relation to the reduction in the sickness rate. SS noted a committee discussion on St Andrew's pay award being slightly ahead of NHS pay awards previously, but this now being at risk, and along with the significant differential in pensions, may be contributing to the competitive nature of the market for qualified staff. It was therefore felt that

	further work was required around the St Andrew's package and differentials in benefits. SS highlighted the important resource of the Change Leaders and that involving them into innovation, service improvement and culture was a real strength for the Charity. SS further noted that he and DB agreed that high performing NHS Trusts merge their QSC and People Committees together, but that St Andrew's was not ready to do this at present. In the meantime LC would attend both meetings as the conduit between the two. The Board then discussed the steps that would be required to address the pay award risk and that this would be discussed in more detail during the Board discussions on the Thrive Programme. The Board **NOTED** the update.		
QUALITY			
8.	**CQC Inspection, Report and Actions Update** AB presented the report which was taken as read and noted that both issues highlighted in the Essex report, call bells and model of service, had been addressed before the CQC re-inspection in March and the full report on this was expected in June. The general feedback had been positive and the follow-up in writing had raised some issues, but these had been picked up at QSC for assurance. AB noted that 52 open actions had been reported on the Charity wide QIP in September 2022 and this was now down to seven, with the target to be at zero by the next QSC meeting in June. Finally, AB noted that the Quality Support Programme led by the East Midlands Alliance had formally closed and assurance had been received on all bar four actions, which had received partial assurance, but it was acknowledged that these would be longer term actions. AB wanted to re-iterate the excellent work that had been done as part of the programme and acknowledged the work done by Julie Shepherd the Improvement Director, as well as by Charity staff who had made remarkable progress. PB noted the progress being made, and also noted there was still more to do and that the Thrive Programme was very important in doing this. The Board **NOTED** the report.		
9.	**Safer Staffing Report** AB presented the paper which was taken as read and outlined that in relation to CAMHS, the overall staffing position had improved, although it remained a concern, Essex was currently struggling with recruitment, and there was a clear escalation process for when there were issues, putting mitigations in place to ensure the wards were safe. AB noted that the first annual nursing establishment review had taken place in February and subsequently approved by the Board and an implementation plan for the new establishment numbers was being worked on. AB confirmed that a further review of the establishment would commence in October. AL expressed his concern about the financial position and AB advised that this may be due to what had been seen in previous reports in relation to shift patterns, where there were too many staff, and this was one of the areas being addressed. DC advised that the report being discussed was for the last quarter of the year when work was still being undertaken to peel back the layers of the rostering system to understand how it was possible to have the level of overfill rate. As highlighted in the CEO update, there have been recent changes made to the rostering process and Allocate system to put controls back in place to address the shift pattern issues. DC confirmed that		

	the fundamental infrastructure was now in place to prevent overfill going forward. PB noted that discussions on these issues had taken place at the last Board, the items in VMc's report set out the measures that had been taken to control it, but it was right to be asking questions about how this mapped across the financial position, as it was important that everyone across the Charity understood that the financial position was not a strong one. SS acknowledged the improvements made in identifying the nursing establishment but noted that recruiting qualified nurses was still the main challenge in such a competitive market, advising that the Government were being lobbied to bring forward a plan to employ more mental health nurses and it may be worth the Charity getting behind this movement. The Board **NOTED** the report and thanked colleagues for their work behind it.		
OPERATIONS			
10.	**Integrated Quality & Performance Report** AW presented the report, which was taken as read, highlighting the change in reporting approach taken following Board feedback, and requesting further feedback on the new format to be provided offline. AW then touched on the performance headlines and areas being focussed on before passing on to her colleagues to discuss each of the main topics: <u>Quality</u> SK noted a number of delayed discharges for patients for whom the Charity's services were no longer appropriate, advising that letters had been written to the Medical Directors of relevant organisations to highlight their cases. There had been a significant turnover of patients, with patients discharged to lower levels of security opening up places for patients who would benefit from the Charity's services, but there had been increases in the levels of acuity as a result of this, which was being managed through enhanced support. Although the number of incidents had increased, the levels of harm associated with the incidents had not. <u>People</u> DC noted the negative skewing of data with regard to mandatory training and bank staff, highlighting that a data cleanse would be undertaken which would result in a positive impact on both mandatory and statutory training. DC advised that all types of leave, training and sickness were included in the non-patient facing shifts number and highlighted a piece of work focussing on all of the other aspects, in order to provide more granular reporting going forward. DC noted in terms of the Integrated Performance Summary that it was encouraging to see so many green improvement metrics, but it was important to be cautious when looking at April's data next time, because of the launch of the transformation programme. <u>Finance</u> KM presented the finance section of the IQPR and reported that in March 2022 the Board approved a budget deficit of £2.4m and ended the year with a £5.9m deficit. Key factors to moving away from the budgeted position had been discussed throughout the year, such as slower growth in occupancy, economic challenges, one off cost of living payment to staff that was unbudgeted, and staffing cost challenges. KM advised a 7% growth in patient beds, closing at 627 at year end, which was pretty much in line with the budgeted beds number set at the start of the year, that a new loan facility had been agreed and signed, that the covenants had grown and strengthened throughout the year, and the balance sheet had strengthened, ending the year from a cash perspective in a stronger position than where budgeted to be. KM noted the next risk to be the run-rate and current challenge seen from starting in Q4 and restructuring the Charity into the Group Structure, and		

	would report into the July Board and in Part Two on progress in the Thrive programme. SS commented that it was a fragile position and fundamentally centres on staffing and the ability to staff at the correct levels, spending more on mitigating the staffing risk. AL agreed, in relation to the current business model, questioned whether the Charity gets rewarded sufficiently for the extra risk of the types of patients it cares for. KT questioned whether when admitting patients, the Charity was aware that a higher level of support would be required and if so, could a differential be extracted in terms of the cost per day. SK advised that in the vast majority of cases for secure patients the Charity would be aware of their needs and where able, a special package of care would be built in, but often it was the ability to find the staff to be able to sustain the package of care. SK noted that as the provider collaboratives progress, and a more regional approach is applied, with a move to a more regional proportion of NHS patients from the East Midlands admitted to St Andrew's, then theoretically the acuity should be distributed more evenly across the region. VMc commented that the Exec team were aware of the fragility of the situation and the decisions and what risks to take in terms of the acuity of patients admitted. AL questioned whether the Charity was being suitably compensated for the risks it was taking. ES confirmed that the team were constantly aware of enhanced support during negotiations and ensuring that terms agreed were favourable. RB noted her hope that in the next quarter report there was real assurance that those things within the Charity's control were under control and to have more assurance that the Charity has more grip of the situation. RB suggested when having strategic discussions about the business model and how it fits together, that thought needed to be given to whether the gap was due to not managing to secure an appropriate inflation increase from the NHS, or was it because the resources had not been used in the best way. RB further questioned whether it was just delayed discharges that were causing a problem or patient cohort related, with the problems outside of the Charity's control. SK advised that there were clinical challenges in addressing this, including how wards are set-up and the contributory factors to the use of long term segregation. PB commented that the report had highlighted the issues in a much clearer way, allowing the Board to interrogate in different ways. The Board **NOTED** the report.		
SERVICE & PATIENT STORY			
11.	**Dialectical Behaviour Therapy at St Andrew's** Dr Emily Fox, Victoria Taylor and two patients, Rhiannon and Saffron joined the meeting and gave a presentation on Dialectical Behaviour Therapy at St Andrew's 1998 – 2023. EF advised that she runs a one day workshop that the Board were more than welcome to join at any time. DL to follow this up. PB thanked everyone for giving their time to join the meeting and particularly Rhiannon and Saffron for sharing their personal experiences and noted that a lot of what they had presented resonated with the discussion had early in the meeting in terms of the challenges and long term direction of the Charity, particularly in relation to movement to community models. PB questioned whether more should be talked about neurodiversity in this space and whether that was a relevant frame of reference for the discussion and EF advised that recently DBT had been criticised by people receiving treatment, that it had not felt that it had been trauma informed but Marsha had set out clearly that attention needed to be paid to biology and	**DL**	**21.07.23**

	environment. At the DBT Conference last year discussions had taken place on how to use DBT with neurodivergent clients in the same way it is used with people who feel more aligned to a diagnosis of complex PTSD, so the role of the clinician was to take individual stories of how patients got to where they currently were and help them to make sense of it. RP questioned whether there was anything that the Charity could provide in relation to DBT, maybe as part of education, which could help prevent people being admitted into hospital and whether there was any research into the area of AI. EF advised that a manual called DBT in Schools had been published recently, which taught teachers to teach DBT skills to children as part of their curriculum and she had been meeting with the Head of Education to look at ways for St Andrew's to take this forward as part of their charitable focus. DC questioned the move into schools when the Charity were unable to establish a DBT programme within CAMHS and whether there may be a need to see if there was the right skill mix within CAMHS, reflecting on the great success of the service. EF confirmed that the Lead Psychologist in CAMHS was extensively trained in DBT and had given EF examples of how DBT was being used in practice with the young people attending the group. ES asked how difficult it was too upscale the broader set of staff to have the right skills to fill the 165 hours and VT advised that EF ran the training and they had had a conversation earlier about the possibility of this becoming mandatory. Following a DBT Low Secure Away Day the proposal was to have a one day 'Introduction to DBT', followed by a further two days 'Changing Behaviour' looking at behavioural principles training plus validation. EF noted that it was an expensive model but if staff were all on the same sheet, then everyone would be on the same direction of travel. SS questioned, if DBT were the key principle of patient treatment, whether it should be insulated against, to stop someone coming in and saying that they were not going to follow the principles. PB advised that models of care were due to be discussed later in the day and that point spoke to that aspect. VMc asked Rhiannon and Saffron what a great step down facility would look like for them and where it would be and was advised by them, that it would be 24 hour supported living, with the primary focus on giving DBT and crisis skills to each member within the service, within different home areas. PB thanked Rhiannon, Saffron, Emily and Victoria again for their time and noted that their presentation related to the Board's theoretical discussions about how they engaged with services users and patients and brought to light what great step down could look like. PB advised that he would be interested to see any published work around the risk of relapse and return to secure provision related to inadequacy of the therapeutic programme provided before discharge.		
ANY OTHER BUSINESS			
12.	**Questions from the Public for the Board** No questions were received for the Board.		
13.	**Any Other Urgent Business (notified to the Chair prior to the meeting)** RP advised that the Head of Internal Audit & Risk had resigned and was due to leave the Charity at the beginning of June, and management were working through what to do next, but it did highlight the fragility of the Internal Audit & Risk function. PB apologised for failing to welcome SC and LC to the meeting and advised that he looked forward to their continued engagement with the Board. PB noted AB's retirement, commenting that having him as Chief Nurse had been important in stabilising the Charity and reconnecting the Charity to the		

	wider family of mental health providers and organisations and restoring its reputation and credibility. PB thanked AB on behalf of the Board for his work in leading the nursing workforce and his responsibilities around quality and wished him the very best for his retirement. AB thanked PB for his kind words and commented that this had been the most challenging role he had had in 48 years working in healthcare and he would miss the great people he worked with.		
14.	**What would our Patients and Staff think about Our Discussions Today?** PB deferred item 14		
15.	**Date of Next Meeting:** Board Quality Account Approval – Thursday 8 June 2023 Board of Directors, Meeting in Public – Friday 21 July 2023		

Approved – 21 July 2023

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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
26.07.22 **06**	**BAF – Finance Risk** Following the approval of the initial proposed BAF Assurance Ratings, it was agreed that the Finance Committee would complete further reviews on the financial strategic risk.	KM & AL	~~22.11.22~~ ~~31.03.23~~ 21.07.23	Open	**24.01.23 –** This will be part of making the changes to FinCom in line with the Governance Review. This will be done for March 2023 as agreed with the Chair and CEO to give the CEO time to organise the Executive Control Structure. New target date of July Board meeting to allow for committee to complete review within first quarter of new fiscal. **18.05.23** - Remains open and due at July Board meeting.
22.11.22 **02**	**ARC Update – Functional resilience** VMc and DL to review resilience within the IA & Risk function and consider appropriate solutions to be shared with the ARC at the April committee meeting.	VMc & DL	17.04.23	Open	**18.05.23 –** Remains open with on-going discussions on department structure and function due to resignation of Head of IA & Risk.
24.01.23 **01**	**Strategic Risks and Board risk appetite** Existing Strategic Risks (as recorded on current BAF) are to be reviewed and aligned to new Strategy ambitions and directions and Board level risk appetite to be agreed for all strategic risks recorded within the BAF.	VMc & DL	21.07.23	Open	**18.05.23 -** Remains open and due at July Board meeting.
24.01.23 **02**	**ARC programme of assurance activity** New programme of ARC assurance activity to be established in line with revisions to Terms of Reference and in line with matters reserved and authority matrix.	RP & DL	21.07.23	Open	**18.05.23 -** Remains open and due at July Board meeting. Note – covered by new annual work plan with areas of assurance as per the new ToR

24.01.23 **06**	**Mental Health Bill – Therapeutic outcomes** SK agreed to report to QSC on therapeutic outcomes and the percentage of compliance, along with suitable metrics. Note: Next QSC 25 April 2023	SK	18.05.23	Open	**18.05.23 -** The aggregated clinical outcomes and meaningful therapeutic activity dashboards are still being tested in some divisions. An update will be provided when this is complete and fully implemented
31.03.23 **01**	**Chair Update - CAMHS** DC to provide a paper on Sitwell Ward within CAMHS to Board (via QSC) at a future meeting.	DC	28.09.23	Open	**18.05.23 –** The Sitwell paper will be coming to 28 September Board.
31.03.23 **02**	**CEO Report – Call Bells** DC to provide SS with a copy of the Call Bells programme	AB	~~18.05.23~~ 21.07.23	Open	**18.05.23 –** Note - Action reallocated to AB and due for presentation at June's QSC, ahead of returning to Board.
31.03.23 **03**	**ARC Update – Health & Safety reports** AT to ensure Health and Safety Updates are shared with the Chair of the QSC (SS) in-line with the change in reporting line for H&S to the QSC from People Committee.	AT (DC)	18.05.23	Open	**18.05.23 –** Note – Action reallocated to DC as of 2nd May Update due at July Board
31.03.23 **04**	**People Committee update – Non-Exec Mandatory Training** A review of Trustee related mandatory training to be undertaken, in conjunction with the Nomination and Remuneration Committee, that includes the consideration for a passport approach for using comparable training completed within the NHS.	RB, DL & SC	21.07.23	Open	**18.05.23 –** Due at July Board meeting.
31.03.23 **07**	**IQPR – Tertiary service providers** DL to liaise with PB and schedule a future Board agenda item on Tertiary Service Providers to better understand any inappropriate placements or what may impact the complexity of discharge.	DL	21.07.23	Open	**18.05.23 –** Due at July Board meeting. 21.07.23 – DL to update
31.03.23 **09**	**Oliver McGowan Training – Use of psychotic medications** Medicines Management Group to undertake a review of the use of psychotic medications and report to QSC ahead of Board.	SK	21.07.23	Open	**18.05.23 –** Due at July Board meeting.

