CHARITY NO: 1104951
COMPANY NO: 5176998

BOARD OF DIRECTORS – PART ONE

MEETING IN PUBLIC

Thursday 27 May 2021 at 9.00 am

Microsoft Teams and Meeting Room 9 St Andrew's Healthcare, Billing Road, Northampton, NN1 5DG

		Info / Dec	LEAD		Page No.	Timing
1.	Welcome and Apologies	Information	Paul Burstow		*3*	*9.00*
Patient / Carer Voice						
2.	Divisional Presentation (including patient voice): Essex service	Information	Jess Lievesley *(Gary Stobbs and Patient)*	✓	*4*	*9.05*
Administration						
3.	Declarations of Interest	Information	Paul Burstow		*5*	*9.30*
4.	Minutes from the Meeting in Public Board of Directors Meeting on 25 March 2021	Decision	Paul Burstow	✓	*6-17*	*9.32*
5.	Action Log and Matters Arising	Info & Dec	Paul Burstow	✓	*18-21*	*9.35*
Chair's Update						
6.	Chair Update, incorporating: • Annual Fit and Proper Declaration	Info & Dec	Paul Burstow	✓	*22* *23-24*	*9.40*
Executive Update						
7.	CEO Report	Information	Katie Fisher	✓	*25-31*	*9.45*
8.	East Midlands Board Paper in Common	Information	Katie Fisher	✓	*32-38*	*10.00*
Operations						
9.	Performance Report (including Finance and Covid-19 response)	Information	Alastair Clegg, Alex Owen & Sanjith Kamath	✓	*39-51*	*10.05*
Quality						
10.	NHS Benchmarking Network (NHSBN)	Information	Sanjith Kamath	✓	*52-55*	*10.25*
Regulatory						
11.	Quality Accounts Report update	Information	Andy Brogan	✓	*56-59*	*10.35*
12.	Date Security & Protection Toolkit (DSPT) approval	Decision	John Clarke	✓	*60-63*	*10.50*
Break 11.00 am						
Governance / Assurance						
13.	**Sub Committee Updates**				*64*	*11.10*
	• People Committee	Info & Dec	Paul Burstow	✓	*65-70*	
	• Quality and Safety Committee	Information	David Sallah	✓	*71-72*	
	• Audit and Risk Committee	Information	Elena Lokteva	✓	*73-75*	
	• Research Committee	Information	Stan Newman	✓	*76*	
	• Pension Trustees	Information	Martin Kersey	✓	*77-78*	

Patient / Carer Voice						
14.	Service Presentation (including patient voice): DBT Patient Journey video	Information	Alastair Clegg *(Jo Lehmann, Paul Wallang and Patient)*		*79*	*11.40*
Any Other Business						
15.	Questions from the Public for the Board	Information	Paul Burstow		*80*	*12.00*
16.	Any Other Urgent Business (notified to the Chair prior to the meeting)	Information	Paul Burstow		*81*	*12.05*
17.	Date of Next Meeting - Thursday 29 July 2021	Information	Paul Burstow		*82*	*12.10*
Meeting Closes at 12.10 pm						

Welcome and Apologies

(Paul Burstow – Verbal)

Divisional Presentation (including patient voice) Essex Service

Jess Lievesley, Deputy CEO
Gary Stobbs, Hospital Director
and Patient

Presentation on the day

Declarations of Interest

(Paul Burstow – Verbal)

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

(Paul Burstow)

CHARITY NO: 1104951
COMPANY NO: 5176998

ST ANDREW'S HEALTHCARE

BOARD OF DIRECTORS
MEETING IN PUBLIC

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

Thursday 25 March 2020 at 10.30 am

Present:	
Paul Burstow (PB)	Chair, Non-Executive Director
Tansi Harper (TH)	Non-Executive Director
Andrew Lee (AL)	Non-Executive Director
Elena Lokteva (EL)	Non-Executive Director
Stanton Newman (SN)	Non-Executive Director
Stuart Richmond-Watson (SRW)	Non-Executive Director
David Sallah (DS)	Non-Executive Director
Katie Fisher (KF)	Chief Executive Officer
Jess Lievesley (JL)	Deputy Chief Executive Officer
Alex Owen (AO)	Chief Finance Officer
Sanjith Kamath (SK)	Executive Medical Director
Martin Kersey (MK)	Executive HR Director

In Attendance:	
Alastair Clegg (AC)	Chief Operating Officer
John Clarke (JC)	Chief Information Officer
Duncan Long (DL)	Company Secretary
Alex Hamilton & Patient (Agenda item 2) (AH)	Clinical Director
Melanie Duncan (Minutes)	Governance Project Co-ordinator
Apologies Received:	
Paul Parsons (PP)	Non-Executive Director

Agenda Item No		Owner	Deadline
1.	**Welcome** PB (Chair) welcomed everyone to the second part of the Board of Directors (Board) meeting, which is a meeting held in public. PB introduced himself along with the Directors. He explained that this was the first live meeting held in public, and was the next part of the Charity's programme to make the Charity more visible and transparent to those that use our services. He welcomed feedback from attendees outside of the organisation.		
DIVISIONAL UPDATE			
2.	**Divisional Presentation (including Patient Voice): Blended Wards (Willow/Maple)** AC introduced Alex Hamilton, Clinical Director, and AJ, a patient from our blended ward to give a presentation. AJ wanted to outline his experience of being on a blended ward consisting of a low and medium secure setting and had prepared a small presentation on his experience. AJ highlighted that being on a blended care ward had provided both care and rehabilitation and has allowed them to progress as an individual. There is more leave, structure and independence, whilst still being supported by the team. Patients have telephone access, the opportunity to buy food, have pet therapy and internet		

access. AJ highlighted that his future looks positive in the blended services it can reduce time in hospital and aid his recovery.

PB thanked AJ for his presentation and wanted to know more about buying his own food. He asked what it meant for AJ. AJ outlined that he bought a mixture of tinned and fresh fruit that you can prepare yourself. AH clarified that one room on the ward will be changed to a kitchen to help with this.

AL asked about the process of moving onto a blended ward, and wanted to know if there was any learning that could be taken on by the team. He explained that feedback to the team would help to continue to take this approach forward. AJ wanted to highlight that the independence part is important, and that nothing could be done better; he "thinks its brilliant". In particular the group work and the amount of leave.

PB asked how the last 12 months with the pandemic had had an impact on him and other patients. AJ said that it had been ok. He has had a lot of leave and has had a lot of support. There has also been a lot to do. PB said that this was good to hear.

KF said that it was good to see AJ and that one of the important elements of blended service was the support workers. She asked what that been like for him, and would we need to increase the amount of peer support workers. AJ replied that it was good to work with someone who has been through the same situations themselves. AJ then brought in his peer support worker into the background and wanted to say that having one helps a great deal and gives stability.

MK mentioned that this was a two way thing and that the Peer Support Workers loved being on the ward too. AJ said that the Peer Support Workers break down the barriers between staff and patients. PB mentioned that the development has been a good innovation and it clearly helps.

TH commented on AJ's confidence and self-esteem and asked what the next stage was, and what support would be essential for him to go back into the community. AJ was not sure, he said that at the moment he just needed the support of the staff and the sessions so that he feels more independent. He mentioned that problem solving and group work helps with anxiety. TH praised him on his confidence and said that he would be able to manage the next stage.

JL thanked AJ and mentioned that there was a bit of a risk being on a new ward, but that the risk paid off, and that he hoped he was excited for the outcome.

AB mentioned that it was heartening to hear a good news story and asked if there was one thing that could be done better for him or the ward. AJ replied that he thought the service was excellent and that there had not been any bad experiences as of yet. PB asked if there was anything said on the ward by other patients. AJ said that some would prefer it to be less restrictive. AH asked for clarity. AJ mentioned a kitchen for cooking; but this is now being addressed. AH said that we take on board what the patients ask, and try to find a way of doing it safely. PB replied that it was good to see that these things are being responded to.

KF mentioned that the Board were keen to try and improve areas and wanted to know what AJ liked the most about being on Maple as opposed to Sunley. AJ replied that the staffing is so much better, and there is more leave along with a feeling of more independence and freedom.

PB thanked AJ on behalf of the Board and wanted to take away the importance of Peer Support Workers and the fact that independence is also important.

PB asked AC to thank AH for setting up the session.

ADMINISTRATION			
3.	**Declarations Of Interest** All members of the Board present confirmed that they had no direct or indirect interest in any of the matters to be considered at the meeting that they are required by s.177 of the Companies Act 2006 and the Charity's Articles of Association to disclose.		
4.	**Minutes Of The Board Of Directors Meeting, Part Two, on 28 January 2021** The minutes captured at the meeting held on the 28 January 2021 were **AGREED** as an accurate reflection of the discussion.	**DECISION**	
5.	**Meeting Part Two - Action Log & Matters Arising** 24.09.20 01 – Board Development Plans – It was **AGREED** that this action will remain **Open** subject to the completion of the governance review. 26.11.20 01 – Board Seminars – It was **AGREED** that this action will remain **Open** subject to the completion of the governance review. 26.11.20 04 – NED Ward Visits – It was **AGREED** that this action will remain **Open** until Covid-19 restrictions are relaxed and visiting in person can recommence. 28.01.21 01 – Divisional Lessons Learned – It was **AGREED** that this action will remain **Open** as further work is required and the lessons learned are to be shared at QSC. 28.01.21 02 – Transitional Monitoring Approach (TMA) It was **AGREED** to **Close** this action. 28.01.21 03 – CQC Ratings – It was **AGREED** to **Close** this action. 28.01.21 04 - Performance Report – It was **AGREED** to **Close** this action. 28.01.21 05 - Veteran's Service – It was **AGREED** that this action will remain **Open**. 28.01.21 06 – Community Services – It was **AGREED** that this action will remain **Open** in line with Board Development plans. 28.01.21 07 – Your Voice Data – It was **AGREED** to **Close** this action. 28.01.21 08 - Interim Governance Map – It was **AGREED** to **Close** this action. 28.01.21 09 – Complaints line of sight – It was **AGREED** to **Close** this action. 28.01.21 10 – MHA Briefing Note – It was **AGREED** to **Close** this action. A number of Board members situated in William Wake House, Northampton left the meeting due to a fire alarm, however the meeting remained quorate throughout.	**DECISION** **DECISION** **DECISION** **DECISION** **DECISION** **DECISION** **DECISION** **DECISION** **DECISION** **DECISION** **DECISION** **DECISION**	
CHAIR UPDATE			
6.	**Chair Update** PB began with telling the meeting that since he joined in October there was a window of opportunity for visiting a number of services at Northampton, Essex and Birmingham, and to meet colleagues in person. However that has unfortunately not been possible to continue since to the latest lockdown restrictions. However, he has been meeting virtually and has held some Q&A sessions with staff where there was lively conversation regarding setting out ambitions for the Charity going forwards. He has also met virtually with Heads		

	of Services, Heads of Nurses this week, and the Freedom To Speak Up Guardians. There have also been two half day strategy sessions in February. These sessions would feed into the Board strategy day on 26 March. One of the clear messages from these conversations, and not unsurprisingly as a result of the pandemic, is that there are a lot of tired and anxious people within the organisation, resulting in anticipation of the Board and what will be mapped in the strategy going forwards. PB further added that he has had conversations with other Non-Executive Directors, as well as attending the Court of Governors, conversations with a number of colleagues within the education and training facilities, and more detailed one to one discussions with the Governors who have responsibility for overseeing the Charity's complaints procedures. There were no further questions.		
EXECUTIVE UPDATE			
7.	**CEO's Report** The report presented by KF was taken as read. KF provided an additional update since the paper was prepared in relation to the CQC. Following an application for conditions to be removed, the CQC confirmed that all conditions for both the CAMHS and Women's Services are now removed. Furthermore we are now in the middle of the Transitional Monitoring Approach (TMA) process and we will continue to provide updates directly to the Board and via the Quality and Safety Committee. Although formal feedback and ratings are not forthcoming under the TMA approach, we are getting regular feedback that flows into our Quality Improvement Plan (QIP). KF also provided a further update on the deferred visit from HSE. HSE will now attend on 15 April on what is an 'announced' visit. This visit is timely as we will have completed our review from The British Safety Council on 14 April. TH commented that there were good early responses to ward moves, and asked what formal mechanisms were in place to ensure that they benefit our patients. AC and explained that there is a comprehensive balanced scorecard approach used in these instances. AC also explained that we regularly review every ward in any event. We look at feedback from patients, and are involving them in community meetings in the run up to the ward moves and then de-briefs afterwards. The feedback has been positive on the whole. Some lessons have already been learnt, however, a full lessons learned exercise will happen over the summer. KF asked AC to provide a little further information on the agenda for the fortnightly Quality meetings and the Metrics used at ward level. AC explained that full inspection of the ward is undertaken by the Quality team and that there are approximately 190 metrics in total. This is a Deep Dive situation and not a walk around and the looking through the RiO records produces a score and an action plan for the ward. An environmental audit along with looking at Community and staff meeting minutes to check suitability and that the ward is engaging with its staff and patients. This produces a league table, and shows ward performance. The wards have become competitive, which has continued throughout the pandemic. Meetings are designed to be supportive and to hold people to account for the action plans. These have received a positive response. There will be more performance metrics added in April, however, a consistent improvement is being shown. DS joined the meeting. DS enquired about the CQC Well-Led review and how the changes since the review have led to improvements in patient care. KF responded that we now have real-time clinical governance in place, covering all eventualities. This ability to have an early warning system in place means lessons are learned much more quickly. Good practice is shared quickly and near misses can also be shared in the same way. This is a		

	continuous quality approach, with review and improvement ongoing. Governance both clinical and corporate is still not where we want it to be or where it needs to be, however, the external review commissioned by PB will address this going forwards. EL asked regarding campaigns and social media, and whether more could be done for Sammy. KF explained that Sammy is a patient and is campaigning for deaf women's equality. We are working with our commissioning colleagues and are always working with the media in order to make sure that things like this remain in the public domain, but in a way to strengthen relationships with commissioners JL commented on the Well-Led inspection and the resultant scale of changes. We have had good feedback from the CQC and are rectifying the governance and clinical governance situation. The reality is that we are better situated, with a Board Meeting in public being a good indicator of this. The feedback from AJ is testament to this. The Report was **NOTED**		
OPERATIONS			
8.	**Performance Report** The Report presented by AC was taken as read and AC highlighted a number of key areas. The impact of Covid-19 has been significant, especially around workforce metrics and we are now looking to recover from this. We are seeing an improvement particularly to sick leave. January / February levels were high, with three significant outbreaks in Northampton. All three outbreaks are now over, with considerable support from NHSE. Improvement planning and strategy work is ongoing despite Covid-19 and what is also encouraging is that we are now piloting the new Patient Reported Experience Measures (PREMs) and will start to see the benefits of this. We did not want to wait to begin this important piece of work. SN asked about safety reporting. Whilst the last 12 months have been unusual, comparisons are not particularly helpful and it would be more insightful to look at improvements prior to Covid-19. He commented that he would like to see aspirations covering what we want to try to do. The report does not show typical levels, these would be helpful in order to show improvements. AC explained that this feeds into the benchmarking piece of work and will be involved in some of the more detailed work around safety which goes to QSC and will definitely be part of the model. AB stated that there was a report being taken to QSC. He mentioned that DS has asked what needed to go into the quality strategy. This is currently in development. Targets have also been set, particularly ambitious ones. SK updated that he had had a productive meeting with the NHS the day before, specifically around clinical benchmarking, and that we are looking at a bespoke piece of work with relevant data in order to gain meaningful conclusions. TH asked about mandatory training and whether a 90% compliance level means that 10% of the workforce is possibly unsafe? She asked if we could benchmark those HR training and development metrics as well. AC confirmed that it is already being reported on and clarified that 90% is a high target and higher than most organisations. He added that most wards were up around 95% before Covid-19 and we aim to get to 95%. It is worth bearing in mind that not all staff are patient facing and as a result fall into the 5% and it is not correct to assume untrained staff indicate unsafe work. In excess of 95% of patient facing staff will be trained. KF reaffirmed AC's point and added that we should apply benchmarking against training. This will be done in time for the next meeting. Furthermore, Maternity Leave and Long	**AC**	**27.05.21**

