

CHARITY NO: 1104951
COMPANY NO: 5176998

BOARD OF DIRECTORS – PART ONE

MEETING IN PUBLIC

Thursday 30th November 2023 at 9.30 am

The Centre for Development and Complex Trauma, Main Building, Northampton, NN1 5DG
& Microsoft Teams

		Purpose	LEAD	Page No.	Timing
1.	Welcome and Apologies	Information	Paul Burstow	3	09.30
Administration					
2.	Declarations of Interest	Information	Paul Burstow	4	09.31
3.	Minutes from the Board of Directors Meeting in Public on 28 th September 2023	Decision	Paul Burstow	✓ 5-13	09.32
4.	Action Log and Matters Arising	Information & Decision	Paul Burstow	✓ 14-16	09.35
17Chair's Update					
5.	Chair Update	Information	Paul Burstow	17	09.40
Executive Update					
6.	CEO Report, incorporating: o Diversity & Inclusion Annual Report	Information & Decision	Dr Vivienne McVey	✓ 18-45	09.45
Committee Assurance Reports					
7.	Committee Updates • Audit & Risk Committee (16/10) • Quality & Safety Committee (24/10), incorporating: o QIP update o Safer Staffing Report o Mechanical Restraint Report	Assurance Assurance	Rupert Perry Steve Shrubb	✓ ✓	46-51 10.00
Operations					
8.	Integrated Quality & Performance Report, incorporating: • Quality Scorecard • People Scorecard • Finance Overview	Assurance	Anna Williams, Dawn Chamberlain, Kevin Mulhearn & Dr Ash Roychowdhury	✓	52-70 10.15
Governance					
9.	Matters Reserved for Board approval	Decision	Duncan Long	✓	71-78 10.35
10.	Board of Directors Terms of Reference	Decision	Duncan Long	✓	79-91 10.40

11.	Court, Board of Directors and Committee Calendar 2024-2025	Decision	Duncan Long	✓	92-95	10.45
Break 10.50 am to 11.00 am						
Service and Patient Story						
12.	LDA – Glendale – video presentation (co-produced with Patients and Carers)	Information	Dawn Chamberlain, Fungai Nhiwatiwa and patient/s	✓	96	11.00
Matters Arising						
13.	East Midlands Alliance – Common Board Paper (including vision, values, purpose and strategic objectives)	Information & Decision	Dr Vivienne McVey	✓	97-109	11.20
Any Other Business						
14.	Questions from the Public	Information	Paul Burstow		110	11.30
15.	Any Other Urgent Business (notified to the Chair prior to the meeting)	Information	Paul Burstow		111	
16.	What would our patients and staff think about our discussions today?	Information	Paul Burstow		112	
17.	Date of Next Meetings: Friday 19 th January 2024	Information	Paul Burstow		113	
Meeting in Public Closes at 11.35 noon						
Working Lunch 11.35 – 12.00 pm						
Annexes - Items for information only			Lead			
Annex A – Hope Headlines, November 2023			Vivienne McVey	✓	114-130	
Annex B – Quality & Safety Update Appendices:			Steve Shrubbs	✓	131-153	
<ul style="list-style-type: none"> ○ QIP update ○ Safer Staffing Report ○ Mechanical Restraint Report ○ QSG update ○ MHLSG update 						
Annex C – East Midlands Alliance, Vision Values and Purpose			Vivienne McVey	✓	154-170	

Welcome & Apologies

(Paul Burstow– Verbal)

Declarations of Interest

(Paul Burstow – Verbal)

**Draft Minutes from the
Board of Directors Meeting
in Public on
28 September 2023
(Paul Burstow)**

CHARITY NO: 1104951
COMPANY NO: 5176998

ST ANDREW'S HEALTHCARE

BOARD OF DIRECTORS MEETING IN PUBLIC

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

Thursday 28th September 2023 at 09.30 am

Present:

Paul Burstow (PB)	Chair, Non-Executive Director
Ruth Bagley (RB)	Non-Executive Director
Stanton Newman (SN)	Non-Executive Director
Steve Shrubbs (SS)	Non-Executive Director (via MS Teams)
Rupert Perry (RP)	Non-Executive Director
Andrew Lee (AL)	Non-Executive Director
Karen Turner (KT)	Non-Executive Director
Vivienne McVey (VMc)	Chief Executive Officer
Sanjith Kamath (SK)	Executive Medical Director
Kevin Mulhearn (KM)	Chief Finance Officer
Dawn Chamberlain (DC)	Chief Operating Officer

In Attendance:

Anna Williams (AW)	Director of Performance
Alex Trigg (AT)	Director of Estates & Facilities
Stacey Carter (StC)	Acting HR Director
Adam Foster (AF)	Business Development Director
Ash Roychowdhury (AR)	Deputy Medical Director
Wendy Taylor (WT)	HR Advisor (via MS Teams)
Oliver Mackaness (OM)	Lead Governor
Ellie Johnston (EJ) Item 11	Lead Social Worker
Elizabeth Moss (EM) Item 11	Principal Social Worker
Duncan Long (DL)	Company Secretary
Melanie Duncan (MD) Minutes	Board Secretary
Shani Bradshaw (Guest)	MSI Group (via MS Teams)

Apologies Received:

Dawn Brodrick (DB)	Non-Executive Director
--------------------	------------------------

Agenda Item No		Owner	Deadline
1.	Welcome and Apologies PB (Chair) welcomed everyone, including Shani Bradshaw (SB) from MSI Group, to the first part of the Board of Directors (Board) meeting, which is a meeting held in public, and noted the attendance of Wendy Taylor, HR Advisor to her first Board. Apologies received from Dawn Brodrick were also noted.		
ADMINISTRATION			
2.	Declarations Of Interest Members of the Board present confirmed that they had no direct or indirect interest in any of the matters to be considered at the meeting that they are required by s.177 of the Companies Act 2006 and the Charity's Articles of Association to disclose. The meeting was declared quorate.		

	SS left the meeting due to technical difficulties with his Teams connection.		
EXECUTIVE UPDATE			
6. CEO Report	<p>VMc presented her report, which was taken as read, and thanks SK for his help with bringing together the main contents whilst she was on leave. VMc introduced Adam Foster, who had recently been appointed as Business Development Director. AF thanked VMc, introduced himself, and reflected on the first 7 weeks of his time with the Charity, including the development of a new service development plan which will help with the building of the Charity's step down community services. VMc added that the first draft of the new combined Clinical and Business Development Strategy would be presented to Board in November for further discussion.</p> <p>VMc outlined the launch events which had been held for the new Charity Strategy, which included briefing packs being issued, and the underlying strategies outlined that will underpin the new Charity Strategy. These were being further developed and first drafts of these underlying strategies would be available by the end of the year, followed by the overarching strategy.</p> <p>The first STEER Group, our communications and employee representation group, comprising of employees who were all Lead the Change leaders had been held which resulted in interesting feedback on the rollout of the strategy, and what the strategy meant for employees, particularly on how it could be fed into personal objectives. VMc noted that this was now an empowered group of employees as a result.</p> <p>A further reflection from VMc noted Clare Murdoch's interview in the media regarding the 20% shortage of mental health nurses across the country with St Andrew's recruitment and retention figures being better than those of its partners. DC added that analysis indicated that registered nursing recruitment and retention continued to be a challenge and that an MDT view would help with staffing numbers and the type of care on the wards. Current HCA numbers were acceptable. SN asked if exit interviews were conducted for HCA leavers, supported with analysis on the underlying themes. SN also asked if HCAs were able to apply for apprenticeships for nursing. StC replied that exit interviews were not routine for HCAs, but this would be considered for the future. StC added that HCA retention rates were rising. SK, in reply to the apprenticeship topic noted that the Aspire programme was currently under review, with apprentice programmes being considered for HCAs. DC added that HCA numbers were comparable with other organisations.</p> <p>VMc updated that the innovation sprint held on recruitment and retention indicated that some HCAs felt that the job was not as expected, and that other jobs were easier to get, such as in warehousing or retail. Registered Nurse leavers were possibly going back to the NHS for better terms and DC further clarified that the innovation sprint had looked at retention for the previous 12 months in particular.</p> <p>RB asked if future costs were being considered following the recent pay review, with regard to holding the pay differentials. This was confirmed, and KM noted that robust market rate benchmarking had been undertaken.</p> <p>VMc thanked StC for the hard work done by HR and the Reward Team during the recent negotiations and resultant administration relating to the pay review.</p> <p>The Board NOTED the update.</p>		

COMMITTEE ASSURANCE REPORTS

7.	<p>People Committee</p> <p>SC presented the report in place of SS, taking it as read and highlighting the key points including workforce and mandatory training.</p> <p>There were no further questions and the Board NOTED the report.</p> <p>Research Committee</p> <p>SN presented the report, commenting on the recent changes within the area, notably Martin Kersey leaving, and now him, and questioned where that left the Committee. The Committee had agreed to continue as is until the proposed new Education, Research and Training Committee is formed. SN highlighted the main areas discussed, including physical healthcare and staff head injuries and that the papers for these were in the Board pack.</p> <p>SK thanked SN for his work as Chair of the committee, updating that a fuller update will be given to the Board in due course with regard to those projects under consideration, as well as the move to ERT.</p> <p>SN initiated a discussion on partnerships and collaboration, noting that these should be a key focus in any future commercial strategy. AF agreed and confirmed that this was contained within the new strategy, and incorporated the group as a whole, looking at Clinical Services and ERT.</p> <p>The Board NOTED the report.</p> <p>Quality & Safety Committee</p> <p>RB introduced the update from the Committee which was taken as read, noting the CAMHS discussion would take place in part 2 of Board, and highlighted key points including safer staffing and the improvements in training.</p> <p>The Board were asked to consider for approval the following documents:</p> <ul style="list-style-type: none"> • Annual Safeguarding Report • Responsible Officer and Re-validation report <p>The Board APPROVED the Responsible Officer and Re-validation report and NOTED the Annual Safeguarding report ahead of it being published on the Charity website. The Board also NOTED the update.</p> <p>Audit and Risk Committee</p> <p>RP gave the Committee a verbal update on the recent Annual Report Page Turning exercise, with KM adding that Grant Thornton, the Auditors would now be conducting their final review.</p> <p>KM thanked all those who attended and contributed to the page turning session and highlighted the planned timelines for the final review and sign off of the Annual Report. He proposed to follow the same approach as followed last year, with ARC to consider and approve the final report and set of statutory accounts at the 16 October meeting, with the accounts then locked and made available for the AGM on 1st December.</p> <p>The Board NOTED and AGREED to the approach to be taken with regard to the Annual Report and Accounts final review and delegated sign off.</p>	<p>DECISION</p>	<p>DECISION</p>
----	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------	------------------------

QUALITY			
8.	<p>CQC Inspection, Report and Actions Update</p> <p>AR presented the update which was taken as read and gave highlights from the report which included the Charity-wide CQI on enhanced support which was currently in progress. AR also updated the Board on the development of a new dashboard which would give a real-time view of the wards, with pilots being put into differing services for monitoring.</p> <p>The KLOE internal investigations were progressing, with the new General Managers and Quality Matrons ensuring a combined effort. This in turn, would enable alignment with the new CQC Single Assessment Framework. In addition, a surveillance dashboard had been produced in order to indicate assurance levels.</p> <p>AR brought the Board's attention to the latest CQC ratings following recent inspections, as well as the latest status of the Charity QIP, with seven open actions, all of which were in date and in progress.</p> <p>Further items of note included the Rapid Data Review requirements, the improvements being seen within policies and procedures brought about by the Policy Oversight Group and PSIRF preparation being undertaken.</p> <p>AL initiated a discussion on the use of electronic systems and data within wards and that ward boards would be a positive move for the Charity and put it on the level of some outstanding providers who are progressing in this area.</p> <p>The Board commented on several aspects of the report, including the QIP actions and the single assessment framework with a wide discussion on how the Charity was closely overseen by regulators and the NHS and how demonstrating improvements in patient care would assist in this area significantly. This would provide an opportunity for the Charity to manage the amount of data requests and information being shared to the wide number of interested stakeholders.</p> <p>The Rapid Data Review was discussed further with the Board being mindful of interpretation of the recommendations, coupled with the commitments and time given freely by the Non-Executive Directors of the Charity. DL added that the recommendations were due to be in place by July 2024 and that work was under way to discuss aspects of the review at the appropriate committees.</p> <p>The recommendation highlighted in AR's report relating to the possibility of NEDs being Hospital Managers was discussed, and it was agreed more information on this was needed and it would return to Board for further scrutiny, in-line with further discussions on the Rapid Review recommendations.</p> <p>The Board NOTED the report.</p>		
9.	<p>Safer Staffing Report</p> <p>DC presented the report which was taken as read and updated the Board on the ongoing work regarding staffing. DC reported good fill rates, and that the dashboards were being further developed to include patient care plans which in turn would aid with staffing levels on a shift by shift basis. In addition, nursing workforce standards were also being established.</p> <p>The Board then discussed how the data within the staffing dashboards was presented, including how variances were calculated and presented.</p> <p>KT questioned how the level of meaningful activity for patients was being received by staff. DC responded that 25 hours per week was the aspiration, with regular review, and that compliance was required by the end of</p>		

	<p>November. Recording of nursing activity required more effort, whilst other disciplines are recording well, such as OT and TIs. DC confirmed that there were divisional differences, relating to the type of care required, however, there was monitoring in place and better understanding being gained on what was required.</p> <p>SK added that a holistic view would be able to assess quality, with the differing views resulting from the data gathered. Assessment of the more effective therapies on outcomes would help greatly. The Board were informed that this information was also shared with Commissioners. SN agreed with SK that the amount of data available would be beneficial in analysing activity and outcomes. PB noted the value in conducting this type of work, which would also have an impact on activity undertaken on establishment figures.</p> <p>RB asked if overtime would present a risk to staff wellbeing or patient safety and is the Charity overly reliant on it. DC replied that it was a complex view and a balance with agency and bank, with AW adding that Allocate had controls built in with regard to overtime to monitor staff welfare and maintain compliance with the Working Time Regulations</p> <p>The Board NOTED the report</p>		
OPERATIONS			
10.	<p>Integrated Quality & Performance Report</p> <p>AW presented the overall report, which was taken as read, highlighting the tangible improvements being seen and several positive trajectories.</p> <p>AW summarised by what had gone well and areas of current focus, including consistent positive trends within My Voice, discharges, patient leave, mandatory training and the impact of electronic solutions in areas such as enhanced support. Focus areas include delays on discharges, with 26 patients ready for their next step, but where there is not a suitable move available, along with meaningful activity and clinical and management supervision.</p> <p><u>Quality</u> The Quality section of the report was taken as read.</p> <p><u>People</u> The People section of the report was taken as read.</p> <p><u>Finance</u> KM presented the Finance Overview, highlighting the Charity was £180k better than what was expected, however the non-operating position was c£1m better than budget the operating position was c£0.8m adrift of where it was expected to be.</p> <p>KM highlighted the work being done by the Executive Team to address any slow-down in improvements and also noted the strong cash position at the end of August, which would be utilised for the back-dated pay award in September.</p> <p><u>IT</u> The IT section of the report was taken as read.</p> <p>SN commented on the level of discharges to lower security levels, adding that the Charity should be proud of these. He added that the success of Outpatients was not seen within the data and should be observed. KT agreed with SN, noting that direct comparisons could not be drawn with NHS Trusts as they mainly dealt with low secure patients. However, the figures were indicative of the success that the Charity had had with treating complex cases. AF noted that Commissioners did observe this data, with VMc adding that complex mental health need was not directly correlated to levels of</p>		