18.05.23 **01**	**ARC Update – AI Fraud risk** DL to liaise with Darren Handley (LCFS) to look into how the Fraud risk relating to the use of AI was being managed from a Counter Fraud perspective and what the LCFS's within the NHS were advising.	DL	21.07.23	Open	**21.07.23** – Next NHS LCFS network meeting is on 6th September at which point AI fraud will be raised as a discussion in line with their processes. No information has been shared to date on AI related fraud within the network. Update to be brought to September Board
18.05.23 **02**	**DBT Presentation – One day workshop** DL to follow-up on Board members joining the DBT One Day Workshop.	DL	21.07.23	Open	**21.07.23** –

Chair Update

(Paul Burstow – Verbal)

Paper for Board of Directors	
Topic	CEO Board Update
Date of Meeting	Friday, 21 July 2023
Agenda Item	**6**
Author	Dr Vivienne McVey, CEO
Responsible Executive	Dr Vivienne McVey, CEO
Discussed at Previous Board Meeting	Updates have been discussed at the Executive meetings.
Patient and Carer Involvement	A number of these items would have been discussed with patients and carers
Staff Involvement	A number of these items would have been discussed with staff
Report Purpose	Review and comment ☐ Information ☒ Decision or Approval ☐ Assurance ☐
Key Lines Of Enquiry:	**S** ☒ **E** ☒ **C** ☒ **R** ☒ **W** ☒
Strategic Priority Area	Education and Training ☒ Finance & Sustainability ☒ Service Innovation ☒ Quality ☒ Research & Innovation ☒ Workforce, Resilience & Agility ☒ Partnerships & Promotion ☒
Committee meetings where this item has been considered	Executive meetings

Report Summary and Key Points to Note

The attached is the Chief Executive's report to the July Board of Directors.

Appendices – Centre for Complex Trauma conference flyer

CEO Report

It has been a busy period in the Charity since the last Board meeting with the Executive Team concentrating on:

1. Concluding the first phase of the Thrive Programme aiming to achieve quality, workforce and financial sustainability across the Charity, and planning for the next phase.

2. The next steps in the development of our overarching five-year strategy (more details in Part 2) and the creation of the Education, Research and Training (ERT) Business Unit.

3. Continuing to improve the delivery of our 'business as usual activities': we have seen some promising green shoots in terms of Quality and Operational Performance which will be covered in our Performance report.

4. Maintaining financial performance in the context of continued pressure on staffing levels, high inflation and the cost of living crisis.

5. Partnerships: in the last two months we have progressed our relationship with Healthwatch in Northampton, with a successful presentation on safeguarding and a site visit; the Reach Out collaborative in Birmingham exploring potential step down services; the East Midlands Alliance, hosting the Chairs and CEOs strategy meeting in Foster Ward on 9th June; being present at the formal launch of the Anchor Institutions of Northampton on 27th June as well as exploring areas of collaboration with Northampton MIND.

I was extremely proud of our mention in the national rapid review into mental health data, and I'm including the hyperlink again, for those of you that missed it: Rapid review into data on mental health inpatient settings: final report and recommendations - GOV.UK (www.gov.uk). Many thanks to all who were involved.

It is with great sadness that we said 'Goodbye' to Andy Brogan, our Chief Nurse, and Eddie Short, Director of Strategy and Business Development on 30th June 2023. We welcome Ash Roychowdhury to his new role as Chief Quality Officer, who will continue with the implementation of the Quality strategy which Andy was so proud of, and Jenny Kirkland who will attend some Executive Team meetings to ensure we hear the nursing voice in her current role as Director of Nursing.

The rest of my CEO report to the Board of Directors provides an update on areas of focus within 'business as usual' for the Executive Committee and matters that are not dealt with under other agenda items, including an update from ERT.

1. **People and Culture**

- **Culture**
  The Lead the Change initiative is now moving into its next phase with the set up of three Champion roles linked to core priorities within our Charity Strategy:
  - Our Communication Champions will be part of a new central Engagement and Communications Forum with a key aim to improve the cascade of information across the Charity.
  - Our Innovation Champions and linked innovation sprints will provide an on-going framework where we use group problem solving on some of our most complex issues to quickly transfer great ideas into action. We will be having our first 'sprint' in August looking at how we continue to improve new starter retention.
  - Finally, our Culture Champions will be key to rolling out our Charity Strategy and supporting the plans and strategies that sit underneath each ambition.

- **Pay review**
  Over recent months the Executive Team have given careful consideration to this year's pay review. We have now commenced discussions regarding our proposal with our recognised Unions and will be communicating with staff over the coming weeks.

2. **Clinical Services Operations**

- **Operations Committee** (OpComm) report: The OpComm has progressed a number of key decisions since the last Board and our COO, Dawn Chamberlain, is happy to answer questions on any of the following:

  - Review of CCTV and Bodycams and decision taken on future need
  - Call bells decision for implementation and compliance with CQC
  - Preceptorship Policy reviewed and agreed
  - Lead the Change presentation on meaningful activity that will inform the direction of travel into the Charity-wide work being led by the AHP Lead
  - Review of patients TV and plans to replace worn out infrastructure are progressing
  - Bed occupancy is improving under our CMO, Sanjith Kamath's leadership
  - Review of all commissioner forums, membership and contract review process being strengthened
  - Health & Safety improvement programme started
  - Referral and admissions automation started

- **Progress on Thrive Programme Phase 1 changes:**
  - All SDs and ADNs appointed in all divisions
  - 10 out of 13 General Managers have been appointed and 11 out of 12 Quality Matrons appointed and dedicated training and development week in place for week commencing 10 July
  - New Duty Manager role both in and out of hours going live week commencing 17 July and associated controls being implemented for shift adjustments OOH from 24 July – this will remove the majority of backdated payroll edits
  - New Operational Command/ Tactical Command
  - Establishment of Clinical Services Programme Board chaired by the COO to progress the new operating model with 16 Workstreams chaired by the Service Directors and Associate Directors of Nursing to implement the Thrive changes

- **Quality and Operational Performance**: Significant improvement in performance across many KPIs through stronger management through IQPRs has continued despite Thrive phase 1 transition

- **Triumvirate Away Day** focusing on our approach to Enhanced Observations, Escorting and Extra Care across the Charity which has led to changes to procedure and a new CQI project

3. **Education, Research and Training (ERT) Update**

- **Co-production**: We are currently working with NR Times to set up a Round Table discussion for World Alzheimer's month in September. Inga Stewart will take one of 6 places around the table. The debate will be recorded and previewed extensively online and published afterwards on NR Times online and shared to their 10,000 social/ newsletter following.

- **Learning and development:**

  - Meetings held with Operations to agree the scope of the Learning and Development offer provided to our clinical services with the aim of improving our training KPIs
  - 5 year collaborative partnership with UoN has been negotiated over the last 3 months, nearly at completion stage
  - Our Peer Support Worker pipeline has strengthened, with 4 new starters joining for the 12 month induction programme.

- **Research:**

  - Update on our MeOmics collaborative project: News Flash: Research Nurse enrols all 50 participants for ground-breaking project 2 months ahead of schedule! (sharepoint.com)
  - Publication by Alessandra Girardi (with Community Partnerships): A feasibility study to identify the presence of autism specific risk factors in secure services using an autism specific framework | Emerald Insight
  - Publication in collaboration with medium secure: The use of video remote interpreting (VRI) in a medium secure psychiatric setting during the COVID-19 lockdown | Emerald Insight
  - Essex was a recruitment site for the NIHR-funded clinical trial of group CBT for men with intellectual and/or developmental disabilities and harmful sexual behaviour however unfortunately we have had to withdraw as a trial site following the departure of our lead psychologist in Essex

- **Centre for Complex Trauma:**

  - We have launched our annual conference, flyer attached, due to take place on the 28 November 2023
  - We have four peer reviewed journal papers and 4 conference papers in submission
  - This month we presented four paper symposia at the US Comprehensive Moral Injury Conference, the papers were very positively received.
  - We have had a strong 1st quarter performance in all areas of KPI's. 50% of our annual social media engagement KPI has already been achieved.

4. **Communications and engagement**

- **Your Voice snapshot staff survey:** We have just received the results from our Your Voice staff survey which asked employees 6 questions to measure the energy, pride and optimism of the organisation. More than half of our permanent staff completed the survey which was 4% higher than the NHS. The results make for positive reading. Every single measurement is up from the 2021 and 2020 scores.

  - The engagement score has jumped from 51% in 2021 to 64%
  - Energy has gone from 69% in 2021 to 76%
  - Pride has gone from 47% to 58%
  - And optimism which was at 38% in 2021 has leapt to 56%

  We only just received these scores and will therefore send you a detailed breakdown of these as well as opportunities for improvements when we have digested them more fully.

- **Annual Awards:** Staff and patients were celebrated at our Annual Awards in May. The glittering ceremony was held at the Park Inn in Northampton, and the shining stars of St Andrew's were joined by Lords and Ladies, BBC presenters,

Strictly Come Dancing stars and Rugby legends.

- **Bringing our Strategy to life:** We recently created a short animation which brings our 5 Year Strategy to life in an easy to understand format. The animation features the Japanese art of Kintsugi to illustrate how an individual with complex mental health needs may feel when trying to rebuild their lives and access the support they need. It outlines our vision and mission as a Charity. You can watch the animation here.
- **Lightbulb Programme:** Our LightBulb programme, overseen by a team based within our CAMHS College, has scooped a Silver Award at the Annual Pearson National Teaching Awards. The team must now wait until November to find out if they have won the gold prize, which will be announced on the BBC's One Show.

Members are invited to review this report and seek clarification on any of the salient points.

Dr Vivienne McVey
Chief Executive Officer

Centre for Developmental and Complex Trauma
Part of St Andrew's Healthcare

the british psychological society
crisis, disaster and trauma psychology section

4th International Trauma Informed Care

Online Conference, 28th November 2023

Disentangling the relationship between Complex PTSD & "Personality Disorder"

The relationship between trauma and personality disorders is subject to ongoing debate and has significant implications for the care and support for those impacted by trauma. Making sure that we have the right evidence-based approaches is vital to ensuring we support this population, including those with additional needs. At the same time, it is also vital that staff groups working with these populations are able to access appropriate support and supervision. #TIC2023 brings together leading practitioners and academics in the field to explore the nature of this relationship and the implications for treatment and staff support.

4 symposia with round table discussions

The relationship between 'trauma' and 'personality' related diagnoses

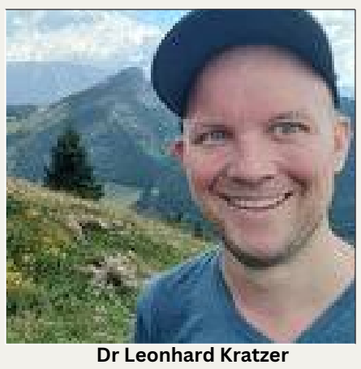
Professor Thanos Karatzias
Professor of Mental Health,
Edinburgh Napier University

Assistant Professor Annegret Krause-Utz
Leiden University, Central Institute of Mental Health, Mannheim, Germany

Dr Emily Fox,
Director for Psychological Therapies
Chair, Society for DBT, UK

Professor Michaela Swales
Director, North Wales Clinical Psychology Programme
Bangor University, Wales

Working with common co-needs



Dr Leonhard Kratzer
Clinical Psychologist
Department of Psychotraumatology, Germany

Dr Stefan Tschöke,
Ulm University, Germany

Professor Benjamin Johnson
Assistant Professor, Fairleigh Dickinson University, USA

Clinical interventions that address trauma & personality needs

KEYNOTE SPEAKER
Dr Christine Courtois
Consultant, USA

KEYNOTE SPEAKER
Professor Nikolaus Kleindienst,
Central Institute of Mental Health Germany

Keeping the system healthy: Supporting health professionals

Dr Annette Greenwood,
Trauma Response Service Lead,
Chair, Crisis, Disaster and Trauma Section, BPS

Dr Deborah Morris,
Director, Centre for Developmental & Complex Trauma,
Course Director, MSc Practitioner in Psychological Trauma

Conference times
GMT: 9:15 - 5:15

Symposium 1: The relationship between trauma and 'personality disorders'

- Complex Trauma and Borderline Personality Disorder: What does the evidence tell us?
- Overlapping factors between trauma and personality disorder
- The debates and implications of language, diagnosis, and journey through services for service users and services
- Panel discussion

Symposium 2: Common needs and treatment paradigms

- Trauma, personality disorder and psychosis
- Trauma, personality disorder and dissociation
- Trauma, personality disorder and eating disorders

Symposium 3: Beyond diagnoses: Treatment approaches for trauma and personality needs

- Dialectical Behaviour Therapy & EMDR
- Cognitive therapy approaches

Symposium 4: Staff Focus

- Enhancing wellbeing through an ecological systems approach

BRIEF (PRACTICE-BASED) PRESENTATIONS

Book Now!

Ticket information

Early Bird Delegate (Sept 30th 2023)	£30.00
Standard Delegate	£40.00
St Andrew's Employees, CDCT Members	£30.00
Student & Poster Presenter Rate	£20.00

Group booking discounts available cdct@stah.org

Register at: www.stah.org/who-we-are/TIC2023

Committee Assurance Reports

People Committee

11 May – Report
18 July – Verbal;
inc Modern Slavery Act & Terms of Reference Approvals (To follow)
(Dawn Brodrick)

Quality & Safety Committee

27 June – Report
(Steve Shrubb)

Audit & Risk Committee

13 July – Report
(Rupert Perry)

Committee Escalation Report to the Board of Directors

Name of Committee: People Committee

Date of Meeting: 11 May 2023

Chair of Meeting: Dawn Brodrick

Significant Risks/Issues for Escalation:

- In April, the Nurse fill rate remained a core risk with the dashboard being updated to reflect revised permanent establishment levels. A Nursing workforce plan is being presented to the July People Committee.
- Mandatory training completion was at 89% (perm and bank) with non-attendance remaining a core risk. A Clinical Services plan is in place for the divisions.

Key issues/matters discussed:

- Deputy Director HR & Workforce Planning Update provided an update on the charity strategy development and 'thriving workforce' ambition.

- **Thrive Programme Operating Model and Lead the Change/Culture Development Update -** The Committee received an update on the Thrive Programme including the formation of the new Clinical Service Programme Board (CSPB) which includes specific workstream meetings relevant to the different areas of Thrive.

- The work of Lead the Change was being integrated to align to Thrive (wherever possible) with Champions roles being set up to support Communication, Culture and Innovation. A number of Change Leaders are supporting the various CSPB workstreams.

- **Your Voice survey 2023**
  An update was presented to the Committee regarding a six question pulse survey to take place in June in order to gain a temperature check on engagement.

- **People KPIs**
  The Committee received a report on People KPIs with it being noted that a deep dive would take place every 6 months with regard to staff turnover. The target and tolerance levels for 2023/24 were shared. It was agreed that improvements to time to hire would be included in order to reflect more senior roles where longer notice periods would typically apply. Vacancy fill rates were discussed, along with how assurance could be given with regard to reducing the vacancy rate.

- **Pay Review**
  The Committee received an update report on the pay discussions, with it being highlighted that NHS pay discussions had reached a conclusion. Contract negotiations were continuing with NHS England and Commissioners. It was

stressed that resolution is being sought with urgency and that staff had been updated regularly.

- **Terms of Reference Review**
  The Committee reviewed the revised Terms of Reference with it being agreed that two points would require further review with the Company Secretary in order to ensure no overlap with the Nomination and Remuneration Committee. It was agreed to approve the Terms of Reference pending these changes.

Decisions made by the Committee:

- For the Deputy Director of HR and Workforce Planning to attend the Quality and Safety Committee staffing section to maintain a connection between the two Committees regarding workforce.
- To approve the revised Terms of Reference and propose adoption at the July Board meeting.

Implications for the Charity Risk Register or Board Assurance Framework:

- Based on April's data Mandatory training was 89%. Although a number are near 90% and showing improvement areas behind target include SIT (68%), BLS (76%), ILS (86%), Disengagements (78%), Information Governance (88%), MHA, MCA & DOLS (87%) and Safeguarding level 3 (89%).
- An increase in roles linked to the previous MHOST review for Nurses will increase the vacancy need - a nursing workforce plan is in progress to mitigate this.