	Term Sick members of staff are a factor in not gaining 100%. There is only one month where the figures dipped below 90% and it is fair to point out that it is unlikely Trusts within the NHS could not demonstrate this. The benchmarking comparatives will illustrate this better. SRW wished to note that good progress had been made with vaccinations, however, figures continued to look low for Birmingham. AC confirmed that there was work being undertaken in order to encourage greater take up and Tom Bingham has been running drop in sessions and covering engagement. DS asked regarding Long Term Segregation, which is the only metric reported as "not within SPC limits" and whether it would be useful to suggest that patients that are difficult can also be helped to be brought out of segregation and into a better pathway rather, than just keeping them there until discharge. SK advised that individuals are nursed in segregation away from the main ward as their interactions with other patients can be problematic. Leave is not affected generally. Each patient has a care plan for leaving the ward which is carefully managed for each individual. DS commented that segregation conjures up a different view, and that it does have an impact on patients. SK spoke around the distinction between Long Term Segregation and Seclusion. Rates of seclusion have dropped dramatically. In segregation a patient will always have a member of staff with them, and time outside in the grounds or courtyard. PB thanked SK and for clarifying the terms. The Report was **NOTED**		
9.	**Covid-19 Response Update** The Report presented by AC was taken as read and AC reported that the Covid-19 situation had improved with three positive patients at that time. Two being on Cranford Ward and one on Heygate Ward. The Heygate patient tested positive on admission, and is being nursed away from other patients. There are between 300 to 330 members of staff off sick, shielding or away with Covid-19 related issues. This level of absence is about 60% higher than in previous years, but is manageable. Non-nursing staff are being called upon to work on the wards. One benefit of this is that there is an improvement as to how the MDT rallies and supports the nursing team. It was noted that AB and AC were invited to speak at a Directors for Infection Prevention and Control session with attendance from across the NHS. Our data collation tool that was developed during Covid-19 has been requested by other NHS trusts, noting that it was good to be asked to share some best practice. SK updated on the status of vaccinations and commented that the current message is that we are moving out of the 2nd wave, however, we need to re-double our efforts and be cautious. There are some staff and patients that haven't been vaccinated. There is a 3rd wave coming, and it will be different. With regard to the vaccine programme, we set up our hub on site with the help of NGH. There have been many events organised for staff and BAME groups, in order to raise awareness and encourage the take-up of vaccines. Birmingham has shown on a national level that there is low uptake. Our efforts will continue to encourage uptake. The 26th April will see the Northampton hub up and running again for the 2nd course of vaccines. PB said that we needed to keep reminding everyone that route out of the pandemic was unlikely to be straight forward. TH asked how we were managing expectations when there would clearly be a 3rd wave, she appreciated that we were calling on non-nursing team members to help on wards, however, she wanted to know how are we were managing the risk with non-nursing staff. AC replied that these are all clinical staff who		

	are fully trained, we are not relying on people who are not trained or ward familiar. SN commented on NHS track and trace and activities off site, also that different variants of the virus may be present in Northamptonshire. EL further noted regarding the prediction of the 3rd wave and that colleagues in the NHS were already doing this and AL voiced thoughts around the Charity getting to a residual position where a small number who would not have the vaccine and then how we deal with that, especially in patient facing situations and the delivery of care. AC replied to SN and EL's questions with that as we open up to patients going off site, this will be a risk assessment approach. We also have our own Test & Trace procedure locally in addition to the NHS system. We can track any member of staff with this, along with patients. With early outbreaks we could quickly identify them and react accordingly. With regard to differing variants, we are aware of local infection rates. We also have a system and community way of working with NHSE whilst preparing for the 3rd wave. The NHS will assist in testing on wards that go into outbreak and testing is now done very quickly and makes an enormous difference. Recently, both positive cases were asymptomatic on Cranford. SK added that this approach is aligned to the NHS. Q&A sessions have been held with staff as well as using our intranet site. Drop in clinics for questions where staff can speak to a clinician have also been set up and vaccine rates have been boosted as a result. Further individuals have been identified as not vaccinated and are having one to one conversations with their line managers. It will help us to learn where we can deploy staff going forwards. We await clarity and notification on compulsory vaccination. We try and engage and push the positive benefits in the meantime. During the recruitment process, we now ask if people if they are vaccinated. This highlights the values we work and live by as a charity. KF noted the recognition we have received from NHSE/I. We are a large active provider in the Midlands and they are aware of that. Other trusts outside of the area are aware of us. The Report was **NOTED**		
10.	**Transformation Programme Progress Update** The Report presented by JL was taken as read and JL began by outlining that this report was asked for by the Board. He did not want this to be seen as a programme of ward moves. This programme was about quality and positioning the charity as system partners. TH enquired regarding the move to 10 bed wards and what difference this makes to staffing, as there is still high turnover. JL replied that we had not moved completely to this type of model yet. Blended wards are 10 bed wards, as are CAMHS. He acknowledged that there is high turnover, but that this has been a difficult year to asses properly. It was important to note however, that acuity in these wards has improved. SN asked what the quality measures and metrics looked for in this process were. JL replied that they are highlighted in performance and quality reports via QSG. Issues were not from wider performance, but they were an enabler to allow improvement. Moving some wards to lower beds has resulted in better staffing levels and it is important to note that we need to observe the situation in the round and not in isolation. SN commented that it would be helpful to see what the situation looks like before and after to the wards and to see them as milestones. PB agreed with this view. KF noted that one of the key hypothesis was that by rightsizing, we would reduce our dependence on agency workers. Whilst fully supporting before and	**JL/DL**	**29.07.21**

	after views, we would need to bear in mind that Covid-19 has sadly had an effect. KF said that she would prefer to wait until we are out of this phase before reporting. AL commented that he felt it was important to show when we have 'scored the goal'. When we move out of transformation into continual improvement, it will be important to know what that looks like. DS said that we should set out what we want to achieve, so that we can look back on it in the future, and asked if we could we show how the transformation programme could link in to Quality & Safety as it would create a stronger connection. PB noted the report's impact and said that it would be revisited. The Report is **NOTED**		
FINANCE			
11.	**NHS Improvement Annual Solvency Commitment** AO informed the Board that the Charity is required to make this self – assessment using the following statement: *"The Board of St Andrew's Healthcare formally confirm that St Andrew's Healthcare reasonably expects to have the required resources to keep our Commissioner Requested Services running over the course of the next 12 months"* AO confirmed that she was confident that we are: • Complying financially • That we have a skilled workforce in place • That we have the availability of facilities, and that • We have considered the level of current and likely future demand for Commissioner Requested Services. AO requested the Board's approval for signature and submission. The Board **AGREED.**	**DECISION**	
PEOPLE			
12.	**Patient, Carer and Employee Promise / Commitment Launch** The paper presented by MK was taken as read and MK highlighted that this work had come from discussions with patients, carers and employees, and highlights what is expected from them. Patients particularly valued respect, and when they see disrespect it concerns them. This commitment is two way, and is written in the same way. Employees have had similar input, as have carers and there is ongoing work with the People Committee. Discussions are needed on how we can measure its effectiveness and the difference it makes. DS commented that measuring the effectiveness of this will be good, and that it could be done via the People Committee. MK replied that the Employee promise will be signed off separately by the People Committee, and that the Board is asked to be held to account to fulfil the promises. PB summarised that the Board could sign off the Patient and Carer elements and that the People Committee would agree the employee element. AL noted that the term employee seems to be outdated and wondered if the term colleague would be a better option. PB agreed with AL and suggested that this be addressed at the People Committee. KF noted that CEC has received these promises and that there were a lot of lessons to be learned from this process. She confirmed that she preferred colleague. The Board **APPROVED** the paper on the understanding that the People Committee would review and approve the employee promise section.	**MK / TH** **DECISION**	**27.05.21**

GOVERNANCE AND ASSURANCE			
13.	**External Governance Review Update** PB provided a verbal update on the External Governance Review and outlined that following the feedback from the CQC Well-Led report, conversations with the Charity Commission and challenges around how governance has developed, it was agreed that an external review of governance be undertaken. PB has spent time looking at how governance has evolved and noted that there were aspects which warranted review and benchmarking to make sure that we had 'Best in Class' governance for a charity. He noted that we are not the NHS, we have a differing set of responsibilities as Trustees and our governance needs to reflect this. As a result a procurement exercise has been undertaken and we have now confirmed and appointed Ernst & Young to lead the review. This will begin soon and will take a relatively short period of time. They will report to PB and KF, and will engage with all Board colleagues and a number of other stakeholders to make sure that this exercise is worthwhile and make sure that our processes are robust. PB added that there will be requests for one to one discussions with colleagues as part of the process to help set the tone and direction The Board **NOTED** the update.		
14.	**Material Risk Register Review** The paper presented by AB was taken as read. AB highlighted that this paper demonstrated that we are in a maturing process for our Material Risk Review, especially on how we monitor them. The regular process is that this would normally go to ARC before Board, and the paper proposes a quarterly process for reporting in this way. There have been changes to the residual risk for eight risks, which have decreased and one that has increased. Deep dives of red rated risks will be undertaken by the end of this year, however we are now in a better position, but there is still work to do. AL asked if it would be more useful if a filtered view could be sent to Board rather than seeing the whole register. He also asked the question that when a CEO and Chair look at these risks, are they the things being considered. Are they the risks that are being worried about? KF replied that they were the things that are considered. For example, there is a cyber-risk which following review, we are now going to separate into two risks. This has effectively been an unknown unknown that will always be residually high. As a result we are going to separate the risk out to give each part due consideration. Covid-19 has also been high on the agenda. PB commented that there are two areas to mention. The first that we need to discern the important from urgent and as a Charity determine the order in which we do things. This will assist in the strategic change agenda and being able to determine the order of doing things will increase the bandwidth to do them well. Secondly, the impact of the pandemic at the workplace and in the lives of our colleagues together with the implications, make it a high concern. TH commented on strategic environment change and that we need to be alert around this risk as we see the fall-out from Covid-19. AB agreed that it was a fair challenge and confirmed that we look at clear evidence and we rely on the judgement of the executive who holds the risk, but, we keep challenging it. Assurances from the planned deep dives will help. SN commented on R244 and the actual risk title of Integrated Physical and Mental Healthcare. He asked if the risk on monitoring physical health is that you have done enough. He felt that there should also be a cultural element to this. SK replied that we could make the cultural element specific. The programme does have a cultural element.		

	DS asked regarding the role of CEC and expectations from Board sub-committees and wanted to know what was expected of them. He felt that clarity was needed around this. Furthermore the Covid-19 Risk indicates a reduction in risk is noted, however, the mention of a 3rd wave does not fit with this reduction in the residual rating. EL confirmed that the Risk reporting calendar is aligned going forwards and that the maturity will be addressed as part of the review by Ernst & Young. KF commented that the external review will definitely cover risk and the oversight of it. Medium term, regarding the Board Sub-Committees, it is felt that they need to test the robustness of discussion being had around the specific risks assigned. PB and KF agreed that the CEC would hold those material risks where it is unclear where they should sit. PB also noted that whilst progress had been made, that there was still work to be done. AB commented on DS' question regarding Covid-19 risk. He clarified that it shows that this is a dynamic risk register and that it reflects that we are coming out of the 2nd wave. We are in a stronger position than 6 months ago. He stated that we could review and change as we needed to. DS commented that it was difficult to see why it reduced even with wave 3 on the horizon. AC clarified that this risk was reduced to take into account measures such as testing since this was last looked at. We are not complacent, however we are confident. The Report was **NOTED**		
15.	**Sub Committee Updates** **People Committee** TH commented that there was nothing to add to the update, other than it has been helpful to develop the focussed agendas that the committee now has. The Report was **NOTED** **Quality & Safety Committee** DS gave an update on the extraordinary meeting held relating to the Hawkins Ward SI. A multi-disciplinary team conducted the investigation into Hawkins at the request of the CEC, led by a senior Forensic Psychiatrist. The report was reviewed by QSC, along with a detailed review of the action plan, with a number of additional actions added. The QSC has taken responsibility for oversight of the action plan and review the lessons learned when available. The report will be further discussed by the committee in April and a full report will be supplied to the Board following that meeting. EL commented on the excellent assurance levels from the discussion at the extraordinary QSC meeting. The Report and Update were **NOTED** with thanks to the QSC. **Pension Trustees** MK commented that there was nothing further to add. AL asked if the committee were thinking about one of the scenarios where there is a negative interest rate situation as it may happen. SRW replied that we were moving to a self-sufficient situation and de-risking rapidly. There is now a lot of investment in gilts and interest hedged. Gains have been significant recently and more hedging is now in place. The Report was **NOTED**		
ANY OTHER BUSINESS			
16.	**Questions from the Public for the Board** No questions were received for the Board.		

17.	**Any Other Urgent Business (notified to the Chair prior to the meeting)** PB wished to note that this was Paul Parsons' last meeting as a Non-Executive Director and Trustee, and wanted to extend thanks from the Board for his service to the Charity.		
18.	**Date of Next Meeting :** Board of Directors – Thursday 27 May 2021		

Approved – 27 May 2021

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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
24.09.20 **01**	**Board Development plans** EL asked for dates for the Board development programme to be block booked. DL agreed and he would look at whether this could be achieved by using the second half of a standard Board day or by linking into the strategy days.	DL	16.12.20	Open	**Ongoing** - Previously agree at January Board for action to remain open pending completion of external governance review.
26.11.20 **01**	**Board Seminars** PB advised that he will explore the role of Board seminars as a means by which the Board can regularly discuss the strategic aspects of the Charity's work. PB will look to schedule these into the annual cycle of meetings in the New Year.	PB	25.03.21	Open	**Ongoing** - The role of seminars will be considered in the light of the governance review. Additional dates are being added to calendars for future board strategy sessions.
26.11.20 **04**	**NED Ward visits** It was agreed that alternative options for completing virtual ward visits were needed, along with adequate PPE and IPC related training for those NEDs completing on site visits.	AC	28.01.21	Open	**Ongoing** - PB has asked AB to provide guidance for NEDs to enable in person visits to recommence and for this to be in compliance with IPC requirements. **27/05:**
28.01.21 **01**	**Divisional Lessons Learned** Following assurance that issues highlighted in relation to the Mansfield closure and relocation of patients, the Board requested a comprehensive review be held at the end of the capacity creation project and all ward moves are completed. The Board is seeking assurance that lessons are learned across the Charity and lines of sight on this are to be maintained by the Quality Safety Committee (QSC) for future reporting to the Board.	DS/SK/AB /AC	27.05.21	Open	**27/05:** AB - The capacity project is still ongoing and the review will commence once it is complete.

28.01.21 **05**	**Veteran's Service** Following discussions on the CTS Veteran's Service and the Armed Forces Covenant, PB requested that People Committee consider and advise the Board of their view and recommendations, taking on board the Charity's direction, wider objectives, alignment with the NHS the totality of the potential implications.	TH/MK/JL	27.05.21	Open	**27/05:** The proposal for the Charity to become a signatory to the Veteran's and Armed Forces Covenant was presented to the Charity Executive Committee in April and the People Committee in May 2021. There is a strong desire for the Charity to be a leading partner in this work and formal proposal to sign up to the Charter will be presented for the consideration of the Board in May 2021.
28.01.21 **06**	**Community Services** Following discussions on the CTS service the Board requested to have more information about the community services and for this to form part of the Board development sessions or the working plan, which will assist the Board in shaping a programme that will genuinely reflect and balance what we do.	JL/DL	27.05.21	Open	**27/05:** As part of the emerging 2021-26 Strategy, Community Services are reviewing their portfolio and future development plans. An opportunity to share the more detailed work of the service will take place at the September 2021 and March 2022 Board meetings, along with the plans for the expansion of the service in line with current strategic priorities.
25.03.21 **01**	**Performance Report – benchmarking** TH asked if we could benchmark HR training and development metrics within the IPR against the NHS. KF agreed that we should apply benchmarking against training and that this will be done in time for the next meeting.	AC	27.05.21	**Closed**	**27/05:** Informal benchmarking from c15 Trusts is included in the Performance Report for May. It is proposed that the action is closed
25.03.21 **02**	**Transformation Programme progress updates** SN commented that it would be helpful to see what the situation looks like before and after (transformation) to the wards and to see them as milestones. PB agreed with this view. AL commented that when we move from transformation into continual improvement, it will be important to know what that looks like. DS added that that we should set out what we want to achieve, so that we can look back on it in the future, and asked	JL/DL	29.07.21	Open	**27/05:**

	if we could we show how the transformation programme could link in to Quality & Safety as it would create a stronger connection.				
25.03.21 **03**	**Patient, Carer and Employee Promise** The Board approved the paper on the understanding that the People Committee would review and approve the employee promise section, including potentially using the term “colleague” rather than employee. The Employee Promise section is to be discussed and approved by the People Committee with an update provided to Board at the next meeting.	MK/TH	27.05.21	**Closed**	**27/05:** Employee Promise was an agenda item at the People Committee on 13 May 2021 Employee Promise was approved and it is covered in the Board Update on People Committee. It is proposed that the action is closed.

Chair Update

Incorporating Annual Fit and Proper Declaration

(Paul Burstow – Verbal)

Paper for Board of Directors

Topic	Fit and Proper Persons Annual Declaration
Date of meeting	Thursday, 27 May 2021
Agenda item	**06**
Author	Duncan Long, Company Secretary
Responsible Executive	Paul Burstow, Chair
Discussed at previous Board meeting	No
Patient and carer involvement	Not required for this process
Staff involvement	Not required for this process
Report purpose	Review and comment ☐ Information ☐ Decision or Approval ☒
Key Lines Of Enquiry:	**S** ☐ **E** ☐ **C** ☐ **R** ☐ **W** ☒
Strategic Focus Area	Quality ☒ People ☐ Delivering Value ☐ New Partnerships ☐ Buildings and Information ☐ Innovation and Research ☐
Committee meetings where this item has been considered	None previously

Report summary and key points to note

All current Board members and those who have director level responsibility and regularly attend Board have submitted annual declarations satisfying the requirements within the Fit and Proper Person Regulations 2014 (Regulation 5 of the Health and Social Care Act 2008), demonstrating that all are of good character and meet the requirements.

The following checks have also been undertaken by both the Company Secretary and Senior Internal Auditor (as part of an Internal Audit into the Fit and Proper Persons process), from which no issues of note have emerged:

- Confirmation of all Directors in scope for the 2021 declaration process
- Review of appointment checks completed on existing and newly appointed Directors that are in scope
- Individual insolvency register
- Disqualified directors register
- Search of Charity Commission Register of Removed Trustees
- General internet search

The Chair has overall responsibility for ensuring the Charity discharges the requirements placed on it to ensure that all Directors meet the fitness test and do not meet any of the “unfit” criteria. No concerns about relevant

Directors' fitness or ability to carry out their duties, or information about a Director not being of good character have been identified. The Chair therefore provides the Board with assurance that all relevant Board members and those Directors in scope continue to meet the Fit & Proper Persons requirements.

The Board is asked to accept the assurance that all Board members and Directors continue to meet the Fit & Proper Persons requirements.

Appendices

None

Paper for Board of Directors	
Topic	CEO Board Update
Date of meeting	Thursday, 27 May 2021
Agenda item	**07**
Author	Katie Fisher, Chief Executive
Responsible Executive	Katie Fisher, Chief Executive
Discussed at previous Board meeting	Updates have been discussed at the Charity Executive Committee meetings
Patient and carer involvement	A number of these items would have been discussed with staff
Staff involvement	A number of these items would have been discussed with patients, carers
Report purpose	Review and comment ☐ Information ☒ Decision or Approval ☐
Key Lines Of Enquiry:	**S ☒ E ☒ C ☒ R ☒ W ☒**
Strategic Focus Area	Quality ☒ People ☒ Delivering Value ☒ New Partnerships ☒ Buildings and Information ☒ Innovation and Research ☒
Committee meetings where this item has been considered	Charity Executive Committee

Report summary and key points to note

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

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

Appendices

CEO Report

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

1. CQC update

The CQC have advised that they will be starting to undertake their focused inspection program with suggestion that the inspection schedule will be prioritised around services that are in special measures or inadequate or those services that have not been inspected for a long time.

Further to the Well Led Review of the Charity in January 2020, St Andrew's has been advised that the CQC framework does not allow for a specific follow up process. As such it is likely that they will review the issues identified in the previous inspection alongside an inspection of a different core service.

The applications for registered services reflecting the divisional structure of the Charity have been submitted to the CQC and are progressing slowly through their system.

Transitional Monitoring Approach (TMA) - The CQC have completed their new transitional approach to monitoring the quality of services (TMA).

The Charity submitted the evidence requested in advance and had a number of meetings for the Birmingham, CAMHS, Community Partnerships, Essex, Neuropsychiatry and Women's services to review it with the CQC in March. In addition the CQC held virtual focus groups with patients, carers and stakeholders. The CQC do not provide any formal written response to this process. The discussions and informal feedback received has been generally positive with note of the progress made in many areas.

The high-level verbal feedback from the CQC noted that Divisions were well informed with good evidence of grip and control from leadership teams. The CQC were encouraged to hear about the innovation and QI projects across the Charity. Community Partnerships received specific commendation for their performance during their TMA call. The more detailed verbal feedback was broken into 3 areas and actions have been put in place to address all issues raised;

Patients' feedback - was mostly positive. Concerns raised were largely related to food quality. There was one example of bad language being used by staff and some patients reported not seeing any change after raising complaints.

Carers' feedback - was varied. The neuropsychiatry service received glowing feedback however other services was mixed. The themes identified issues with staffing levels and particularly referenced high use of agency staff. There was concern raised about specialist training in eating disorders in Women's low secure services and CAMHS. There were also concern raised about communication associated with Covid within the CAMHS service and some carers had reported difficulty in providing feedback for the Birmingham services.