	<p>security and there are other factors to consider. Tracking patients post discharge was discussed; however, it was deemed difficult as there was no suitable tracking currently in place.</p> <p>RB asked if there was any evidence of the positive effect of merging LSSR and CAMHS. DC agreed to discuss this with the Triumvirate and look at how this could be evidenced and would report back to Board. RB also asked KM if the reduction of non-operating costs would be permanent. KM replied that it was expected to be sustainable.</p> <p>PB concluded and commented on the greatly improved levels of sickness and absence rates.</p> <p>VMc took the opportunity to further introduce Wendy Taylor, HR Advisor, who gave background as to the work that she would be assisting with within the Charity.</p> <p>The Board NOTED the reports.</p>	DC	30.11.23
--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----	----------

SERVICE & PATIENT STORY

11.	<p>Social Work Update – a Patient’s perspective</p> <p>DC introduced EJ and EM, from the Social Worker Team, along with patients Saffron and Clio who gave an informative presentation on the value of the Social Work Team and the positive effects it had on patients, their families and their carers. EJ and EM outlined the structure of the team within the Charity, the values that underpinned the roles and the types of interventions social workers carry out.</p> <p>Saffron highlighted a selection of patient feedback on social work as well as what their ward would be like without social work being involved.</p> <p>Clio provided personal feedback from a carer’s perspective, reading out a statement from their mother.</p> <p>PB thanked all who had presented, particularly the patients for their presentation and input.</p> <p>AL noted how varied the responsibilities of the Social Worker were, and asked how they were able to delineate their work. EJ replied that the role was highly reactive and that the function as a whole thrived on that approach. EM added that social work was the glue that kept that hospital together, and explained that all social workers were allocated to wards.</p> <p>SN congratulated the team on their Carers Champion Award, and asked if the team met as a therapeutic group. EM replied that DBT was psychology led and that approach determined who supported the therapies.</p> <p>PB noted the focus on respect and human rights, and asked how social workers championed the removal of blanket restrictions. EJ replied that social workers were trained to ask ‘Why?’, as it gave an alternative perspective. EM added that there was always a balance of risk versus rights.</p> <p>RB asked about safeguarding and where the responsibilities differed with the home social workers, and if there was a handover to the commissioning authority. EH replied that the St Andrew’s social workers were there to remind the home social workers of responsibilities with EM adding that communication was involved at every step of treatment.</p> <p>KT asked both Clio and Saffron if their home social workers had been in touch at all. Clio replied that contact was sporadic. KT then asked about discharge planning. EM replied that it began at admission, with the key challenges being appropriate placements and community resources. KT noted the importance of considering ongoing support as part of the new strategy. EM agreed, commenting that the challenges were evident.</p> <p>OM asked what the social workers’ top 3 frustrations were. EM replied that there were not enough social workers in post with EJ adding a lack of recent</p>		
-----	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--

	<p>senior leadership, which was being addressed with the recruitment of an Interim Director of Social Work.</p> <p>AL asked who was legally responsible within a community setting. EJ replied that it was the community mental health team within the area of original detention who held legal responsibility.</p> <p>VMc asked both Clio and Saffron how their strengths had been developed through working with their social workers. Saffron replied that prior to coming to St Andrew's, she had no financial or personal ID experience, social skills or yes/no boundaries which were all now being addressed. Clio replied that gender inclusion along with respect and inclusion were now a strength.</p> <p>PB thanked everyone for the presentation.</p>		
ANY OTHER BUSINESS			
12.	<p>Questions from the Public for the Board</p> <p>No questions were received for the Board.</p>		
13.	<p>Any Other Urgent Business (notified to the Chair prior to the meeting)</p> <p>No items were received for the Board.</p>		
14.	<p>What would our Patients and Staff think about Our Discussions Today?</p> <p>PB asked the Board to reflect on the discussions within the meeting.</p> <p>VMc noted more time had been spent on performance with a productive discussion. AW added the use of data, indicating good feedback with continued finessing.</p> <p>OM commented on the care regarding patient discharge and the surplus within the financials.</p> <p>AF commented on patient involvement and working with those on the front line.</p> <p>AR noted the evolution of reporting.</p> <p>PB commented on the data driven outcomes now being observed.</p> <p>RP commented on the huge effort taken over many years to achieve good data and its maintenance.</p> <p>PB thanked the Board for their reflections.</p>		
15.	<p>Date of Next Meeting:</p> <p>Board of Directors, Meeting in Public – Thursday 30th November 2023</p>		

Approved – 30 November 2023

.....
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
24.01.23 06	Mental Health Bill – Therapeutic outcomes SK agreed to report to QSC on therapeutic outcomes and the percentage of compliance, along with suitable metrics. Note: Next QSC 25 April 2023	SK	18.05.23	Open	18.05.23 - The aggregated clinical outcomes and meaningful therapeutic activity dashboards are still being tested in some divisions. An update will be provided when this is complete and fully implemented 28.09.23 – The meaningful activity module in Rio is now active and all divisions are using this and uptake of usage is increasing. The meaningful activity procedure has been agreed and is being implemented including documented timetabling of activities on all wards. This will move into performance management via the IQPR process in November. 30.11.23 -
31.03.23 01	Chair Update - CAMHS DC to provide a paper on Sitwell Ward within CAMHS to Board (via QSC) at a future meeting.	DC	28.09.23 30.11.23	Open	28.09.23 – Deferred to November Board 30.11.23 -
31.03.23 04	People Committee update – Non-Exec Mandatory Training A review of Trustee related mandatory training to be undertaken, in conjunction with the Nomination and Remuneration Committee, that includes the consideration for a passport approach for using comparable training completed within the NHS.	RB, DL & SC	21.07.23 28.09.23	Open	28.09.23 – To be done in conjunction with work being completed on the Board skills matrix (via NomRemCo), this is to be concluded by November. Whilst a passport style approach will be considered, L&D currently accept

					comparable training at NHS Trusts and update NED records accordingly. Meeting with L&D scheduled for Sept 21 st 30.11.23 - Aligned with actions from NomRemCo and to be concluded in the New Year. In the meantime any comparable Trustee training completed within the NHS is acknowledged within their training records.
31.03.23 09	Oliver McGowan Training – Use of psychotic medications Medicines Management Group to undertake a review of the use of psychotic medications and report to QSC ahead of Board.	SK	21.07.23 28.09.23	Open	21.07.23 – Remains open with update due at September Board 28.09.23 -A review of antipsychotic medication in the LDA division has been undertaken and the findings reviewed and presented to the Quality and Safety Group. 30.11.23 -
21.07.23 02	CEO Update – Research partnerships Future ERT updates to include updates on research partnerships, clearly outlining the approach by the Charity to ensure full value is received.	SK	28.09.23	Open	28.09.23 – Propose that action is moved from KM to SK, with action remaining open for update at November Board. 30.11.23 -
28.09.23 01	Rapid Data Review – MHA Managers More information on NEDs possibly becoming MHA (Hospital) Managers is needed and brought back to Board for further scrutiny, in-line with further discussions on the Rapid Review recommendations.	AR & DL	21.01.24	Open	30.11.23 – Due at January Board
28.09.23 02	IQPR – Impact of merging LSSR and CAMHS DC to liaise with Triumvirate leadership to look at how evidence of the positive effect of merging LSSR and CAMHS could be established and reported.	DC	30.11.23	Open	30.11.23 –

Chair Update

(Paul Burstow – Verbal)

Paper for Board of Directors

Topic	CEO Board Update
Date of Meeting	Thursday, 30 November 2023
Agenda Item	6
Author	Dr Vivienne McVey, CEO
Responsible Executive	Dr Vivienne McVey, CEO
Discussed at Previous Board Meeting	Updates have been discussed at the Executive meetings.
Patient and Carer Involvement	A number of these items would have been discussed with patients and carers
Staff Involvement	A number of these items would have been discussed with staff
Report Purpose	<div>Review and comment <input type="checkbox"/></div> <div>Information <input checked="" type="checkbox"/></div> <div>Decision or Approval <input checked="" type="checkbox"/></div> <div>Assurance <input type="checkbox"/></div>
Key Lines Of Enquiry:	S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/>
Strategic Focus Area	<div>Voice <input checked="" type="checkbox"/></div> <div>Community <input checked="" type="checkbox"/></div> <div>Quality <input checked="" type="checkbox"/></div> <div>Service Development <input checked="" type="checkbox"/></div> <div>Workforce <input checked="" type="checkbox"/></div> <div>Learning and Research <input checked="" type="checkbox"/></div> <div>Financial Sustainability <input checked="" type="checkbox"/></div>
Committee meetings where this item has been considered	Executive Meetings

Report Summary and Key Points to Note

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

Appendices – Diversity & Inclusion Annual Report (For Approval)

CEO Report

This is the CEO report to the Board of Directors providing an update on areas of focus for the Executive Committee over the last reporting period and matters that are not dealt with under other agenda items for the Board.

This has been a busy period for the Executive Team as we work to develop and weave together the separate strands of our overarching Charity Strategy which outlines the future for St Andrew's, as well as delivering the Thrive programme which ensures the sustainability of our organization. In addition to this the daily 'business as usual' in the Charity continues as you can see from the rest of this report.

1. People and Culture

STEER

A new engagement forum called STEER (St Andrew's Employee Engagement Representatives) has been established bringing together over 30 representatives covering all areas of the Charity. This includes members of our Diversity and Inclusion Staff Networks who will be part of STEER going forward (rather than having a separate Inclusion Committee).

Diversity and Inclusion

The D&I report for 2022-23 is shown at appendix 1 highlighting the work of the Staff Networks throughout the year and the WRES (Workforce Race Equality Standard) data for the period. Our disclosure rates continue to increase ensuring our data is as accurate as possible. The Board are asked to approve this report.

The WiSH Network (Women in St Andrew's) are currently working with subject matter experts across the Charity to submit an application to gain 'menopause friendly workplace' accreditation. The Network have held a number of successful Menopause in the Workplace sessions open to all staff.

St Andrew's currently has 35% of its total staff recognised as being of peri-menopausal or menopausal age range. Nationally, 25% of menopausal employees report wishing to leave life-long careers or taking a career break whilst dealing with symptoms, whilst 10% do actually make the break completely. These statistics are rising, and indicate the support and understanding required for employees at this point in their lives. Further information on support and upcoming topics to be discussed at the Pause Cafés can be found at: [Menopause Information, Support & Guidance \(sharepoint.com\)](https://sharepoint.com)

Our Menopause Mission Statement:

"We pledge to actively ENGAGE with all regardless of gender, to EDUCATE about the impact of menopause within the workplace and EMPOWER individuals to drive a change in perception to benefit everyone now and in the future"

Note:

Menopause Lead Champions: Loretta Burt, Melanie Duncan

Menopause Awareness Team: Louise Power, Mat Ward, Rebecca Amena, Kirsty Crierie, Trica Hales (Essex), Ellen Parker (Birmingham)

2. Quality including CQC

The quality team are currently focussing on three key areas: CQC Inspections and Preparation, Patient Safety Incident Response Framework (PSIRF) Implementation and Prevention of Future Deaths Orders (PFD).

CQC inspections and Preparation

The Chief Quality Officer (CQO) and the Chief Operating Officer (COO) met with Chris George, from the National Mental Health Team section of the CQC. St Andrew's Healthcare is now under their purview, albeit supported by regional owners who have an established relationship with the Registered Managers for our regional sites. We shared our Quality Strategy and THRIVE update and have agreed to meet regularly (next meeting early February 2024). At this meeting, feedback will be given on early learnings from the application of their new Single Assessment Framework. Feedback from the July inspection of the Men's and Women's Service remains outstanding with no definitive expected timeframe.

Our approach to preparing for CQC inspections has 3 main pillars:

1. The planned KLOE (Key Lines of Enquiry) inspections and closure of actions through the QIP (Quality Improvement Planning) process
2. Building up of a directory with pre-approved information sources (evidence of assurance against the 'we' and 'I' quality statements) to enable more proactive use of data
3. A Quality Matron (QM) led KLOE process - Supporting services to self-check evidence of meeting CQC standards through providing guides and prompts for each domain including staff knowledge checks (what staff may be asked or what staff may be asked to demonstrate). Piloting an approach in Birmingham in which they review a domain per week, prior to a planned KLOE re-inspection in December. We will learn from the pilot and adapt as a routine approach to all services.

Patient Safety Incident Response Framework (PSIRF) implementation

PSIRF is based on the premise that we need to learn from all types of incidents through a variety of learning methods and not focus only on SIs (Significant Incidents). The key actions are on the Charity QIP. We have a draft policy and action plan, training engagement and investigation leads is progressing and we are organising an engagement and collaboration events with commissioners. We are in a transition phase where we can, on a case by case basis, use a PSIRF learning response or a current SI learning response. The original target of October 23 has now shifted into an accepted position that providers will transition to PSIRF over the next six to nine months, in collaboration with Commissioners.

3. Estates & Facilities

During November, we continued to make good process in respect of seeking a consultancy partner to support us with establishing whether there is a sustainable use for the Charity's Main Building. A panel, including the Chair, Chief Executive, Governor, Executives and staff representatives, interviewed three consultant teams over two days and, by consensus, we have established a preferred partner with whom we are now clarifying and discussing terms. The selection process has been thorough and thought provoking. Selection of the most appropriate partner is essential as this will mark the commencement of a long-term relationship, whereby the partner will support wider estates master planning. It is anticipated that the initial phase of work in establishing a sustainable use or otherwise, will be complete by summer 2024.

4. Operations

In addition to the work in Birmingham the following have been the key priorities in Operations:

- Creating the Ward Moves master plan - much work being done to progress this and present back to the Executive at the end of November in terms of Northampton site and best use of our clinic estate. This work combines insight from Clinical, Operations and Business Development about our service need and forms part of the Estates masterplan.
- Achieving our staffing numbers: Our current staffing dashboard and twice weekly huddles reduce adjustments above need. Our new dashboard in test mode and this will be more accurate providing staffing requirements direct from the care plans.
- The Establishment review which will be more accurate providing overall staffing levels (not just nursing) is progressing in line with timeframe to present for Executive approval during the last week in November. This work has been informed by benchmarking and best practice.
- Our Interim Director of Social Care (Suzi Mellis) started during November and is carrying out a review of our social workforce with recommendations due in the New Year.
- Our EPRR (Emergency Preparedness Response and Resilience) submission to NHSE concluded with Substantial compliance achieved, which was only achieved by one other partner organization locally.
- Our Ward Manager and HCA (Healthcare Assistant) development programme design groups have been established and will be co-produced with patients. They are due to start in New Year.
- Overall performance at QPRs (Quality and Performance Reviews) continues to improve across key metrics apart from meaningful activity. There has been a new focus on meaningful activity leadership for OT leads in Divisions with deep dive on improvement progress in January planned and wards being restocked for social activities.