Issues/Items for referral to other Committees:

- None

Issues Escalated to the Board of Directors for Decision:

- None

Appendices:

- Appendix A – People Committee Terms of Reference

Committee Escalation Report to the Board of Directors

Name of Committee: Quality and Safety Committee (QSC)

Date of Meeting: 27 June 2023

Chair of Meeting: Steve Shrubb

Significant Risks/Issues for Escalation:

- CAMHS – which is included within a separate report for the Board submitted for Part 2 of the meeting.

Key issues/matters discussed:

- **Safeguarding System Review**

The Committee received a paper outlining the basis for the review and that outlined the planned steps undertaken, which were:

- To utilise increased capacity within the divisions
- To map the end to end process
- To strengthen control and assurance systems
- To initiate quality huddles in order to ensure flow of information
- To gain data on reporting
- To outline the new key lines within the inspection process

The following recommendations from the review were noted:

- Better integration of the Safeguarding team with the wider patient safety agenda
- Gain further assurance from the data provided with regard to harm
- CASC to function as a second line assurance group into QSG (and then to QSC)

Collation of the data from the review was discussed, with it being reported that it would be included within the IQPR in the future. It was agreed that a Board Seminar would be planned on Safeguarding, specifically covering responsibilities and information.

- **Safer Staffing**

The Committee received the latest Safer Staffing report that now included the staffing changes following the Establishment Review along with Phase 1 of the Thrive programme. The Committee received further information on the positive effect of the real-time dashboard on operations, along with the appointments of the General Managers and Quality Matrons which were receiving good feedback with progress already being observed.

The Committee discussed the reduced utilisation of bank and agency staff and further forward plans were outlined following a data cleanse of bank staff and their availability.

The Committee noted the progress made, however they requested further information on the availability of qualified staff on night duty.

- **Quality Improvement Plan**

The Committee received the latest version of the plan and noted that there would be further development of it in the future, including the collation of localised QIPs through to the overall Charity-wide QIP. Open actions were discussed with further updates being given. The Committee requested data on the KLOE based internal quality inspections conducted, and it was agreed that this would be included within the IQPR's divisional reporting in order to give assurance regarding the progression of divisional QIPs along with thematic reviews.

- **Quality Risk Management – including HeatMap Update**

The Committee were presented with the material risks relating to quality and safety along with an explanation on the review process undertaken. It was noted that adequate assurance had been received from Internal Audit regarding the management and mitigating processes undertaken.

The Committee then observed a live presentation of the new HeatMap, outlining the data on staffing (fill rates, leave and training), acuity and bed occupancy. The Committee noted the increased level of assurance that this HeatMap and its use by Operations gave to the Committee, and noted that it provided a proactive process for divisions and management to identify those clinical areas which could potentially be in difficulty.

Decisions made by the Committee:

- To approve in principle for Board Approval the Infection Prevention and Control Annual Report
- To approve in principle for Board Approval the Complaints and Compliments Annual Report
- To approve in principle for Board Approval the Annual Mortality Report
- To agree the new QSC Terms of Reference and recommend for Board Approval.
- To agree the Annual Work Plan for the Committee

Implications for the Charity Risk Register or Board Assurance Framework:

- Committee were assured regarding the continued development and improvements undertaken to improve Quality, Safety and Operational Risk management.

Issues/Items for referral to other Committees:

- None

Issues Escalated to the Board of Directors for Decision:

- None

Included within Annex A of the Board papers:

- Appendix A – Infection Prevention and Control Annual Report
- Appendix B – Annual PALS & Complaints Report
- Appendix C – Learning from Deaths Report 2022 - 2023
- Appendix D – QSC Terms of Reference

Committee Update Report to the Board of Directors

Name of Committee: Audit and Risk Committee

Date of Meeting: 13 July 2023

Chair of Meeting: Rupert Perry

Significant Risks/Issues for Escalation:

- Risk and Internal Audit Resource. The Committee received a proposal on changes to the resourcing of the Risk and IA function following the resignation of the previous Head of IA & Risk. The Committee were initially concerned by the impact of the new structure, with an apparent significant reduction in planned audit days (~200 to ~90) and days attributed to Counter Fraud activity. A thorough discussion was had that established the mitigation of these initial concerns.

  It was noted that the revised structure was to be applied for the rest of the current year, and reviewed ahead of the 2024/25 reporting year, at which point the impact of the new Integrated Assurance Framework would be better known, as well as the impact seen by the changes and improvements expected within the Quality and Clinical Audit functions.

  The Committee were assured by Grant Thornton that the change to resource was in-line with IA resources seen elsewhere within the Charity and Healthcare sector.
- Broad improvement in processes seen within both Risk and Internal Audit, and the positive impact being seen by increased engagement with Executive and Senior management in both functions.
- The Committee were encouraged by the continued work on strengthening the internal control environment via the development and implementation of the new Integrated Assurance Framework (IAF). It is a significant contributor to maintaining an appropriate level of assurance activity as part of the revised Risk & IA structure. IA specific audits on the IAF are included within the agreed plan, at first to ensure the framework is embedded, and thereafter on the actual controls in place and the assurance provided by both 1st and 2nd lines of assurance.

Key issues/matters discussed:

1. Grant Thornton – External Audit Progress Update
   Grant Thornton presented the committee with an update on the progress against the external audit plan as issued in April. Good progress was reported, with the key matters resulting from the work to date outlined for the attention of management. Work to date included reviews on the four identified significant risk areas, with no significant issues or concerns raised to date for revenue or the valuation of the Defined Benefit pension scheme. Samples are awaited for the Management override of controls and an update was also provided on the Going Concern covering stress testing and scenarios and the necessary mitigation. It was noted that these have bene discussed in detail at FinCom as well.

   Grant Thornton also shared a useful Charity Sector update report (Appendix 01) that included many areas of interest, including items on the Charity Commission, Charity Act updates and cybersecurity.

2. Risk Management
The Committee received an update on the status of both the material and operational risk registers, which provided adequate assurance in respect of the overall progress made within the function since the previous report. The Material Risk update highlighted the positive work being done within both the Executive meetings and Operational Delivery Committee to strengthen the controls around managing these risks. Adequate assurance was agreed in respect of the overall progress made with improvements within the Risk Management System

The Committee also received a paper proposing a new set of Charity Strategic Risks (Appendix 02), which are to be managed within the Board Assurance Framework. Six Strategic Risks were proposed:

1 – Quality of Services
2 – Financial Objectives
3 – Staffing
4 – Delivery against Strategy
5 – Reputation
6 – IT & Cyber

The Committee accepted these as the new Charity Strategic Risks, along with the proposed Exec Owners and Oversight Committees, ensuring that Board held overall oversight responsibility.

The Committee reviewed and subsequently approved the Principle Risks and Risk Management Statement to be reported within the Charity's Annual Report for 2022/23, subject to the new Strategic Risks being approved by Board and subject to more information on committee oversight of the risks. The Committee were further assured by the view of Grant Thornton, who complemented on the clarity and simplicity of the paper and that the risks were appropriate for including within the Annual Report.

3. Internal Audit
The Committee reviewed the current internal audit update covering published reports, functional resource, audit actions dashboard and progress versus internal audit annual plan. The level of outstanding IA actions were discussed, noting the progress made since the last Committee update. The number of overdue actions remains high in comparison to the total number of open actions, however management provided assurance that Exec responsibility was being re-assigned and steps were in place to rectify the overdue actions ahead of the next Committee, most notably relating to the Safeguarding and Violence and Aggression audit actions.

Work has continued on strengthening the internal control environment via the development and implementation of the new Integrated Assurance Framework (IAF). The IAF creates a single view of the effectiveness of the Charity's 1st and 2nd Lines of Assurance, and is monitored from an Internal Audit, Quality Team and Clinical Audit perspective. It is a significant contributor to maintaining an appropriate level of assurance activity as part of the revised Risk & IA structure. Five key functions/assurance activities have been included within the initial roll-out of the IAF:

1 – Medicines Safety
2 – Health & Safety
3 – EPRR
4 – Risk Management
5 – Data Protection

In total there will be at least 15 2nd Line Functions and Activities incorporated within the IAF, with all being subject to a defined audit and Control Activity Review.

Adequate assurance was provided in respect of the overall progress made within the IA function against agreed plans since the previous report.

4. Senior Information Risk Owner & Caldicott Guardian Annual Report.
   The Committee received and noted the SIRO and Caldicott Guardian Annual Report for 2022-23 (Appendix 03). The report provided assurance that for the period, adequate information standards and controls had been in place. The report also included a summary of the work carried out, along with details on the compliance work undertaken by the IG team relating to contractual requirements with the NHS, Data Protection Law and risk management.

   The Committee were pleased to note that the Charity was rated as "Standards Exceeded" following submission of the latest DSPT, as well as achieving Cyber Security Essentials Plus Accreditation.

5. Counter Fraud
   The Committee received a report on the work carried out by the LCFS during 1 April 2023 to 30 June 2023, in accordance with the agreed plan. The Committee was asked to note the on-going counter fraud activities maintained in accordance with the Functional Standards and the progress made against the plan, which included work to improve Charity-wide communications on counter fraud, submission of the Counter Fraud Functional Standard Return and continued networking with the wider NHS LCFS Managers Group.

   The Committee also received the Counter Fraud Functional Standard Return which provided an annual statement of assurance against NHSCFA standards (Appendix 04). The self-assessment for 2022/23 reporting year resulted in an overall rating of compliant with the Standards.

6. Charity Gifts and Hospitality Register
   The Annual Gifts and Hospitality Register was presented in order to provide assurance to the Committee over current arrangements in place for reporting and monitoring. ARC noted and approved the review, recognising the low level of registrations in this area and was satisfied with the system in place for declaring, reviewing, approving and reporting. The Committee requested that communicating the procedures surrounding Gifts and Hospitality should continue to ensure Charity-wide awareness. It was agreed to include more information on Gifts and Hospitality within the new communications plans around Counter Fraud activity.

7. ARC related policies and procedures
   A review of Committee related policies and procedures was presented in accordance with the agreed Work Plan. The review provided assurance to the Committee that policies and procedures relating to areas of Committee oversight (either direct or in-direct) were maintained effectively, all were within their stated review dates, they remain relevant, appropriate and fit for purpose. It was noted that the new Reserves Policy, approved by the Board in May 2023 was currently being formatted and was due for publication imminently.

Decisions made by the Committee:

- Approved the revised set of Charity Strategic Risks
- Approved the principle risks and risk statement for inclusion in the 2022/23 Annual Report

Implications for the Charity Risk Register or Board Assurance Framework:

The new set of Charity Strategic Risks were approved and are to be added to the Board Assurance Framework process, with reviews held with the appropriate Exec owners and Oversight Committees ahead of submitting to the Board for review and comment on the assurance provided.

The Charity's Principle Risks and Risk Statements were approved ahead of inclusion into the 2022/23 Annual Report.

ARC endorsed the Strategic and Material Risk oversight process for Board Committees and as such the current set of Material Risks will be assigned to the relevant Board committee and a report provided at each Committee meeting, allowing regular scrutiny and the opportunity to seek assurance on the controls and mitigation in place to manage the risks.

Issues/Items for referral to other Committees:

Strategic and Material Risks for oversight – to be confirmed with individual Committee Chairs and the Head of IA & Risk

Issues Escalated to the Board of Directors for Decision:

- Charity Strategic Risks to be added to the BAF

Appendices **(included within the Annex section of Board pack)**:

- Grant Thornton - Charity Sector update
- Charity Strategic Risks
- Information Governance Annual Report
- Counter Fraud Functional Standard Return

Paper for Board of Directors

Topic	CQC Report and Action – Progress Update
Date of Meeting	Friday, 21 July 2023
Agenda Item	**8**
Author	Ash Roychowdhury, Jenny Kirkland
Responsible Executive	Ash Roychowdhury
Discussed at Previous Board Meeting	Previously discussed in May 2023
Patient and Carer Involvement	Co-production activity across all divisions has attributed to the closure of a number of actions within this reporting period.
Staff Involvement	Staff engagement and collaboration has been instrumental in the initiation and embedding of Quality Improvements across divisions.
Report Purpose	Review and comment ☐ Information ☐ Decision or Approval ☐ Assurance ☒
Key Lines Of Enquiry:	**S** ☐ **E** ☐ **C** ☐ **R** ☐ **W** ☒
Strategic Priority Area	Education and Training ☐ Finance & Sustainability ☐ Service Innovation ☐ Quality ☒ Research & Innovation ☐ Workforce, Resilience & Agility ☐ Partnerships & Promotion ☐
Committee meetings where this item has been considered	Updates have been discussed at the Executive Team meetings and weekly Quality Improvement meetings.

Report Summary and Key Points to Note

A comprehensive Care Quality Commission (CQC) Inspection was carried out in the Charity's Essex Division in June 2022 with the report published in March 2023. Within days of this report being published a further comprehensive inspection of the Division was carried out and the publication date for the final report is awaited and is anticipated to be published in July 2023.

As previously reported, the application to the CQC for the Northampton site to be registered as a single location with all divisions identified as core services has now been processed by the CQC. Men's and Women's Service remain on the Charity's registration due to the current conditions applied. An application for removal of these conditions remains in progress with the CQC. The reports relating to the conditions of registration continue to be submitted bi-weekly to the CQC these relate to the amount of Section 17 leave taken, incidents occurring on specific wards and enhanced observation compliance with policy.

The CQC have commenced a comprehensive and responsive inspection on the Northampton site with specific focus on the conditions and wards identified in the conditions for the Men's and Women's services. The inspection period is currently still open and we are in the process of collating and submitting the requested information and supporting documents. The days of formal inspection were from the 4th to the 6th July but they

can return within a 10 day period and make new information requests. At this stage, no new warning notices have been issued.

The monthly divisional Integrated Quality and Performance reviews continue, enabling a collective review of a range of leading and lagging indicators, combined with clinical judgement and oversight of actions. This is triangulated with staffing data and financial performance.

The Quality Improvement Plan (QIP) continues to be monitored with input from all divisions and support functions. The operational process for this is evolving in a consultative manner to ensure timely and accurate recording of transactional activity is maintained and monitored whilst enabling improvement work to be identified and proactively addressed based on agreed themes.

3 actions associated to the previous CQC inspections remain open and progressing and have not been closed due to: 1) the final stages of policy ratification being completed, mainly about medicines management; 2) the meaningful activity action will be closed when the procedure is published and 3) wider work being progressed relating to patient call bells- a temporary solution is in place in some areas and a permanent one in others. We have agreed on the choice of a permanent solution everywhere but will close this action once the financials and implementation timeline is finalised.

The Charity has introduced a new surveillance programme based on the CQC Key Lines of Enquiry process. 5 divisions have had a baseline assessment completed with 6 assessments planned to be completed this year.

CQC Report and Actions – Progress Update

Overall Current CQC inspection ratings:

The table below identifies the overall ratings in the Key Lines Of Enquiry (KLOE) approach used by the CQC.
As previously reported, the application to the CQC for the Northampton site to be registered as a single location with all divisions identified as core services has now been processed by the CQC. The Men's and Women's Service remain on the Charity's registration due to the current conditions applied. An application for removal of these conditions remains in progress with the CQC as such the current ratings table reflects the current registration of services.