Stakeholders' feedback - was also varied. They also identified concerns related to specialist knowledge in Women's low secure and concerns related to CAMHS and specifically Sitwell ward. There was also concern about the lack of OT provision at Birmingham.

Mental Health Act Reviews - The CQC carried a remote MHA review of Acorn ward in March. This was a positive review although the reviewer heard concerns from patients regarding access to care plans. One patient also raised an issue about a risk assessment to enable access to their mobile phone. The points raised are being addressed and monitored via the action plan.

Mackaness - Following notification of a series of incidents around relational security and their MHA remote monitoring visit, the CQC placed Mackaness ward under enhanced monitoring. The CQC have been satisfied with the assurance offered to date and have stepped this monitoring down.

2. Health and safety

As part of the planned approach to improving Health & Safety an external audit was undertaken by the British Safety Council as well as an inspection visit from the Health and Safety Executive in April 2021.

The British Safety Council were commissioned to carry out a deep, three day H&S audit on the Northampton site in January. The audit was postponed due to the Covid restrictions and was rescheduled for 12th – 14th April. This audit was utilising their "5 star process" which looks at best practice rather than just compliance.

The BSC report will contain detailed observations, findings and recommendations. However, during the audit some broad areas were observed as in need of improvement. Items that could be easily rectified were fixed at the time of their notification and an improvement plan has been developed to pick up the remainder. The auditor took time to praise clinical colleagues and the approach to H&S on the wards he attended. He also noted the professionalism and openness of all colleagues he interviewed.

When the final outcomes of the audit are received, the improvement plan will be finalised with actions prioritised and embedded into the three year H&S strategy.

The HSE gave initial feedback at the end of the visit which indicated that there was still significant improvement needed in the H&S management system but we are awaiting their formal report. The HSE have informed us that further work will be undertaken specifically related to the incident on Hawkins.

3. Capacity utilisation update

The transformation program of inpatient services throughout the Northampton site continues with recent changes supporting the continued commitment to implement reduced sized wards for service users with ASD. These changes have supported a reduction in individual ward acuity as well as aligning services in ways that ensure that the environments offered, better reflect the needs of individuals and also make it more efficient and effective for the Charity to deliver inpatient care.

With the move of male medium secure ASD services from William Wake House, this means that for the first time since it was built in 2013, Fitzroy House now has all 11 wards in full use.

Feedback from our service users and families has been exceptionally positive around the moves themselves as well as the communication and engagement that has taken place to prepare all concerned for the changes.

The current transformation program is anticipated to conclude in September 2021, and will have resulted in 26 ward moves and 5 new services. One ward currently remains in the main building which is due to move to a more community focused environment in the summer, after which the ambition of ceasing all inpatient care in the main building will have been realised.

4. Stakeholder engagement update

As an executive and senior leadership team, work continues with colleagues across the wider local, regional and national health and care system. At present as Integrated Care Systems and provider collaboratives gain more prominence within the health and social care operating landscape, the team are working to ensure the Charity is contributing and responding to the work of the ICS and ICPs as well as taking a leading role within the Midlands through the work of the Alliance to ensure a St. Andrew's is a strong, responsive and valued partner to NHS counterparts.

Engagement with all regulators continues to ensure that a positive and responsive working relationship with all parties is maintained and continues to develop.

5. Your Voice Snapshot Survey: NHS Benchmark and action planning

Following an engagement score of 57% in last November's Your Voice Snapshot Survey, a comparison of Charity's results with the NHS Mental Health & Learning Disability (NHS MH & LD) providers in the 2020 NHS Engagement Survey was undertaken. As the St Andrew's survey was a short 'snapshot' survey there are only three areas where a comparison was valid:

- Response rate: NHS MH and LD providers achieved a **49%** response rate. This compares to a **51%** for St Andrew's.
- Intention to leave within 12 months: **19.4%** of staff in NHS MH & LD providers intend to leave within 12 months. This compares to **15%** of staff at St Andrew's.
- Recommend their organisation: **67.6%** of staff in NHS MH & LD providers would recommend their organisation as a place to work. **44%** of the Charity's staff would recommend St Andrew's as a great place to work (NB the higher threshold in the St. Andrew's question by the inclusion of the word 'great').

A review of the St Andrew's survey question set is currently underway to more closely align the survey with that used by the NHS. This will allow a greater level of benchmarking following future surveys.

A series of listening sessions have also been held across the Charity, in addition to local action planning sessions that have taken place, to determine the staff's key issues. The key themes emerging from those listening sessions and the local planning sessions and the corresponding Charity-wide actions planned are as follows:

Theme	Action	Timeframe
Fatigue: Impact of COVID on daily staffing level and the ability to take leave has resulted in widespread fatigue	- Recovery & Restoration programme developed and implemented - Compassionate Leaders session at June Leadership Event	Q1 / Q2 Q1
Common Purpose: Is a desire for a sense of direction at both a Charity and Divisional level	- New strategy rollout - Divisional purpose and 21/22 priorities	Q1 –Q2 Q1-Q2
Staffing / Overtime: Perceived low levels of staffing impacting morale. Recent changes to overtime felt to be unfair and financially driven	- Daily staffing email introduced to highlight staffing level - Overtime process review finalised to provide greater certainty to staff - Updated Nursing Model rollout - Introduce eRostering to provide greater staff flexibility	Complete Q1 Q2-Q4 Q2-Q4
Leadership visibility / Communication: Greater presence on the wards by both the CEC and divisional leaders. Desire for more face-to-face opportunities post lockdown and key messages not getting through.	- Monthly 'Round Up' Teams call and supporting cascade - Re-introduction of CEC ward visits post lockdown - Establish Enabling Function 'adopt a division' programme - Divisional leadership visibility plans	Started Started Q1-Q2 Q1

Progress made against these actions will be reviewed by the Charity Executive Committee on a monthly basis.

6. Communications

International Nurses' Day
Wednesday 12 May was International Nurses Day, and we couldn't let the day pass without thanking our hardworking nursing teams! Workbridge kindly baked and decorated over 1,000 cupcakes which were distributed to our wards in Northampton. Birmingham and Essex staff had a special sweet delivery, too.

ATS Awareness Month - internal campaign
Throughout March, we shared lots of stories and information about our Community Partnerships ATS (Assertive Transitions Service), which offers additional support to individuals for up to 12 months, as they prepare to be discharged from hospital and settle into community living. As part of our internal ATS Awareness Month, we shared information on how staff can get involved, what our ATS offers, and an opportunity to meet the team.

Rainbow of thanks
In addition to 15 hours / 2 days extra annual leave, we have also distributed a rainbow pin badge to all staff as a poignant and tangible token of our appreciation for their work throughout the pandemic. Over the last year the rainbow has become a symbol of hope and gratitude – a symbolic reminder of what people were willing to do for each other when needed. We hope all staff wear the pin badge with pride.

DBT Documentary
We are currently filming a short documentary, which will follow various young women living with mental illness and document their journey of recovery. The aim of the film is to raise awareness about Charity's work and explore how mental health can affect so many. We also hope the short film will help tackle stigma and breakdown stereotypes by showing the realities of living with a mental illness, and life inside a psychiatric hospital.

The film will follow patients and staff in their daily routines and find out more about what it's really like to have problems with mental health. It will be released in the summer.

Freedom to Speak Up Guardians video
Following an internal Freedom to Speak Up campaign in April, we're finalising a short video which features our Freedom to Speak Up Guardians, who explain more about the support they can offer our staff. The Guardians all speak on the video, and explain in their words why staff should speak out, raise concerns and get their voice heard. Their video will be shared shortly.

Media coverage:

Yahoo! and the Telegraph
Psychotherapist Liz Ritchie has spoken to Yahoo! online about how people can ditch unhealthy habits now lockdown restrictions are easing. She advises that people should also cut themselves some slack as we go through a stressful time: "We are still living through a period of heightened anxiety, although now greatly reduced. It is so important to cut ourselves some slack."

Liz also spoke to the Telegraph, for a piece focussed on the anxieties that normal, post-Covid life can bring. Liz explained: ""A lot of people are panicking about having to socialise, or going back to the office. When we've been in a catastrophising mindset for so long, we have to work really hard at getting back to a positive one. And for some, lockdown has changed them; they may not want to return to how things were." What's key, she says, is validating these feelings. "It's about saying it's OK to not be OK, then finding ways to manage this safely. So it might be taking things slowly, not rushing into meet-ups, looking at a new working week. If you're very anxious, you may need time off. Treat it like a physical illness and give yourself time and space to get better."

Chronicle and Echo
The local newspaper have shared several positive stories, including Liz Ritchie discussing the impact social media can have on body image, as well as stories on our Rose of Northamptonshire award wins (Workbridge, and Dr Annette Greenwood).

Campaigns and social media

Volunteering campaign - befriending video
Our amazing team of volunteers make a huge contribution to the well-being and recovery of our patients. Tom Bingham, Director of Communications, is a volunteer befriender, and every other week he meets a patient for a chat. In this short video, filmed in our Lowther Dementia Village, Tom talks about his befriending experience, and the benefits it has brought to our patients and to himself.

Let's Talk About
We released the latest Let's Talk About video to coincide with Mental Health Awareness Week (10-16 May). Liz Ritchie, Self-Care Body Therapist stars in the film, to explain more about the condition which sees people obsess about their physical appearance. Liz explained: "It's incredibly worrying that we're living in a society where as many as one in five people feel shame about their body image and 19% of us are disgusted with how we look." To watch the film in full, please click here.
Liz was also interviewed by BBC Radio Northampton on this subject (interview starts at 2:19 approx.)

Service spotlight on our Neuropsychiatry Division
We have started a new series of films which aim to shine a spotlight on what our staff within different divisions do, on a day to day basis. The new series is based around PICU, and the first film features Dr Shubhinder Shergill (watch the film here). The last series was based around our Neuropsychiatry team and the staff who work with Brain Injury patients (please see our overall neuro film.)

Paper for Board of Directors	
Topic	East Midlands Board Paper in Common
Date of meeting	Thursday, 27 May 2021
Agenda item	**08**
Author	Katie Fisher, Chief Executive
Responsible Executive	Katie Fisher, Chief Executive
Discussed at previous Board meeting	Updates have been discussed at every Board meeting
Patient and carer involvement	At this stage this paper has not been discussed with patients and carers but many of the work programmes it describes do involve both patients and carers
Staff involvement	Many St. Andrew's colleagues are involved in the work programmes described within this paper
Report purpose	Review and comment ☐ Information ☒ Decision or Approval ☐
Key Lines Of Enquiry:	**S** ☒ **E** ☒ **C** ☐ **R** ☒ **W** ☒
Strategic Focus Area	Quality ☒ People ☒ Delivering Value ☒ New Partnerships ☒ Buildings and Information ☐ Innovation and Research ☒
Committee meetings where this item has been considered	Charity Executive Committee

Report summary and key points to note

This report has been produced by the East Midlands Mental Health and Learning Disability Alliance which as the Board will re call comprises of the five NHS Mental Health & Learning Disabilities Trusts across the East Midlands and the Charity.

The report will be presented to all partner organisation Boards' in May, providing an update of the work to date and reflecting the role the group of Chief Executive and Chairs are playing to promote positive outcomes for service users through the wider network of NHS and system leaders.

Of specific note, the Board are asked to note the proposal to recruit an independent Chair to help support the governance of the alliance and to support the delivery of the existing Memorandum of Understanding. The role will also have a pivotal role to ensure improved links are in place with the Boards of all six partners - this includes plans to hold Board Development Sessions later in the summer albeit the final date is yet to be identified.

The Board are asked to note this report

Appendices

East Midlands Alliance for Mental Health and Learning Disabilities

Common Board paper

May 2021

Introduction

This paper provides an update to the Board on the progress made by the East Midlands Alliance since the previous common Board paper in November 2020. It also sets out the next steps on governance agreed by the Chairs and CEOs. The same paper will be presented to all six provider Boards in May or June.

Progress with joint work programme

Covid pandemic response

The weekly Alliance CEO meetings have focused on sharing experience, learning and approaches to the Covid pandemic, vaccination programme, working with BAME staff, broader staff support and plans for recovery.

Establishment of a learning collaborative on restraint and wider restrictive practice

The baseline review of each provider has been completed and baseline reports shared with each provider. A broader Alliance-wide report has been developed by the East Midlands Academic Health Science Network.

The Alliance level report contains a valuable summary of the issues and best practice identified alongside a set of recommendations to help us minimise restrictive practice and prevent the abuse of restraint.

Mental Health Safety Improvement Programme – East Midlands

The Alliance has agreed to work with the East Midlands AHSN to establish the East Midlands element of the national mental health safety improvement programme. The Mental Health Safety Improvement Programme (MHSIP) is commissioned by NHS England.

The Patient Safety Collaborative is part of the Academic Health Sciences Network (AHSN) and is the delivery arm for the patient safety programmes. The national delivery model for the MHSIP is led through sub regional formation of MH Patient Safety Networks supported by the Patient Safety Collaboratives within each AHSN footprint and is a mandated aspect of the commission.

The three priorities for the MHSIP in 2021/22 are:

- Suicide and deliberate self-harm
- Restrictive practice
- Sexual safety

The AHSN discussed the approach with the Alliance Medical and Nurse Directors at a workshop on 6 May. The national launch of the MHSIP is on 10 May.

The governance of the MHSIP will be linked to the more formal governance of the Alliance and the AHSN has asked the Alliance to support the identification of a chair for the programme and clinical chairs for the three priority workstreams.

Mental Health Clinical Networks in the East Midlands

The Alliance Medical and Nurse Directors met on 6 May to hear from the AHSN about the new Patient Safety Collaborative, to better understand the approach of the Clinical Networks hosted by NHS England and to consider actions to strengthen the link between the Alliance and those networks.

The group heard from the clinical and managerial leads for the East Midlands mental health clinical networks. The presentation was well received and helped to improve the understanding of the group on the nationally prescribed objectives and approach of the Clinical Networks. Some further work will be undertaken to share a further level of detail on the purpose, membership and schedule of meetings for the 26 networks in the East Midlands. This will enable the Medical and Nurse Directors to offer thoughts on the overall scope and opportunities for aggregation.

The Medical and Nurse Directors supported the programme of work set out and encouraged the Clinical Network leads to develop a greater focus on mental health data quality and actions to address health inequalities.

There are established separate Medical and Nurse Director forums in the East Midlands. The group agreed to meet quarterly as a joint Medical and Nurse Director forum to consider provider issues of common interest.

Demand and capacity model

Further work has been undertaken to develop an Alliance demand and capacity model for mental health. Further versions of the model have been issued to the providers for review and validation. The process to validate inputs and outputs is complete in most of the Alliance providers.

Provider specific reports have been issued to each Alliance member. The model also generates Alliance wide comparative information. A presentation of the model was made in March to the CEO group who agreed to extend the hosting period for the model with the North of England CSU to the end of June 2021. The extension will enable the validation process to be completed and further versions of the model to be released. It will also allow the Alliance time to identify a host from within the Alliance.

Research opportunity with the East Midlands Police Academic Collaboration

The Alliance has agreed to support the East Midlands Police Academic Collaboration in a research proposal to consider learning and evaluation from different policing and mental health approaches. The National Institute for Health Research (NIHR) called for expressions of interest by the end of

March 2021. If successful, the Alliance and Police Collaboration will be invited to submit a more detailed proposal later in the year.

Learning workshop with crisis alternative leads and police mental health leads

Linked to the joint police research opportunity referenced above, the Alliance proposed to the Chief Constable group in the East Midlands that we hold a joint workshop to share the models used in the region for joint mental health and police work, the successes and challenges. The Chief Constable group supported the workshop proposal, and it will take place on 9 June.

Use of technology to support seclusion processes

St Andrew's have been working with the Academic Health Science Network and their Patient Information System supplier to consider how technology could support the reminder and record keeping elements of the seclusion process. The outcome of the work will be shared with the rest of the Alliance later in 2021.

Regional provider collaboratives (New Care Models)

Two provider collaboratives have been given the green light to go live from 1 April 2021. NHS England transferred the leadership of CAMHS and Adult Eating Disorders in the East Midlands to provider collaboratives led by Northamptonshire Healthcare for CAMHS and Leicestershire Partnership for Adult Eating Disorders.

The new Alliance Executive Board will discharge the part two Board role for these Provider Collaboratives (and the Impact Forensic Provider Collaboration). These collaboratives are also looking at joint roles and common approaches to areas such as communications.

The Alliance held a joint Finance and Strategy Directors workshop with NHS England on Provider Collaborative financial responsibilities in February 2021. The workshop considered approaches to sharing risk across the three new Provider Collaboratives and future NHS England collaborative opportunities.

The Alliance Executive Board will also monitor progress with the Midlands Veterans High Intensity Service (HIS) that went live on 1 October 2020. This service covers the whole of the Midlands patch which is then sub-divided into three areas. The three HIS teams are multi-disciplinary and offer a variety of skills to the service. The Partnership is led by Lincolnshire Partnership Foundation Trust in collaboration with Coventry and Warwickshire Partnership Trust and Birmingham and Solihull Mental Health NHS Foundation Trust.

The HIS works collaboratively with providers with the aim to ensure veterans have access to:

- A crisis service, 24/7 crisis response, rolling out specialist community care to prevent avoidable admissions
- Therapeutic acute mental health inpatient care to provide stabilisation and rehabilitation in the least restrictive setting as close to home as possible
- Comprehensive continuous care coordination of care
- Family support and coordination of care.

Regional and local provider collaboration

The CEO group met with David Nicholson and Richard Mitchell to discuss and inform their work for the NHS England Midlands region on provider collaboration. A spectrum of options will be proposed from a Provider Leadership Board through to merging providers to create a single organisation.

The four options on the spectrum are:

- Provider leadership board
- Lead provider
- Shared provider leadership
- Single provider organisation

There was discussion about using the Single Oversight Framework as a mechanism to identify the strongest organisation in a system to take a lead. Higher performing systems would have more freedom to determine their own model with a lead provider relationship seen as sufficient, unless the local system chooses to go further. More challenged systems could be expected to act to bring together their providers as a single organisation.

The Alliance Strategy Directors shared approaches to ICS/STP level provider alliances at their meeting in March. The group discussed the ICS Mental Health Board and Learning Disabilities Board approach in Derbyshire and the lead provider model in Northamptonshire.

Chair and CEO meeting – 24 March

The Chairs and CEOs of the six providers met in March to discuss progress and next steps for the East Midlands Alliance. The CEOs provided an update on the breadth of joint work captured in this paper. The CEOs also set out proposals to move to a more formal Executive Board, with an independent Chair, based on a new Partnership Agreement.

The Chairs provided suggestions on the governance and restated the importance of the Alliance taking key decisions back to provider Boards with a common recommendation. It was agreed that a common Board paper would be prepared after each Executive Board meeting to include key decisions with recommendations to provider Boards.