5. Communications

Strategy roll out

We are continuing to roll out the new strategy to our staff, to ensure everyone understands our purpose, mission and values. We have also created a handy guide for our Senior Leaders with ideas of the tangible steps people can take to contribute to each ambition.

Language Matters film

Language is an important part of our Voice Strategy. To mark this years' World Mental Health Day in October, we released a new film called "Language Matters" which features people in our care as well as our clinical experts. The [film](#), which was broadcast by ITV News, discusses everyday language and slang terms we may be using which could be stigmatising. We have started to roll this film out across the Charity for all employees to use as an educational tool.

Hope Exhibition on tour in Milton Keynes

Our Hope Exhibition, which features photos of five individuals who have all been admitted under the Mental Health Act at some point due to varying complex mental health needs – also went on tour to mark World Mental Health Day, popping up outside John Lewis in Milton Keynes shopping centre. The Centre: MKs Manager Simon Martin said: "The Hope Exhibition has a powerful meaning, as it's showing us all that even in our darkest moments, there is still hope."

Delapré Abbey Winter Light Trail

We are excited that art work from individuals we support, will be part of the Delapré Winter Light trail this Christmas. Thousands of people visit the event every year, so we are thrilled to be able to show the local community more about how we care for those living with complex mental health needs. The trail runs from Friday 24 November – Sunday 31 December and the team at Delapré will be offering our staff and patients reduced price tickets. [More information on the trail is here.](#)

Awards and celebrations

Over the past few months we have been recognised and celebrated in many ways, both internally and externally. Some of the highlights include:

- Scooping the 'Ward of the Year' award at IMPACTs 3rd Birthday, as well as a collaborative working award for the work we do around Sports Therapy.
- Darran Woods, a person in our Care, picked up the Inspirational Contribution prize at the NR Times Awards for the work he has done on raising awareness of Huntington's Disease (HD).
- For the first time ever we also rolled out the Red Carpet with a special lunch at hotels in Essex and Birmingham for employees celebrating their long service and winners of our quarterly CARE Awards

A feature in iNews

Dr Kevin Beckles, Clinical Psychologist, had a feature published in [iNews about dementia](#) and how, as a society, we must look at the individual behind the condition.

For further news from across the Charity, please find our latest edition of the Hope Headlines attached

Dr Vivienne McVey
Chief Executive Officer



Inclusive HEALTHCARE

DIVERSITY & INCLUSION REPORT

2022-23



Transforming lives together

Contents

Contents / Welcome from the HR Director	2	Disability and Wellbeing	24
Introduction	4	Mental Health Awareness Week 2023	26
Diversity and Inclusion at St Andrew's Healthcare	6	Spiritual Wellbeing Chaplaincy	28
Inclusion Strategy and Steering Committee	8	PRIDE	30
Supporting people in the community	10	WiSH	32
Patient Co-Production	12	International Women's Day	34
Peer Support Workers	14	Research and Innovation	36
Race and Ethnicity	16	Carers	38
Organisational diversity and overall representation	20	Learning and Development	40
Employee lifecycle	22		



"I feel like I am listened to, and like my opinion matters."

– Patient,
Northampton



Welcome from Stacey Carter, HR Director



Welcome to our 2022-23 Diversity and Inclusion report, which I hope you find an enjoyable and informative read.

At St Andrew's Healthcare, we know that diversity is one of our greatest strengths, contributing positively to our success and, most importantly, to the care we provide for our patients. There is significant evidence that when diversity practices and trust co-exist in an organisation, it increases employee engagement, staff feel valued and their wellbeing improves.

I am honoured to be a part of St Andrew's, and fully support the various Diversity and Inclusion initiatives we have in place across our Charity, many of which you can read more about in this report.

Over this period we have focused on increasing our diversity data for both staff and patients, expanded the work of our Staff Networks and relaunched our Equality, Diversity and Human Rights Training. We also continue to see fantastic results from our Peer Support Worker programme, which brings people with lived experience of mental health recovery to support our patients.

We have a clear commitment to being an inclusive employer and we continue to monitor both gender and ethnicity pay gaps. Both have improved compared to 2021/22 and are significantly better than the national average (you can read more about our pay gaps in this report).

I hope this publication highlights the benefits that a diverse mix of staff can bring, and the support and efforts at St Andrew's Healthcare to maintain a positive, inclusive environment.

Stacey Carter

Introduction



Mat Ward, Diversity and Inclusion Manager

Modern healthcare can be a challenging and changeable environment, and over the last year we have focused on the common thread of humanity at the heart of the patient and staff journey at St Andrew’s.

Compassion and coproduction have been key elements when asking the people living and working at St Andrew’s: ‘what does good look like?’, and progressing our D&I agenda has provided lots of support and opportunities for colleagues and patients to have a say in making our Charity as inclusive as possible.

Our Staff Networks have engaged with experts by experience, and allies for these groups, ensuring staff can identify and lead on some valuable initiatives. You can read more on these pages about the pride events at the Summer Fayre, menopause accreditation, working carers’ cafes and anti-racism listening sessions that have been designed and delivered through the Staff Networks.

I’m very grateful for my small part in this Charity, and for being able to help maintain this inclusive focus in the workplace.

Mat

Public Sector Equality duty

Equality is a core value within our organisation, and lies at the heart of how we deliver support and services to colleagues and patients at St Andrew’s. Practical approaches for transforming organisational inequality are required in law by the Public Sector Equality Duty, and important to implement to maintain an inclusive workplace culture where we can all be our authentic selves and contribute regardless of our backgrounds. We are committed to promoting equality and diversity, protecting human rights, actively exploring and understanding the needs of our diverse staff, service

- users, carers and wider community groups, and we ensure we meet the aims of the Public Sector Equality Duty by:
- Eliminating unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Equality Act
 - Advancing equality of opportunity between people who share a protected characteristic and people who do not share it
 - Fostering good relations between people who share a protected characteristic and people who do not share it.

Our Diversity Summary

Ethnicity



20% of our senior leadership are from ethnic minority backgrounds



of our staff are from ethnic minority backgrounds, an increase of 9% since 2021/22 (through increased disclosure)

9% of our Board are from an ethnic minority background*

Female



Female representation across the Charity continues to increase:

66%
of staff are female

45%
of our Board are female

Age



There is balanced distribution across the age bands (see page 20)

Disability



12.5% of Senior Leaders have declared a disability, above the 10% external benchmark

Gender Pay Gap



Sexual Orientation



3% of our staff have declared their sexual orientation as LGBTQ+ aligning with the UK population demographic of 2.7%

*As of September 2023 excluding vacancies at Board level

Diversity and inclusion at St Andrew's



About St Andrew's

St Andrew's Healthcare is a Charity that provides specialist mental healthcare for people with complex mental health needs.

People who work at the Charity, and who are supported by our services, come from diverse backgrounds and have different needs. Some patients need short-term, intensive support following a mental health crisis or breakdown, and some people stay with us for longer periods; for these individuals we can provide not just medical interventions, but therapy and support to help them get their lives back on track. Some patients come to St Andrew's towards the end of their life, and our expert staff care for them in as comfortable an environment as possible. The support we provide our colleagues is integral to our services, as our staff teams can only provide high quality care if we all maintain an inclusive, supportive environment where good care can flourish.

We provide care across a number of services, including Men's and Women's mental health, Child and Adolescent Mental Health Services (CAMHS), Neuropsychiatry, Autistic spectrum disorder and learning disabilities. Our headquarters and largest site is in Northampton, but we also have hospitals in Birmingham and Essex, and two residential homes - Winslow and Broom Cottage in Derbyshire - which provide specialist locally-focused mental healthcare.

Across our three hospitals we provide treatment and care for around 590 inpatients who face challenges of mental illnesses, developmental disorders, brain injuries and neurological conditions. We also offer treatment and support for individuals within community settings and as outpatients, to different groups including former members of the Armed Forces and people within the Criminal Justice System. Over the past 12 months we supported 2,000 community patients via our various outpatient activities. We also work with other services to support individuals as they leave hospital care.

Our people

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

We employ people from 80 different nationalities and have a broad age distribution.

Executive team

Our Executive Team oversee the strategic and day-to-day management of our hospitals. The team meets weekly with members from a diverse mix of backgrounds, including both operational and clinical staff. The different experiences of the Team's members ensures we have broad and inclusive decision-making processes.

The Board

We are proud of our increasing diverse Board representation; 45% of the Board are female, vs the external benchmark of 33%.

9% are from an ethnic minority background, vs a UK average of 1.5%. In 2018, our Ethnic Minority representation at Board was 0%.

Staff and Carer Governors

As a Charity, St Andrew's is supported by around 40 governors, whose role is both to help the Charity achieve its goals and hold its leaders to account. The Board seeks governors' views on important decisions.

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

Inclusion Strategy and Steering Committee

Our strategy

Our Diversity and Inclusion Plan is focussed on achieving Inclusive Healthcare. This means recognising that strategic inequalities exist in modern workplaces, and identifying ways that we can all ensure that we take steps to make St Andrew's a place where discrimination isn't tolerated for any reason, and cannot flourish within our teams.

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



The Inclusion Steering Committee

Our Diversity and Inclusion Plan is steered by our Inclusion Steering Committee (ISC). Chaired by Vivienne McVey, the Charity CEO. The Committee was formed in 2018 and meets every quarter. The ISC is made up of members and representatives from various career levels, roles and teams across the Charity. In 2022/23 the ISC focussed on key areas including Staff Networks, a proposal for a Patient Network, our annual disclosure campaign and more.

In 2023 we set up a new Charity engagement forum called STEER (St Andrew's Employee Engagement Representatives). During 2023/24 members of the ISC will attend this group extending the reach of D&I.

The Inclusion Steering Committee showcases some of the fantastic work within the Charity and now our STEER group, focusing on equality, diversity and inclusion, and it is always a revelation for me to see the passion of the group. At each meeting colleagues highlight, challenge and explore options for overcoming issues that affect our diverse staff group and promote inclusion, a sense of fairness and belonging for all. It can be a very empowering environment, and always reminds me to ask in every area of work around the Charity: "What can we do to make this inclusive to all our colleagues and patients?"

– Vivienne McVey, CEO

Supporting people in the community

As a Charity, we are working hard to be more visible in our community, showcasing what we do to members of the public, and being more transparent about what life is like in our hospitals and community services.



Hope Exhibition

During Mental Health Awareness Week 2023 in May, we commissioned a photographic exhibition – Hope. The exhibition aims to break the stigma of complex mental health and to demonstrate how hope can have a positive effect on a person's life.

The display includes portraits of five people who have all been sectioned at some point due to varying mental health difficulties.

Each individual was captured holding an object that holds significant or sentimental meaning to them because it gave them hope along the way. In a separate shot they were captured with a St Andrew's Healthcare staff member, chosen by the patient for the support they gave along their recovery journey.

St Andrew's Healthcare's CEO Dr Vivienne McVey said: "A large part of what we do as a mental health Charity is to help people find some sense of hope. Sometimes finding hope can be incredibly difficult for the people we care for, but hope is that one thing that insists something better awaits us, if we only keep fighting for it."

"Through this powerful photo exhibition we wanted to show that recovery is possible, if you find hope. We also wanted to show other people who may be experiencing similar mental health struggles, that there is a light at the end of the tunnel."

"We care for some of the most clinically complex patients in the country, many of whom when they are first admitted think their future is bleak and empty. Our staff are compassionate, empathetic and consistent, they make our patients feel valued and cared for, reminding them that they deserve to live meaningful, fulfilled lives."

"We're hugely proud of our Hope Exhibition and I would like to take this opportunity to thank all those who have played a part in bringing the project to life, especially the people in our care who have agreed to raise awareness of complex mental health needs."

LightBulb

LightBulb, our Mental Wellness Programme for Schools, is helping teachers spot the early signs of mental health issues in children and then take early action. Since its launch in 2021, the programme has been delivered at over 50 schools and reached more than 30,000 children.

LightBulb provides a ready-made framework for schools so those that participate can demonstrate and showcase excellence regarding mental health practice to regulatory bodies such as Ofsted. Once signed up, the school receives mental health awareness and support training for all school staff as well as sessions for both parents and students. Each session talks about symptoms, support and signposts resources. Due to St Andrew's Healthcare being a Charity, the programme is not a profit-making initiative and will only cost the school £1 per pupil if commissioned.

Cheryl Smith, Headteacher of the St Andrew's College, said: "At St Andrew's we care for some very poorly young people who have not received the help they needed until it was too late, leading to them needing to come into hospital. It is a worrying situation and the role schools can play is recognising and supporting mental wellbeing is paramount in ensuring young people have access to support when it is most needed."

"As a team, we wanted to find a way to target young people and try and equip them with the skills they need to be resilient and seek help about mental health issues, hopefully reducing the distress they experience and positively impacting the outcomes they experience."

We believe early intervention is essential and can make a huge difference to the wellbeing of those children who are experiencing mental health issues."

"LightBulb is not just about helping children, parents and teachers to recognise the signs early, it's also about creating a culture of positive mental health which is driven by school leaders and embedded in practice."



Patient Co-Production

Our Co-Production Network

The St Andrew's Co-production Network provides a forum for patients and service users, partners-in-care, and colleagues, to have a "voice" and influence co-production practice across the Charity. It has gone from strength to strength this year, with new members widening our collective voice over our Northampton, Birmingham and Essex sites. We have also formed a new Co-production Network Committee, with roles designed as co-roles, with one member of staff and one expert by experience working together.

Our Co-production Pledge:

- I will listen to everyone, as everyone has a unique perspective to share.
- I will encourage patients and service users, their partners-in-care, staff and other individuals to work together to improve mental health care.
- I will actively look for ways to support people to overcome the barriers to participation.

The purpose of the network is to influence best practice and to contribute to and monitor the Charity's implementation of co-production through the Co-production Framework that is currently in the final stages of development.

Our Co-production Framework

The aim of the St Andrew's Co-production Framework is to support a common understanding of co-production and create a culture in which those with lived and living experience are also seen as experts and in which everyone is treated as an equal partner. At St Andrew's we want to ensure everyone is respected and valued and that their input actively contributes to decision making, and that these values become embedded in everyday practice. The framework provides a structure for specific plans with clear standards and measurable criteria to help describe, monitor and provide recognition for what good co-production practice looks like. It is supported by a robust governance structure and named executive sponsorship.

Dr Inga Stewart, Head of Patient Co-production & Inclusion and Co-production Network Chair, added "I am so proud of the work we have achieved together as a network and the high standards that we hold each other to. Working together on the Co-production Framework has been a particular highlight of our year. It was created based on workshops with experts by experience and staff, and underpinned by best practice learning from the evidence-base. This is a whole system approach and we have been ambitious, and rightly so. Full co-production isn't just about talking through things together, but about doing things together using people's skills and expertise. We know that this is where power shifts take place and I feel so privileged to be part of an organisation that is committed to making this journey together."