Service Date published	Safe	Effective	Caring	Responsive	Well Led	Overall
Well Led 07/01/2020	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
Birmingham 28/08/2018	Requires Improvement	Good	Good	Outstanding	Good	Good
Broom Cottage 02/03/2023	Good	Good	Good	Good	Good	Good
CAMHS 17/12/2020	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
Community Partnerships 28/02/2023	Requires Improvement	Good	Good	Good	Good	Good
17 The Avenue Not inspected	Not inspected	Not inspected	Not inspected	Not inspected	Not inspected	Not inspected
Essex 17/03/23 * re-inspected March 2023 awaiting report	Inadequate	Inadequate	Requires Improvement	Requires Improvement	Requires Improvement	Inadequate
Men's Service 24/02/2023 * re-inspected July 2023 awaiting report	Requires Improvement	Insufficient evidence to rate Previous rating: Requires Improvement	Insufficient evidence to rate Previous rating: Good	Good	Requires Improvement	Requires Improvement
Women's Service 05/10/2022	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Winslow 19/10/2021	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement

The situation for Neuro is somewhat complex and is set out below:

The ratings for ABI following the CQC inspection of Allitsen last October.

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Services for people with acquired brain injury	Requires Improvement	Insufficient evidence to rate	Not Inspected	Not Inspected	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Insufficient evidence to rate	Not Inspected	Not Inspected	Requires Improvement	Requires Improvement

Based on the last full NPS CQC Inspection in 2017

Report Date	Service	Specific Service	Safe	Effective	Caring	Responsive	Well-led	Overall
07/08/2017	Northampton - Neuropsychia	Overall	Good	Good	Good	Good	Good	Good

We assume this means that overall NPS are currently

Safe: RI
Effective: remains Good
Caring: remains Good
Responsive: Remains Good
Well Led: RI

Overall RI

The CQC website no longer references Neuro as a whole service so we are unclear on the actual representation – this has been raised with the CQC during the re registration process.

Charity Quality Improvement Plan (QIP) – CQC Actions

Currently there are 3 open actions from the CQC inspection reports two of these relate to review and update of policy and procedure and remain open due to the ratification and publication process being completed. 1 action remains open related to MA; one action relating to patient call bells availability and is a direct response to the Essex warning notices received in 2022.

1 action has been added to the QIP as a result of previously closed action and relates to improving clinical handover and a quality improvement project has been implemented using the PDSA cycle and links in with wider organisational improvement projects including THRIVE.

There are no CQC open actions for LSC or MSU.
LDA has some open SHOULD Do actions from the Men's Wards Inspection in Feb 23 and these relate to actions around specialist ASD training, induction, approaches to specialist communication and quality of care planning.
Neuro has 2 actions related to the Allitsen inspection about mandatory training and skill-mix which can likely be closed as mandatory training and staff fill rates have improved since the inspection.

Charity Surveillance Programme

Surveillance is a core function for the Charity and ensures that we have the right information available to us at the right time to inform on the quality of care delivered to our patients and service users. The opportunities provided by good quality surveillance are significant, from ensuring we respond quickly and effectively to concerns within our environments and the clinical care provided.

Following agreement at QSC an initial model has been implemented with a baseline inspection of all divisions using the surveillance tool planned with 5 divisions having had a completed assessment. As the model is still in development phase the categorisation of findings is still being agreed. This will likely be a Concerns judgement from None to Serious rather than attempt to replicate a CQC judgement.

The IQPR process will review the incorporation of KLOE inspection actions into divisional QIPs.

The full system will be adapted following the initial phases to provide assurance to the Charity regarding current activity and risk.

The delivery of this model is reliant on the maturity of Operational Model which the charity is currently transitioning in to and the development of staff in their new roles to enable duties to be fulfilled. Training and development is also required to enable the support currently provided by the Quality Team to be withdrawn and their capacity increased to deliver the Quality strategy and surveillance model activity.

The table below demonstrates the current schedule

Year 1 – Baseline KLOE Inspections	Current CQC Rating	Status/Provisional Timeframe
Essex	**Inadequate**	Completed in March 2023
Neuro	**Good**	Completed in March 2023
Birmingham	**Good**	Completed in April 2023
CAMHS	**Requires Improvement**	Completed in May 2023
Medium Secure Women's Wards	**Inadequate**	Completed - May/June 2023
Learning Disability & Autism Division	**Requires Improvement**	Planned for June/July 2023
Winslow (LDA Division)	**Requires Improvement**	Planned for July 2023
Medium Secure Division (remaining male wards)	**Requires Improvement**	Planned for August/September 2023
Low Secure Specialist Rehab Division	**Requires Improvement**	Planned for September 2023
Community Partnerships	**Good**	Planned for October 2023
Broom (LDA Division)	**Good**	Planned for November 2023

A report will be created to detail the high level themes of good practice and areas for improvement from these inspections and will be presented to the Executive team and the QSC going forward.

Future Directions

A paper was presented to the QSC on revisions to the QIP process and structure that would enable more intuitive categorisation of actions into Themes, enabling easier internal and external assurance. This remains under review and there is a workshop planned on the 18th July with the Associate Directors of Nursing who will hold most direct grip on the QIPs for their divisions.

As we move away from our QIPs being driven by CQC actions, the Charity QIP will be refreshed over the next 6 weeks. This will aim to capture a more holistic approach and will likely include (as examples, not a full list):
Objectives from the Quality Account
Any cross cutting themes from KLOE inspections
ES practice improvements including a CQI to reduce use of ES

Fundamentals of Care – a rationalisation of key compliance and quality checklists with clearly assigned responsibilities and linked into digitisation and dashboard development

Paper for Board of Directors	
Topic	Safer Staffing
Date of Meeting	Friday, 21 July 2023
Agenda Item	**9**
Author	Dawn Chamberlain & Chloe Annan
Responsible Executive	Dawn Chamberlain
Discussed at Previous Board Meeting	Safer Staffing is regularly discussed at Board.
Patient and Carer Involvement	Patients are involved in discussions around Safer Staffing levels in Community Meetings, where appropriate.
Staff Involvement	All wards and divisions are regularly engaged with to regularly review safer staffing levels and take action where required. Directors of division and GM/QM's maintain close oversight of this.
Report Purpose	Review and comment ☐ Information ☒ Decision or Approval ☐ Assurance ☐
Key Lines Of Enquiry:	**S ☒ E ☒ C ☒ R ☒ W ☒**
Strategic Priority Area	Education and Training ☐ Finance & Sustainability ☐ Service Innovation ☐ Quality ☒ Research & Innovation ☐ Workforce, Resilience & Agility ☒ Partnerships & Promotion ☐
Committee meetings where this item has been considered	

Report Summary and Key Points to Note

This report provides an overview of Safer Staffing and summarises a number of areas of improvement and success within the last few months.

The Allocate staffing system is now fully mobilised and operational and the process for agreeing shift adjustments has now been partially automated through the Operational Staffing Dashboard. This is now live and shows ward by ward occupancy and levels of enhanced support agreed in the establishment review baseline for staffing requirement plus any adjustments needed in response to changes in occupancy or enhanced support, whether they be up or down.

There are now a number of Operational Staffing Dashboards available to help inform the right staffing adjustments to the baseline based on both occupancy and levels of enhanced observations, escorting needs or extra-care packages (these are summarily known as Enhanced Support).

We have also responded to the NHS England guidance on Care Hours per Patient Day (CHPPD) and are phasing in Occupational Therapy Technical Instructors (TIs) and Assistant Psychologists (APs) within the ward care hours which will strengthen the non-nursing MDT presence on the ward to improve the skill mix and ultimately to provide a better experience through increased access to meaningful activity and therapeutic interventions leading to better outcomes for our patients.

April, May and June 2023 data show improvements in many workforce domains with a reduction in sickness and turnover and an improvement in recruitment and training compliance generally.

These metrics are shared through the Exec Committee before traveling to both the People Committee and Quality & Safety Committee and on to the full Board.

Appendices -

Safer Staffing Update –

MHOST informed Establishment Review implemented May 2023;

Review of Non-nursing establishments and the use of Care Hours per Patient Day (CHPPD)

Thrive Programme staffing improvements

Ward Nursing Establishment Review

The MHOST-informed establishment review undertaken by the Chief Nurse was signed off by the Board in February 2023, the increased budget associated was implemented from April 2023 and the revised staffing model from May 2023. This establishment review has resulted in an increase in qualified Nursing to HCA ratios across the Charity.

The Allocate staffing system is now fully mobilised and operational and the process for agreeing shift adjustments has now been partially automated through the Operational Staffing Dashboard. This is now live and shows ward by ward occupancy and levels of enhanced support agreed in the establishment review baseline for staffing requirement plus any adjustments needed in response to changes in occupancy or enhanced support, whether they be up or down.

There are now a number of Operational Staffing Dashboards available to help inform the right staffing adjustments to the baseline based on both occupancy and levels of enhanced observations, escorting needs or extra-care packages (these are summarily known as Enhanced Support).

A few examples are set out below to demonstrate the granular information available on a daily basis, as well as being able to look ahead for planning purposes and look back for assurance and learning purposes.

It is important to note that the General Managers and Quality Matrons who will be accountable and responsible in that order for their Group's staffing are receiving their full training week commencing 10th July 20203.

Operational Staffing Dashboard

Day shift snapshot:

	Occupancy				Enhanced Support				Q-Registered (Q-RN and Q-RP)									U-Unregistered (U-RN)							Totals					
Site-Division-Group-Ward	Baseline	Actual	Var to Baseline	Var to Prev Day	Baseline ES	Actual ES	Var to Baseline	Var to Prev Day	Planned	Adjusted	Planned + Adjusted	Q-RN Actual	Q-RP Actual	Q Actual	Variance	Variance %	Q Unfilled	Planned	Adjusted	Planned + Adjusted	U Actual	Variance	Variance %	U Unfilled	Planned	Adjusted	Planned + Adjusted	Actual	Variance	Variance %
Northampton	434	434	0	0	103.8	125.2	21.5	0.7	99.7	0.0	99.7	83.0		83.0	-16.7	83 %	13.7	247.1	36.6	283.7	296.3	12.6	104 %	23.9	346.8	36.6	383.4	379.3	-4.1	99 %
LDA	103	102	-1	0	42.8	57.6	14.8	0.0	24.7	0.0	24.7	23.1		23.1	-1.6	93 %	1.6	81.2	13.1	94.3	88.8	-5.5	94 %	10.8	105.9	13.1	119.0	111.8	-7.2	94 %
Neuro	114	110	-4	0	23.0	34.2	11.2	0.0	23.5	0.0	23.5	20.2		20.2	-3.3	86 %	2.1	59.6	11.3	70.9	72.8	1.9	103 %	3.3	83.1	11.3	94.4	93.0	-1.4	98 %
Medium Secure	115	125	10	1	18.8	18.0	-0.8	1.3	23.5	0.0	23.5	20.7		20.7	-2.8	88 %	4.1	53.1	7.0	60.1	68.5	8.4	114 %	4.0	76.6	7.0	83.6	89.2	5.6	107 %
CAMHS	20	19	-1	0	10.8	7.2	-3.6	0.0	6.0	0.0	6.0	4.0		4.0	-2.0	67 %	1.7	17.2	3.0	20.2	24.7	4.5	122 %	0.0	23.2	3.0	26.2	28.7	2.5	110 %
Low Secure & Specialist Rehab	82	78	-4	-1	8.5	8.3	-0.2	-0.7	22.0	0.0	22.0	15.1		15.1	-6.9	69 %	4.2	36.0	2.2	38.2	41.5	3.3	109 %	5.8	58.0	2.2	60.2	56.6	-3.6	94 %
Birmingham	123	118	-5	0	9.3	9.0	-0.3	-1.0	19.5	0.0	19.5	16.0		16.0	-3.5	82 %	2.0	37.0	5.0	42.0	43.2	1.2	103 %	2.0	56.5	5.0	61.5	59.2	-2.3	96 %
Birmingham	123	118	-5	0	9.3	9.0	-0.3	-1.0	19.5	0.0	19.5	16.0		16.0	-3.5	82 %	2.0	37.0	5.0	42.0	43.2	1.2	103 %	2.0	56.5	5.0	61.5	59.2	-2.3	96 %
Nottingham		10	10	0		10.0	10.0	0.0	1.0	0.0	1.0	1.3		1.3	0.3	135 %	0.0	13.0	0.0	13.0	11.7	-1.3	90 %	5.1	14.0	0.0	14.0	13.0	-1.0	93 %
Community Services		10	10	0		10.0	10.0	0.0	1.0	0.0	1.0	1.3		1.3	0.3	135 %	0.0	13.0	0.0	13.0	11.7	-1.3	90 %	5.1	14.0	0.0	14.0	13.0	-1.0	93 %
Essex	66	61	-5	0	5.5	5.0	-0.5	-0.6	12.5	0.0	12.5	11.9		11.9	-0.6	95 %	0.0	23.2	-1.0	22.2	22.5	0.3	101 %	1.7	35.7	-1.0	34.7	34.3	-0.4	99 %
Essex	66	61	-5	0	5.5	5.0	-0.5	-0.6	12.5	0.0	12.5	11.9		11.9	-0.6	95 %	0.0	23.2	-1.0	22.2	22.5	0.3	101 %	1.7	35.7	-1.0	34.7	34.3	-0.4	99 %
Total	623	623	0	0	118.5	149.2	30.7	-0.9	132.7	0.0	132.7	112.2		112.2	-20.5	85 %	15.7	320.3	40.6	360.9	373.7	12.8	104 %	32.7	453.0	40.6	493.6	485.9	-7.7	98 %

This is the daily staffing dashboard that shows the full breakdown of both Qualified and Unregistered staff as well as totals by ward, group, Division, or Site.

This is a snapshot of a day shift in June (weekday) that shows staffing levels, against current levels of Occupancy and Enhanced Observations. As we continue to embed members of our Multi-Disciplinary Team (including AP's and TI's) into ward care hours, we have steadily seen our staffing position improve across the weekday day shifts. For CAMHS and Low Secure, although their Q variance is flagged red, they have been able to partially mitigate this gap by uplifting the number of unregistered staff (shown in purple) which has kept their total planned staffing above 90% and in green.