The Executive Board will meet at least every two months and will undertake the part B strategic decision-making role for the provider collaborative boards in one forum (rather than separately multiple times). The first shadow Board will take place on 14 May, with a second meeting on 10 June to build momentum.

Recruiting an independent chair

A role description for the Independent Chair has been shared with CEOs and Chairs for comment. The plan is to advertise for an independent chair in early summer with a view to them being in post later in the summer.

Joint Board development session

The Chairs and CEOs agreed to hold a joint Board development session focused on clarifying the roles and links between regional provider alliances, ICS level provider collaboration and provider Boards. The first of these joint Board development sessions will take place in June or July.

CEOs meeting with Claire Murdoch

The CEO group met with Claire Murdoch, the national NHS England lead for mental health and learning disabilities on 23 April. The CEOs discussed provider collaboration, the CQC, the role of mental health trusts on ICS Boards, the challenges of competitive premiums being paid to clinical staff and the progress of the Alliance in the East Midlands.

Partnership Agreement

A new Partnership Agreement, based on the three Agreements in place in the East Midlands for the provider collaboratives, has been developed. The new Partnership Agreement formalises the arrangements for joint Alliance working and the link to the three Provider Collaboratives. A further version of the Agreement will be shared at the first Alliance Board on 14 May for comment ahead of circulating a copy to each provider Board for review and approval.

Work programme for 2021/22

A work programme for 2021/22 will be agreed at the June Executive Board.

Recommendation

1. The Board is asked to note the update and progress made in collaborative working through the East Midlands Alliance.
2. The Board is asked to note the agreement to develop a more formal Executive Board with an independent Chair based on a new Partnership Agreement.
3. The Board is asked to note the planned Board development session.

7 May 2021

Paper for Board of Directors	
Topic	Performance Report
Date of meeting	Thursday, 27 May 2021
Agenda item	**09**
Author	Anna Williams, Director of Performance
Responsible Executive	Alastair Clegg, Chief Operating Officer &
Discussed at previous Board meeting	This specific paper has not been discussed at previous Board meetings
Patient and carer involvement	As a high-level summary of Charity performance, the data in this report has not been discussed with patients or carers. This view of patients in particular will have greater prominence in this report as the PREMs are embedded.
Staff involvement	There has been no specific discussion on the report with staff groups, although the various elements of performance are discussed at ward and team level as appropriate
Report purpose	Review and comment ☒ Information ☐ Decision or Approval ☐
Key Lines Of Enquiry:	**S** ☐ **E** ☐ **C** ☐ **R** ☐ **W** ☒
Strategic Focus Area	Quality ☒ People ☒ Delivering Value ☒ New Partnerships ☐ Buildings and Information ☐ Innovation and Research ☐
Committee meetings where this item has been considered	The safety and patient experience elements of the report have been considered and discussed in detail at QSC. The workforce elements at People Committee and the Finance elements will be discussed at FinCom.

Report summary and key points to note

This latest iteration of the Performance Report expands the SPC charts and includes the People Committee approved Workforce targets and introduces the principle of targets for the safety metrics. With this in mind the safety targets are included for indicative purposes and are pending approval via QSC. The report also includes the latest Covid update and outlines developments in the Charity's response to, and management of the impact of the Covid-19 pandemic. Feedback most welcome.

Key points to note:

CAMHS remains a focus clinically and operationally

Staffing is stabilising – a challenging dynamic remains, as we support recuperation of our staff and focus on specific elements of training

Appendices

St Andrew's Healthcare – Board Performance Report

May 2021

Summary overview

Safety

Proposed targets have been added to the SPC charts (red dotted lines), these are based on a reduction from the mean and are pending review by Quality & Safety Committee. Further refinement in terms of associated ratio targets is under consideration, an initial harm ratio target has been presented. Overall incident volumes are outside of control limits. This is driven by increases in lower level incidents – with SIs and violent incidents remaining close to the mean. Rates in CAMHS and LSSR are outside of control limits with causal analysis and remedial plans presented within.

Patient Experience

Annual Patient survey informed actions continue to be developed. The roll out of PREMs has been extended. Patient feedback regarding piloted changes to food provision is under consideration. The easing of Covid restrictions has enabled greater volumes of leave.

St Andrew's HEALTHCARE

Workforce

Key workforce metrics appear to be stabilising. Work is on going to deliver the People Committee approved 21/22 targets. Numerous benchmarking activities are providing useful insight which is in turn informing workforce planning. We continue our significant focus on well being as we work to support the recuperation of our staff.

Finance

The year end forecast financial position has been achieved including P13 adjustments. For the month of April we have again seen financial performance in line with the budget with increased occupancy and costs in line with expectations.

Navigating St Andrew's SPC charts

Target line

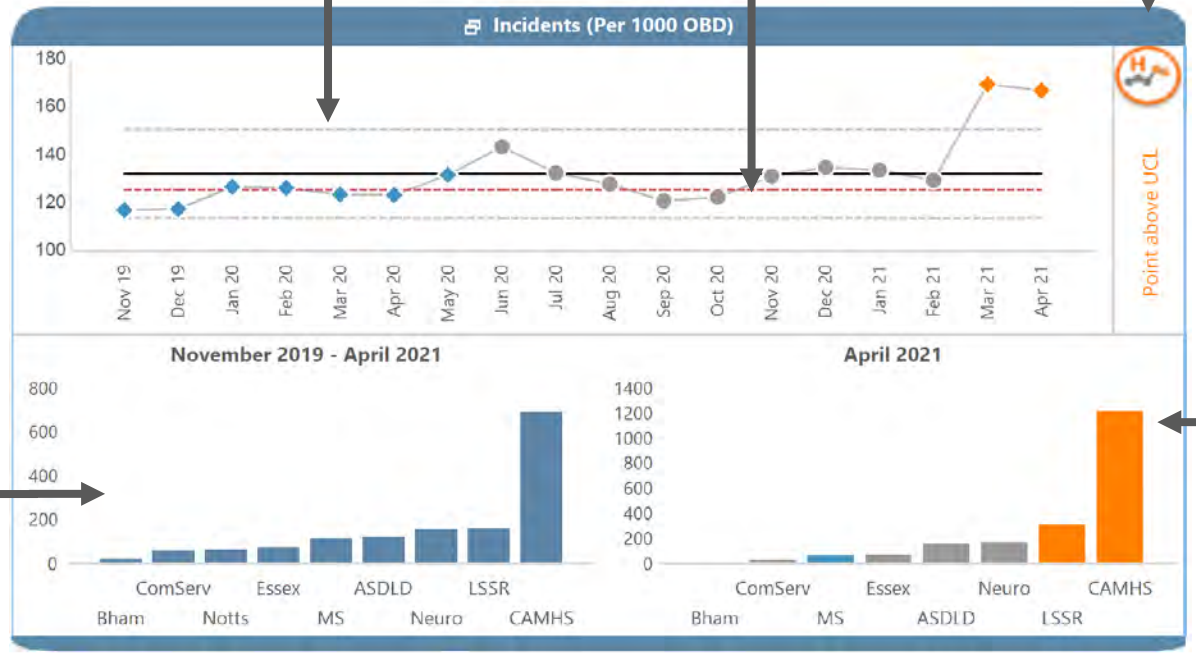
Proposed target for the KPI

SPC icon for the latest month

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

Charity level SPC chart

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



Division average for the last 18 months

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

Latest month by Division

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

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

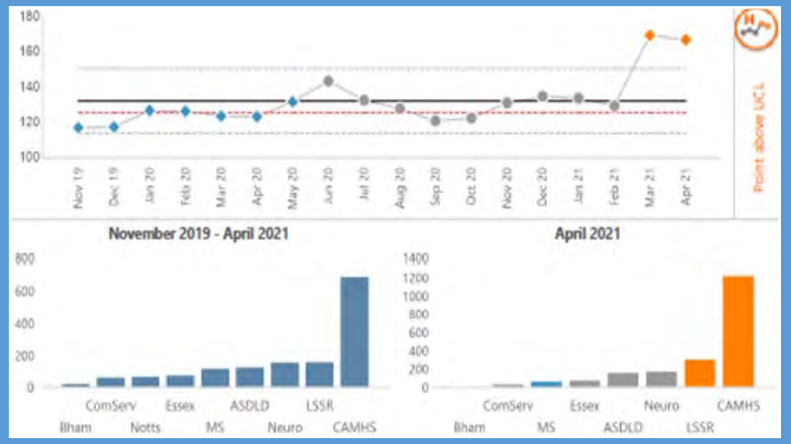
Example Narrative

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

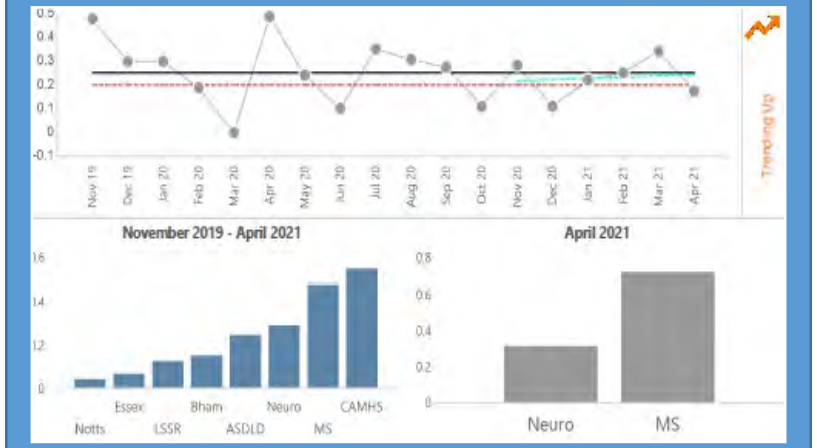
The latest month Division chart shows that CAMHS and LSSR are high contributors, with both triggering an SPC special cause concern in their own data. Although their high contribution is in line with the last 18 months trend, the latest month rate is much higher.

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

Incidents

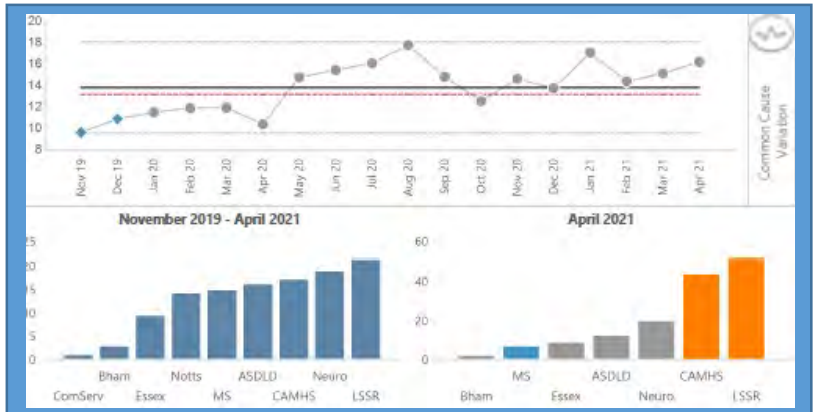


Serious Incidents

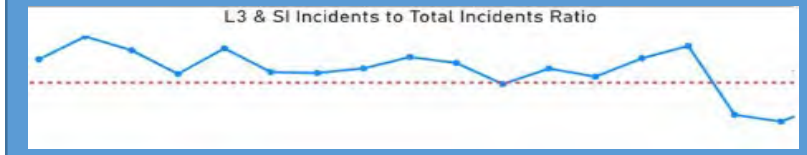


Incidents of Violence

Safeguarding



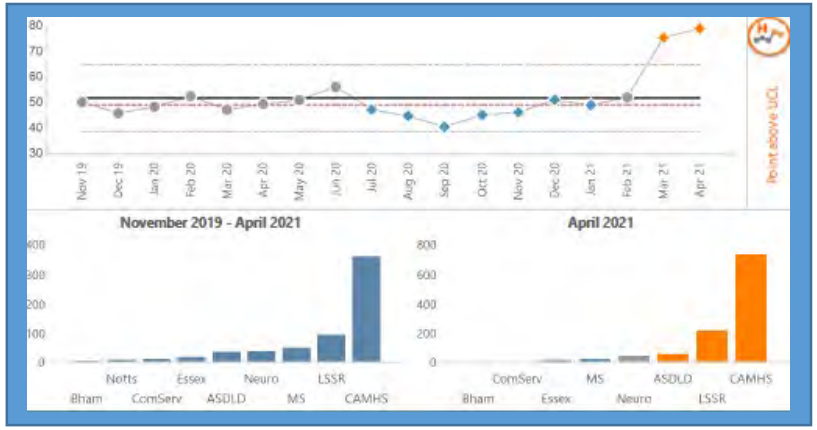
Incident rates and restraints above the upper control limit and proposed target is a reflection of level 1 and 2 incidents outside of control limits for CAMHS and LSSR. The below demonstrates the overall recent declining trend in the proportion of level 3 and SI incidents, which are both below the mean and within proposed ratio targets. Incidents of violence are showing no special cause variation and all divisions are within control limits.



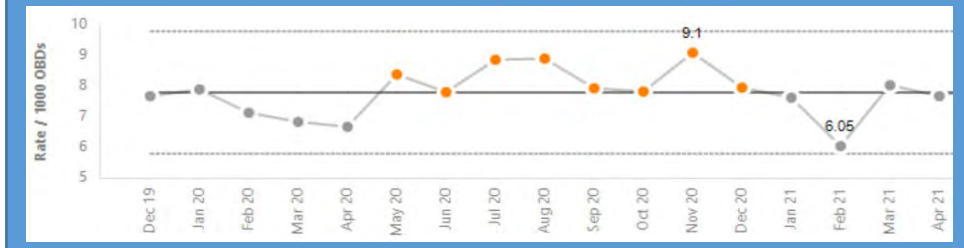
CAMHS: Causal analysis - increased low level incidents chiefly driven by patients new to Stowe. Incidents and associated safeguarding are clustered around patients who formed unhelpful relationships during extended PICU stays. A relatively high nursing vacancy rate, coupled with absence has hindered relational and procedural security. **Remedial actions** - admissions to Stowe were paused (now reopened). Interviewing is underway - candidates whilst limited are promising. Clinical Director is providing clinical supervision and debriefs. Analysis has identified peak incident times - shift timings have been tailored to match. Incentive in place to drive increased shift fulfilment. **Recent impact** – incidents and restraints for Stowe since the beginning of May have been at or below the mean.

LSSR: Causal analysis – a disproportionate volume of incidents and safeguarding relate to one patient who has now transferred to a service more appropriate to their needs. Intervention and restraints linked to deliberate self harm and NG tube feeding characterise the remainder occurrences. **Recent impact** – currently within control limits.

Restraints

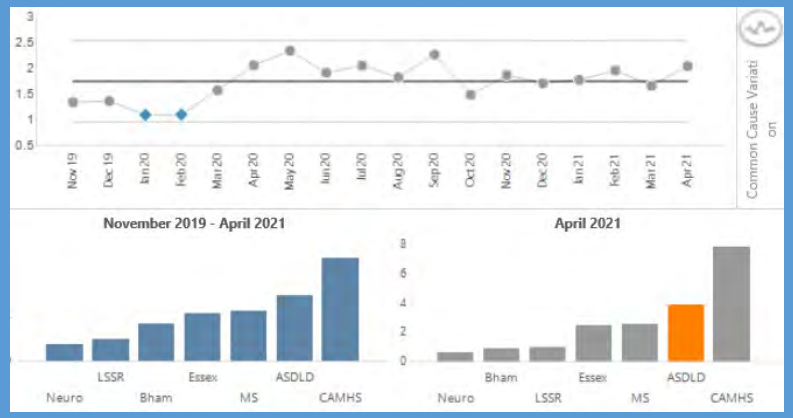


Enhanced Support



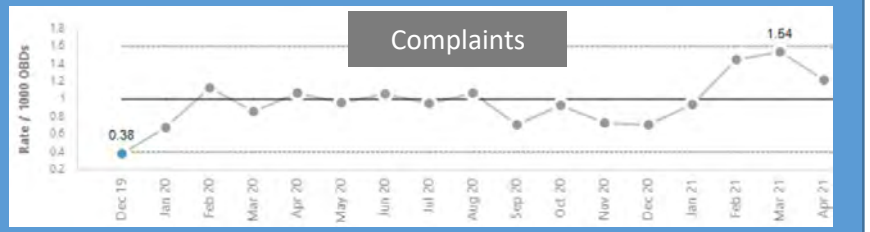
Episodes of enhanced support are within common cause variation at a Charity level and at individual division level. Ratios of support remain high – we continue to focus on positive reductions to restriction.

LTS episodes



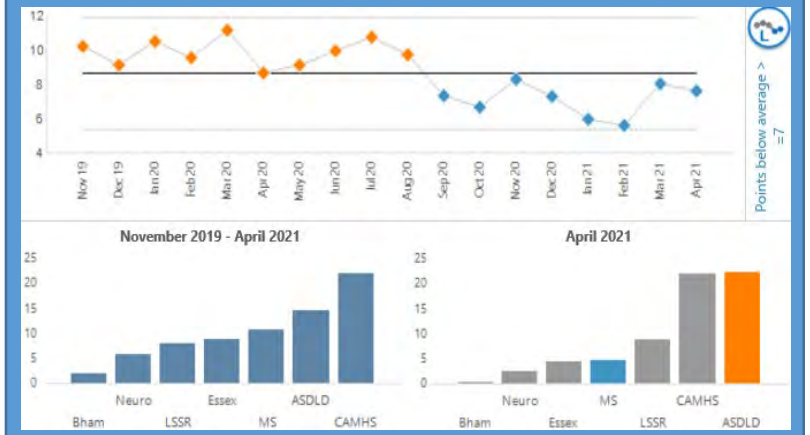
At a Charity level there is no special cause variation with long term segregation episodes. Individually ASDLD have breached their upper control limit **Causal analysis** –this is due to their being a sole patient on Sycamore **Remedial actions** – this situation will resolve with a further admission due in the summer.

Patient Feedback



Annual patient survey informed initiatives are being deployed: enhancing co-production, focus on language and development of closed culture audit tool.
The PREMs pilot has been extended to further wards, resources are being put in place to complete the full roll out. Recent complaints have clustered around the piloted changes to the food service – the associated plans are being reviewed.