Dawn Chamberlain, Chief Operating Officer, is the Executive Sponsor for Co-production. She explained "We are authentically embedding co-production values into our culture at St Andrew's, as we genuinely see co-production as a foundation to our Charity purpose, which is Hope. We want co-production to be the norm for all. It's about us being equal and inclusive, fully involving the people in our care, and their partners-in-care, as experts in their own right."



Our Recovery College

All of our patients, staff and carers have access to our REDS Recovery College (Recovery and Everyday Skills) which was launched in June 2018. The Recovery College offers recovery focused educational courses designed to support people through mental health challenges and help everyone better manage their ongoing mental health and wellbeing.

Our Recovery College takes an educational rather than a clinical or rehabilitation approach and aims to help people better understand mental health issues, learn self-management techniques and gain skills to give hope for the future. We focus on strengths and ask that all 'labels' and job titles are left at the door. Instead, learners bring their personal and professional experiences into the training space so that everyone can benefit from the richness of experiences as equals and learn collaboratively.

All of our courses are fully co-produced: co-designed, co-delivered and co-attended in partnerships with patients, people with 'lived experience' of mental health challenges and staff. There are currently over 40 courses available in a variety of delivery options, including short 'bitesize' which can be delivered on wards and longer 'substantive courses, at your own pace distance learning workbooks and 121 sessions. For example, courses include:

- Managing My Wellness – REDS Road to Recovery
- Finding Hope
- My Values, My Recovery, My Life
- The Power of Language and Attitude

Over the past year, 3,766 individual learners have taken part in courses. We have welcomed 129 external learners from within the community including students from local SEN schools and universities, local care homes and members of the public.

"The greatest gift in life is the ability to enact, or at the very least encourage, change for the better. REDS pay a fundamental part in improving understanding of others and how to support them, as well as the most important objective which is how to help themselves and understand more about how to do this"

– Patient

"My experience of the REDS course was positive and enlightening. The information was delivered in a way that enabled me to see my daughter's perspective and through her eyes. It was truly thought provoking as well as offering me some level of comfort that she is not alone and neither am I."

– Family Member

"Having REDS Recovery College is a real asset. The courses have given hope, helped set goals and shown the differences between clinical and personal recovery for both patients and staff."

– Staff

Reach Out: A co-production project

JJ, a patient on Speedwell ward in Birmingham, has recently been part of a co-production project to help Reach Out, the West Midlands Provider Collaborative to design a new brand and logo.

Reach Out - which aims to improve the experience of service users by investing in solutions that allow care closer to home - officially launched on 1 October 2022. The collaborative comprises Birmingham and Solihull Mental Health Foundation Trust, Midlands Partnership NHS Foundation Trust, St Andrew's Healthcare, Coventry and Warwickshire Partnership NHS Trust and Black Country Healthcare NHS Foundation Trust.

Andrew Kane, a Teacher at St Andrew's in Birmingham, was asked to put forward patients to get involved with the project. "I straight away thought of JJ; he is creative, artistic, and he does a lot of work in art. We had a quick chat and it was something he was very keen to get involved in."

The co-production group met virtually several times as part of the branding exercise. JJ explained: "It was a group process, we all discussed our ideas and suggestions. Everyone was respectful and had their own time to discuss what they would like. I suggested a lotus flower - as it looks like hands to represent inclusion."

The group considered everything, from colours to slogans. "Colour was a key thing," explained JJ. "We originally championed the colour blue, but decided collaboratively it was quite a corporate, NHS colour, so we agreed on a darkish purple, with the flower in yellow."

"The slogan and strapline was quite a contentious topic, and the group went back and forth with ideas," explained Andrew. "There were lots of technical words being suggested, but JJ was concerned for patients with low level reading skills, as any slogan should be easily understood. One of the things the group came up with was 'Reaching Out for Quality Care'. It is short, and easy to understand."

Peer Support Workers

We are exceptionally proud of our Peer Support workforce, which brings people with lived experience of mental health recovery to support our patients. In 2019 we started with four Peer Support Workers and now have grown our amazing team to include 22 Peer Support Workers covering 17 wards.

During 2022 - 23 our Peer Support Workers supported the wider Charity with:

- Induction of new staff
- Development and delivery of peer support training
- Peer review of essential skills training
- Research projects
- Co-producing e-learning courses
- Co-producing Recovery College courses
- External collaborations, such as Continuous Quality Improvement (CQI) training, NHS patient safety projects, and peer support with Northamptonshire Healthcare NHS Foundation Trust.
- Reverse mentoring
- PRC

Our Peer Support Workers have been specifically hired and trained in order to use their personal experience of recovery from mental ill health to support our patients' recovery. They have all, at one time, been a service user themselves, and as they have lived through mental ill health they are living proof to our patients that recovery is possible. They offer guidance, support and most importantly, hope.

Peer Support Workers are part of the multi-disciplinary team, and they work on the ward to support the recovery of patients, using their lived experience, which brings a new area of expertise to the team. Our Peer Support team work in a recovery focused, strengths based way, and can help patients to identify their own recovery goals and aspirations.

They are able to spend time talking with the patients, socialising, running group activities and providing emotional support. Peer support is non directive and patient led. This has led to several patients asking if they can be peer workers when they leave. The positive impact of peer support is not only seen in the care we provide our patients, but also with the peer support worker themselves.

Our 22 Peer Support Workers cover provide 391 hours of peer support to individuals in our care, each and every week.



"Peer support, It's not just a job.... it's being able to give hope to patients by seeing what a PSW can do while still managing their own mental health. It is being there when they need to talk, knowing we understand."

– Peer Support Worker

Chloe's story

Chloe is a Peer Support Worker at St Andrew's Healthcare. This is her story.

I have had struggles with my own mental health since the age of 16 when I was doing my GCSEs, since then I have continued to struggle and ended up spending some time in hospital during lockdown. As much as this experience was hard and challenging it lead me to getting the right support and therapy I needed to begin my road to recovery. I am now in a place where I am able to manage my emotions in a more positive way and I want to use my experience to support others.

My job as Peer Support Worker at St Andrew's allows me to use my own experience to help those who need it to see that recovery is possible. I am also studying for my degree in Children and Adolescent Mental Health, so combining this with my own lived experience gives me the knowledge needed to support the young people on my ward. I find my role as a Peer Support Worker so rewarding, and it also helps me in my own recovery. I enjoy helping the individuals and providing them with a safe space where they can talk and offload to someone who understands and can relate to their situation.

Being a Peer Support Worker is more than just supporting patients during a time of crisis; it's about showing them that recovery is possible no matter how long it takes or how far into the journey you are. It is about holding the hope for them when they feel unable to, and letting them know that you understand what they are feeling and that their feelings are valid.



Race and Ethnicity

33%

Over 33% of staff members at St Andrew's come from ethnic minority backgrounds. Across the UK, the average figure is 12%.



Our UNITY Network

UNITY replaces what was formerly our BAME (Black, Asian and Minority Ethnic) Network, and offers peer support and networking opportunities. The network is open to people from different ethnicities, and also allies and people interested in raising awareness of challenges people face around race. This year Unity has undertaken various listening events to inform the Network going forward.

UNITY aims to:

- Raise awareness of challenges people from different ethnicities face
- Support colleagues, and give staff from different backgrounds a voice
- Engage allies empowering them to support colleagues in diverse teams

Ethnicity Pay Gap reporting

We value the importance that difference can bring to the workplace. As part of our commitment to inclusion we have, for several years, reviewed the relationship between ethnicity and pay in our Charity.

Our 2022-2023 Ethnicity Pay Gap results highlight the difference in average hourly pay between our Ethnic Minority colleagues and non-Ethnic Minority colleagues. The calculations are based on individuals who have disclosed their ethnicity, which at the time of reporting was 72% of our workforce.

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

The Charity's Ethnicity Pay Gap ratio in 2023 shows a median ethnicity pay gap of -1% (compared to -5.4% in 2022). Our negative median pay gap means that employees from an ethnic minority background have a slightly higher overall rate when considering total remuneration (i.e. including unsocial hours). This compares to 2.8% nationally.

Gift Chingwena, Healthcare Assistant (Essex) and Co-Chair

"Hi my name is Gift. I am an HCA in Essex and one of our Unity Network's Co-Chairs. For me, inclusion is more than simply a catchphrase; it's a passion. Every person's voice is important, and I believe we can achieve great change where everyone is heard, appreciated, and respected by working together.

Inclusion, in my opinion, is about more than just diversity; it's about creating an atmosphere of mutual respect, teamwork, and development and I am happy to be part of that journey here at St Andrew's. Like the saying "team work makes the dream work" every person matters and is important - just like when rowing a boat, even though everyone is different our collective efforts and collaborations will propel us forward."

Black History Month celebrations

In October 2022 we celebrated Black History Month across our hospitals and community settings, with cultural dress, food, events and music. One of the special events was a virtual conference, hosted by performance artist and poet Richard Grant (AKA Dreadlock Alien).

Black History Month 2022 had an action-packed agenda, with a welcome and introduction from the UNITY (formerly B.A.M.E) Staff Network Executive Sponsor Sanjith Kamath, and CEO Vivienne McVey. We had guest speakers, including the performance poet Richard Grant, AKA the Dreadlock Alien.

The buga dance challenge was a success, with entries taking the first and second prize. There were patient and staff quizzes for the month, with 1 patient and 1 staff member winning the draw on each site.

Activities co-ordinators on each site ran BHM events adapted for each division to fit for their service, including film nights with a Black History Month specific content.

We also had varied menus for the different kitchens, that each published these locally amongst the communities they serve.





BLACK HISTORY MONTH CONFERENCE
UNITED WE STAND
 Friday 14 October, 9.30am - 3.15pm via Teams
 Hosted by **RICHARD GRANT, aka DREADLOCK ALIEN** and our **UNITY Network**
 Guest speakers include:
 Cherron Inko-Tariah, MBE (Author), Vivienne McVey (CEO),
 Rev'd Mbirì Mapimhidze (Assistant Chaplain) + more!
 Please feel free to wear your cultural dress,
 whilst being bare below the elbow in clinical areas



BLACK HISTORY MONTH LIVE EVENT HOST:
RICHARD GRANT (DREADLOCK ALIEN)
 PERFORMANCE POET



Richard Grant, alias Dreadlock Alien, aims to reach a million young people in the next 10 years with the values of respect, tolerance, rule of law and democracy. It is the biggest literacy and social values project he has ever done in his poetry career. He is a host of BBC Radio 4's Slam Poetry, Co-Director of Colour Free Vision Theatre, a founding member of the New October Poets and curator of the Art 4 Social Change collection of ethnic art.

Alongside this, he is Co-Director of the UK Schools' Poetry Slam Championships, an ongoing search for the very best of a new generation of poets from over 35 top poets working in schools throughout the year.



BLACK HISTORY MONTH MENU: BIRMINGHAM

- CARIBBEAN VEG CURRY & RICE WITH FOLDED FLAT BREAD
- JAMAICAN PORK STEAK WITH SWEET POTATO MASH
- SALMON & POLLOCK GUMBO SERVED WITH STEAMED RICE
- WEST AFRICAN VEGETABLE STEW WITH COUS COUS
- FRIED CORNMEAL CRUST FISH FILLET, MANGO SALSA & COLESLAW

Jamaica by C.F, Hawkesley ward

Bin too long Jamaica
 Man I miss ya
 They try and dis ya
 Friends are not far
 Chillin' at the bar
 Red Stripe jar
 Bob boom out mi car

Dumplings n jerk chicken
 Fingers I'm lickin'
 Barman I told ya
 White rum n cola
 Keep it pouring on ice
 Helps mi ackee n rice

Mi having long sip
 Gonna go for a dip
 I'll be back Kingston Town
 No tears of a clown
 No fear or a frown
 Black prince with a crown.

Organisational diversity and overall representation

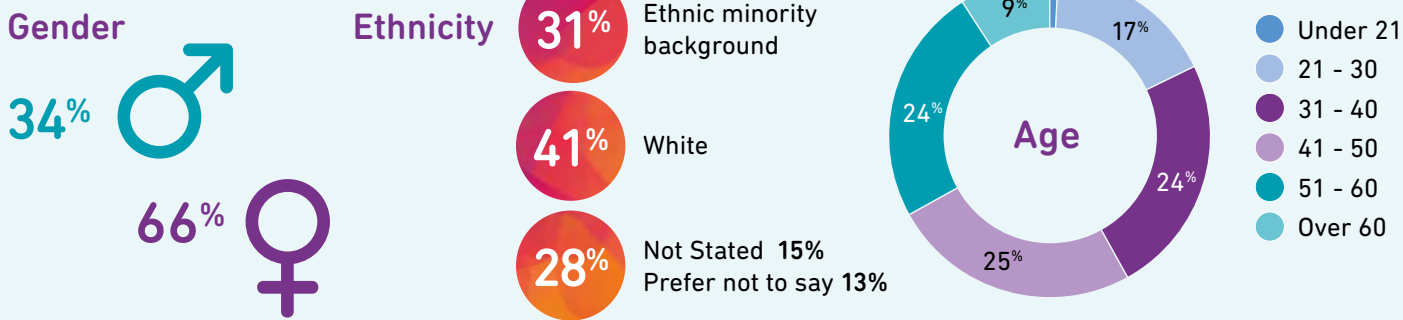
Number of staff within each career level:

E - Senior Leaders - 17 total
D - Leaders - 31 total
C - Manager/Expert - 265 total
B - First line manager/Professional - 830 total
A - Team Leader/Core Contributor - 2,136 total

Patient demographics



Employee demographics

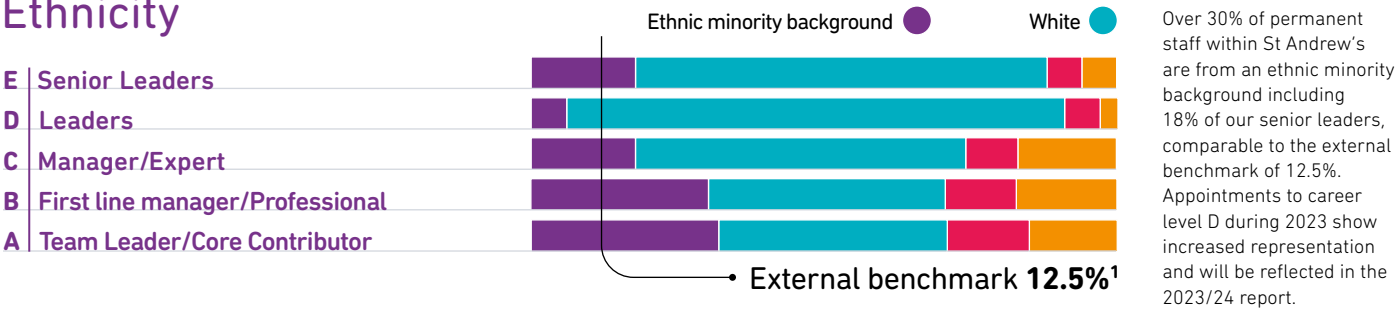


The below does not include people recruited to WorkChoice, our internal staff bank for workers on flexible, zero hours contracts.