Night shift snapshot

	Occupancy				Enhanced Support				Q-Registered (Q-RN and Q-RP)								Q Unfilled	U-Unregistered (U-RN)							U Unfilled	Totals					
Site-Division-Group-Ward	Baseline	Actual	Var to Baseline	Var to Prev Day	Baseline ES	Actual ES	Var to Baseline	Var to Prev Day	Planned	Adjusted	Planned + Adjusted	Q-RN Actual	Q-RP Actual	Q Actual	Variance	Variance %		Planned	Adjusted	Planned + Adjusted	U Actual	Variance	Variance %		Planned	Adjusted	Planned + Adjusted	Actual	Variance	Variance %
Northampton	434	434	0	0	103.8	115.4	11.7	-1.0	60.1	-0.4	59.7	50.6		50.6	-9.1	85 %	4.9	224.9	39.3	264.2	272.4	8.2	103 %	15.9	285.0	38.9	323.9	323.1	-0.8	100 %
Neuro	114	110	-4	0	23.0	26.9	3.9	0.0	13.0	-0.4	12.6	12.3		12.3	-0.3	98 %	0.0	50.0	16.0	66.0	65.3	-0.7	99 %	4.0	63.0	15.6	78.6	77.7	-0.9	99 %
LDA	103	102	-1	0	42.8	52.8	10.1	0.0	14.4	0.0	14.4	13.9		13.9	-0.5	96 %	0.8	73.6	14.9	88.5	87.5	-1.0	99 %	7.3	88.0	14.9	102.9	101.3	-1.6	98 %
CAMHS	20	19	-1	0	10.8	11.1	0.3	0.0	5.0	0.0	5.0	3.1		3.1	-1.9	63 %	2.0	17.2	3.6	20.8	21.1	0.3	102 %	1.0	22.2	3.6	25.8	24.3	-1.5	94 %
Medium Secure	115	125	10	1	18.8	15.0	-3.8	0.0	14.2	0.0	14.2	9.3		9.3	-4.9	66 %	1.0	52.8	2.8	55.6	62.6	7.0	113 %	1.7	67.0	2.8	69.8	72.0	2.2	103 %
Low Secure & Specialist Rehab	82	78	-4	-1	8.5	9.6	1.1	-1.0	13.5	0.0	13.5	12.0		12.0	-1.5	89 %	1.0	31.3	2.0	33.3	35.9	2.6	108 %	1.9	44.8	2.0	46.8	47.9	1.1	102 %
Birmingham	123	118	-5	0	9.3	8.0	-1.3	-2.0	12.0	0.0	12.0	10.0		10.0	-2.0	83 %	3.0	22.0	7.0	29.0	28.9	-0.1	100 %	1.0	34.0	7.0	41.0	38.9	-2.1	95 %
Birmingham	123	118	-5	0	9.3	8.0	-1.3	-2.0	12.0	0.0	12.0	10.0		10.0	-2.0	83 %	3.0	22.0	7.0	29.0	28.9	-0.1	100 %	1.0	34.0	7.0	41.0	38.9	-2.1	95 %
Essex	66	61	-5	0	5.5	6.3	0.8	1.3	8.0	0.0	8.0	8.0		8.0	0.0	100 %	0.0	16.0	2.0	18.0	16.2	-1.8	90 %	0.0	24.0	2.0	26.0	24.2	-1.8	93 %
Essex	66	61	-5	0	5.5	6.3	0.8	1.3	8.0	0.0	8.0	8.0		8.0	0.0	100 %	0.0	16.0	2.0	18.0	16.2	-1.8	90 %	0.0	24.0	2.0	26.0	24.2	-1.8	93 %
Nottingham		10	10	0		9.2	9.2	0.0	1.0	0.0	1.0	1.0		1.0	0.0	103 %	1.2	13.0	0.0	13.0	12.3	-0.7	94 %	1.0	14.0	0.0	14.0	13.3	-0.7	95 %
Community Services		10	10	0		9.2	9.2	0.0	1.0	0.0	1.0	1.0		1.0	0.0	103 %	1.2	13.0	0.0	13.0	12.3	-0.7	94 %	1.0	14.0	0.0	14.0	13.3	-0.7	95 %
Total	623	623	0	0	118.5	138.9	20.4	-1.7	81.1	-0.4	80.7	69.7		69.7	-11.0	86 %	9.1	275.9	48.3	324.2	329.8	5.6	102 %	17.9	357.0	47.9	404.9	399.5	-5.4	99 %

The night shift snapshot shows a similar picture to days with the total staffing across all 3 sites being 99% during the week. Similarly, where the qualified variance is flagged as red for CAMHS and MSU, they were able to partially mitigate this by uplifting their unregistered staffing, and keeping their total staffing position above 90% and in the green. The presence of night site co-ordinators at night, all of which are qualified nurses will also have partially mitigated this skill gap.

This dashboard should be used for daily shift adjustments in daily huddles, based on changes to clinical need – this is still not being utilised appropriately everywhere and is particularly challenging in LDA where enhanced support is extremely high but where there is less access to contractual income than in Neuro where it is equally high but contractually all of it is paid for by commissioners.

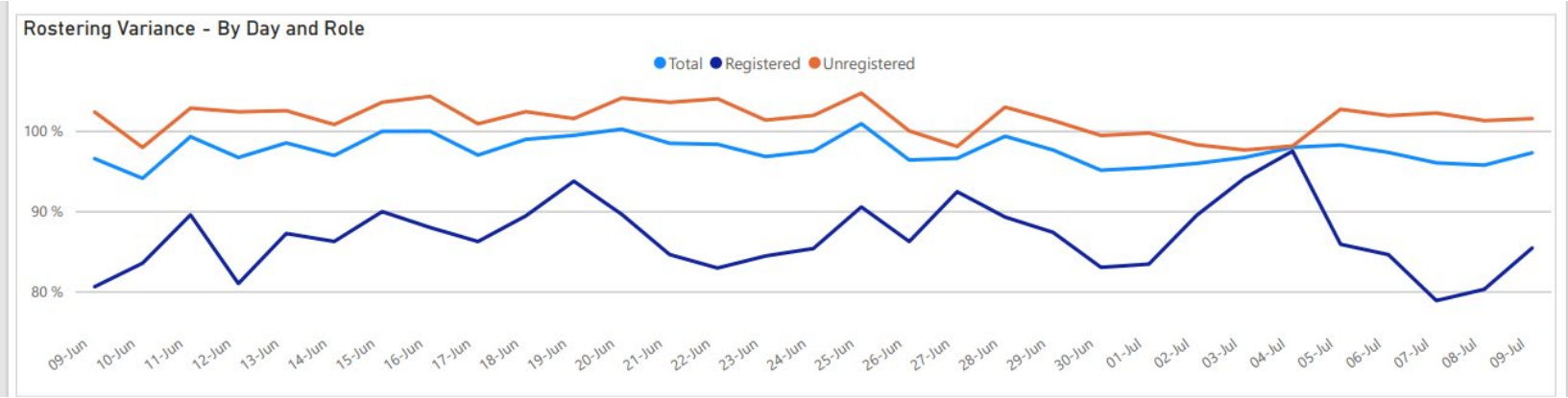
In addition to the overall Operational Staffing Dashboard there is a forward look known as the Daily Staffing Assurance Dashboard which allows Exec Directors to check the position on a daily basis and look ahead in terms of what has been planned ahead.

Daily Staffing Assurance

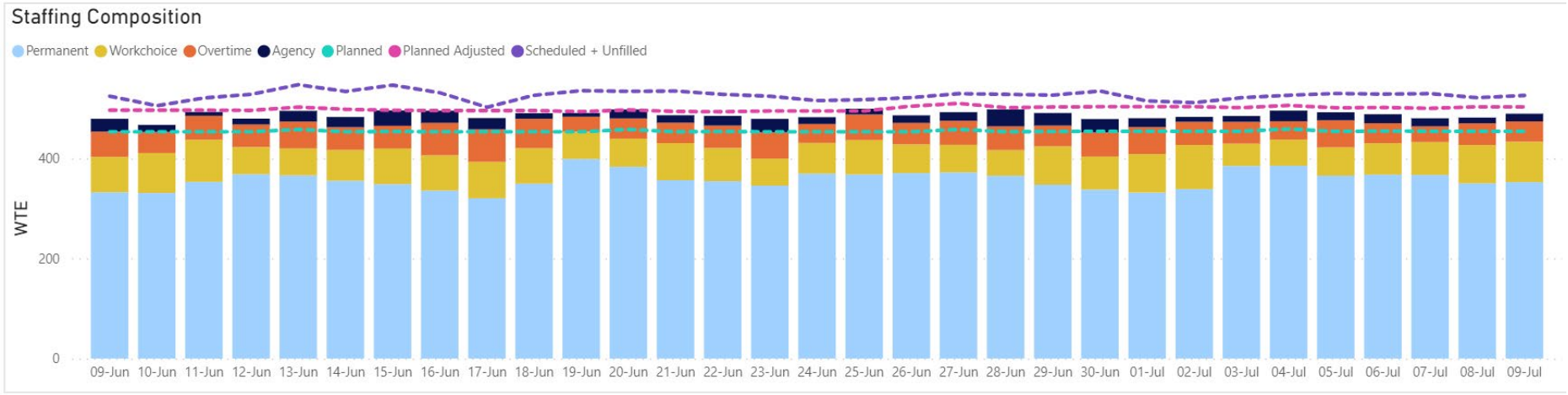
Date	10/07/2023				11/07/2023				12/07/2023				13/07/2023			
Shift	Day		Night		Day		Night		Day		Night		Day		Night	
Site-Division-Ward	Var	Var %	Var	Var %	Var	Var %	Var	Var %	Var	Var %	Var	Var %	Var	Var %	Var	Var %
Northampton	**-25.2**	**94 %**	**-15.6**	**95 %**	**-19.5**	**95 %**	**-7.3**	**98 %**	**-4.3**	**99 %**	**-8.8**	**97 %**	**-9.7**	**98 %**	**-12.9**	**96 %**
Low Secure & Specialist Rehab	-6.3	90 %	-3.2	94 %	-5.7	91 %	-2.2	95 %	-1.4	98 %	-2.6	95 %	-1.2	98 %	-2.0	96 %
CAMHS	1.5	106 %	-2.5	90 %	1.0	104 %	0.0	100 %	4.2	116 %	-2.1	92 %	1.9	107 %	-8.6	67 %
LDA	-17.8	86 %	-9.7	91 %	-11.9	90 %	-6.4	94 %	-8.2	93 %	-6.9	94 %	-10.0	92 %	-6.7	94 %
Medium Secure	-2.3	97 %	-2.7	96 %	-4.5	95 %	4.1	106 %	0.1	100 %	3.4	105 %	6.8	108 %	2.1	103 %
Neuro	-0.3	100 %	2.5	103 %	1.5	102 %	-2.7	97 %	1.0	101 %	-0.6	99 %	-7.2	93 %	2.4	103 %
Birmingham	**-5.3**	**91 %**	**-3.0**	**92 %**	**-3.1**	**95 %**	**0.0**	**100 %**	**1.2**	**102 %**	**-3.0**	**92 %**	**0.7**	**101 %**	**-3.0**	**92 %**
Birmingham	-5.3	91 %	-3.0	92 %	-3.1	95 %	0.0	100 %	1.2	102 %	-3.0	92 %	0.7	101 %	-3.0	92 %
Essex	**-4.5**	**88 %**	**-4.0**	**86 %**	**-0.6**	**98 %**	**-5.3**	**82 %**	**-3.6**	**91 %**	**-4.8**	**83 %**	**-4.4**	**89 %**	**-4.3**	**85 %**
Essex	-4.5	88 %	-4.0	86 %	-0.6	98 %	-5.3	82 %	-3.6	91 %	-4.8	83 %	-4.4	89 %	-4.3	85 %
Nottingham	**0.0**	**100 %**	**0.3**	**102 %**	**0.2**	**101 %**	**0.3**	**102 %**	**-0.4**	**97 %**	**0.3**	**102 %**	**0.3**	**102 %**	**-0.7**	**94 %**
Community Services	0.0	100 %	0.3	102 %	0.2	101 %	0.3	102 %	-0.4	97 %	0.3	102 %	0.3	102 %	-0.7	94 %
Total	**-34.9**	**93 %**	**-22.4**	**95 %**	**-23.1**	**95 %**	**-12.3**	**97 %**	**-7.1**	**99 %**	**-16.3**	**96 %**	**-13.1**	**97 %**	**-20.9**	**95 %**

In terms of trends and assurance data there are multiple lenses to look through and the following tools are highlighted below

Rostering Trends



Staffing Composition



Ward Heat Map

	Staffing												Acuity										Beds			
Division	Adjusted WTE - Average per shift	Shift Fill % Adjusted Planned Target 81-100%	Fill Distribution - % Red Shifts	Fill Distribution - % Purple Shifts	Perm Shift %	Overtime Shift %	Bank Shift %	Agency Shift %	Sickness % Target <6%	Annual Leave % Target =15%	Training % Target =4%	Establishment	Incidents 1 to 3	Serious Incidents	Restraints	Prone Restraints	Safeguarding	Seclusions	Open Long Term Segregation	Complaints	Compliments	ES Patients	Occupancy / Budget	Admissions	Discharges	Referrals / Open Referrals
LDA	**16.4**	**97 %**	**14 %**	**41 %**	**67 %**	**12 %**	**16 %**	**5 %**	**9.2 %**	**15.5 %**	**1.7 %**	**422**	**114**	**1**	**48**	**1**	**2**	**4**	**12**	**4**	**0**	**40**	**102 / 111**	**0**	**1**	**0 / 17**
LDA 1	**11.9**	**99 %**	**10 %**	**41 %**	**61 %**	**12 %**	**19 %**	**8 %**	**7.5 %**	**13.7 %**	**2.1 %**	**202**	**91**	**1**	**46**	**1**	**1**	**3**	**6**	**0**	**0**	**23**	**39 / 47**	**0**	**1**	**0 / 8**
ASD Glendale					0 %								0	0	0	0	0	0	0	0	0	0	/	0	0	0 / 0
ASD Sycamore	-0.5	104 %	0 %	29 %	88 %	9 %	3 %	0 %	2.0 %	13.1 %	2.0 %	29	1	0	0	0	0	0	1	0	0	1	1 / 2	0	0	0 / 0
LDD Church	4.7	101 %	0 %	64 %	54 %	15 %	27 %	4 %	12.4 %	13.6 %	0.6 %	51	44	0	18	0	0	3	1	0	0	6	8 / 10	0	0	0 / 5
LDD Hawkins	3.8	100 %	14 %	50 %	57 %	11 %	16 %	16 %	10.9 %	16.0 %	3.6 %	36	7	1	1	0	1	0	2	0	0	6	10 / 13	0	1	0 / 3
LDD Oak	2.9	100 %	0 %	50 %	54 %	8 %	24 %	14 %	3.6 %	14.9 %	2.4 %	40	27	0	24	1	0	0	1	0	0	6	7 / 7	0	0	0 / 0
LDD Sunley	1.0	90 %	36 %	14 %	74 %	16 %	10 %	0 %	6.1 %	11.4 %	2.5 %	47	12	0	3	0	0	0	1	0	0	4	13 / 15	0	0	0 / 0
LDA 2	**4.5**	**95 %**	**17 %**	**41 %**	**73 %**	**12 %**	**13 %**	**2 %**	**10.9 %**	**17.1 %**	**1.3 %**	**220**	**23**	**0**	**2**	**0**	**1**	**1**	**6**	**4**	**0**	**17**	**63 / 64**	**0**	**0**	**0 / 9**
ASD Acorn	0.3	85 %	36 %	14 %	86 %	8 %	3 %	3 %	7.6 %	13.4 %	2.3 %	30	2	0	0	0	1	0	0	0	0	2	8 / 10	0	0	0 / 1
ASD Berry	-0.1	94 %	21 %	36 %	87 %	5 %	7 %	1 %	5.1 %	20.8 %	0.0 %	34	0	0	0	0	0	0	1	2	0	2	10 / 9	0	0	0 / 0
ASD Brook	-0.3	103 %	7 %	43 %	75 %	12 %	13 %	0 %	12.9 %	18.3 %	0.8 %	37	6	0	1	0	0	1	1	1	0	2	10 / 10	0	0	0 / 0
ASD Fern	-2.0	98 %	14 %	50 %	81 %	2 %	15 %	2 %	14.6 %	14.7 %	0.0 %	26	6	0	0	0	0	0	0	1	0	2	9 / 9	0	0	0 / 0
ASD Garden Cottage	0.0	92 %	29 %	50 %	78 %	8 %	14 %	0 %	9.2 %	21.9 %	1.6 %	13	0	0	0	0	0	0	0	0	0	0	5 / 5	0	0	0 / 1
ASD Marsh	3.1	95 %	14 %	43 %	69 %	19 %	12 %	0 %	6.0 %	14.9 %	1.8 %	33	8	0	1	0	0	0	3	0	0	5	10 / 10	0	0	0 / 3
ASD Meadow	3.5	96 %	0 %	36 %	54 %	20 %	21 %	5 %	17.6 %	13.5 %	2.9 %	34	1	0	0	0	0	0	0	0	0	5	10 / 9	0	0	0 / 4
MMH Wantage Cottage	0.0	97 %	14 %	57 %	65 %	13 %	23 %	0 %	15.7 %	27.2 %	0.0 %	14	0	0	0	0	0	0	1	0	0	1	1 / 2	0	0	0 / 0
Total	**16.4**	**97 %**	**14 %**	**41 %**	**67 %**	**12 %**	**16 %**	**5 %**	**9.2 %**	**15.5 %**	**1.7 %**	**422**	**114**	**1**	**48**	**1**	**2**	**4**	**12**	**4**	**0**	**40**	**102 / 111**	**0**	**1**	**0 / 17**

In recent weeks the Ward Heat Map has also been launched which we have shared at both Quality and Safety Committee in live version and at Board previously with dummy data. This is live in the Operational Staffing Dashboard suite and can be accessed via the App on phones or laptops.