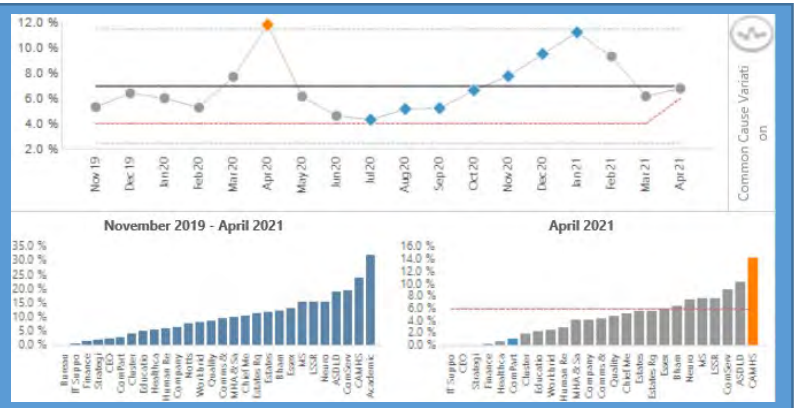
Seclusion events



Seclusion events at Charity level are demonstrating a special cause improvement due to consistently being below the mean. Individually ,Medium Secure is demonstrating the same trend. In contrast ASDLD have breached their upper control limit **Causal analysis** – a new patient on Sycamore has had multiple seclusion episodes. **Remedial actions** – the team are reviewing the clinical management plan and have sought advice from the Executive Medical Director and Deputy Medical Director.

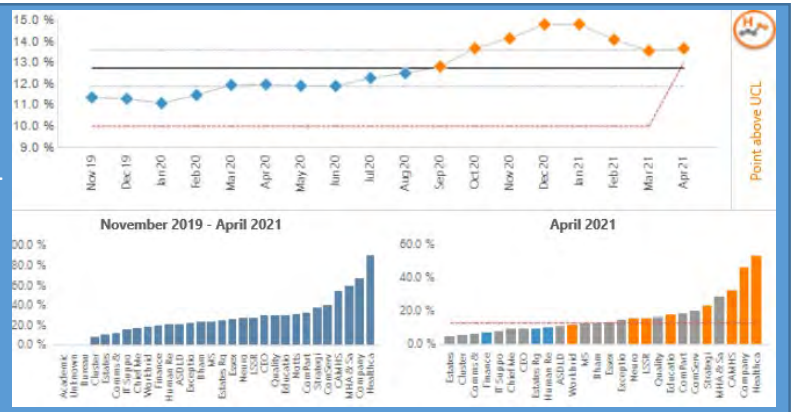
Sickness %

Improving sickness trend, with levels most recently c6.4%. CAMHS have breached the upper control limit. **Causal analysis –** typically we see teams with direct patient contact are at or above the mean – being balanced overall by lower sickness levels in the enabling functions. Benchmarking presented to the People Committee shows a local Trusts are reporting 6-8% in recent months. Whilst COVID related absences are trending down other sickness is trending up. **Remedial actions –** divisional focus plans.



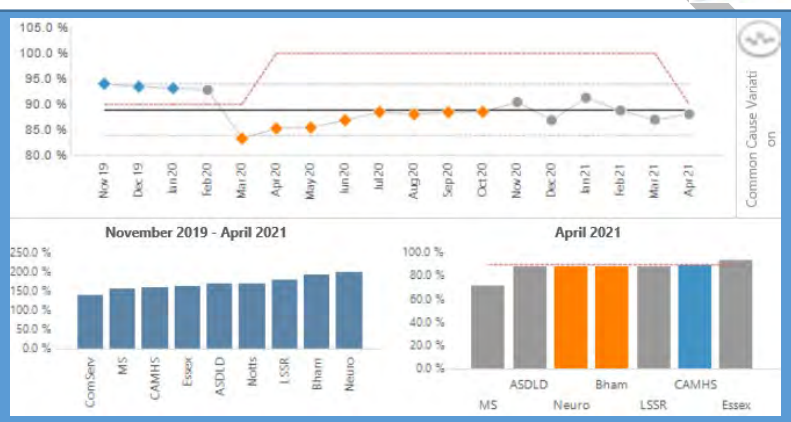
Voluntary Turnover

Voluntary turnover remains above the upper control limit, however the trend is improving. **Causal analysis –** promotion and work-life balance lead exit interview analysis. Benchmarked results are on par with local trusts at 10.5% - 14%. **Remedial actions –** Second staggered Nurse pay increase in April. Divisional reviews are in place assessing retention plans. Your Voice listening groups to triangulate data Wellbeing strategy to be refreshed including post Covid focus. Supervision and IPDR supporting flight risk identification and rectification.



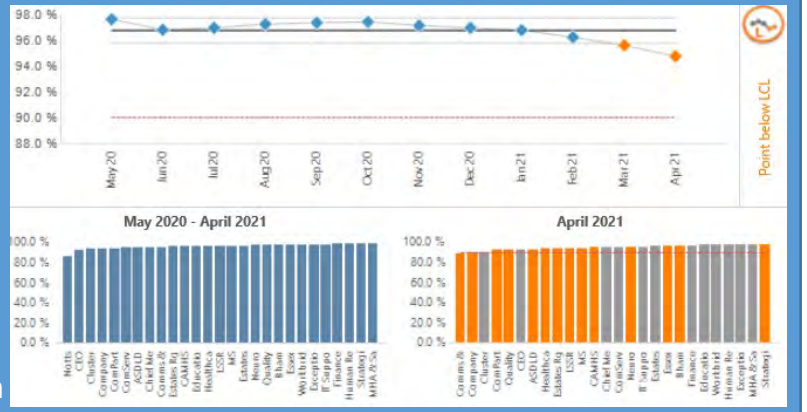
Registered Nurse fill ratio

Nurse fill ratio has largely stabilised at c87% - marginally below target. **Causal analysis –** recruitment efforts alongside internal development routes have offset turnover**. Remedial actions –** underway is a deep dive benchmarking activity to compare our Nursing model to those deployed by Mental Health Trusts. In the meantime we have a strong pipeline with 42 registered nurses completing pre-employment checks plus additional graduating Aspire students with continued retention focus.



Mandatory training

Mandatory training for the full Charity sits at 94.8% well within the 90% target, with all divisions in excess of target. Informal benchmarking insight puts Trust compliance rates between 65 and 80%. **Causal analysis –** courses with the highest proportion of face to face content have been most impacted by social distancing requirements, this includes: ILS, BLS, Safeguarding and MAPA. **Remedial actions –** detailed focus plans at individual course level to ensure compliance is delivered and ensure competence and confidence remains high.



St Andrew's Healthcare – Board Performance Report

April 2021

Finance update

	Apr 2021 MTD & YTD		
	Apr 2021 MTD Actual	Re-forecast	Variance to Re-forecast
Available beds	699	690	9
Occupied beds	573	573	0
Occupancy %	82.0%	83.0%	-1.1%
Total Income (£'000)	**13,011**	**12,816**	**195**
Total Direct costs*	(7,041)	(6,933)	(108)
Gross surplus (£'000)	**5,970**	**5,883**	**87**
Total Indirect costs**	(3,775)	(3,745)	(30)
Net Contribution (£'000)	**2,195**	**2,138**	**57**
Enabling functions (£'000)	(2,580)	(2,597)	17
Depreciation (£'000)	(1,166)	(1,160)	(6)
Operating Surplus/(Deficit) (£'000)	**(1,551)**	**(1,619)**	**68**
Exceptional costs (£'000)	(22)	(25)	3
Project costs (£'000)	(83)	(150)	67
Non-operating costs (£'000)	(132)	(128)	(4)
Unrealised Movement on investments (£'000)	0	0	0
Net Surplus/(Deficit) (£'000)	**(1,788)**	**(1,922)**	**134**

* - includes ward nursing and ward funds

** - includes MDT and other divisional costs

Commentary

Operating surplus and Net surplus positions better than budget by £68k and £134k respectively for the month ended 30th April 2021

Level of Covid infections and associated impact on ability to staff wards in the month of April has reduced significantly from the reported position in March 2021. This has enabled the capacity creation plan and associated ward moves to continue in line with 2021/22 budget and the enabling function savings to be achieved as planned.

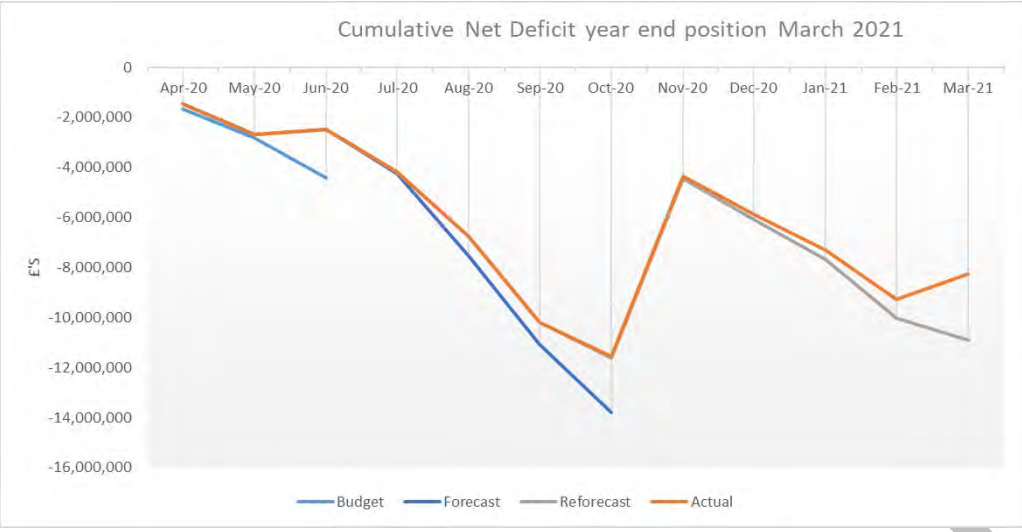
Occupancy for the month is in line with budget with available beds higher than forecast due to an increase in the number of ASD/LD to budget. Overall we have seen an increase in referral volumes since March 2021 which gives reassurance that future budgeted increases in occupancy can be achieved and divisions have been able to admit patients whilst still complying with the national guidance on quarantining

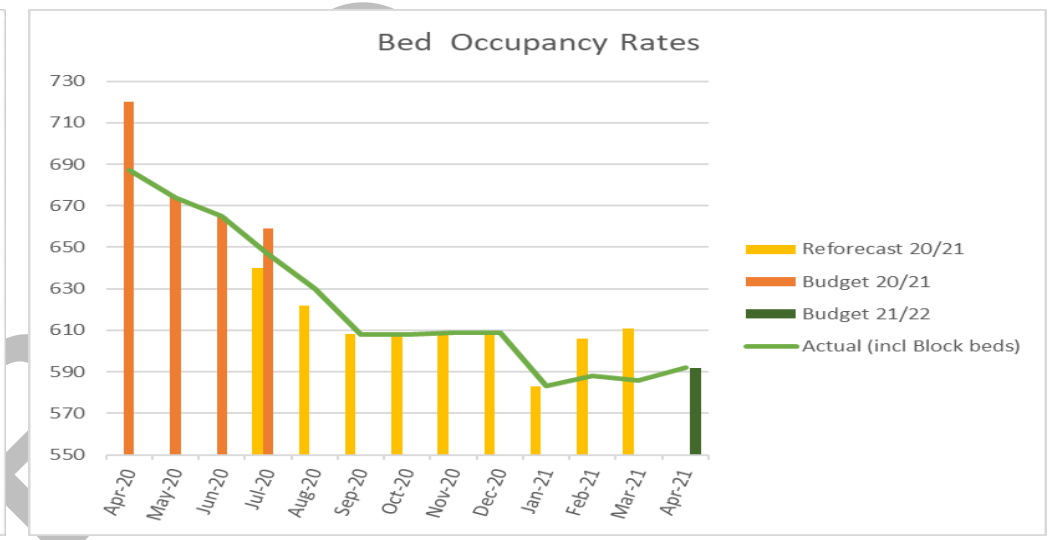
The planned reallocation of indirect costs previously held within enabling functions but directly attributable to ward based activities has been completed. As previously discussed the cost of enabling functions has been overstated with costs such as physical healthcare being held within overheads. These costs have been reallocated along with the associated budgets so that the actual costs of delivering services is clear and users of financial reports have clarity about the full costs of providing services (the management of these services has not been devolved this remains central).

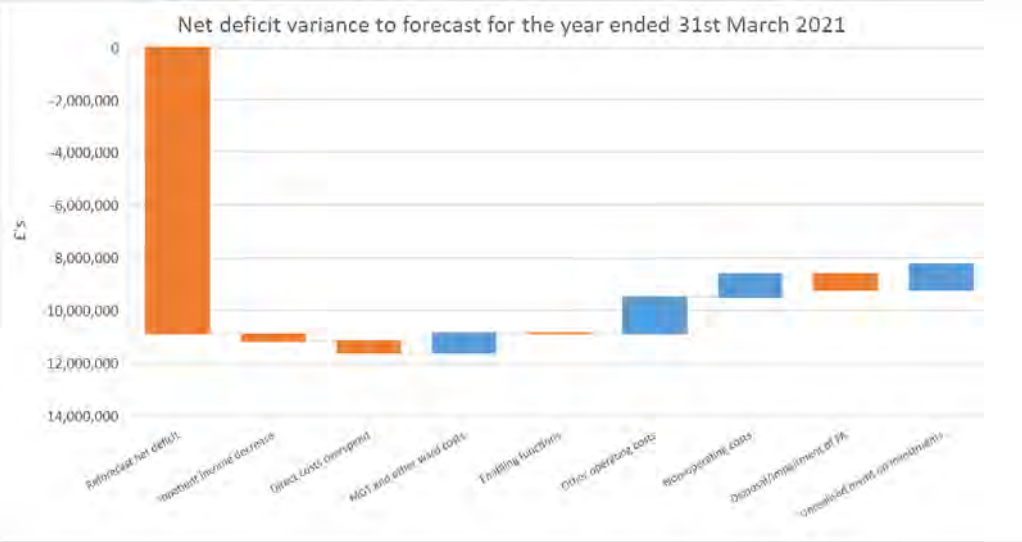
St Andrew's Healthcare – Board Performance Report

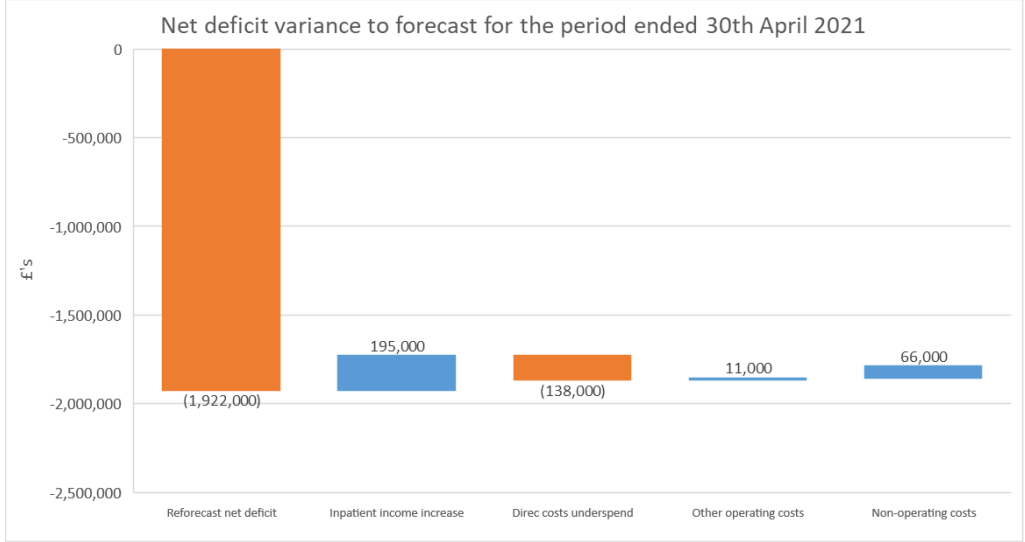
April 2021

Finance snapshot









Board of Directors Covid Update – May 21

Summary

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

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

Patient data

As at close of play on Monday 17th May, the position is relation to patient infection rates was:

Current positive	**0**
Current symptomatic	1

The cumulative position since the beginning of the pandemic is:

Total positive	**252**
Wave 1 (Feb-May)	114 (101 recovered, 13 passed away)
Wave 2 (Sept+)	142 (137 recovered, 5 passed away)

Very sadly, since the last Board meeting, a fifth patient passed away having tested positive for Covid. However, the morbidity rate remains significantly lower in the second wave, when compared to the first continuing to reflect an improved response and the embedding of learning from the first wave.

We have only see 4 positive cases since the last report in 15th of March, three in the rest of March and a further one in May.

Staff data

The position at close of play on Monday 17 May is summarised in Table 1.

Table 1: STAH staff COVID and sickness absence as at 17 May 2021

	Covid-related absence	Other sickness	Total
Operations	29	177	206
Estates	3	12	15
Enabling functions	0	13	13
TOTAL	**32**	**202**	**234**

As with patient data, there has been a welcome reduction in Covid-related absence (down to 32 from 147 in March), this improvement had been partially offset by an increase in other sickness (up to 202 from 171 in March). There remains a need for non-nursing MDT and other colleagues to support ward staff, as we seek to ensure non-ward based nursing activities such as training and annual leave are facilitated.

Board of Directors Covid Update – May 21

Isolation and Outbreaks

In line with Public Health England (PHE) and NHSE/I guidance, we place a Ward into isolation when two patients become symptomatic. Staff on outbreak wards wear scrubs and do not move to other wards, visitors to the wards are not permitted. As at 17 May, no wards were in isolation.

Again, in line with PHE and NHSE/I guidance, an Outbreak is declared when two or more positive cases are recorded that can be linked by time and place. Outbreak wards and areas require daily returns to NHSE/I together with regular detailed management. As at 17 May, no wards or other areas were being managed as outbreaks.

Lateral Flow Testing

22,234 test results have been received to date (up from 14,900 in March), with a positive test rate of 0.41%. The rate of positive tests has decreased since March (0.51%), reflecting the lower prevalence of Covid more generally.

Covid Risk Management

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

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

PPE Supplies

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

Vaccinations

The SAH Northampton vaccine hub closed the first wave of the vaccine programme in April having administered the first dose of the Covid 19 vaccine to all staff who were eligible and did not decline the vaccine. The vaccine group have since commenced the second phase in which the second dose is being administered. It is anticipated that this phase will run till the end of June. Clinics have been organised at both the Essex and Birmingham Hospitals although many staff in both those sites will have had access to the local NHS vaccination hubs. There have been no serious adverse incidents associated with the vaccine programme and there has been minimal wastage. There have been no issues with supply of the vaccine and other consumables required to deliver the programme. It has been noted that as the second phase has progressed, it has been harder to identify and secure vaccinators, reflecting perhaps the levels of fatigue in the clinical workforce.