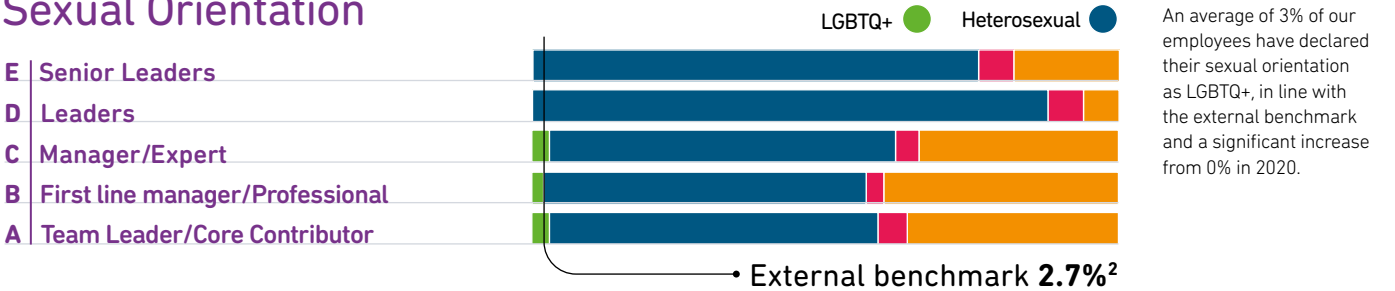
Prefer not to say (Red dot)
Not Stated (Orange dot)

Total number of permanent employees
3,279

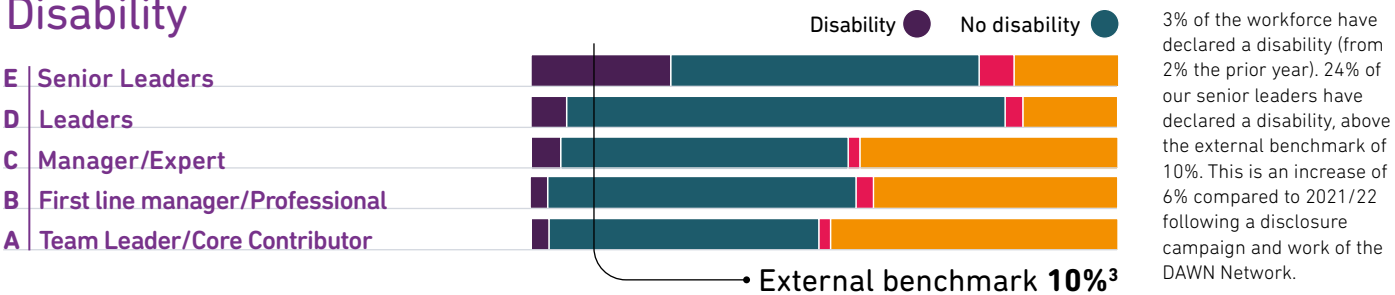
Ethnicity



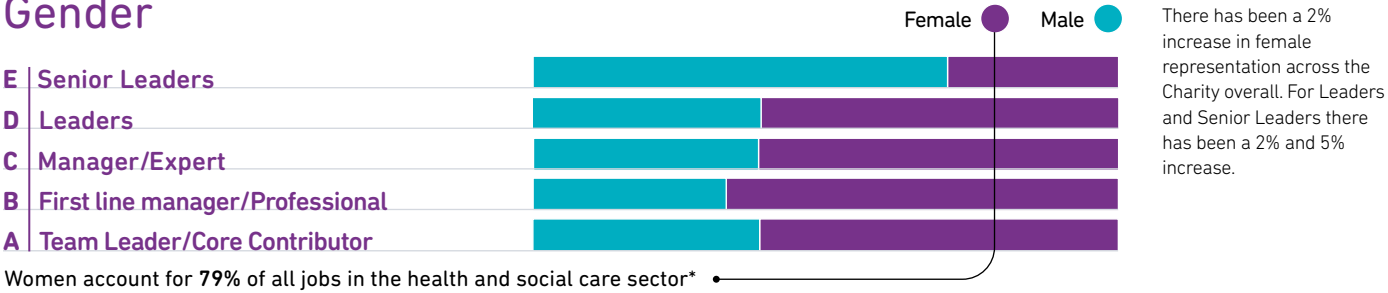
Sexual Orientation



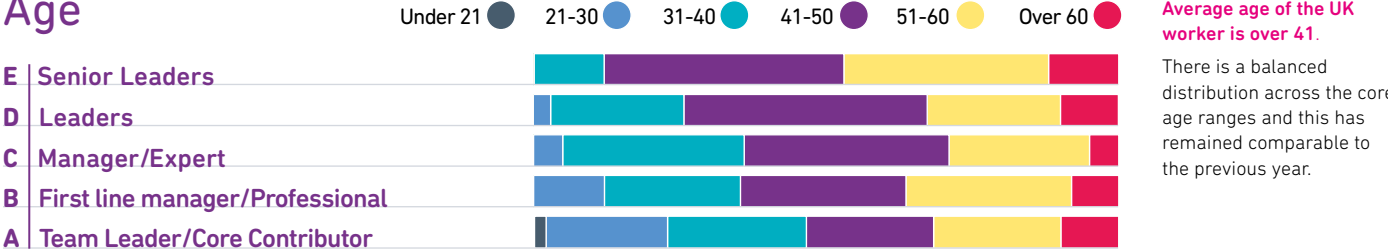
Disability



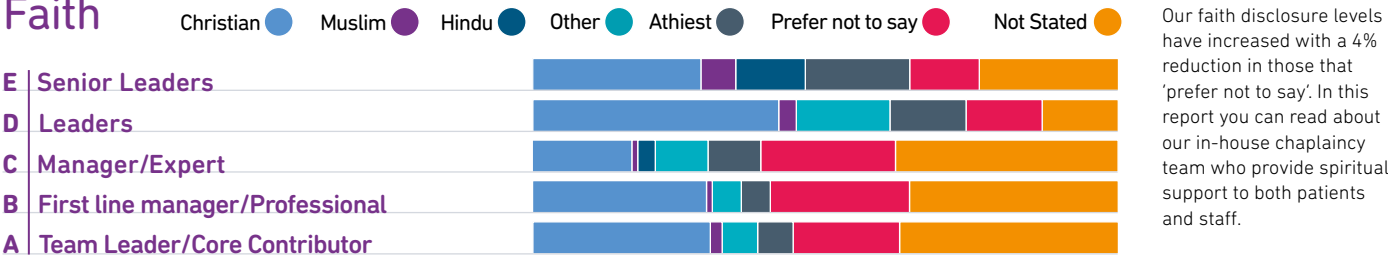
Gender



Age



Faith



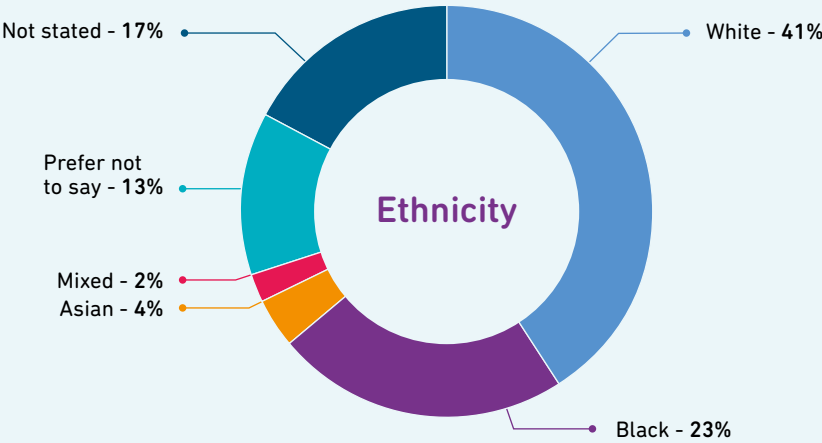
Religion National Benchmarks (British Religion in Numbers)*
Christian - 50.7%, Muslim - 2.5%, Hindu - 0.7%, Jewish - 0.6%, Sikh - 0.3%, Buddhist - 0.6%, Other non-Christian - 1.5%, No religion - 41.5%, Not answered - 1%

* ONS/Gov. Labour Market Stats.

Employee lifecycle

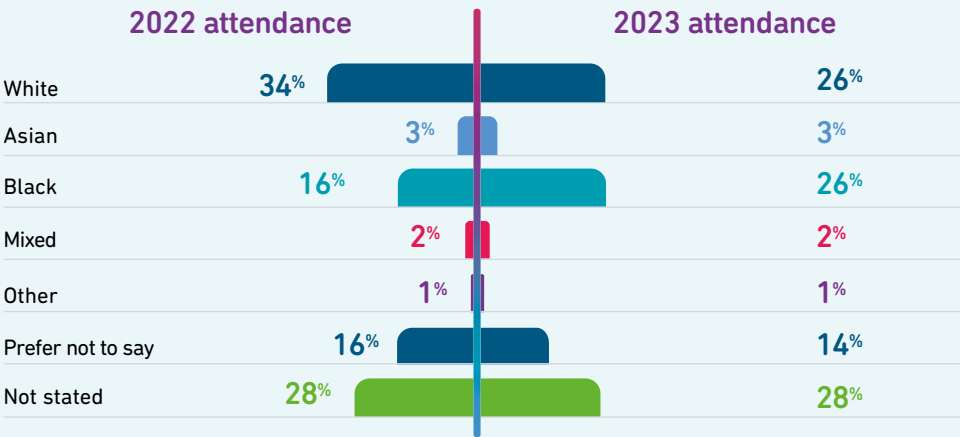
Leavers 2022/23

There has been an increase in overall turnover compared to the prior year. When considering staff from an ethnic minority background this has increased to 29% (compared to 19% in 2021/22). This is partly linked to increased disclosure levels and is lower than the 31% overall demographic.



Internal training

This year over 2,676 individuals attended various training courses. There has been a positive increase in training attendance from black colleagues (16% the previous year).

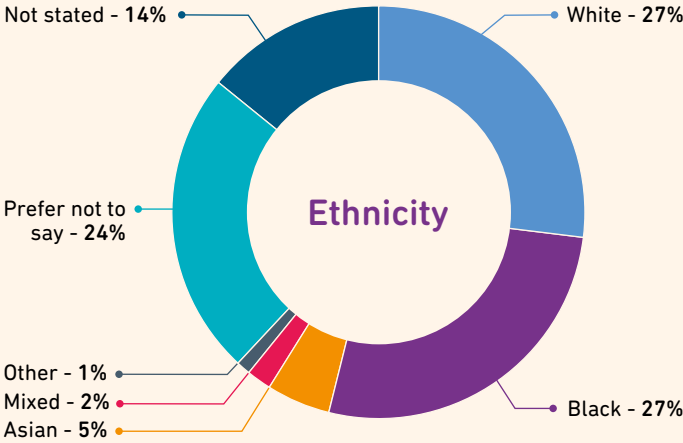


* The ethnicity breakdown is provided as a percentage of total leavers.

Employee relations*

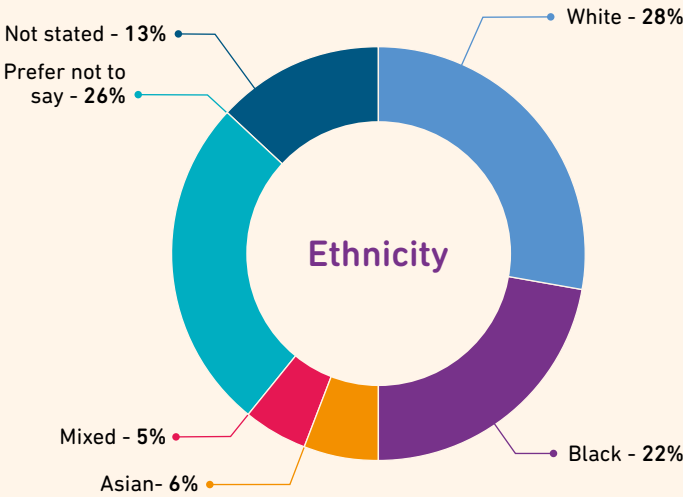
Disciplinary cases

This year saw a 9% decrease in overall disciplinary cases (including appeals) compared to the previous year. The data shows a 6% reduction in the number of black staff involved in disciplinary cases during 2022/23, however this is still above the workforce demographic and remains a focus area for the Charity.



Grievance cases

This year saw a small increase in total grievance cases (5%, 61 to 64 cases including appeals). Those that have raised grievances remain similar to the previous year with 33% from an ethnic minority background, aligning with the overall workforce demographic. However, this could be higher based on the number that have not declared or stated 'prefer not to say'. This continues to be monitored closely.



Our Employee Relations data is regularly reviewed by the Senior HR team who assess any trends and actions that need to be taken.

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

Disability and Wellbeing

At St Andrew's we are committed to supporting everyone's mental and physical wellbeing. We work hard to ensure our events and channels are accessible to everyone, whatever their needs.

Our DAWN (Disability and Wellbeing Network) Staff Network is dedicated to ensuring that the needs of staff with different abilities are met, and that their rights are protected.

The Network is open to ALL St Andrew's staff, and aims to:

- Raise awareness of challenges disabled staff and people with different abilities face
- Support staff and give them a voice, whether they have visible or hidden physical disabilities, well-being, mental health, trauma, or neuro-divergent support needs.
- Engage allies, empowering them to support colleagues of all abilities

Some of DAWN's key focus areas during the year have been mental health awareness week, supporting working carers and our #ComingToWorkWith film campaign.

This showcased people from across the Charity who have different visible and hidden disabilities, and their experiences of working at St Andrew's whilst managing autoimmune conditions, autism, diabetes and dyslexia.



**Victoria Akinwumi,
Programme Manager and
Co-Chair**

"My passion and vision is for our DAWN staff network to start to work towards a future that ensures that every staff member will feel that St Andrew's accept, welcome and celebrate all of our differences. One of my key aims for 2023-2024 would be promoting the importance of supporting our colleagues who are also carers at home.

Along with many of our staff, I am also a carer in my personal life as my daughter is autistic. One of my aims is to create a Carers Support group within the DAWN network to discuss the challenges that this can bring and how the organisation can assist us."



**Dr Inga Stewart,
Consultant Clinical Psychologist,
Clinical Research Fellow and
Co-Chair**

"I am delighted to have been given the opportunity to volunteer as one of the Co-chairs of the DAWN Network.

"The right for us all to experience a fair and inclusive working environment sits close to my heart. We want to reflect a more holistic perspective by broadening the scope of the Network from focussing wholly on physical disability to include the additional pillars of wellbeing, mental health and trauma, sensory diversity and neurodiversity. We are passionate about living the values of genuine inclusion and so we want the process of designing the format and structure of the Network and our programme of events to be co-produced with colleagues across the organisation.