The remaining conundrum in terms of full automation of staffing requirements in the Operational Staffing Dashboard suite is to factor in the income for additional staffing for Enhanced Observations and Extra Care Packages in line with our many contracts and this algorithm is currently being progressed by the BI team. This will ensure staffing compliance not only in terms of safety but also in terms of cost.

We are scoping the use of interactive ward boards to complete this part of the 'data for improvement' journey so that we start to embed the daily staffing tools in handovers, huddles and everyday ward life.

Non-nursing staffing establishment reviews and Care Hours per Patient Day

St Andrew's Healthcare have also responded to the NHS England guidance on Care Hours per Patient Day (CHPPD) and are phasing in Occupational Therapy Technical Instructors (TIs) and Assistant Psychologists (APs) within the ward care hours which will strengthen the non-nursing MDT presence on the ward to improve the skill mix and ultimately to provide a better experience through increased access to meaningful activity and therapeutic interventions leading to better outcomes for our patients.

Thrive Programme Staffing Changes

We launched the Thrive Programme in May 2023 and the following staffing reviews have been concluded across Clinical Services:

- Service Directors and Associate Directors of Nursing appointed to form the Triumvirate with the Clinical Directors in every Clinical Division including Community Partnerships (who have an Associate Director of Psychology in place of an ADN)
- 13 General Managers and 12 Quality Matrons established for Clinical Services – nearly all of these have now been appointed.
- Doctors review resulting in an increase in WTE
- All Allied Health Professionals staffing groups have been reviewed including Occupational Therapy, Physiotherapy, Speech & Language Therapy, and Dietetics. This has resulted in a small number of reductions in line with bench-marking and best practice but a significant increase in budgeted TIs to one per ward in the care hours in line with the CHPPD guidance.
- Psychology has also been reviewed resulting in an increase in APs in the care hours and a small increase in qualified psychologists.
- Social work is yet to be reviewed as we are finalising the job description for the new Director of Social Care role with advice from partners within the Association of Mental Health Providers.

Measures of Success

All aspects of staffing data including recruitment, retention, training, performance and absence management are reported through to the Divisional Quality & Performance Reviews where the Triumvirates are held to account for improvement against under-performing metrics and share their solutions and learning where there have been successes.

April, May and June 2023 data show improvements in many workforce domains with a reduction in sickness and turnover and an improvement in recruitment and training compliance generally.

These metrics are shared through the Exec Committee before traveling to both the People Committee and Quality & Safety Committee and on to the full Board.

Paper for Board of Directors	
Topic	Integrated Quality & Performance Report
Date of Meeting	Friday, 21 July 2023
Agenda Item	**10**
Author	Anna Williams & Kevin Mulhearn – with input from the responsible Executives for the presented topics
Responsible Executive	Vivienne McVey
Discussed at Previous Board Meeting	Routine paper
Patient and Carer Involvement	My Voice patient feedback included in the paper
Staff Involvement	This paper builds from ward governance, divisional governance, divisional IQPR, Exec IQPR to Board – varying staff groups are involved through from ward to Board.
Report Purpose	Review and comment ☐ Information ☒ Decision or Approval ☐ Assurance ☒
Key Lines Of Enquiry:	**S** ☒ **E** ☒ **C** ☒ **R** ☒ **W** ☒
Strategic Priority Area	Education and Training ☐ Finance & Sustainability ☒ Service Innovation ☐ Quality ☒ Research & Innovation ☐ Workforce, Resilience & Agility ☒ Partnerships & Promotion ☐
Committee meetings where this item has been considered	The relevant sections are assured via the aligned committees.

Report Summary and Key Points to Note

In order to avoid duplication – please refer to the performance summary on the first page of pack for the headlines.

Appendices

St Andrew's Healthcare Integrated Quality Performance Report

Quality & People - reviewing the period ending May 2023

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

Performance headlines

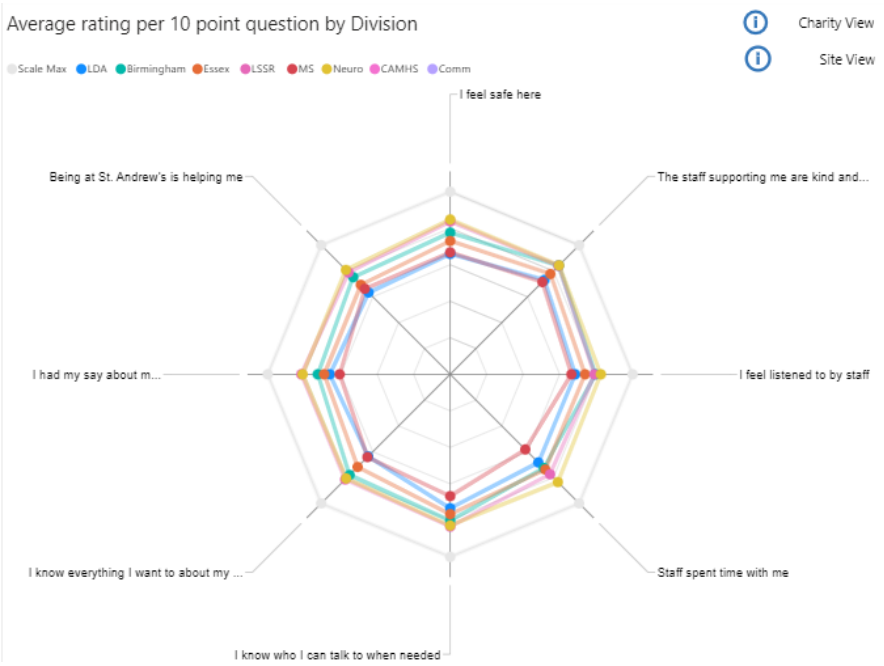
What has gone well

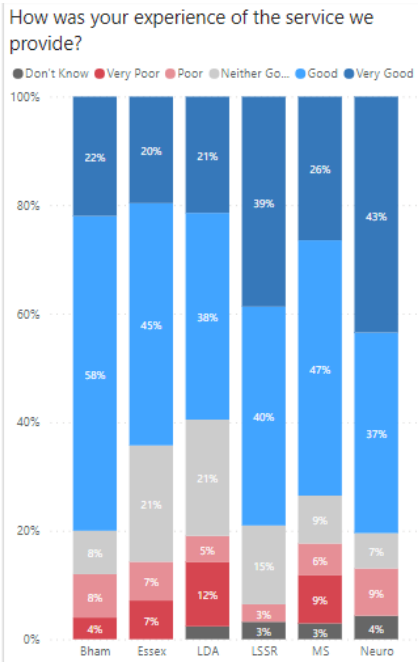
- **My Voice result** continues to perform well, with 73% of respondents rating their experience as good or very good
- **My Voice response rate** remains strong (note: response rate expectations per service are being set)
- **Patient leave** continues to shows a special cause improvement at Charity level
- **Neuro** are demonstrating special cause improvements across level 1 incidents, restraint, seclusion and patient leave
- **LSSR** are demonstrating special cause improvements across incidents, level 1 incidents, restraints and patient leave
- **Enhanced Observation recording** – continued strong performance, 97% of observations recorded, with 81% recorded within the designated time window (localised wi-fi challenges are being mitigated)
- **Meaningful activity** – new recording process is embedding, steady rise in planned activity during May
- **Workforce metrics** the majority of the **positive trajectories** have continued:
    - **Sickness –** favourable to target and showing special cause improvement at Division level
    - **Voluntary turnover –** continued positive trajectory toward target, with special cause improvement
    - **Mandatory training –** with the exception of Essex & Medium Secure who are both at 89%, all divisions are above 90% for permanent staff
- **Progress & engagement** the improvements in business as usual activities have been delivered during a time of organisational change, as the Thrive programme continues. Notably positive movement in engagement score from 51% in 2021 to 64% 2023

What is being focused on

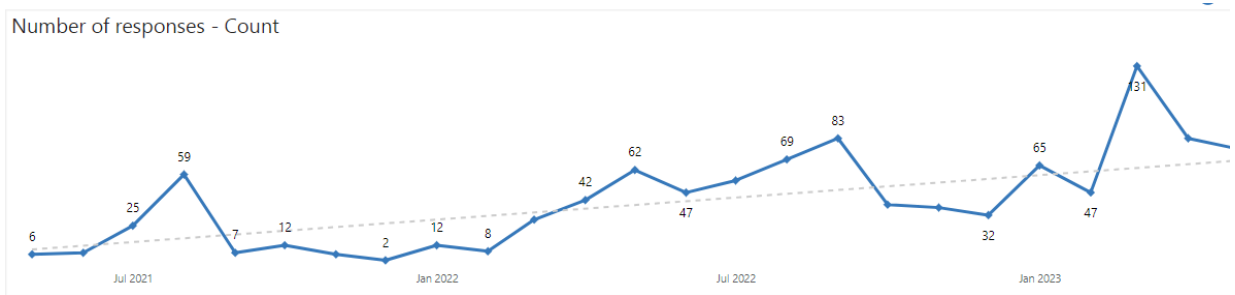
- **Incidents, LTS & Enhanced Support special cause concern** – see clinical narrative
- **LDA** – challenged clinically, workforce improvements are naturally taking time to reflect in clinical outturn– see clinical narrative and integrated performance slide
- **Registered Nursing** – challenging recruitment landscape continues, Nursing Workforce plan being shared with People Committee
- **Bank & Agency**– review of individuals not working regularly is under way. This will support ensuring training resource is focused for the highest impact on patient care and return on investment. Agency – focus remains on utilising agency when strictly necessary – typically for registered shifts
- **Supervision** – management supervision approach requires review. Clinical Supervision improved slightly at Charity level to 84%
- **Training** – BLS (perm 86%) and SIT (perm 78%) continue to require focus. Bank at 78.1% (plan noted above)
- **Unfunded ward staffing adjustments** – upward adjustments have been approved, despite not adhering to the agreed process
- **Divisional finance** – occupancy remains in focus – inpatient net contribution for May was adverse to budget, lost income from occupancy under budget was partly offset by above budget enhanced support income. The overall adverse income position was compounded by significantly above budget direct staffing. Actions are in place – with June results demonstrating improvement – see finance performance

Quality – My Voice & Discharges





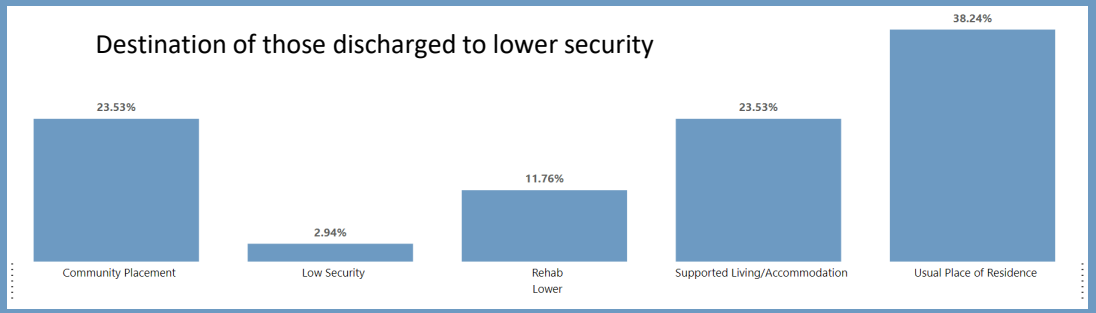
*My Voice responses data for period Mar 23 - May 23



My Voice between March and May 73% of responding inpatients rated their experience of the care provided by St Andrew's as good or very good (76% - 18mths)

- Response levels have remaining strong following dedicated ownership (Divisions are determining target response frequency – tailored for their patient group)
- Verbatim comments suggest varied experience, with positive themes highlighting caring and supporting staff. The areas of focus are: food, staffing levels and activities
- Divisions utilise their community meetings to share how they are acting on feedback (e.g. chefs attend to discuss food requests)
- You said we did boards are now in place
- Charity wide themes are considered and resolved via OpCom
- Community Partnerships have a tailored My Voice, currently being relaunched – it has typically returned c90% good or very good experience rating
- We are working collaboratively with Microsoft to apply AI to verbatim feedback in order to draw out additional insights, helping us to ensure patient voices are heard

Discharges during April & May (excluding PICUs) 63 people moved on from St Andrew's. Of those, 55% transitioned to a lower level of security, including 39% to their usual residence. For the remaining 45% moving to an identical or higher security level, 90% have moved closer to their home address.



PICUs transitioned a further 29 people.

In line with new national guidance for the reporting of patients whose discharge has been delayed - as at 27th June 33 patients are clinically ready for discharge (CRFD).

Quality – safety and outcome indicators

-	Incident	Violence	Incident L1	Incident L2	Incident L3	SI	Restraint	Seclusion	Seclusion Hours	LTS	LTS Days	Safegrd	Rapid Tranq	ES Episodes	ES WTE	Ptn Leave
St Andrew's			A			↘					B				C	

-	Incident	Violence	Incident L1	Incident L2	Incident L3	SI	Restraint	Seclusion	Seclusion Hours	LTS	LTS Days	Safegrd	Rapid Tranq	ES Episodes	ES WTE	Ptn Leave
Birmingham										↗						
CAMHS								1								
Community Services					↘		↗									
Essex			2							↘	↗	↘				
LDA	6		7	8		↘							↗	9	10	11
Low Secure & Specialist Rehab										↗					3	
Medium Secure													4			
Neuro															5	

How to use the above table:

Statistical concern requiring review. Review of each is on the following pages. Review conclusion requires no additional actions means further actions being taken.

Statistical improvement

Improvements

At a Charity level, patient leave continues to increase and is demonstrating a special cause improvement – with the same apparent for Birmingham, CAMHS, LSSR and Neuro. There are further clusters of improvement apparent divisionally for LSSR and Neuro. Medium Secure demonstrate a special cause improvement in relation to new episodes of enhanced support – triangulation with the volume of staffing required is being monitored.

Clinical Exceptions - Charity

A. Charity – Incidents Level 1

Points above average >=7

Trend in no harm incidents mainly across a number of LDA wards and Medium Secure (Bracken) but this has gone below the mean for June.

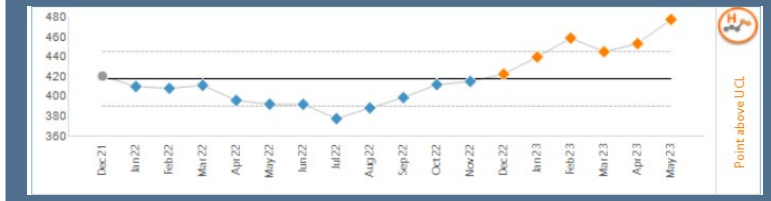
B. Charity – Days in Long Term Segregation

Point above upper control limit

Reflects issues with a cohort of delayed discharges in LDA, for which there is a weekly commissioner meeting and engagement with senior interveners from NHSE to plan discharge. There are also long term single placements treated like LTS. A challenge meeting was held with IMPACT at the end of June and all LTS was considered necessary and most have specific exit plans

C. Charity – Enhanced Support WTE

Point above upper control limit



Remains above the mean, mainly in numerous LDA wards: Sunley, Church, Oak ; Allitsen in Neuro; Lower Harlestone in LSSR and Bracken and Willow in Medium Secure. We have started a Charity wide CQI to support wards in reducing use of ES, and drivers and change ideas have been discussed in a recent leadership away day.