Table 2: STAH Vaccination rates (first dose)

Site	Patients vaccinated (%)	Staff vaccinated (%)
Northampton	89	79
Birmingham	70	48
Essex	95	78
Winslow/Broom	100	75

The overall vaccination rate for the Charity stands at 76%, which is broadly in line with that for NHS providers. The overall figures for both doses will be brought to the next Board meeting on completion of the second phase of the programme

Governance arrangements – lessons learned

The five key governance processes outlined in the January report have been refined to tailor the Charity's response to this stage of the pandemic:

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

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

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

Alastair Clegg

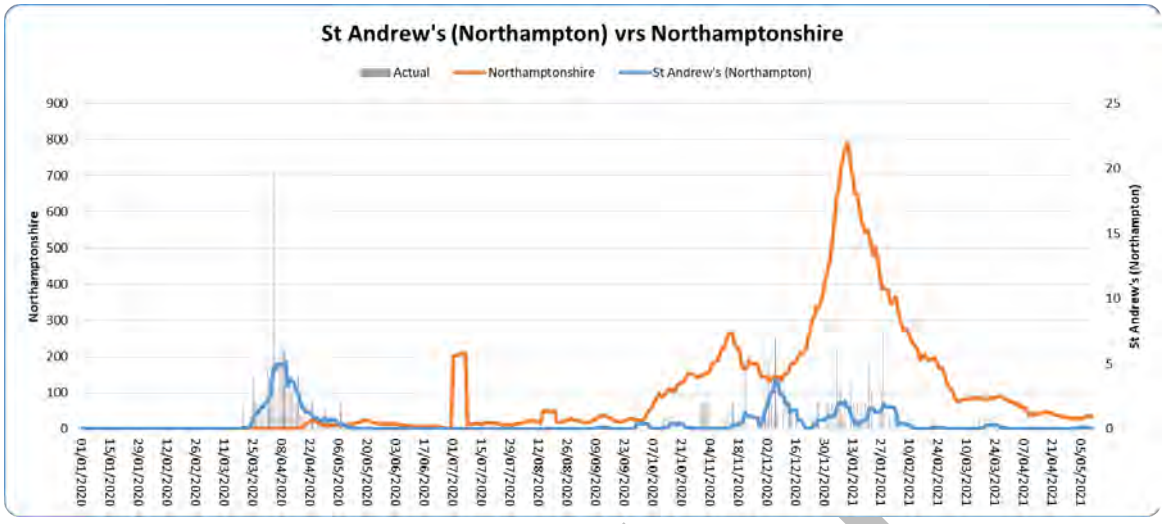
Chief Operating Officer

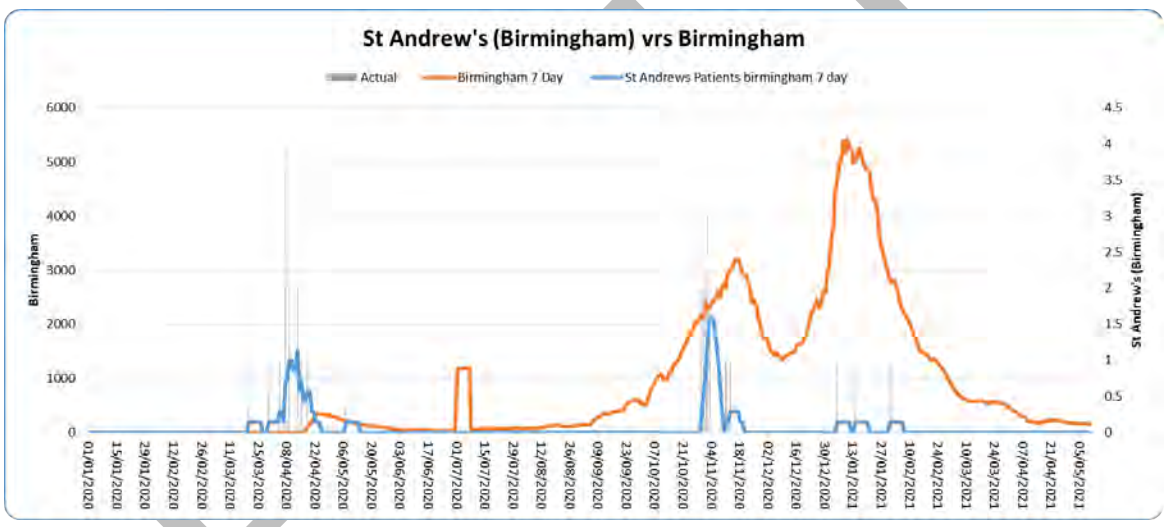
May 2021

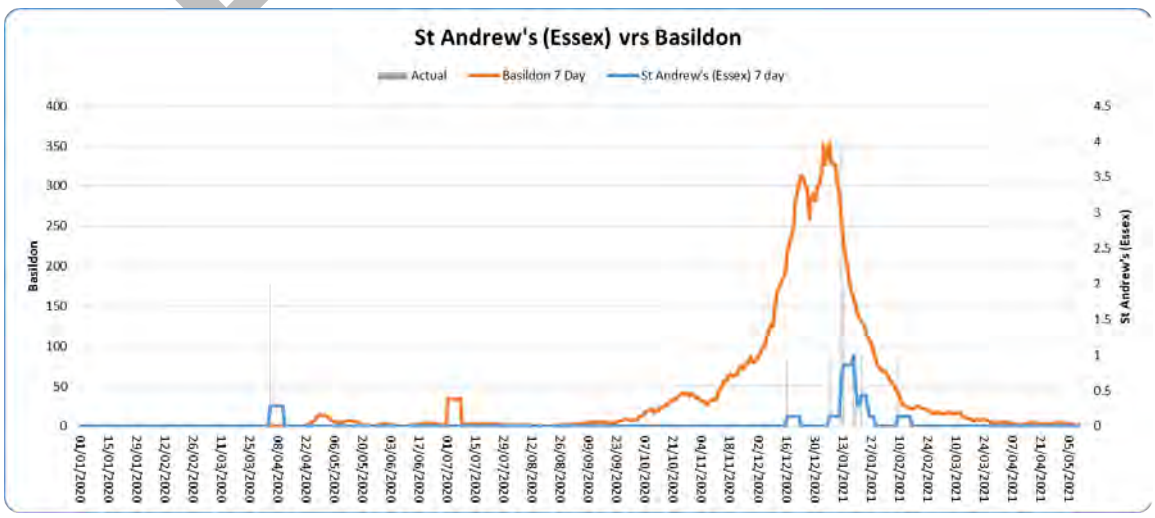
Board of Directors Covid Update – May 21

Appendix A

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







Paper for Board of Directors

Topic	NHS Benchmarking Network Proposal
Date of Meeting	Thursday, 27 May 2021
Agenda Item	**10**
Author	Sanjith Kamath, Executive Medical Director
Responsible Executive	Sanjith Kamath, Executive Medical Director
Discussed at Previous Board Meeting	Discussed at numerous Board meetings in the last six months including the previous meeting on 25 March 2021
Patient and Carer Involvement	Not appropriate
Staff Involvement	This has been discussed with the staff in the data team and Clinical Directors as well as Performance Director
Report Purpose	Review and comment ☐ Information ☒ Decision or Approval ☐
Key Lines Of Enquiry:	**S** ☐ **E** ☒ **C** ☐ **R** ☐ **W** ☒
Strategic Focus Area	Quality ☒ People ☒ Delivering Value ☐ New Partnerships ☐ Buildings and Information ☐ Innovation and Research ☐
Committee meetings where this item has been considered	CEC, BoD, QSC

Report Summary and Key Points to Note

This paper describes the approach to a bespoke piece of benchmarking work that St Andrew's Healthcare is undertaking through the NHS Benchmarking Network (NHSBN) which has been approved by the CEC. The output of the project will allow meaningful comparisons to be undertaken between datasets in the areas of quality, safety and some HR metrics.

We are in the early stages of this project and timescales are yet to be agreed but it marks an important step in our journey to be able to compare our services to other similar providers and to use the information to support decision making around quality improvement.

Appendices: None

NHS Benchmarking Network proposal

Introduction

Benchmarking is an exercise in comparison against a standard or point of reference. Where reliable, comparable and applicable data are available, benchmarking can be a powerful tool with which an organisation can base strategic and operational decisions to improve quality and efficiency. St Andrew's Healthcare is a part of the NHS Benchmarking Network (NHSBN), a member-led organisation with all subscription fees funding the benchmarking work programme. Membership subscription is open to all commissioners and providers of publicly funded health and social care services. Through this membership, the Charity receives regular benchmarking reports comparing organisational metrics, including safety and HR data, with other mental health providers. In some areas, the reports are able to compare similar services, for example PICU services.

Limitations of the current benchmarking membership

For secure providers, data is submitted centrally through a variety of mechanisms including the Mental Health Minimum Dataset. At present, secure providers do not report by service type, and so benchmarking is only available in broad categories such as levels of security. The breadth of these categories limits the value of benchmarking as we may be comparing male to female services, or mental health to learning disability services, which naturally differ based on the different needs of the patient group. Similarly, a low secure ward for patients with disordered eating and emotionally unstable personality disorder and a low secure ward for older adults with forensic needs would both be reported in the 'low secure' report, even though the characteristics of the patient groups would be markedly different. In addition, not every Independent Sector provider submits data to NHS Benchmarking. Work over the next 1-2 years nationally will change the way secure providers submit information, that will then allow us to compare similar service types, but that will not be until 2023/24. St Andrew's Deputy Medical Director, Dr Ash Roychowdhury, is Chair of the Data Group overseeing this work and will be able to contribute meaningfully to this important area.

Another limitation is that the reports do not control for acuity, which for an Independent Sector provider is a significant issue. Prior to the establishment of provider collaboratives and new care models, Independent Sector providers such as St Andrew's would often be considered to manage patients where the NHS lacked the specific specialist facilities, expertise or capacity. In addition, some services do not have many similar comparators – there are very few older adult medium secure wards, blended secure wards, specialist Huntington's units, deaf forensic wards, etc. Where these services do exist, the generic reports do not draw these out making the comparison of data sets a challenge.

Proposal

The Charity aims to be an organisation that continuously learns and improves and it is in that context that the Board has been clear in its direction to progress with benchmarking that will support this ambition. The Charity Executive Committee has recently approved a project to undertake a bespoke benchmarking project with NHSBN through which similar services in comparable providers may be identified and their data sets compared with St Andrew's data sets in order to understand how the Charity performs in regards to certain metrics. This should overcome some of the challenges described above and provide meaningful data that can be used as a benchmark. It is important to understand and acknowledge that benchmarking is *not* undertaken to set targets, but to allow the management of the organisation to ask questions, explore and understand the results, to determine if any action is required and to facilitate the monitoring and measurement of these actions if they are needed.

NHSBN will undertake a benchmarking exercise together with the Business Intelligence team from St Andrew's as follows:

1. Patient Acuity and Complexity Analysis

NHSBN would develop a data specification, which would be discussed with the St Andrew's team. The initial proposal on areas for analysis are as follows:

- Patient demographics e.g. age, gender, ethnicity, post code of residence, referral source, housing status on admission and discharge, employment status on admission, smoking status, BMI (if available)
- Clinical diagnosis – primary, secondary, and tertiary diagnosis using ICD10 codes, care cluster data (if available), whether co-morbid substance misuse evident
- Clinical activity data; average length of stay, Mental Health Act status, history of violence and other risk factors, learning disability or autism flag, co-morbid physical health conditions evident, whether DTOC, number of previous admissions (if known)
- Quality and outcomes; subject to restraint or seclusion, HONOS or other outcome scores recorded, readmission status, discharge status recorded

NHSBN would analyse data by meaningful clinical category for St Andrew's cohorts (e.g. whether secure care, CAMHS, LD / ASD etc) and profile the St Andrew's data against content held for other providers. Analysis of positions for other providers would include an ability to compare St Andrew's data against that held for NHS providers to establish relative acuity. Data would be kept anonymised at all levels of this work to ensure GDPR compliance and integrity of other providers' data.

2. Workforce Analytics

NHSBN hold the largest body of mental health and learning disability workforce data held anywhere (both UK and wider). This data can profile by bed type for all major specialties the absolute size of the workforce deployed and the skill-mix and degree of specialist therapy input available.

The workforce analysis could be performed at multiple levels including by site, ward, and clinical specialty:

- Numbers of staff employed
- Skill-mix
- Balance between registered and unregistered Nursing input
- Level of specialist therapist input
- Use of bank and agency staff
- Turnover
- Sickness
- Vacancy rates

All workforce data could also be explored to contextualise the wider St Andrew's position on related quality metrics including the use of restrictive practices, length of stay, and patient experience.

3. Analytics and Outputs

The products we deliver would be targeted at the specific interests of St Andrew's Healthcare and could be developed using specifically constructed peer groups. The analysis would aim to add value and support the organisation with wider assurance processes (if required), and also wider market knowledge and local improvement. We would propose the following analysis:

- Development of analytic comparisons against agreed reference points for each service and patient group supported, potentially including:
    - NHS commissioned average positions
    - NHS commissioned percentile performance ranges
- Relevant peer group contexts which would be defined with St Andrew's as required (e.g. similar specialist providers and selected NHS providers)
- Time series changes showing movements over time and against wider England mental health system reference points
- Impact of Covid on specialist care and how the St Andrews experience compares

The analysis can be presented in a number of forms including:

- Tables, charts, maps
- Hypothesis relationships e.g. the relationship between skill-mix and therapeutic input and average length of stay, incidents, use of restrictive practices, and patient outcomes.

It is expected that the reports from the exercise will help identify any areas of significant variation, strengths and potential areas for improvement. NHSBN will be asked to present their findings to senior management and facilitate discussions with key leaders in the organisation.

Timescales

The project timescales have not been clearly defined, although NHSBN are aware of the importance of this project and the need to proceed at pace.

Paper for Board of Directors

Topic	Quality Account
Date of Meeting	Thursday, 27 May 2021
Agenda Item	**11**
Author	Jenny Kirkland, Deputy Director of Quality and Patient Safety
Responsible Executive	Andy Brogan, Chief Nurse
Discussed at Previous Board Meeting	Summary of process shared with Board in April.
Patient and Carer Involvement	No direct involvement with account
Staff Involvement	Staff across Charity have supplied data and content to the account
Report Purpose	Review and comment ☒ Information ☐ Decision or Approval ☐
Key Lines Of Enquiry:	**S** ☐ **E** ☐ **C** ☐ **R** ☐ **W** ☒
Strategic Focus Area	Quality ☒ People ☐ Delivering Value ☐ New Partnerships ☐ Buildings and Information ☐ Innovation and Research ☐
Committee meetings where this item has been considered	Quality and Safety Committee

Report Summary and Key Points to Note

Providers of NHS healthcare are required to publish a Quality Account each year. Non NHS Organisations are required to produce Quality Accounts if they deliver services commissioned by NHS England or Clinical Commissioning Groups.

This summary notes the current progress of the Quality Account which has been drafted and sent to the internal auditors. It is being sent to a number of agencies including NHSE, IMPACT, Health Watch and the CQC for comment. Approval at QSC will be sought prior to sharing with the wider Board. Please note that submission to the Secretary for State is 30 June.

Appendices: None

Quality Account 2020/2021

Update

Providers of NHS healthcare are required to publish a quality account each year. Non NHS Organisations are, in the main, required to produce Quality Accounts if they deliver services commissioned by NHS England or Clinical Commissioning Groups; or have staff numbers over 50 and NHS income greater than £130k per annum. These are required by the Health Act 2009, and in the terms set out in the National Health Service (Quality Accounts) Regulations 2010 as amended ('the quality accounts regulations').

Reporting arrangements are usually set out by letter from the NHS in January; as of 31 March 2021 these requirements have not been shared with us. As this guidance has not yet been published we are basing the 2020/2021 report on the requirements set out in the 2019/20 guidance. The quality accounts for non NHS organisations should be submitted to the Secretary of State by 30 June each year.

Content of the Report:

These have been defined in the quality accounts regulations and all providers are required to report against the indicators relevant to the services they provide using a standardised statement.

Part 1

- A statement from the Board of your organisation summarising the quality of NHS services provided.
    - This section summarises the challenges faced this year as a result of the Covid pandemic and how both patients and staff have been truly inspirational. There is commentary on the right sizing of our services and the commitments made to education, quality and collaboration to deliver the best possible care to our patients keeping them central to all we do and help people to recover.

Part 2

- The organisation's priorities for quality improvement for the coming financial year and why we have chosen those priorities for improvement.
    - **Priority 1: Getting the Basics Right.**
      Our vision is to develop a culture of safety, which prioritises getting the basics right first time, ensuring that the right patient, receives the right treatment at the right time. This approach ensures consistency with our staff understanding, collaborating and sharing their learning in relation to patient safety across the Charity in conjunction with patients, carers and wider agencies and partners.
    - **Priority 2: Ensure we have meaningful conversations with patients and carers, developing therapeutic relationships and improving engagement to improve service delivery.**
      Meaningful conversations are fundamental to the delivery of quality in health care. Unless we listen and engage we cannot be certain that we are meeting the needs of the individuals we serve. A genuine culture of involvement will enable the Charity to learn and grow.

- **Priority 3: Support our Staff.**
  We assert that our staff must feel safe; safe to report incidents without fear of reprisal, safe to question practice or resources and safe in their daily work. We recognise that our staff are our greatest asset and we are committed to developing a culture of learning, transparency and openness that enables us to continue to improve patient safety.

- A series of statements relating to quality of NHS services from the Board for which the format and information required is set out in regulations, which makes the accounts comparable between organisations. These include:
  - Never Events – we had zero during the reporting period
  - National Core Indicators – data currently being reviewed by the audit team
  - Research
  - CQUIN
  - Audit

Part 3

- A review of the quality of services in your organisation.

  - This notes that during the year the CQC processes were impacted, however the CAMHS service saw an improvement to their rating and the Women's service saw the removal of the conditions of service applied following significant concerns raised during previous inspections.
  - A number of successful Continuous Quality Improvement projects had been implemented across the Charity.

- An explanation of who we have involved and engaged with to determine the content and priorities for the quality account.

  - Data and content for this account has been provided from functions and Divisions across the Charity. The priorities for 2021/22 have been agreed following discussions with a variety of staff across the Charity. There is significant focus on improving the patient voice in reviewing these priorities and objectives to ensure they are meaningful. There is also a programme in design to ensure that the patient's voice is central to any further work on the quality account.

- Any statements provided from Commissioners or using terms of the three domains of quality: patient safety, clinical effectiveness and patient experience.

  - The report will have been sent to the relevant organisations for commentary prior to this report being presented.

The timeline for creation and approval of the 2020/2021 Quality Account sits outside the usual StAH governance arrangements due to the arrangement of Board meetings. As such the current status of the report is seen over.