"Our membership is increasing, but growing this further is a priority for us along with building the Network committee. We want to start conversations around these important areas as well as increase awareness of the Network. Ultimately, I want to help build the kind of inclusive community at St Andrew's where every person feels accepted and their contributions in all their diversity are celebrated; and I truly believe this is within our reach. "



Mental Health Awareness Week 2023:

Accessible events for everyone



This year for Mental Health Awareness Week, the DAWN Network arranged a series of talks and webinars that centred around mental health awareness and the importance of social connection to wellbeing.

Our jam-packed events calendar included:

- Virtual and in-person events throughout the week, including yoga, mindfulness, workshops and talks
- The DAWN film showcase, showing colleagues from across the Charity talking about their experiences of various disabilities and illnesses
- Chaplaincy talks
- Open mic sessions
- Financial wellbeing support
- The new Hope photo exhibition display
- Sound Relaxation sessions

70 people attended the stalls in person across Northampton, Birmingham and Essex, supported by all of the other staff networks, and 300 people including patients and volunteers attended the various sessions.

This year's events also included a Mind & Rethink Mental Illness 'Time to Talk' Day in February, and a Supporting through listening: Tips from the Samaritans event in April.

The Network has launched a 'Carers Café' and will be providing support and resources to colleagues with caring responsibilities inside and outside of work.



Spiritual Wellbeing Chaplaincy

At St Andrew's we have a spiritual wellbeing chaplaincy service that promotes the welfare of, and provides spiritual and religious support for both staff and patients whatever status of faith, belief or life practice.



Rev Philip Evans,
Lead Chaplain



Delroy Mason,
Lead Chaplain



Cheryl Connolly,
Chaplain



Mbiri Mapimhidze,
Assistant Chaplain



Michele Marshall,
Lead Chaplain



Peter Sellick,
Head of Chaplaincy
and Spiritual Care



Virginia Thomas,
Chaplain

We are aware of the diverse range of social, cultural, and spiritual expressions that are represented by our staff and endeavour to help staff to not have to deny their identity but find ways to remain true to their beliefs and yet be part of the work at St Andrew's.

We give guidance on how St Andrew's policies protects religious beliefs and cultural needs, Religion and belief are protected characteristics under the Equality Act. This means that hospitals and workplaces have to take careful regard of faith and belief, not to discriminate, and to make adjustments if they are reasonably practicable.

What constitutes discrimination because of faith and belief is not always clear: thoughtful discussion can be helpful. For instance employers do not have to give workers time off for religious observance, if that is unreasonable. But, for instance, if other staff are allowed certain breaks and allowing prayer time causes no greater disruption, then prayer time should be allowed. ACAS provides guidance on interpreting the Equality Act in terms of faith and belief.

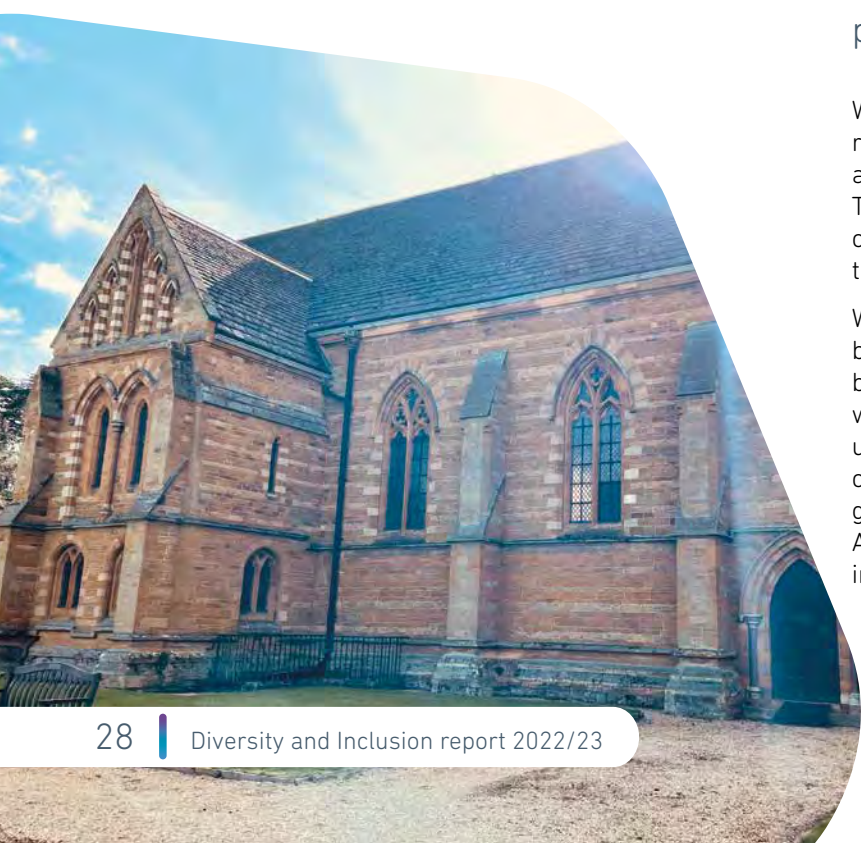
Our Pagan, Sikh, Buddhist, Humanist, Muslim, Jewish and Christian colleagues regularly meet patients and staff. As well as providing support on the hospital grounds, Chaplains assist with visiting local faith communities. 50% of St Andrew's patients have significant engagement with our Spiritual Wellbeing Chaplaincy team.

Spiritual Wellbeing Chaplaincy support at St Andrew's includes the provision of multi-faith rooms across the site and group support for arranging prayer and religious festivities (eg Eid, Christmas). On the sad occasions of patient or staff deaths, Chaplaincy can help with funerals and times of memorial, appropriate to the individual's beliefs. We also provide support during End of Life care.

Whilst caring for others it is important that staff look after themselves too. "How does my work mesh with my core values? How does work fit with my beliefs? What is ethical?" are conversations that chaplains can help with. In patient care, Chaplaincy has been developing a Progress Tracker (called SAFOM) that shows the positive outcomes of faith and belief engagement with St Andrew's patients.

A highlight of the year is celebrating the wonderful diverse staff contributions to St Andrew's care through our 'Festival of Open Light'. Hanging up the names of over 500 nominated staff on the Tree of Open Light outside the Northampton Chapel shows how much staff appreciate each other. Staff nominate each other as someone who has been a 'Light in this Place'.

You can contact the chaplaincy team directly on chaplain@stah.org, and find more information including key contacts for each site, online at Chaplaincy - Home (sharepoint.com).



PRIDE

St Andrew's is committed to building a more inclusive working environment for everyone, where everyone has equal opportunities to progress and grow. Our PRIDE Network is here to support employees who identify as lesbian, gay, bisexual or transgender, and allies.



Our PRIDE Network is open to everyone, including straight and heterosexual employees who want to show their support for the LGBTQ+ community and get involved in activities. The network aims to increase the visibility of employees who identify as LGBTQ+, while promoting equality across the Charity by supporting personal and career development.

PRIDE works to ensure people feel they can 'bring their whole self to work', because we know that people who feel they must hide their identity in the workplace often suffer in terms of both wellbeing and performance. PRIDE also aims to help us improve the quality of care we offer our patients, especially those who identify as LGBTQ+.

PRIDE's three main aims are:

- To raise awareness about the issues that people identifying as LGBTQ+ face, then support and give LGBTQ+ staff a voice at St Andrew's
- To engage 'allies' and help them to support their LGBTQ+ colleagues
- To spread awareness and promote inclusivity, PRIDE meet regularly and embrace key events in the calendar such as Pride, IDAHOT day – also known as the International Day Against Homophobia, Transphobia and Biphobia - and LGBT History month. The network share regular blogs and run mentoring and support sessions for staff, too.



Sarah Ward-Greef, Leadership Development facilitator and Co-chair

Lived experiences of being out at work

Sarah Rose-Lewin

"I have not always felt comfortable to be out at work. I've faced biphobia in some workplaces, assumptions about my sexuality based on who my partner is, or about my gender based on how I look. Here, though, I wear a pin on my lanyard with my pronouns (she/they, by the way) and include them in my email signature, I attend regular PRIDE network meetings, and I discuss what the network does with both other staff members and with our volunteers.

Being comfortable in your own skin is so important in the workplace; it promotes wellbeing and allows people to perform to the best of their abilities, not having to waste their energy hiding who they are or worrying what someone's going to say about them. Having a workplace that's fully LGBTQIA+ inclusive is beneficial, not just to those in the LGBTQIA+ community, but to every single person there because it breeds a positive atmosphere and allows everyone to feel happy and safe where they work.

Is St Andrew's perfect? No, but I don't think that any workplace is. What St Andrew's is doing though is working hard, and I think that the PRIDE Network is central to that. The PRIDE Network is a place where we can come together as a community within the Charity, to discuss issues with people who understand them, and to help the Charity to deal with any issues that may arise. We are a resource for staff members, whether part of the community or just an ally trying to do their best, and a support to anyone who needs it, and I'm proud to be a part of that."

"The Charity prides itself on the values of Compassion, Accountability, Respect and Excellence. The PRIDE network aims to support this by ensuring we have a community of people who can demonstrate;

- Compassion for each other, regardless of gender identity or sexuality
- Accountability and standing united against discrimination
- Respect that everyone deserves to be able to be themselves at work
- Excellence- only through meaningful inclusion can we achieve this

The network welcomes anyone who is part of the LGBTQ+ community and their allies. We are focussed on policy review, supporting patient events and also creating a space where people can share their views and take positive action to make St Andrew's a great place to work and be cared for.

As chair I wish to take this opportunity to thank all members and look forward to the year ahead knowing how much your work helps others feel truly welcome at the Charity."

WiSH

(Women in St Andrew's Healthcare)



WiSH Network

In 2019 we launched the WiSH network that is open to all staff (not just females). It's important to ensure all members feel they have a voice, and can be a part of support and positive change within the Charity. The St Andrew's WiSH network is dedicated to ensuring that the needs of women in our workforce are met, and that their rights are protected. The Network is underpinned by a shared passion for raising the profile of women at St Andrew's, and we focus on creating a supportive, aspirational and motivational space for female staff at all stages of their careers.

Our Aims:

- Raise awareness of challenges faced by women
- Support and give female staff a voice
- Engage allies, empowering them to support female colleagues

Gender pay gap

The charity's Gender Pay Gap ratio, published in 2023, shows a median pay gap of **2%** (from 3% in 2022), significantly better than the national pay gap of 15.5%.

The median gender pay gap is calculated by listing all pay rates by gender and finding the ones in the middle. A median gender pay gap of 0% means that our median male and female hourly rates of pay are exactly the same.

Our mean pay gap has dropped significantly from 12% in 2022 to **5%**. This is calculated by working out the average rate of pay for each gender (which includes overtime hours worked).

The reduction in the gap is linked to the recruitment and promotion of more female staff and a better balance of male and female staff working shifts, which attract unsociable hour's payments.



Proud to support
Inclusive | WiSH
HEALTHCARE
Women in St Andrew's Healthcare



Felicity Watson, Project Co-Ordinator and Co-Chair

"I am so proud of the work we have done to celebrate International Women's Day over the years and bring staff together as a group to create improve working practices and guidance which help women progress and stay in the workplace. It has been especially important to know this work is supported by our leadership team.

Over the years there has been some great key achievements, alongside a variety of events, all of which support the work and awareness of the network and ensure progress continues. As a committee we work with many different departments Charity-wide, and it never fails to amaze me how much our teams and departments really want to do to support staff and issues raised.

Being a co-chair has really helped me understand our workforce and challenges they face. Even in this day and age, we still haven't achieved real equality within society."



Claire Jones, General Manager – Operational Support and Co-Chair

"Since the launch of the WiSH Network in 2019 we have seen the engagement in the Network expand and reach all areas of the Charity. We strive to ally with all the Charity Networks and to deliver against our objectives which are formed in collaboration with our network members.

We are proud of the changes that have been implemented already and are committed to exploring ideas and improvements for a sustained equitable workplace."

International Women's Day

International Women's Day (IWD) is celebrated annually on 8 March as a focal point in the women's rights movement, raising awareness of issues around gender inequality, and differential treatment in the workplace. This year our WiSH Network Co-chairs, Felicity Watson and Claire Jones, arranged an International Women's Day week of events and activities, such is the passion and drive for this movement in St Andrew's!

The theme for IWD was Embrace Equity, and the WiSH team arranged:

- Stalls, including an L&D Career Café, other Staff Network stalls and volunteering opportunities and information
- Discussion sessions, workshops and activities around the IWD2023 theme, including Principles of Equity, Equity of the work-life balance, Women and Wellness, Mindfulness sessions and more

On the day over 50 attendees joined in-person, and over 20 people took part in each of the drop-ins held.

Our networks are a key resource at St. Andrew's – if you are interested in finding out more about any of the Networks you can read more online. Joining these Networks is an opportunity to get involved, have your say, support colleagues and contribute to ensuring the Charity stays an inclusive workplace.



The 'Pause Café: Menopause in the workplace

We have held a series of virtual 'Pause Cafes, to encourage members of staff to share their personal experiences of the menopause.

Talking openly about the menopause is key to normalising the topic in the workplace, and ensuring that we provide the right information, guidance and practical support to people who are managing their menopause journey.

Our Pause Café sessions have been well attended by colleagues from across the Charity, and the feedback helped us to recently launch 'Menopause in the Workplace' guidance. We have particularly welcomed hearing from line managers who have supported colleagues through the menopause, and their insights and examples of good practice are being included in the new guidance.

This year we are focusing on becoming a menopause-friendly accredited employer, and there is a lot of work going on to make sure that we meet the standards for this, which includes colleagues having a say in policy, engagement, training, facilities, evaluation and culture.

The Government's appointment of Helen Tomlinson as the first 'menopause employment champion' marked a significant step towards addressing an important issue in the workplace, and as women with serious menopausal symptoms currently take an average of 32 weeks off work, and one in four has considered leaving their jobs altogether, the need for menopause support in the workplace cannot be overstated.

Research and Innovation

The research and innovation projects we undertake are directed towards improving the quality of care we provide, in order to deliver the maximum benefit to our patients and staff. Our various research projects have a particular focus on supporting recovery, with a view to helping people to lead fulfilling and rewarding lives.

Co-production is at the heart of our current research portfolio. Ongoing studies include the development of a tool to facilitate the co-production of care plans with our patients living with dementia; an assessment questionnaire for use during the admission process that is aimed at improving the sexual health of the young people coming into our care; and an evaluation to examine the role of Peer Support Workers in a secure mental health setting. These projects have received support from both internal departments and external partners, including REDS Recovery College and The Alzheimer's Society.

All of our services have been included in research over the past year; research is taking place with our staff, inpatients and carers as well as our Community and Veterans' Services. This past year, following a research study using a Virtual Reality (VR) social engagement programme, the Veterans' Mental Health Complex Treatment Service launched a VR clinic for veterans presenting with social anxiety.

A few of our figures:

- 247 of our patients were recruited to take part in research and service evaluation projects over the past year, and
- 1,450 members of staff took part in various research projects
- We have 52 active projects in our current portfolio, made up of 33 research projects and 19 service evaluations
- We are collaborating with 16 UK universities and a number of mental health charities
- 21 peer reviewed articles and 3 book chapters have been published in the last 12 months based upon research projects at St Andrew's

Complex trauma

Understanding the traumas our patients have experienced in their lives has a massive impact on how we formulate their care.