Clinical Exceptions - Divisions

1. CAMHS – Seclusion Events

2 of 3 points close to upper control limit

Use of short, successive seclusion episodes continues to be the least restrictive intervention to safely manage one patient. Care plan in place to support this.
Plans to ensure seclusion episodes are being initiated by qualified members of staff. Has an exit plan to a bespoke placement.

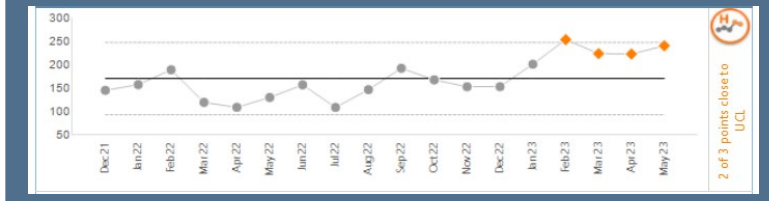
2. Essex – Incidents L1

Point above upper control limit

Acuity with new PICU admissions. Has reduced to the mean in June

3. LSSR - Enhanced Support WTE

2 of 3 points close to upper control limit



There are no new episodes of ES on Lower Harlestone, however there remains a patient who has been utilising enhanced support for 18 months, this patient is inappropriately placed and efforts continue to place her somewhere suitable.

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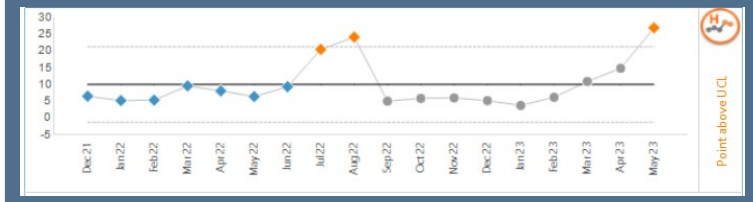
Clinical Exceptions - Divisions

4. Medium Secure – Rapid Tranq

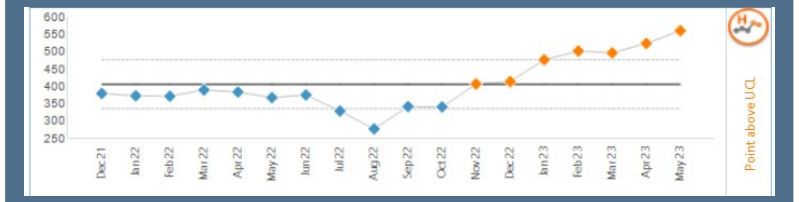
Point above upper control limit



Rise on Bracken due to recent acuity but has dropped to the mean in June with effective clinical management.

5. Neuro – Enhanced Support WTE

Point above upper control limit



Across multiple Neuro wards, reflective of actual acuity but also gaps in nursing leadership. ES panels did not achieve an improvement and now the senior team are directly reviewing each case and working with the ward teams. Will also be part of the CQI.

6. LDA - Incidents

Point above upper control limit

Acuity in Church, Sunley and Oak accounts for this. Church is in the 9C's process and there has been an improvement in leading indicators such as supervision and staffing rates so we expect incidents to be back in control over the next 2-3 months.

7. LDA - Incidents Level 1

Point above upper control limit

Sunley is not formally in the 9C's process but is receiving support from the new QM/GM's due to medium term gaps in ward and deputy ward manager input.

8. LDA - Incidents Level 2

Point above upper control limit

As per previous narrative. L3 incidents are below the mean but there is a trend up in Si's and so overall, the LDA wards are presenting with a period of increased acuity that needs robust input and oversight.

9. LDA – Enhanced Support Episodes

Points above average >=7

This is an issue spread across 2 LDA wards: Sunley, and Church. The trend is stable and not deteriorating. We will support these wards with a CQI process e.g. Church ES is reducing now with a rise in offered meaningful activity.

Clinical Exceptions - Divisions

10. LDA - Enhanced Support WTE

Point above upper control limit

As for ES episodes – this includes staff required for LTS. High on Sunley, Church, Oak and Meadow. Needs significant input re delayed discharges, bespoke placements and CQI initiatives to address key drivers.

11. LDA - Episodes of Patient Leave

Point above upper control limit

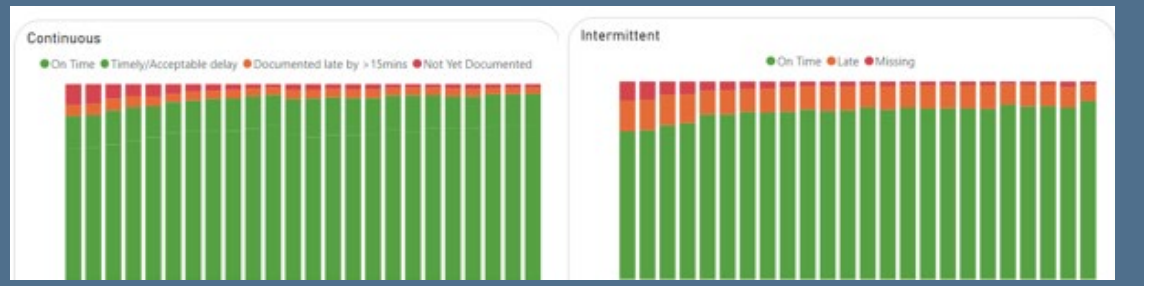
Leave has risen above the mean for June, breaking a several month trend in low leave that was present in May. The high use of ES and number of prison transfers impacts leave numbers.

Quality Drivers - Meaningful activity & Eobs

Meaningful activity

The meaningful activity system and associated dashboard have been live for a few months and we have seen a steady rise in planned activity in divisions, as the recording approach embeds. LSSR is the highest performing division with over 18 hours and 20 hours in May and June respectively (target 25hrs per patient per week). The meaningful activity procedure has been approved by Policy Oversight Group and will be published in July. This sets out clear expectations for how teams should timetable and with the ongoing recruitment and rostering of TIs, we expect the figures to rise to routinely meet the standard. Some wards such as Tavener in Neuro and Speedwell in Birmingham are already meeting the 25 hour standard. This will be monitored through the IQPR process. Further developments of the dashboard will give us insight into reasons for cancelled sessions.

Eobs



Steady rise in compliance. May 97% done and 81% on time. Most late obs are only 1 minute late and so observation practice is improving. Occasional wi-fi challenges remains an issue that we address as quickly as we can.

People

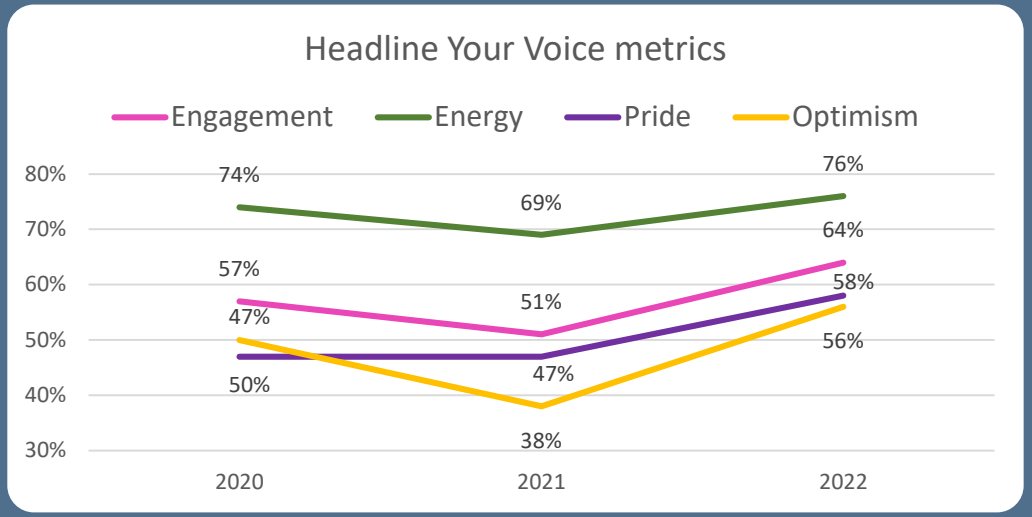
Measure	Target	St Andrews			Divisions			Functions		
		May-23	6 month Trend	SPC	May-23	Trend	SPC	May-23	Trend	SPC
Voluntary Turnover In Year	13%	13.3%		Improvement	14.6%		Improvement	10.4%		Improvement
Voluntary Turnover In Month	1.1%	0.9%		Improvement	1.0%		In control	0.6%		In control
Vacancy Rate		14.9%								
Sickness % In Month	7.7%	5.8%		In control	6.4%		Improvement	4.3%		In control

How to use above table chart:

Actual results are colour coded red for adverse to target, green for favourable to target or black where there is no target. This is complimented by a spark line that shows the actuals across the last six months. SPC status added where this is measured.

Positive People Performance:

- Notably both **sickness and** recent **voluntary turnover** performance are **favourable to target**
- Correlating with the very positive improvements in staff Engagement scores from 51% (2021) to 64% 2023 (with a response rate above the NHS average)
- The non-patient facing metric has been refined, with promising initial performance
- The following slide provides explanations for adverse to target metrics, alongside providing additional specifics for metrics the Board have asked to have visibility of



Notes:

- The HCA establishment metric is currently being revised in order to include the diversity of unregistered roles that provide care hours (as per the new approach)
- As a result of the above change the (non-nursing) MDT metrics is being revised to focus on registered MDT establishment (plus the inclusion of locum support)
- Revised people targets have been implemented from May 23

People

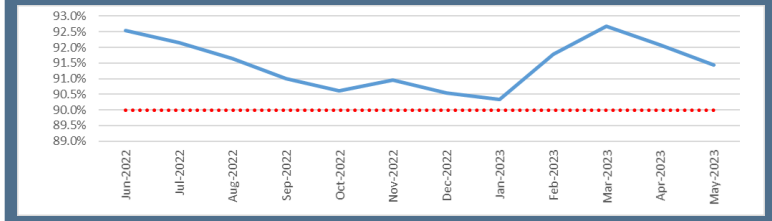
Voluntary Turnover

Special Cause Improvement (with a trajectory towards target)

The positive trajectory towards target has continued – with recent levels demonstrating a special cause improvement. The Charity Retention Framework and associated action plan provides a continued focus. Strong performance through the early stages of organisational change - aligning with the improved Engagement scores.

Mandatory Training

Permanent staff >90%



The contractual KPI focuses on permanent staff – through this lens, at a Charity level the result is favourable to target at 91.4%. BLS and SIT course compliance levels have improved and remain in focus. Training rates for Bank staff remain in focus as part of a Bank review activity.

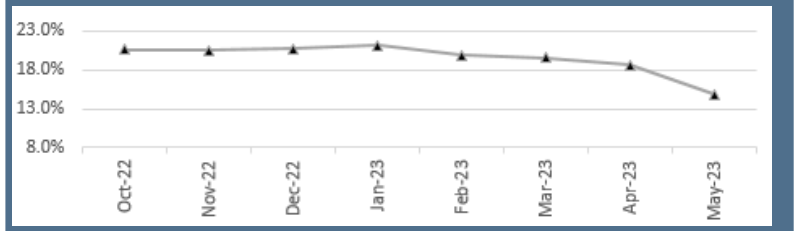
RN Establishment

Rebased

New ward based staffing model and establishment approach implemented in May. Required number rebased to 90%. Nursing workforce plan is being presented to July People Committee – this includes developing nursing professionals, such as the plans to grow the number of Nursing Associates.

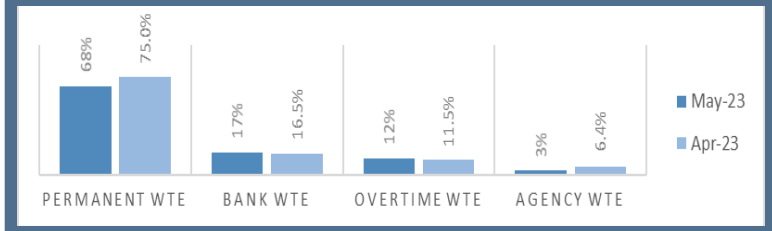
Vacancy rate

Positive trajectory



The vacancy rate calculation has been refined to remove any role overage – this approach has been retrospectively applied to the graph. The Charity wide vacancy rate fell to 14.9% in May – correlating with the revised Operating Model, including the new ward staffing and establishment approach. Target to be added in October KPI review.

Rostered ward staffing composition



Shifts completed by permanent staff (including overtime) represented 80% of the May patient facing shifts. Agency usage is negligible in percentage terms. Focus remains on utilising agency when strictly necessary – typically for registered shifts.

Non-patient facing shifts

Non Patient Facing Shifts	Headroom Shifts			
	Annual Leave	Training	Sickness	Total
Budget	15%	4%	8%	27%
March*	18.7%	3.8%	6.1%	28.6%
April	14.0%	2.8%	5.4%	22.2%
May	13.3%	4.0%	6.0%	23.2%
May YTD	13.6%	3.4%		

In order to increase visibility and enable targeted management action the non-patient facing metric has been refined and separated into three categories. The progress on the core category is presented above. For May – training is in line with budget, sickness is running positively below budget, annual leave smoothing is in focus.

Divisional integrated performance summary (as a subset of Clinical Services)

	Measure	Birmingham	CAMHS	Essex	LDA	LSSR	Medium Secure	Neuro	Community Services	Community Partnerships
Safety	Ward level SPC Concerns	0%	9%	3%	12%	3%	9%	8%	N/A	N/A
	Ward level SPC Improvements	3%	11%	1%	5%	1%	1%	5%	N/A	N/A
	Positive My Voice (Mar23 – May23)	80%	No responses	75%	59%	79%	73%	80%	Under development	Being relaunched
Workforce	Voluntary Turnover In Year (13%)	9.1% Improvement	30.3% Concern	16.8% Improvement	12.5% Improvement	15.8% Concern	11.6% Improvement	14.0%	12.9% Improvement	16%* Concern
	Voluntary Turnover in Month (1.1%)	1.1%	0.8%	1.8%	0.2% Improvement	0.3%	1.3%	1.2%	1.6%	2.7%*
	RN Establishment (100%)	92.8%	67.5%	77.0%	97.7%	82.1%	77.8%	91.7%	111.1%	N/A
	Clinical Supervision	80%	90%	86%	78%	98%	89%	93%	14%	74%
	Training – perm (90%)	91%	93%	89%	90%	95%	89%	93%	90%	95%
	Sickness % In Month (7.7%)	5.9%	8.9% Improvement	5.6%	7.6% Improvement	6.1%	6.8%	5.5% Improvement	6.0%	1.0%
	Non Patient Facing Headroom (27%)	25.8%	Included in LSSR	19.9%	21.3%	23.6%	28.4%	20.2%	N/A	N/A
Safer Staffing	Shifts <80%	8%	13%	18%	11%	16%	8%	11%	6%	N/A
Finance	Mth Net contribution vs budget % (100%)	90.8%	Included in LSSR	72.8%	86.5%	105.1%	106.7%	104.2%	Included in LDA	151.0%
	YTD Net contribution vs budget % (100%)	91.2%	Included in LSSR	74.9%	77.0%	97.5%	97.3%	107.5%	Included in LDA	128.4%
	Occupancy vs Budget %	97.5%	Included in LSSR	80.3%	95.2%	100.0%	97.3%	96.5%	Included in LDA	N/A
Focus wards	9C review wards	Moor Green	All wards	None	Church	None	Willow	None	None	N/A

LSSR (standalone) continue to set the standard, with comparatively very strong performance and progress. Community Partnership show strong performance across workforce and finance (*APs excluded, note small team disproportionately impacts turnover %). CAMHS, Essex, & Medium Secure are challenged across the key metrics. LDA continue to show positive workforce trends – clinical metrics and financial performance remain in focus (with heightened support in place). Above budget staffing costs combined with the occupancy position resulted in net contribution challenges for Birmingham, Essex and LDA. As the strengthened divisional structures are embedded this provides additional management capacity for greater grip and control across the breadth of domains. This combined with refined policies, procedure and processes enables improved performance.