No	Section	Lead Person/ Responsible	Timescale	Progress
1	Contributors contacted to complete their section.	Rachel Patching	25/03/21	Completed
2	Data requested: Review of services as defined in reg 4.26, Never events, National core indicators, Duty of Candour, Mortality, participation in clinical audit including NICE, clinical research, CQUIN, Data quality, clinical coding error rate, NHSE specialised services quality dashboard, freedom to speak up, data security, information governance, complaints	Rachel Patching	25/03/21	Completed
3	Draft exec summaries.	Jenny Kirkland	02/04/21	Completed
4	Identify 2021/22 quality priorities.	Andy Brogan/ Board	08/04/21	Completed
5	1st Draft text in Word including Q4 figures where available to Andy Brogan	Rachel Patching/ Jenny Kirkland	22/04/21	Completed
6	2nd draft text inc. Q4 figures present to Lisa, Sanjith, Katie and Internal Audit (pending external stakeholder comments)	Rachel Patching/ Jenny Kirkland	28/04/21	Sent to Internal Audit 7/5/21.
7	Draft quality account for consultation to NHSE, IMPACT, Nene Commissioning Group, PohWER, and Healthwatch? Essex and Birmingham?	Rachel Patching	03/05/21	Awaiting draft to be signed off
8	Final version to be sent to Quality and Safety Committee for approval	Andy Brogan	08/06/21	
8	Final Version including feedback from external partners to be sent to Board (outside usual Board meeting) for final approval	Duncan Long	10/06/21	
9	Submission to the Secretary of State for Health, loaded to Department of Health website	Jenny Kirkland	30/06/21	

Paper for Board of Directors

Topic	Data Security and Protection Toolkit 2021 submission
Date of Meeting	Thursday, 27 May 2021
Agenda Item	**12**
Author	Lucy Neville, Data Protection Officer
Responsible Executive	John Clarke, Chief Information Officer
Discussed at Previous Board Meeting	N/A
Patient and Carer Involvement	No patient or Carer involvement has been required in the preparation of the submission
Staff Involvement	Key staff have been involved through the information governance Group
Report Purpose	Review and comment ☐ Information ☐ Decision or Approval ☒
Key Lines Of Enquiry:	**S** ☐ **E** ☐ **C** ☐ **R** ☐ **W** ☒
Strategic Focus Area	Quality ☐ People ☐ Delivering Value ☐ New Partnerships ☐ Buildings and Information ☒ Innovation and Research ☒
Committee meetings where this item has been considered	Charity Executive Committee, Information Governance Group

Report Summary and Key Points to Note

The NHS Data Security and Protection Toolkit is a yearly submission, which is self-assessed, to provide assurance that we are undertaking appropriate actions on data security and information governance.

The externally assured accreditation we receive from maintaining our ISO 27001:2013 certification is a key part of our assurance and is a key best practice recommendation from the NHS.

In line with other healthcare organisations this year has been challenging to achieve the training component due to the impact of Covid-19 on staffing. However, nationally there has been a delay on the submission from March to June 2021 which will allow us to move back up to the 95% yearly training requirement.

The recommendation is that we will provide our submission in June 2021 and state we are “Standards Met”

Information Governance Data Protection and Security Toolkit (DPST)
Annual Submission

Executive Summary

Each year providers of NHS services within England are required to complete an online self-assessment via the Data Security and Protection Toolkit (DSPT) - this year, by the 30th June 2021.

The toolkit allows organisations to measure their performance against the National Data Guardian's 10 data security standards and align with the General Data Protection Regulation (GDPR) and Data Protection Act 2018. All organisations that have access to NHS patient data and systems must use the toolkit to provide assurances that they are practising good data security and that personal data is handled correctly.

St Andrew's Healthcare is required to complete this to provide assurance that data security is of a good standard and patient information and data is handled in line with data security standards.

This assessment criteria has been ratified by Information Governance Group (IGG) during the period November 2020 to May 2021 as part of their standard processes.

There is no longer a scoring methodology for compliance with the toolkit; an organisation is either 'Standards Met' or 'Standards not met'. It is anticipated that the assessment of St Andrew's regarding the DSPT, will be "Standards Met" by the 30th June 2021.

The DSPT requires CEC and the Board to be informed on Information Governances risks and to approve the annual submission.

THE DSPT submission and approach was discussed and approved at the CEC on the 19th of May.

Background

As of 2018, the Information Governance toolkit was refreshed and replaced with the new DSPT. Whilst the standards have been updated its aim was to develop a consistent approach to Data Protection and Data Security leadership, behaviour and processes across health and social care organisations. It was also updated to ensure that organisations are proactively bolstering their defences against the ever increasing cyber security threat.

Completing the DSPT enables organisations to measure their compliance against law and best practice guidance and helps identify areas of partial or non-compliance. It also puts organisations in a position where they have the tools and processes to respond and deal with information governance incidents.

DSPT assessments are to be submitted by 31st March annually but due to the pandemic, and pressures on the health and social care sector, the 2020/21 submission was extended to 30th June 2021.

Summary of Work Undertaken

In the last year a significant amount of work was undertaken to ensure St Andrew's meets the DSPT standards. This year work has included:

- Review of compliance with the NHS Data Opt Out programme- the NHS national data opt-out is a new right for NHS patients to opt out of their confidential patient information being used for anything other than the direct provision of their care
- Information Governance Policy and Procedure review
- Supporting remote working requirements of the Charity to ensure good standards of information governance are maintained
- Information Governance risk exposure analysis- much work has been done on assessing the current risk profile of the healthcare environment in order to make sure our risk register approach is adequate
- We have developed our own written data breach assessment 'position' that we can consistently apply that would support our decisions in the case of challenge
- A review of our training and education requirements has taken place.

Changes to Information Governance Key Roles

Changes of note include:

- Senior Information Risk Owner (SIRO) role moved from the following:
  - from John Clarke (Chief Information Officer)
  - to Sanjith Kamath (Executive Medical Director)

- Caldicott role moved from the following
  - from Lisa Cairns (Chief Nurse)
  - to Andy Brogan (Chief Nurse)

- Information Governance Team
  - Lucy Neville (Data Protection Officer) has recently returned from maternity leave. A Consultant Data Protection Officer, Oliver Westmancott, provided cover for the last year.
  - A new Information Governance Coordinator has been recruited to provide much needed support and capacity to the Data Protection Officer role.

Data Security and Toolkit Position

The DSPT is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian's 10 data security standards. The standards are outlined here:

People Ensure staff are equipped to handle information respectfully and safely	**Process** Ensure the organisation proactively prevents data security breaches and responds appropriately to incidents or near misses.	**Technology** Ensure technology is secure and up to date
1. All staff ensure that personal confidential data is handled, stored and transmitted securely, whether in electronic or paper form.	4. Personal confidential data is only accessible to staff who need it for their current role and access is removed as soon as it is no longer required.	8. No unsupported operating systems, software or internet browsers are used within the IT estate.
2. All staff understand their obligation to handle information responsibly and their personal accountability for deliberate or avoidable breaches	5. Processes are reviewed at least annually to identify and improve processes which have caused breaches or near misses	9. A strategy is in place for protecting IT systems from cyber threats which is based on a proven cyber security framework such as Cyber Essentials.
3. All staff complete appropriate annual data security training and pass a mandatory test	6. Cyber attacks against services are identified and resisted and CareCERT security advice is responded to	10. IT suppliers are held accountable via contracts for protecting the personal confidential data they process

	7. A continuity plan is in place to respond to threats to data security, including significant data breaches or near misses, and it is tested once a year as a minimum, with a report to senior management	

The toolkit submission date is usually by the 30th March annually, however due to the pandemic and the pressures on health and social care organisations, NHS Digital extended the deadline until the 30th June 2021.

One of the standards of the DSPT is ensuring that organisations meet a 95% completion rate of staff undertaking their mandatory Information Governance training. Throughout the year, due to staffing pressures, St Andrew's were running around 10% short of this, at 86%. In the last month, through a gentle communications programme, the completion rate has gone up to 90%. We now have c200 staff to target to complete their training, which the DPO is leading on. We anticipate that by the 30th June, through the additional targeted training, we will have met the 95% requirement.

For 21/22 we are looking to improve our offering with regard to IG and Data Security training. We will be moving to a more tailored approach focusing on the needs and expectation of the different elements of the workforce.

As St Andrew's is certified to the information security management standard ISO27001:2013, we automatically meet some of the more technical IT requirements of the DSPT. ISO27001 accreditation involves an externally verified audit and this saves us considerable time and trouble in this annual assessment and it should be noted that our DPST accreditation is dependent on continued adherence to

ISO27001. The ISO27001 audit for 20/21 (December 2020) was a full recertification audit coving all areas. This was achieved with no major or minor issues noted by the external auditor.

It is worth noting that the Data Protection Officer is currently reviewing the newly published privacy extension to ISO27001 as we would like to gain some third party assurance, in line with all other significant risks, of our systems and processes towards managing data privacy and data protection.

We believe we have taken all reasonable steps to ensure compliance with the DSPT requirement. We would like to acknowledge, that as part of the process to complete this work, we have captured some areas for improvement to ensure we continually assess and audit our data security and protection controls. This work will be overseen by the IGG, which is part of their remit.

Requirement of the Board
As a result of the detailed due diligence undertaken and the re-accredited ISO27001, we are confident that the DSPT requirement will be met before we are required to submit the assessment to NHS Digital.

The Board is asked to approve the submission to NHS Digital of the DSPT, which reflects a "Standards met" position however note that action continues to be taken through the IGG, to review, monitor and ensure continual improvement in Information Governance within the organisation.

Lucy Neville (Data Protection Officer)

Committee Update Report to the Board of Directors

Name of Committee:

Audit and Risk Committee

Date of Meeting:

19 April 2021

Chair of Meeting:

Elena Lokteva

Significant Risks/Issues for Escalation:

Committee remains very conscious that current risk management system can provide the Board with partial assurance only.

At the date of ARC meeting Material Risk Register includes 21 material risks. During the past three months 5 risks were identified as having reduced in their overall rating and 2 increased. The two being:

- achieving positive cultural change, and
- integrated mental & Integrated Patient (physical and mental) healthcare management.

Key issues/matters discussed:

1. External audit plan and strategy

The Committee (ARC) considered the external audit plan and strategy presented by PWC partner Gill Hinks. Having scrutinised these plans, the committee supported the planned scope and timing of the statutory audit of the Charity.

Committee confirmed to PWC that it is not aware of fraud, either actual, suspected or alleged, including those involving management. Committee promised to inform the auditors if anything arises and requested our IA and management to do the same.

2. Annual Report

Committee thanked Alex Owen (AO) for the suggestion how to improve our annual reporting process and make it more economical. It supported proposed decoupling of Annual Report and Financial Statements and asked AO to organise a Page Turning Review of the draft Annual Report and Accounts and invite all Board members to go through the content of the final version ahead of formal approval at the Board on 29 July.

Committee noted that there are no amendments to our accounting policies in FY20/21. Therefore, decision on adoption of the new policies was not needed.

3. Risk

ARC reviewed the risk management and risk register including scrutinising the current program of work to transition to DATIX as our primary risk management and reporting system. This work is due to conclude by the end of June 2021.

There was recognition about the positive impact of the work to date and desire to establish wider organisation's commitment to a culture of active risk management, led from the Board and the wider leadership of the Charity.

The ARC received the review of the Material Risk Register, of the 21 material risks, 5 were identified as having reduced in their overall rating and 2 increased. The two being:

- achieving positive cultural change, and
- integrated mental & Integrated Patient (physical and mental) healthcare management.

With the aim to gain an assurance that current frequency of material risks reviews is adequate and sufficient, ARC asked management to provide a justification for quarterly reviews of the material risks with the score above 25 for July meeting.

4. Internal audit

The committee reviewed the current internal audit work program and requested that the practice of changing actions due dates from their original timescale cease, in favour of maintain the original timescales with an explanatory narrative where there is a slip.

Further analysis was requested by the ARC regarding the 2020/21 partial assurance received in relation to Standards of Ward Cleanliness. In particular, the adequacy of management response and its timing for recommendations implementation.

2021/22 the internal audit plan was agreed with the requested reintroduction of the audit of the Quality Account and the extension of the inclusive recruitment audit to be broadened to encompass career progression.

The committee raised concerns about

- regular and multiple changes in IA plan during the FY20/21
- the fact that there is no full-time leadership role in the Internal Audit function
- the task of performing 20/21 internal audits across the charity was placed on a single full-time resource.

Options regarding the potential to outsource the internal audit function within the Charity were received and considered. The recommendation to maintain an internal audit function within the Charity with more aligned operating model across other aligned functions of the Charity was not supported due to insufficient information being available and as such the ARC will consider this further at its meeting in July.

5. Counter fraud

   ARC received and considered the report relating to potentially fraudulent activity in the previous period along with a work plan for 2021/22. The committee:

   - Approved Counter Fraud Work Plan 2021-22 as a very high-level plan
   - With the aim to gain an assurance that areas selected for proactive coverage are appropriate, committee asked LCFS to conduct an evaluation of our current fraud risk profile and present at the next ARC meeting key fraud and bribery risks which warrant counter fraud coverage in FY21/22

6. Emergency Preparedness Response & Resilience

   Having received the biannual update from the Chief Operating Officer, the committee noted the role Paul Parsons had played historically in supporting our EPRR functions and noted that in his absence the EPPR program would report directly to ARC rather than have a nominated NED aligned. In addition, the committee supported the COO in identifying any subject matter expertise that would result as a consequence of Paul's absence.

7. Quality Account

   ARC noted the required revised timescales relating to the production of the Quality Account as agreed by the Quality & Safety Committee ahead of its presentation to the Board in May 2021.

Decisions made by the Committee:

- Approved planned scope and timing of the statutory audit of the Charity
- Agreed the proposal to simplify and align annual and financial reporting timelines
- Internal audit plan for 2021/22 was agreed, subject to reintroduction of the audit of the Quality Account and the extension of the inclusive recruitment audit to be broadened to encompass career progression
- Approved Counter Fraud Work Plan 2021-22 as a very high-level plan

Implications for the Charity Risk Register or Board Assurance Framework:

For July ARC requested a justification for the current frequency of reviews for material risks with a score greater than 25.

Issues/Items for referral to other Committees:

- None

Issues Escalated to the Board of Directors for Decision:

- None

Paper for Board of Directors	
Topic	People Committee update
Date of meeting	Thursday, 27 May 2021
Agenda item	**13**
Author	Lara Conway, Head of Reward
Responsible Executive	Martin Kersey, Executive HR Director
Discussed at previous Board meeting	March 2021
Patient and carer involvement	Carer representatives in attendance. BENS and Carers group update provided at the Committee as part of reporting groups.
Staff involvement	Employee Forum representative in attendance.
Report purpose	Review and comment ☐ Information ☒ Decision or Approval ☒
Key Lines Of Enquiry:	**S** ☐ **E** ☐ **C** ☐ **R** ☐ **W** ☒
Strategic Focus Area	Quality ☐ People ☒ Delivering Value ☐ New Partnerships ☐ Buildings and Information ☐ Innovation and Research ☐
Committee meetings where this item has been considered	Charity Executive Committee

Report summary and key points to note

This report provides the Board of Directors with an update from the People Committee in May, which focused on employee engagement. This covered an in depth update on Health and Safety, an overview of the People Strategy including 21/22 priorities, agreement on proceeding with the Armed Forces Charter and an update on the Your Voice listening groups and action plans. The People KPIs were also reviewed and are discussed at each Committee meeting.

Appendices: Employee Promise People Committee Paper

Committee Update Report to the Board of Directors

Name of Committee:

People Committee

Date of Meeting:

13 May 2021

Chair of Meeting:

Paul Burstow

Significant Risks/Issues for Escalation:

- The number of RIDDORs identified through the deep dive was highlighted as a concern. There are a number of steps being taken including updates to the relevant policies, improvements to the Serious Incident triage process, introducing a wider suite of Health and Safety (H&S) KPIs, a task and finish group who meet every 2 weeks and ensuring a learning culture in regards to incidents.
- The Nurse Fill rate KPI for the Charity (87% in March) is currently below the tolerance level of 90%. This is mitigated as there are currently 51 Nurses in the pipeline undergoing pre-employment checks or graduating from ASPIRE.
- Mandatory training levels are above target (90%) at 91% in March, however ILS remains a concern with 75% compliance and Safeguarding level 3 at 73%. An action plan is being implemented to increase compliance.

Key issues/matters discussed:

The May Committee focused on employee engagement covering:

- H&S update including the H&S strategy, RIDDOR deep dive and Hawkins update. It was noted that the charity was awaiting the HSEs letter following its visit in April and that whilst the audit by the British Safety Council had found good progress had been made there was still a significant programme of work to be completed
- People Strategy and 21/22 prioritise including a focus on staffing and staff retention, workforce planning, compassionate leadership and the post covid recovery and restoration programme
- Armed forces charter and veterans service update
- Employee Promise
- Your Voice action plans/listening groups update
- People KPIs including turnover, absence, nurse fill rate, agency spend and mandatory training
- Updates were also provided from the following reporting groups:

  - BENNs Group
  - Carers Group
  - Employee Forum
  - Learning & Development Group
  - Inclusion Steering Committee

Decisions made by the Committee:

- The People Strategy will proceed to the Board of Directors in July.

- The Armed Forces Charter was agreed in principle subject to a draft covenant being approved by the Board. The Committee also supported joining the Veterans Covenant Healthcare Alliance.
- The Employee Promise and communications plan was approved by the Committee.
- It was agreed that a ward level KPI balanced scorecard would be reviewed at a future Committee including triangulating various data sets, including those related to staff safety.

Implications for the Charity Risk Register or Board Assurance Framework:

- Mandatory training levels for ILS are at 75% and safeguarding level 3 at 73%.
- A high number of RIDDORs was reported through the deep dive exercise.

Issues/Items for referral to other Committees:

- None

Issues Escalated to the Board of Directors for Decision:

- The Board of Directors is asked to approve the Employee Promise at appendix 1.

Appendix 1: Employee Promise People Committee Paper

Paper for People Committee	
Topic	Employee Promise
Date of meeting	Thursday, 13 May 2021
Agenda item	**0**
Author	Lara Conway
Responsible Executive	Martin Kersey
Discussed at previous Board meeting	N/A
Patient and carer involvement	Carers Group and BENNS have been involved in the content and design of the Patient Promise and Carers Commitment.
Staff involvement	Employee Forum involvement Patient, Staff, Carer Engagement Group input - September 2020
Report purpose	Review and comment ☐ Information ☐ Decision or Approval ☒
Key Lines Of Enquiry:	**S ☐ E ☐ C ☐ R ☐ W ☒**
Strategic Focus Area	Quality ☐ People ☒ Delivering Value ☐ New Partnerships ☐ Buildings and Information ☐ Innovation and Research ☐
Committee meetings where this item has been considered	Charity Executive Committee - February 2021 Board of Directors - March 2021

Report summary and key points to note:

- An Employee Promise has been developed with significant input from employees
- The promise highlights the Charity commitments and also clearly document expectations
- It has been developed in conjunction with a Patient Promise and Carers Commitment. It is proposed that these are launched together in June and incorporated into induction, recruitment and relevant documentation/ meetings with localised divisional roll outs

The People Committee is asked to approve the Employee Promise and proposed communications plan

Appendices: Employee Promise

Employee Promise

1. Background

The Employee Promise (appendix 1) has been developed in conjunction with the Patient Promise and Carers Commitment to highlight the commitments of the Charity to all of the St Andrew's family and also to clearly document expectations. They have all been designed in the same format ensuring they are easy to read, visual and consistent.