Trauma is any type of distressing event or experience that can have an impact on a person's ability to cope and function. It may include stressful or traumatic events such as physical or sexual abuse, or violence, and the trauma itself can result in emotional, physical, and psychological harm. Developmental trauma refers to multiple traumas throughout childhood that often occur within relationships that should keep us safe – for example within the home.

Our Centre for Developmental and Complex Trauma (CDCT) is focused on improving the lives of marginalised populations, who have been subject to repeated trauma exposure. The Centre was established to provide a forum to network, coordinate and engage in activities to improve outcomes for people who live with the impact of trauma.

The work of the Centre is paramount in improving the lives and outcomes of patients – and people within the community – who have experienced repeat trauma. The Centre's work aims to bridge the gap between academic knowledge and clinical practice, and increase awareness of the trauma experiences and care needs of marginalised people within society.

Carers

Caring for our staff

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

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

Caring for our patients

Sometimes a few words from someone who understands your situation can be a lifeline for carers. Caring can be difficult and isolating, so speaking to someone who knows what they are going through can make a big difference.

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

At St Andrew's, our friendly Carers' Centre team are on hand to offer support to the carers, family members and friends of the people in our care.



A carer's story

We are sharing our story in the hope that what we may help others in a similar position, and to help staff to better understand and encourage closer working with carers. This can only ever have positive outcomes for the individual being cared for.

Our son became unwell with his mental health a number of years ago. Despite experiencing trauma from when he was just 16 years old, 20 years on, he is still suffering with his mental health. Nothing could prepare us for this journey and what that involves. Suddenly we found ourselves as carers. We found ourselves in a world we knew nothing about and did not know where to turn. Trying to navigate through the mental health system is not an easy thing to do. We felt and still do at times, helpless. Daunted. All we want to do is help our son, but it is often very difficult to know how.

So what has helped? We think it is crucially important for us as carers, to be listened to and involved. We know our son, we have lived this journey for years, and continue to be by his side and always will be (God willing). We have lived experience, which gives us

a wealth of knowledge and insight, experts by our experience you could say. It is vital that care teams take the time to listen, explain and involve us with care and treatment planning. We can share what has worked well, and what has not worked so well for our son and we have found this really helps his care.

Working together with families is very important, and for us it is comforting and reassuring to meet those who are looking after our son. In addition to the support from the care team, we have found the Carers Centre a valuable resource for emotional support, practical advice and signposting to other resources.

As a carer of a patient detained under the Mental Health Act you can often feel alone in a system you don't understand. Our message for people working in healthcare: Carers are often a crucial part of the recovery journey for patients, so keep them informed and involved. Listen and include them. Value their lived experiences and work together to achieve the best outcomes for the individual cared for.

For information about support and advice:

Carers Centre - 01604 616125
carerscentre@stah.org

PALS and Complaints - 01604 616829
pals&complaints@stah.org

Learning and Development

St Andrew's is highly committed to providing career opportunities for all, and we have a focussed learning and development strategy to achieve this. On average, our staff members complete over 29,000 days of learning each year, with numerous opportunities for face to face study, e-learning and further education available to people of all role levels and career paths.

Career development conversations are available for all our staff to help navigate career pathways, explore opportunities and information or advice. In the last twelve months we have seen a 231% increase in the number of staff accessing the service on the previous year.

English & Maths Skills

Providing equitable learning opportunities is key to supporting staff career development. Many further education qualifications have a minimum entry requirement for English and Maths certificates at GCSE level (or equivalent). This can be a barrier for people if they no longer have their certificates, did not complete English and Maths at GCSE level, or attended school outside of the UK. That is why we offer access to free Functional Skills courses to help improve literacy and numeracy skills that can be applied at work, and provide our staff with access to further learning opportunities.

We have a range of programmes available to support neurodiversity within our staff population. Options include face to face or online learning, 16 week programmes, or an 8 week fast track programme, as well as the option for examinations to take place online or paper based.

Furthermore, we also provide a 'statement of comparability' service where English and Maths qualifications attained overseas can be compared to the UK education system and be used as evidence of prior learning. Often, this means that our staff do not have to repeat English and Maths before they apply for further education.



Coaching and Mentoring

We have developed an active internal community of Coaches and Mentors with staff across the Charity who offer 121 bespoke development programmes designed to support staff development, unlock potential and provide time and space to work on identified goals.

In 2022 we hosted our first ever Mentoring and Coaching conference, an opportunity to celebrate the wide range of Mentors and Coaches we have working within St Andrew's, and bring them together to share their skills and experience as part of a Charity-wide mentoring and coaching community. Our next conferences is planned for spring 2024 and the Institute of Leadership and Management (ILM) who accredit our in house ILM training programme are joining us to record the event as a spotlight for their website.

We recognise that reverse mentoring is an effective way of understanding and celebrating the diversity of our teams and colleagues. We are proud to have an active reverse mentoring scheme and have recently added reverse Mentors with lived experience of mental health to our mentoring community.

Requests for mentoring and coaching, are encouraged from everyone and easily accessed via the hub, through career café's, as part of a development programme or linked to IPDR personal development plans.

Nursing

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

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

Apprenticeships

We continue to support over 70 apprentice learners at any one time across the Charity in both clinical and non-clinical settings. Apprenticeships range from Level 2 to 7 across all areas of the Charity, including, but not limited to Healthcare Support, Nurse Associate, Registered Nurse Degree, Business Administration, HR, Catering, Estates & Facilities, Data Analytics and Leadership.



British Sign Language

Approximately 1 in 1,000 people are born profoundly Deaf or become Deaf prior to developing speech and verbal language. Deaf people often face barriers in accessing healthcare, especially when healthcare professionals lack appropriate non-verbal communication skills and Deaf awareness.

Deaf people are twice as likely to experience mental health issues such as depression and anxiety compared to hearing people and it is vital that Deaf individuals can access good quality care when they need it, delivered by competent and compassionate staff.

The Standards for Adult Inpatient Mental Health Services for Deaf People, (Royal College of Psychiatry 2015) state that all staff who work with Deaf patients should have sufficient British Sign Language (BSL) qualifications which are accredited by Signature (the awarding body)

Clinical staff should have Level 2 certification and non-clinical staff in direct contact with service users (including receptionists) should have Level 1 certification. Basic BSL skills should also be provided to all staff who need it during their induction.

BSL training commenced last year (2022/23) after a pause, due to the pandemic. The first programme took place over a 20 week period, with 26 learners successfully gaining their Level 1 qualification.

Feedback from patients, carer's and staff has been positive, with all expressing how much more valued they feel, and how much difference this first programme has made to the atmosphere and culture on the ward.

The next programme is due to commence in September 2023, it is anticipated that by the end of March 2024, a further 30 staff will have successfully achieved BSL Level 1 and 12 clinical staff will have achieved BSL Level 2.





Getting in touch

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

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

e: enquiries@standrew.stah.org

w: stah.org

Follow us

-  @STAHealthcare
-  @StAndrewsCare
-  St Andrew's Healthcare
-  St Andrew's Healthcare

Committee Updates

Audit & Risk Committee

(Rupert Perry)

Quality & Safety Committee

Incorporating:

CQC inspection, report and actions

Safer Staffing Report

Mechanical Restraint Report

(Steve Shrubbs)

Committee Update Report to the Board of Directors

Name of Committee: Audit and Risk Committee

Date of Meeting: 16 October 2023

Chair of Meeting: Rupert Perry

Significant Risks/Issues for Escalation:

- There were no significant risks or issues deemed to be necessary for escalation.

Key issues/matters discussed:

1. Grant Thornton – External Audit Progress Update - Grant Thornton presented the committee with an update on the progress against the external audit plan as issued in April. Excellent and smooth progress was reported with the culmination of the audit and anticipated signing of the accounts on schedule. Discussions by the Committee covered the basis of reporting of fixed assets in the future and reporting of climate related activity (with Duncan Long circulating a document shared by Grant Thornton on Climate Reporting). It was widely agreed that the Charity's reporting obligations were being adhered to, with the upcoming ESG report being published on the website. Best wishes were extended to Bill Devitt, on the occasion of his retirement, with Jim McLarnon confirmed by Grant Thornton as taking over the account.
2. Consideration of AGM proposal to re-appoint Grant Thornton as External Auditors It was proposed to re-appoint Grant Thornton for another 12 months as external auditors. The Committee agreed to the re-appointment.
3. Approval of Accounts and Letters of Representation process - Following the page turning process, the accounts for St Andrew's Healthcare and St Andrew's Property Management Limited were presented for approval. Thanks was extended to Grant Thornton for their work during the process. As per Board delegation, the Committee was asked to approve the accounts for signature with timelines being agreed, which would include presentation to Board prior to the AGM. The process for review and approval of the Letters of Representation was also agreed.
4. Risk Management Update - The Committee received and noted the risk management update, which fostered discussions around the estates risks, and how these would be managed via a separate Board sub-committee. The management of risks was further discussed along with reflections on how this had progressed over the previous 12 months. The Committee also welcomed the change in terminology to Functional, Material and Strategic risks, noting that Operational Risks had been renamed as Functional to make it clear that these are managed by the individual function areas.

The Committee also received and noted the process for management of strategic risks, with further evolution of the Board Assurance Framework (BAF) over the coming 6 months being underpinned by increased involvement of the Executives.

The Committee reported adequate assurance with regard to the risk management process and the strategic risk management process.

5. EPRR and Business Continuity Plan Assurance Report - The Committee received and noted a report on the work relating to EPRR and Business Continuity Planning. The recent changes within the function were noted, along with future reporting structures and the recent EPRR submission.
6. IT and Cyber Security Assurance Report - The IT and Cyber Security Assurance Report was presented to and noted by the Committee. Discussions regarding the IT Strategy and planning for the future were discussed with it being noted that this would allow for more clear financial and project planning in order to address developments required. Adequate resourcing for project activity was discussed with the Committee being advised that there was adequate resourcing, however, capacity for additional projects other than those critical ones would not be available.
7. Internal Audit - An update on the progress of Internal Audits undertaken was presented to the Committee, with outstanding actions discussed. It was agreed that where audits had been de-prioritised, they would be noted within future reports. The Committee noted that de-prioritisation should not occur in some areas where the planned audits had been specifically selected by internal audit / ARC (rather than at management request) and that ARC approval should be sought in these circumstances. It was confirmed that all audits were on schedule to be completed within the current year.
8. Counter Fraud - The Committee received and noted the Counter Fraud Update, and were informed of an ongoing investigation that would likely result in disciplinary action, rather than any further fraud related action. The Committee asked if the number of days allocated to this work were adequate, with it being confirmed that they were, and that recent changes within the function now meant that Counter Fraud and Internal Audit work was more closely aligned.

Decisions made by the Committee:

- Approved the re-appointment of Grant Thornton as External Auditors for a further 12 months
- Approved the accounts for St Andrew's Healthcare and St Andrew's Property Management Limited for signature and presentation to Board
- Approved the process for review and approval of Letters of Representation

Implications for the Charity Risk Register or Board Assurance Framework:

None

Issues/Items for referral to other Committees:

None

Issues Escalated to the Board of Directors for Decision:

- There were no issues deemed necessary to escalate.

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

- None

Committee Escalation Report to the Board of Directors

Name of Committee: Quality and Safety Committee (QSC)

Date of Meetings: 24 October 2023

Chair of Meeting: Steve Shrubb

Significant Risks/Issues for Escalation:

- IPC report and mattress audit results

Key issues/matters discussed:

- **Quality Improvement Plan (QIP)**

The update to the newly formatted QIP was discussed with the Committee discussing the ongoing and open actions. Measurement of the impact of completed actions was discussed with the impact of the dashboards indicating ongoing progress being noted. Correlation of themes with other areas of impact within the Charity were noted as now being included within the plan. A digital solution to seclusion practice audits that was being progressed following discussion with Birmingham and Solihull Trust was also noted. Thanks were extended for the new format and the clarity that it now offered.

- **Quality Risk Management**

Those risks relating to quality were discussed with the Committee noting and accepting the “Adequate Assurance” offered. The Committee discussed a new Material Risk relating to the Northampton houses regulatory risks and that a contractual review of the houses was under way. The Committee agreed that the risk relating to Call Bells would remain on the register until implementation was completed. The Committee received an update on the risk review process, with it being noted that strategic risks would be the next area of focus.

- **Complaints and Compliments Update**

A paper covering complaints and compliments was presented to the Committee which outlined the work undertaken and highlighted the development of a dashboard to help with progression of complaints. Katie Bayliss, Associate Director of Patient & Carer Experience attended the Committee to further outline the work being progressed on themes and categorisation which would aid in further training opportunities and development of frontline staff, especially HCAs. Katie also explained the process of monitoring by the regulator to the Committee. It was agreed that learning from outcomes and the data from the dashboards would be pivotal in the future, along with more compliments to be included.

- **IPC Update**

The IPC update was presented to the Committee with improvements including the implementation of a new digital system to aid with audits, the introduction of IPC ward champions and the formation of a task and finish group. The recording of infection upon admission was also noted, with further developments within RiO planned in order to better facilitate the process. The Committee agreed that a culture of speaking up would be key to changes in the future with regard to IPC.

The IPC update included the results of a mattress audit which raised concerns. The report noted that 621 mattresses audited: 443 passed and 178 failed; a 28% average failure rate, (with variation amongst divisions). The audit also identified that some mattresses were not stored properly. It was recognised that the probable root cause/s related to monthly checks slipping, due to lack of clear process and ownership. The QSC has followed up the audit findings with Dr Ash Roychowdhury (Chief quality Officer) and the following actions have been carried out/are underway:

- Mattresses that failed the audit have been replaced (including those with poor quality linen)
- The task and finish group has started to look at the end-to-end process, roles and responsibilities and will have this completed and implemented by end of March 2024.
- Ordering new mattresses can now be carried out by a range of staff
- The degree to which patients can have their own mattresses (and bed linen) is under further discussion.
- Further work is required to ensure that staff are trained appropriately to ensure there is a robust/system which is consistently able to provide assurance. With a target timeline of March 2024.

- **Safer Staffing**

The Committee received the safer staffing report and noted the introduction of staffing huddles which had proved useful in assessing the level of staff required on the wards. Of particular note was that the reduction in staffing according to clinical need had not impacted patient leave or quality measures. The clinical staffing dashboard was now being rolled out with initial training for Ward Managers ongoing. The Committee also received an update on the Establishment Review noting that it now included the MDT, and that the use of MHost, together with best practice, benchmarking and local intelligence would give greater confidence in the figures.

The Committee noted the increase assurance being both offered and received through the work being done. Committee thanks were extended to Chloe Annan for her work on development and progression of this area.

- **Mechanical Restraints**

The Committee received an update report on the use of mechanical restraint and noted the level of use since the last report. in both areas. The report highlighted lower use during August and September.