St Andrew's Healthcare Charity Financial Performance Report

Finance performance – June 2023

Financial Performance June 2023

Financial Performance June 2023 YTD

- **Net deficit £2.99m,** which is **£0.18m better than budget**
- Operating Deficit **£0.3m worse** than budget - majority of variance seen April 2023. May and June 2023 inline with budget
- June 2023 closing occupancy of 631 **was 98.7% of budget** (lower income than budget)
- Operational costs **exceeded budget (£0.9m)** partially due to higher patient acuity offset by income (higher income than budget)
- Net impact is that **101% of income budget achieved**
- Corporate Services costs £0.15m below budget with small savings across most areas
- Operating deficit offset by non operating costs **£0.5m lower than budget** with lower exceptional costs and Opex project costs incurred
- At June 2023 **cash held was £8m** (£3.4m above budget) mainly due to slower CAPEX expenditure than budgeted.
- No material movement in investment portfolio and no covenant risk existed.

Financial Year 2023/24 Outlook

- June 2023 (Qtr1) high level 2023/24 forecast v budget to be shared in Private Board

Financial Performance June 2023

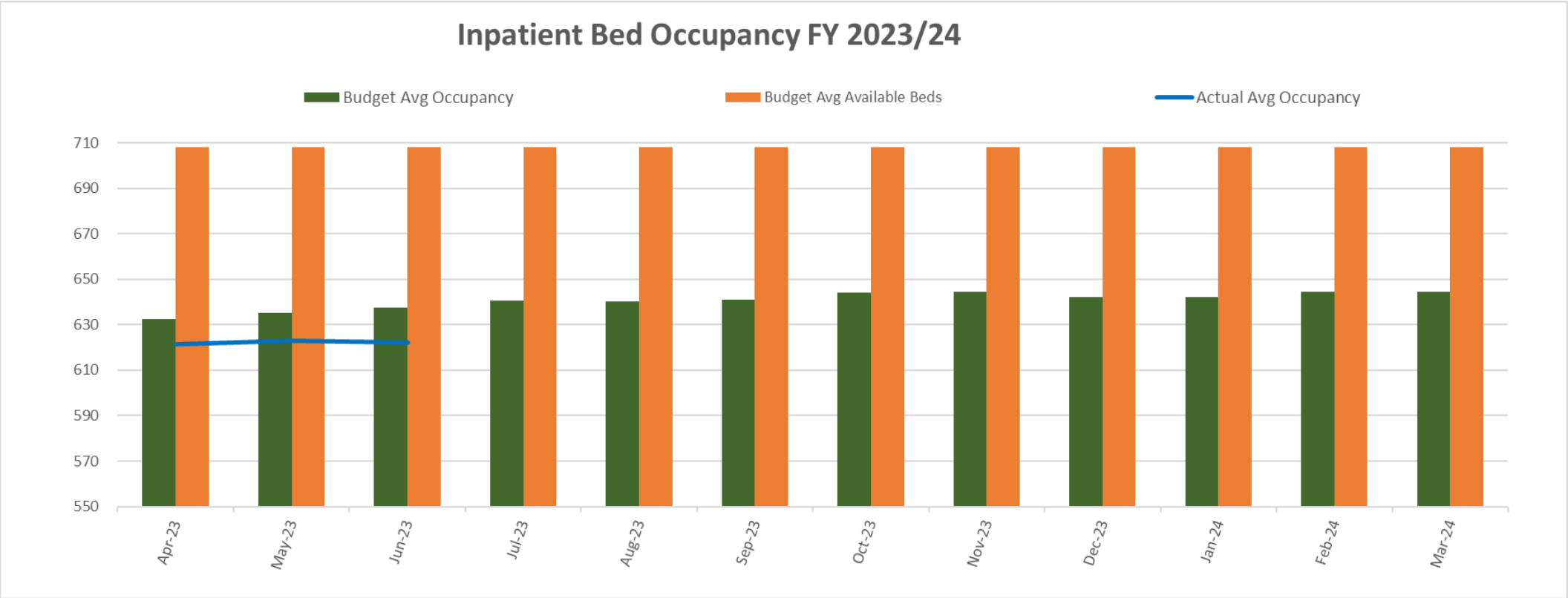
	Month - Jun-23			YTD			Full Year
Financial Performance - £m	**Actual**	**Budget**	**Variance**	**Actual**	**Budget**	**Variance**	**Budget**
Income	15.56	15.38	0.18	46.74	46.30	0.44	189.79
Operational Costs	(13.53)	(13.30)	(0.23)	(40.82)	(39.92)	(0.90)	(159.84)
Net Contribution	**2.03**	**2.07**	**(0.04)**	**5.92**	**6.38**	**(0.46)**	**29.94**
Corporate Services	(1.48)	(1.59)	0.11	(4.56)	(4.71)	0.15	(18.48)
Depreciation	(0.84)	(0.84)	(0.01)	(2.56)	(2.55)	(0.01)	(9.89)
Operating Surplus/(Deficit)	**(0.30)**	**(0.36)**	**0.06**	**(1.20)**	**(0.88)**	**(0.32)**	**1.57**
Non Operating Costs	(0.27)	(0.43)	0.15	(1.78)	(2.29)	0.50	(6.16)
Net Surplus/(Deficit)	**(0.57)**	**(0.78)**	**0.21**	**(2.99)**	**(3.17)**	**0.18**	**(4.59)**
KPI's							
Available Beds	711	708	3	710	708	2	708
Avg Occupied Beds	622	638	(15)	622	635	(13)	641
Closing Month Occupancy	631	639	(8)	631	639	(8)	645
Avg Occupancy %	88%	90%	(3%)	88%	90%	(2%)	91%
Net Contribution % Income	13%	13%	(0%)	13%	14%	(1%)	16%
Investment/One Off Costs £m							
CAPEX Costs	(0.0)	(0.6)	0.6	(0.0)	(1.6)	1.6	(6.1)
OPEX Project Costs	(0.4)	(0.4)	0.0	(0.9)	(1.2)	0.3	(4.9)
Exceptional Costs	(0.0)	(0.0)	0.0	(1.0)	(1.1)	0.1	(2.1)
Total	**(0.4)**	**(1.0)**	**0.6**	**(1.9)**	**(3.9)**	**2.0**	**(13.1)**

Cashflow & Balance Sheet June 2023

	YTD			Full Year
Cashflow £m	**Actual**	**Budget**	**Variance**	**Budget**
Net Inflow / (Outflow) from Operations	(0.3)	(1.6)	1.2	3.7
Other Net Cash Inflow / (Outflows)	(0.0)	(2.2)	2.2	(5.9)
Total Cashflow Movement	**(0.3)**	**(3.8)**	**3.4**	**(2.3)**
Cash Held	**8.0**	**4.5**	**3.4**	**6.1**
Bank Loan Balance	(20.0)	(20.0)	0.0	(19.0)
RCF Headroom	**7.0**	**7.0**	**0.0**	**7.0**
Investment Portfolio	11.4	11.4	0.1	11.4
Covenant Risk	N	N	-	N

Balance Sheet Summary £m	**June 22**	**Sept 22**	**Dec 22**	**Mar 23 Unaudited**	**Apr-23**	**May-23**	**Jun-23**
Fixed assets	193.9	191.9	190.5	189.0	188.2	187.3	186.5
Investments	17.4	17.4	16.5	17.1	17.1	17.1	17.1
Net Current Assets/(Liabilities)	(0.8)	0.7	0.0	0.6	(0.2)	(0.2)	(0.0)
Bank Loan Balance	(20.0)	(20.0)	(20.0)	(20.0)	(20.0)	(20.0)	(20.0)
Pension	(0.6)	(0.6)	(0.6)	(0.6)	(0.6)	(0.6)	(0.6)
Total Assets Employed	**189.9**	**189.4**	**186.4**	**186.1**	**184.5**	**183.7**	**183.0**

Occupancy



	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Budget Avg Available Beds	708	708	708	708	708	708	708	708	708	708	708	708
Budget Avg Occupancy	633	635	638	641	640	641	644	645	642	642	645	645
Actual Avg Occupancy	621	623	622									
Actual Closing Occupancy	625	620	631									
Actual % Achievement of Budge	98%	98%	98%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Avg Occupancy of Available	88%	88%	88%	0%	0%	0%	0%	0%	0%	0%	0%	0%

IT Security Metrics (Mar – May 2023)

Legend	No Change	Trending Down	Trending Up

	MAR	APR	MAY	RAG Rating	MAY – Causal	MAY – Remediation
Vulnerabilities not fixed within SLA Highlights the amount of vulnerabilities that haven't been fixed within the agreed timescales with no dispensation.	0	1	0		**Causal Analysis**: Vulnerabilities are actively tracked to ensure compliance, any breaches in terms of SLA's are either presented for risk acceptance or dispensated to investigate a fix.	**Remedial Actions**: Existing Non-Conformances continue to be worked through.
Overdue Penetration Test Remediation The last Pen test for the Charity was in September 2022. This highlights how many findings are overdue.	0	0	0		**Causal Analysis**: The network segregation penetration test was conducted in September 2022, one finding was immediately addressed.	**Remedial Actions**: None
Security Incidents Trend of Priority 1, Priority 2 and Priority 3 incidents	P1 0 P2 1 P3 7	P1 0 P2 0 P3 3	P1 0 P2 1 P3 2		**Causal Analysis**: There were three phishing incidents in May, one of these was a P2 whereby a user interacted with a link, a full response ensued and the incident was contained. IT Security continue to proactively monitor for phishing threats.	**Remedial Actions**: A full phishing exercise was conducted in May, it is evident that some staff are not reporting phishing emails even if they are interacting with it. IT Security a in early talks with a provider about a dedicated phishing and training solution to address this.
Blocked Network Attacks These are blocked network attacks directed at our external network edge	30550	40938	24996		**Causal Analysis**: We are constantly being port scanned and probed by external threat actors. High risk IPs are automatically dropped and blocked at the firewall. This trend is seen globally and follows NCSC and NSA trend analysis due to present conflicts.	**Remedial Actions**: A new network threat detection tool is fully operational and is monitored 24/7 by a third party Security Operations Centre. (SOC)
Overdue IT Sec Audit Actions Number audit actions and their rating from scheduled internal and external audits.	0	0	0		**Causal Analysis**: We have received our ISO27001 surveillance report from SGS, the report contains two minor non conformances and three opportunities for improvement. Several ISMS controls are due for internal auditing.	**Remedial Actions**: All actions are being tracked. One minor conformance has been fixed, the other is being addressed.
% of Fully Patched Systems % of devices patched across the infrastructure. Separated into server and endpoint estate	Servers = 89.61% Client = 92.5%	Servers = 91% Client = 88%	Servers = 92.48% Client = 92.24%		**Causal Analysis**: An Overall percentage - 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). A small amount of servers did not auto patch to 100%.	**Remedial Actions**: The team are working through the non-patched to ensure they are fixed and up to date.
Anti-Malware Installation Compliance % of machines on the network that have anti-malware protection installed and enabled	97%	95%	97%		**Causal Analysis**: Older versions will be updated as computers come back online, the update process is fully automated. Percentages are within tolerable levels.	**Remedial Actions**: IT Security will continue to monitor and chase Advanced for any stragglers.
Network Security Events Critical/High cases detected by 'SenseOn' which monitors for unusual or suspect network/user activity.	18	20	18		**Causal Analysis**: There have been 18 high cases in May, all of these are false positives or benign. SenseOn will learn what is 'normal' as the tool monitors our network, these cases will decrease as the tool matures.	**Remedial Actions**: All events are monitored by a 24/7 SOC. IT Security are working with Advanced to ensure all devices on the network are monitored by SenseOn.
Security Awareness % of applicable staff who have completed their e-learning module on cyber security & information governance	92%	93%	93%		**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 90% for the Data Security & Protection Toolkit.	**Remedial Actions**: All staff who are out of date with any of these areas prioritise completion of this e-learning. Managers to check via SAP to ascertain who in their times has outstanding e-learning and enable them to complete.

Appendix: proof of concept IQPR matrix

Integrated Quality Performance Matrix - May-23

Summary

Division: St Andrew's | Indicator Type: All | Measure: Multiple selections | SPC Trigger Type: All

Function	Group	Indicator	Measure	Measure	Target	Variance	Target	SPC	Trend	SPC Description
Quality	Serious Incidents	KPI	Serious Incidents	0.21						
	Incidents	KPI	Incidents	132.90						
		PI	Incidents Of Violence	26.82						
			Incidents Level 1	72.22				H		Concern
			Incidents Level 2	53.07						
			Incidents Level 3	7.40						
	Restraints	KPI	Restraints	40.54						
	Rapid Tranq	KPI	Rapid Tranquillisations	10.46						
	Safeguarding	KPI	Safeguarding	3.88						
	Seclusion	KPI	Seclusion Events	6.47						
		PI	Hours Of Seclusion	137.01						
	Long Term Segregation	KPI	Long Term Segregation Episodes	1.45						
		PI	Total Days in Long Term Segregation	32.82				H		Concern
	Enhanced Support	KPI	Enhanced Support WTE	477.39				H		Concern
		PI	Enhanced Support Episodes	9.63						
	Discharges	PI	Delayed Discharges	6.00						
	Meaningful Activity	PI	Episodes Of Patient Leave	6317.00				H		Improvement
Operational	Vacancies	PI	Voluntary Turnover In Year	13.34%	13.0%	0.34%	F	L		Improvement
			Voluntary Turnover In Month	0.87%	1.1%	-0.23%	P			
			Registered Nurse Establishment Ratio	86.77%	100.0%	-13.23%	F			
			HCA Establishment Ratio	105.82%	100.0%	5.82%	P	H		Improvement
	Sickness	KPI	Sickness % In Month	5.75%	7.7%	-1.95%	P			
	Mandatory Training	KPI	Mandatory Training	88.97%	90.0%	-1.03%	F			
	Agency Usage	KPI	Agency Spend	3.35%	5.0%	-1.65%	P			

New integrated Quality Performance Matrix – currently proof of concept.

Putting side by side the target, measurement, variance, the SPC outturn and the spark line of the 12mth trend.

Functionality continues to be built.

Service & Patient Story

Occupational Therapy
Co-production
with Patients and Carers

(Dawn Chamberlain,
Leanne Clement
and patient)

Questions from the Public

(Paul Burstow - Verbal)

Any Other Urgent Business

(Paul Burstow - Verbal)

Meeting Reflections

"What would our patients and staff think about our discussions today?"

(Paul Burstow - Verbal)

Date of Next Board Meeting in Public -

Thursday 28th September 2023

9.30am

(Paul Burstow - Verbal)