The development of the promise has involved significant consultation with the Employee Forum as well as the Charity Executive Committee, Patient, Carer and Employee Engagement Group (the forum prior to the People Committee) and the HR team. The feedback provided by the Employee Forum has been incorporated into the most recent design with a number of icons and wording changed as a result. Feedback has also been received on the name of the promise and for this to remain the 'Employee Promise'.

2. Roll out approach

It is recommended that the promises are jointly rolled out from June 2021 (following Board approval in May) and utilised in key forums such as:

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

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

3. Communications Plan

The following communications plan is proposed:

Date	Activity
February	CEC briefing and approval
March	Board of Directors briefing
May	People Committee approval - Employee Promise Board of Directors approval
From June	Divisional roll out to align with existing programmes
From June	Charity-wide launch including News Story, locked screens and email to all staff. Link to induction, recruitment and new starter packs
From June	Briefing update at BENNS, Carers Group and the Employee Forum

The People Committee is asked to approve the Employee Promise and proposed communications plan

Appendix 1: Employee Promise

Committee Update Report to the Board of Directors

Name of Committee: Quality and Safety Committee (QSC)

Date of Meeting: 13 April 2021

Chair of Meeting: Professor David Sallah

Significant Risks/Issues for Escalation:

- **CAMHS**
  The CAMH Service has been experiencing a number of challenges, which are being addressed. For example:
  1. The number of incidents and episodes of self harm are beyond the upper control limit although these appear to be reducing now.
  2. Restraints and rapid tranquillisation which were also high are now returning to within control limits.
  3. High reliance on Enhanced Support and acuity are compounding staffing issues that are associated with increase in incidents.
  4. It is noted that there has not been an increase in Serious Incidents and levels of seclusion have not risen.
  5. A new substantive Consultant Psychiatrist has been appointed and will be starting in July.
  6. The CAMHS divisional team are working closely with recruitment to look at new roles and the progress of the service is being tracked through Quality and Safety Group on behalf of QSC.

Key issues/matters discussed:

- **Neuropsychiatry deep dive**

  The deep dive was presented by the division and noted. Issues relating to recruitment (psychology is a particular problem), and the leadership.

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

  The Quality and Safety Group report was received and noted.

- **Covid 19**

  The committee was presented with the Covid 19 Board Assurance Framework which was noted.

- **Serious Incidents**

  The serious incidents in the last period were reviewed. It was noted that there had been a significant improvement in the number of overdue incidents.

- **Quality Improvement Plan**
  The quality Improvement plan was presented and noted

- **Quality Account**
  The quality account timescales and content were discussed and the quality priorities for 2021/22 were agreed.

Decisions made by the Committee:

- **QSC Terms of Reference**
  The amended and updated QSC Terms of Reference were agreed

Implications for the Charity Risk Register or Board Assurance Framework:

- R224 – Integrated Patient Healthcare Management – the Residual risk score remains 28
- R1011 – Unwarranted Clinical Practice Variation – the Residual risk score remains 31
- R1271 – Covid 19 Infection &Pandemic – the Residual risk score increased to 27
- R264 – Restrictive Patient Interventions – the Residual Risk score remains 23
- R1446 – Violence and Aggression – the Residual Risk remains 28

Issues/Items for referral to other Committees:

- None

Issues Escalated to the Board of Directors for Decision:

- None

Appendices:

- None

Sub Committee Updates

People Committee
Paul Burstow

Quality and Safety Committee
Professor David Sallah

Audit and Risk Committee
Elena Lokteva

Research Committee
Professor Stanton Newman

Pension Trustees
Martin Kersey

Paper for Board of Directors	
Topic	People Committee update
Date of meeting	Thursday, 13 May 2021
Agenda item	**13**
Author	Lara Conway, Head of Reward
Responsible Executive	Martin Kersey, Executive HR Director
Discussed at previous Board meeting	March 2021
Patient and carer involvement	Carer representatives in attendance. BENS and Carers group update provided at the Committee as part of reporting groups.
Staff involvement	Employee Forum representative in attendance.
Report purpose	Review and comment ☐ Information ☒ Decision or Approval ☒
Key Lines Of Enquiry:	**S** ☐ **E** ☐ **C** ☐ **R** ☐ **W** ☒
Strategic Focus Area	Quality ☐ People ☒ Delivering Value ☐ New Partnerships ☐ Buildings and Information ☐ Innovation and Research ☐
Committee meetings where this item has been considered	Charity Executive Committee

Report summary and key points to note

This report provides the Board of Directors with an update from the People Committee in May, which focused on employee engagement. This covered an in depth update on Health and Safety, an overview of the People Strategy including 21/22 priorities, agreement on proceeding with the Armed Forces Charter and an update on the Your Voice listening groups and action plans. The People KPIs were also reviewed and are discussed at each Committee meeting.

Appendices: Employee Promise People Committee Paper

Committee Update Report to the Board of Directors

Name of Committee:

People Committee

Date of Meeting:

13 May 2021

Chair of Meeting:

Paul Burstow

Significant Risks/Issues for Escalation:

- The number of RIDDORs identified through the deep dive was highlighted as a concern. There are a number of steps being taken including updates to the relevant policies, improvements to the Serious Incident triage process, introducing a wider suite of Health and Safety (H&S) KPIs, a task and finish group who meet every 2 weeks and ensuring a learning culture in regards to incidents.
- The Nurse Fill rate KPI for the Charity (87% in March) is currently below the tolerance level of 90%. This is mitigated as there are currently 51 Nurses in the pipeline undergoing pre-employment checks or graduating from ASPIRE.
- Mandatory training levels are above target (90%) at 91% in March, however ILS remains a concern with 75% compliance and Safeguarding level 3 at 73%. An action plan is being implemented to increase compliance.

Key issues/matters discussed:

The May Committee focused on employee engagement covering:

- H&S update including the H&S strategy, RIDDOR deep dive and Hawkins update. It was noted that the charity was awaiting the HSEs letter following its visit in April and that whilst the audit by the British Safety Council had found good progress had been made there was still a significant programme of work to be completed
- People Strategy and 21/22 prioritise including a focus on staffing and staff retention, workforce planning, compassionate leadership and the post covid recovery and restoration programme
- Armed forces charter and veterans service update
- Employee Promise
- Your Voice action plans/listening groups update
- People KPIs including turnover, absence, nurse fill rate, agency spend and mandatory training
- Updates were also provided from the following reporting groups:

  - BENNs Group
  - Carers Group
  - Employee Forum
  - Learning & Development Group
  - Inclusion Steering Committee

Decisions made by the Committee:

- The People Strategy will proceed to the Board of Directors in July.

- The Armed Forces Charter was agreed in principle subject to a draft covenant being approved by the Board. The Committee also supported joining the Veterans Covenant Healthcare Alliance.
- The Employee Promise and communications plan was approved by the Committee.
- It was agreed that a ward level KPI balanced scorecard would be reviewed at a future Committee including triangulating various data sets, including those related to staff safety.

Implications for the Charity Risk Register or Board Assurance Framework:

- Mandatory training levels for ILS are at 75% and safeguarding level 3 at 73%.
- A high number of RIDDORs was reported through the deep dive exercise.

Issues/Items for referral to other Committees:

- None

Issues Escalated to the Board of Directors for Decision:

- The Board of Directors is asked to approve the Employee Promise at appendix 1.

Appendix 1: Employee Promise People Committee Paper

Paper for People Committee	
Topic	Employee Promise
Date of meeting	Thursday, 13 May 2021
Agenda item	**0**
Author	Lara Conway
Responsible Executive	Martin Kersey
Discussed at previous Board meeting	N/A
Patient and carer involvement	Carers Group and BENNS have been involved in the content and design of the Patient Promise and Carers Commitment.
Staff involvement	Employee Forum involvement Patient, Staff, Carer Engagement Group input - September 2020
Report purpose	Review and comment ☐ Information ☐ Decision or Approval ☒
Key Lines Of Enquiry:	**S ☐ E ☐ C ☐ R ☐ W ☒**
Strategic Focus Area	Quality ☐ People ☒ Delivering Value ☐ New Partnerships ☐ Buildings and Information ☐ Innovation and Research ☐
Committee meetings where this item has been considered	Charity Executive Committee - February 2021 Board of Directors - March 2021

Report summary and key points to note:

- An Employee Promise has been developed with significant input from employees
- The promise highlights the Charity commitments and also clearly document expectations
- It has been developed in conjunction with a Patient Promise and Carers Commitment. It is proposed that these are launched together in June and incorporated into induction, recruitment and relevant documentation/ meetings with localised divisional roll outs

The People Committee is asked to approve the Employee Promise and proposed communications plan

Appendices: Employee Promise

Employee Promise

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From June	Briefing update at BENNS, Carers Group and the Employee Forum

The People Committee is asked to approve the Employee Promise and proposed communications plan

Appendix 1: Employee Promise

Committee Update Report to the Board of Directors

Name of Committee: Quality and Safety Committee (QSC)

Date of Meeting: 13 April 2021

Chair of Meeting: Professor David Sallah

Significant Risks/Issues for Escalation:

- **CAMHS**
  The CAMH Service has been experiencing a number of challenges, which are being addressed. For example:
  1. The number of incidents and episodes of self harm are beyond the upper control limit although these appear to be reducing now.
  2. Restraints and rapid tranquillisation which were also high are now returning to within control limits.
  3. High reliance on Enhanced Support and acuity are compounding staffing issues that are associated with increase in incidents.
  4. It is noted that there has not been an increase in Serious Incidents and levels of seclusion have not risen.
  5. A new substantive Consultant Psychiatrist has been appointed and will be starting in July.
  6. The CAMHS divisional team are working closely with recruitment to look at new roles and the progress of the service is being tracked through Quality and Safety Group on behalf of QSC.

Key issues/matters discussed:

- **Neuropsychiatry deep dive**

  The deep dive was presented by the division and noted. Issues relating to recruitment (psychology is a particular problem), and the leadership.

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

  The Quality and Safety Group report was received and noted.

- **Covid 19**

  The committee was presented with the Covid 19 Board Assurance Framework which was noted.

- **Serious Incidents**

  The serious incidents in the last period were reviewed. It was noted that there had been a significant improvement in the number of overdue incidents.

- **Quality Improvement Plan**
  The quality Improvement plan was presented and noted

- **Quality Account**
  The quality account timescales and content were discussed and the quality priorities for 2021/22 were agreed.

Decisions made by the Committee:

- **QSC Terms of Reference**
  The amended and updated QSC Terms of Reference were agreed

Implications for the Charity Risk Register or Board Assurance Framework:

- R224 – Integrated Patient Healthcare Management – the Residual risk score remains 28
- R1011 – Unwarranted Clinical Practice Variation – the Residual risk score remains 31
- R1271 – Covid 19 Infection &Pandemic – the Residual risk score increased to 27
- R264 – Restrictive Patient Interventions – the Residual Risk score remains 23
- R1446 – Violence and Aggression – the Residual Risk remains 28

Issues/Items for referral to other Committees:

- None

Issues Escalated to the Board of Directors for Decision:

- None

Appendices:

- None

Committee Update Report to the Board of Directors

Name of Committee: Audit and Risk Committee

Date of Meeting:

19 April 2021

Chair of Meeting:

Elena Lokteva

Significant Risks/Issues for Escalation:

Committee remains very conscious that current risk management system can provide the Board with partial assurance only.

At the date of ARC meeting Material Risk Register includes 21 material risks. During the past three months 5 risks were identified as having reduced in their overall rating and 2 increased. The two being:

- achieving positive cultural change, and
- integrated mental & Integrated Patient (physical and mental) healthcare management.

Key issues/matters discussed:

1. External audit plan and strategy

The Committee (ARC) considered the external audit plan and strategy presented by PWC partner Gill Hinks. Having scrutinised these plans, the committee supported the planned scope and timing of the statutory audit of the Charity.

Committee confirmed to PWC that it is not aware of fraud, either actual, suspected or alleged, including those involving management. Committee promised to inform the auditors if anything arises and requested our IA and management to do the same.

2. Annual Report

Committee thanked Alex Owen (AO) for the suggestion how to improve our annual reporting process and make it more economical. It supported proposed decoupling of Annual Report and Financial Statements and asked AO to organise a Page Turning Review of the draft Annual Report and Accounts and invite all Board members to go through the content of the final version ahead of formal approval at the Board on 29 July.

Committee noted that there are no amendments to our accounting policies in FY20/21. Therefore, decision on adoption of the new policies was not needed.

3. Risk

ARC reviewed the risk management and risk register including scrutinising the current program of work to transition to DATIX as our primary risk management and reporting system. This work is due to conclude by the end of June 2021.

There was recognition about the positive impact of the work to date and desire to establish wider organisation's commitment to a culture of active risk management, led from the Board and the wider leadership of the Charity.

The ARC received the review of the Material Risk Register, of the 21 material risks, 5 were identified as having reduced in their overall rating and 2 increased. The two being:

- achieving positive cultural change, and
- integrated mental & Integrated Patient (physical and mental) healthcare management.

With the aim to gain an assurance that current frequency of material risks reviews is adequate and sufficient, ARC asked management to provide a justification for quarterly reviews of the material risks with the score above 25 for July meeting.

4. Internal audit

The committee reviewed the current internal audit work program and requested that the practice of changing actions due dates from their original timescale cease, in favour of maintain the original timescales with an explanatory narrative where there is a slip.

Further analysis was requested by the ARC regarding the 2020/21 partial assurance received in relation to Standards of Ward Cleanliness. In particular, the adequacy of management response and its timing for recommendations implementation.

2021/22 the internal audit plan was agreed with the requested reintroduction of the audit of the Quality Account and the extension of the inclusive recruitment audit to be broadened to encompass career progression.

The committee raised concerns about

- regular and multiple changes in IA plan during the FY20/21
- the fact that there is no full-time leadership role in the Internal Audit function
- the task of performing 20/21 internal audits across the charity was placed on a single full-time resource.

Options regarding the potential to outsource the internal audit function within the Charity were received and considered. The recommendation to maintain an internal audit function within the Charity with more aligned operating model across other aligned functions of the Charity was not supported due to insufficient information being available and as such the ARC will consider this further at its meeting in July.

5. Counter fraud

   ARC received and considered the report relating to potentially fraudulent activity in the previous period along with a work plan for 2021/22. The committee:

   - Approved Counter Fraud Work Plan 2021-22 as a very high-level plan
   - With the aim to gain an assurance that areas selected for proactive coverage are appropriate, committee asked LCFS to conduct an evaluation of our current fraud risk profile and present at the next ARC meeting key fraud and bribery risks which warrant counter fraud coverage in FY21/22

6. Emergency Preparedness Response & Resilience

   Having received the biannual update from the Chief Operating Officer, the committee noted the role Paul Parsons had played historically in supporting our EPRR functions and noted that in his absence the EPPR program would report directly to ARC rather than have a nominated NED aligned. In addition, the committee supported the COO in identifying any subject matter expertise that would result as a consequence of Paul's absence.

7. Quality Account

   ARC noted the required revised timescales relating to the production of the Quality Account as agreed by the Quality & Safety Committee ahead of its presentation to the Board in May 2021.

Decisions made by the Committee:

- Approved planned scope and timing of the statutory audit of the Charity
- Agreed the proposal to simplify and align annual and financial reporting timelines
- Internal audit plan for 2021/22 was agreed, subject to reintroduction of the audit of the Quality Account and the extension of the inclusive recruitment audit to be broadened to encompass career progression
- Approved Counter Fraud Work Plan 2021-22 as a very high-level plan

Implications for the Charity Risk Register or Board Assurance Framework:

For July ARC requested a justification for the current frequency of reviews for material risks with a score greater than 25.

Issues/Items for referral to other Committees:

- None

Issues Escalated to the Board of Directors for Decision:

- None

Committee Update Report to the Board of Directors

Name of Committee:
Research Committee

Date of Meeting:
5 May 2021

Chair of Meeting:
Sir Peter Ellwood

Significant Risks/Issues for Escalation:
- Plan to get new research strategy to the Board in November

Key issues/matters discussed:
- New Mission Statement agreed by the Committee
- Terms of Reference and membership to be reviewed
- Research projects were listed and two presentations were made by researchers
- Sir Peter Ellwood stepped down as Chair of this Committee at the close of the meeting

Decisions made by the Committee:
- New strategy to be decided on by October 2021 for forwarding to the executive and the Board
- The successful Clinical Research associates will be introduced at a later meeting of the Research Committee.
- Agreed to apply Clozapine test to determine appropriate medication for a small group of 18 patients
- Following new strategy further discussions needed around specific future partnerships.
- Professor Stanton Newman has taken on the role of Chair of the Research Committee

Implications for the Charity Risk Register or Board Assurance Framework:
- None

Issues/Items for referral to other Committees:
- Appointment of Professor Stanton Newman to be referred to the Nominations and Remuneration Committee

Issues Escalated to the Board of Directors for Decision:
- None

Committee Update Report to the Board of Directors

Name of Committee:
Meeting of Directors of St Andrew's Pension Trustees Limited

Date of Meeting:
09 March 2021

Chair of Meeting:
Martin Gaskell

Significant Risks/Issues for Escalation:

- None

Key issues/matters discussed:

- Considered rebalancing and de-risking the Scheme's asset allocation.

Decisions made by the Committee:

- Agreed to appoint Blackrock as the Scheme's liability driven investment manager.
- Agreed to sell the AXA and Genesis equity holdings investing the proceeds in the Blackrock fund.

Implications for the Charity Risk Register or Board Assurance Framework:

- No Change for Pension Risk on the Risk Register

Issues/Items for referral to other Committees:

- None

Issues Escalated to the Board of Directors for Decision:

- None

Committee Update Report to the Board of Directors

Name of Committee:
Meeting of Directors of St Andrew's Pension Trustees Limited

Date of Meeting:
30 April 2021

Chair of Meeting:
Martin Gaskell

Significant Risks/Issues for Escalation:

- None

Key issues/matters discussed:

- Appointment of Scheme's Fiduciary Manager
- Long-term funding objective

Decisions made by the Committee:

- Agreed to appoint Blackrock as the Scheme's Fiduciary Manager
- Agreed the long-term funding objective targeting an initial investment return above gilts of 2.1% p.a. and targeting to be fully funded on a gilts basis by May 2029

Implications for the Charity Risk Register or Board Assurance Framework:

- No Change for Pension Risk on the Risk Register

Issues/Items for referral to other Committees:

- None

Issues Escalated to the Board of Directors for Decision:

- None

Service Presentation (including patient voice) DBT Patient Journey

Alastair Clegg, COO
Paul Wallang, Associate Medical Director
Jo Lehmann, Senior External Communications Manager
and Patient

Video presented on the day

Questions from the Public for the Board

(Paul Burstow - Verbal)

Any Other Urgent Business

(Paul Burstow - Verbal)

Date of Next Board Meeting in Public – 29 July 2021 9.00am

(Paul Burstow - Verbal)