- **Use of Force Data review**

The Committee received the latest data review report for April to September 2023. The Committee supported the recommendations and actions being taken in this area and acknowledged that St Andrew's were following similar initiatives to MerseyCare.

- **Health and Safety and EPRR mid-year report**

The mid-year report was presented to the Committee along with an update on the re-structure of the function and an update on the recruitment of a new Head of EPRR, Health and Safety. The Committee endorsed the re-structure, but noted the fragility of the function until a new Head could be recruited. Following the annual EPRR Standards submission, the compliance rating was awaited, however, in the meantime, embedding of standards and engagement at ward level would be key and was ongoing. A Health and Safety awareness seminar for the Board was discussed and would be progressed accordingly.

<ul style="list-style-type: none"> CAMHS – Implementation and Transition Plan The Committee received the plan and noted the timelines and activity included. It was agreed that a report would be made at the next meeting on the first 2 weeks of operation, with a further full 3 month review to be presented in February. Clinical Audit The Committee received the update, with it being noted that the agreed programme of audits was on track and that integration of the audit and quality functions was being progressed in order to ensure greater correlation between audits and QIPs. Clinical peer reviews had been successful, aiding in various areas of work including care planning, side effects and ECG monitoring. IQPR Bi-Annual Review The quality and workforce aspects of the report were noted with thanks being extended to Anna Williams for her work on the development of the metrics and the report. The data on meaningful activity and enhanced observations was noted as particularly helpful. The Committee agreed to reflect further on whether a reduced version with quality and safety KPIs would be beneficial in the future. My Voice and PREMHS The Committee received the report and agreed with the proposal to conduct the survey on a 3 month cycle basis which would enable responses to be formulated and communicated. It was noted that the Patient Involvement Strategy was due to be presented to the Committee in December
Decisions made by the Committee: <ul style="list-style-type: none"> None
Implications for the Charity Risk Register or Board Assurance Framework: <ul style="list-style-type: none"> Call Bells to remain on the register until full implementation
Issues/Items for referral to other Committees: <ul style="list-style-type: none"> None
Issues Escalated to the Board of Directors for Decision: <ul style="list-style-type: none"> None
Appendices: <ul style="list-style-type: none"> Appendix A – Quality Safety Group Update Appendix B – Mental Health Law Steering Group Update Appendix C – Mechanical Restraint Report

Paper for Board of Directors

Topic	Integrated Quality & Performance Report
Date of Meeting	Thursday, 30 November 2023
Agenda Item	8
Author	Anna Williams, Ash Roychowdhury & Kevin Mulhearn – with input from the responsible Executives for the presented topics
Responsible Executive	Vivienne McVey
Discussed at Previous QSC Meeting	24 th October 2023
Patient and Carer Involvement	My Voice patient feedback included in the paper
Staff Involvement	This paper builds from ward governance, divisional governance, divisional IQPR, Exec IQPR to Board – varying staff groups are involved through from ward to Board.
Report Purpose	<div>Review and comment <input type="checkbox"/></div> <div>Information <input checked="" type="checkbox"/></div> <div>Decision or Approval <input type="checkbox"/></div> <div>Assurance <input checked="" type="checkbox"/></div>
Key Lines Of Enquiry:	S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/>
Strategic Focus Area	<div>Voice <input checked="" type="checkbox"/></div> <div>Community <input type="checkbox"/></div> <div>Quality <input checked="" type="checkbox"/></div> <div>Service Development <input type="checkbox"/></div> <div>Workforce <input checked="" type="checkbox"/></div> <div>Learning and Research <input type="checkbox"/></div> <div>Financial Sustainability <input checked="" type="checkbox"/></div>
Committee meetings where this item has been considered	The relevant sections are assured via the aligned committees.

Report Summary and Key Points to Note

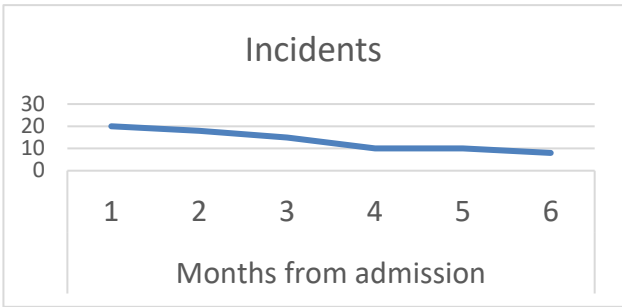
Please refer to the What's going well and What's being focused on slide for the key points to note.

Continued IQPR improvements

In line with the direction of travel in recent discussions we continue to adopt and refine the exception reporting approach to the IQPR. With this in mind, you'll note a streamlining to the people section, as numerous metrics are now favourable to target.

The following improvements are in works in progress:

New dashboard development process – we have launched an improved process for developing new dashboards. There are now clear steps from demand, through to scoping, prioritisation, development, launch and optimisation. The pipeline of work has been triaged and the Executive have prioritised the following five dashboards for development:

Dashboard	Description														
Referrals & Admissions	Manual processes are being automated – allowing dashboards to be built to support improvements in efficiency and pace of the referral, assessment and admission process.														
Contractual KPIs	Oversight of performance against contractual KPIs is currently manual. This solution enables enhanced monitoring of performance against contractual KPIs, with full transparency from Ward to Board.														
Patient Outcome Journey	<p>This solution will be a highly effective way of measuring patient outcomes. Rather than looking at a ward, which is likely to have mix of patients at different stages of their recovery, this solution looks at patient's progress across time from admission. Mocked up example provided below.</p>  <table border="1"><caption>Incidents Data</caption><thead><tr><th>Months from admission</th><th>Incidents</th></tr></thead><tbody><tr><td>1</td><td>20</td></tr><tr><td>2</td><td>18</td></tr><tr><td>3</td><td>15</td></tr><tr><td>4</td><td>10</td></tr><tr><td>5</td><td>8</td></tr><tr><td>6</td><td>5</td></tr></tbody></table>	Months from admission	Incidents	1	20	2	18	3	15	4	10	5	8	6	5
Months from admission	Incidents														
1	20														
2	18														
3	15														
4	10														
5	8														
6	5														
People Dashboard	An improved solution with enhanced features and updated KPI calculations to be in line with current definitions from the People Committee. This solution will enable proactive management of HR KPIs, with historic trend analysis to measure performance in real time.														

Systemised IQPR	<p>Further automation of the key data groups that form the IQPR process – facilitating swifter access to collated information, supporting triangulation and contemporaneous performance management.</p> <p>This will also provide an updated version of the SPC graphs, with the ability to rebase the mean (following underlying changes in process) and enabling annotation.</p>
-----------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Updates on requests from prior Board:

Community Partnerships clinical performance – we are currently engaged in the ongoing process of evaluating and improving data quality within Community Partnerships. In order to harmonise Community Partnerships with Divisions, we anticipate the necessity for technical system adjustments, alongside fostering cultural shifts to guarantee the timely and accurate input of data into the appropriate systems.

Re-admittance rates – we are working with our collaborative partners to gather data on the re-admittance rates.

Appendices

St Andrew's Healthcare Integrated Quality Performance Report

November reviewing the period ending September 2023



What has gone well

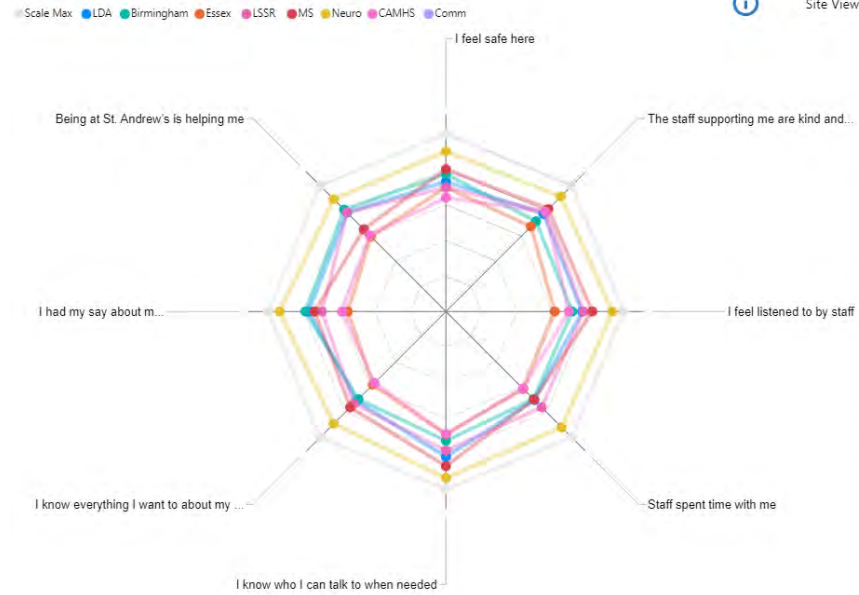
- **Discharge destination** – 65 people were discharged in Aug & Sept, 65% moving to a lower security level – 96% of those remaining at the same level moved closer to home and a further 22 were transitioned by PICUs
- **Patient leave** continues to show a special cause improvement at Charity level
- **Restraints** is a new a special cause improvement at Charity level
- **CAMHS** are demonstrating new special cause improvements across incidents in the safety metrics
- **Enhanced Observation recording** – maintained performance, 99% of observations recorded, with 89% recorded within the designated time window
- **Mandatory training** – maintained favourable to target performance showing special cause improvement
- **Sickness** – favourable to target (noting recent increases in sickness are in focus)
- **Voluntary turnover** – continued special cause improvement
- **Non-patient facing shifts** – maintained favourable to budget performance

What is being focused on

- **Delayed discharges** – 23 patients are clinically ready for discharge with their next placement pending, LDA most impacted, escalations in place
- **LTS & Enhanced Support** special cause concern – CQI initiated for Enhanced Support, see clinical narrative for further details
- **LDA** – remains in a challenged acuity position, ES & LTS levels remain high partially explained by discharge delays
- **Meaningful activity** – underlying processes are continuing to embed, forecasting to be at the target levels early 2024
- **Registered Nursing** – recruitment challenge remains, Nursing Workforce plan approved and Yr 1 actions in roll out, strengthened multi-disciplinary review underway
- **Supervision** – management supervision being redesigned. Clinical Supervision rates require improvement
- **Clinical Training** – key courses continue to require focus
- **Finance** – occupancy below target combined with ward staffing spend above budget continues to drive an adverse operating position – see Financial Performance for further detail

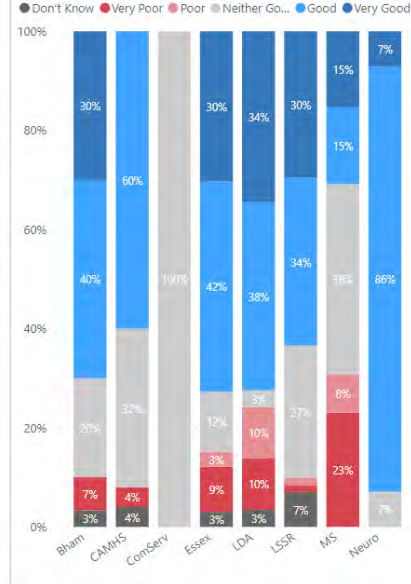
Quality – My Voice & Discharges

Average rating per 10 point question by Division

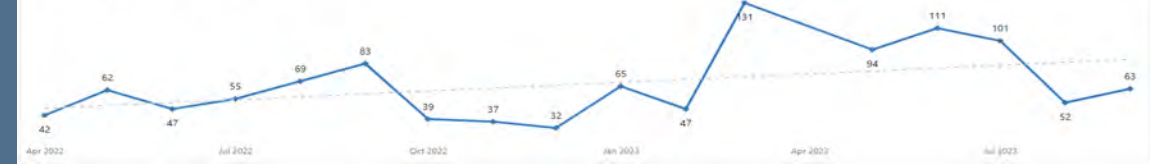


*My Voice responses data for period Jul 23 - Sept 23

How was your experience of the service we provide?



Number of responses - Count

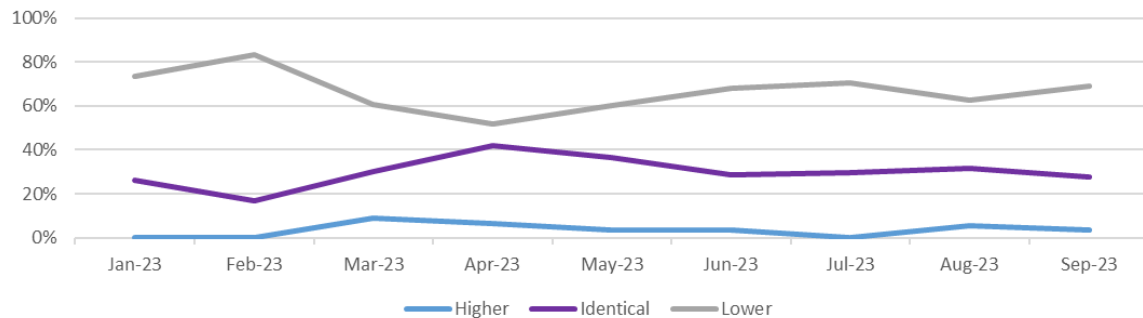


My Voice - between Jul and Sept 67% of responding inpatients rated their experience of the care provided by St Andrew's as good or very good (75% - 18mths)

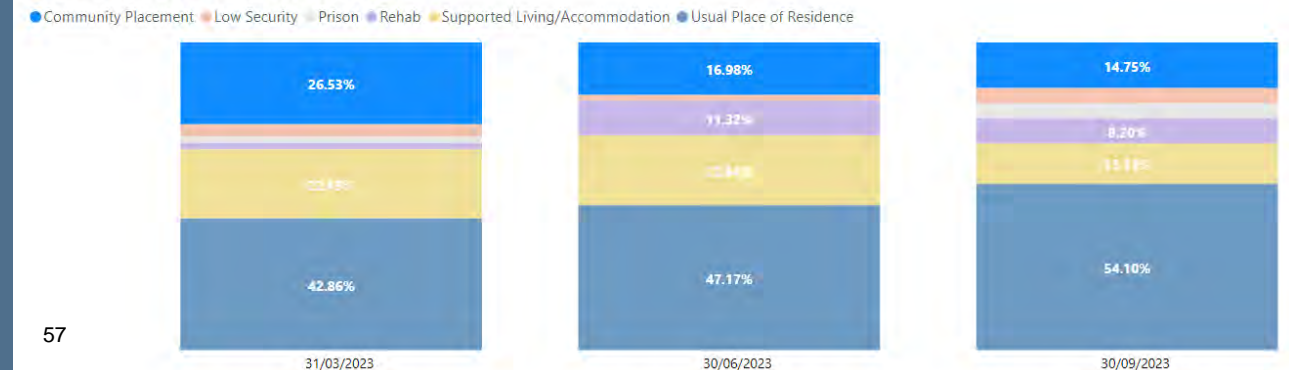
- Divisions are determining target response frequency – tailored for their patient group
- Verbatim comments suggest varied experience, with positive themes highlighting caring and supporting staff. The areas of focus are: activities & food.
- Divisions utilise their community meetings to share how they are acting on feedback (e.g. chefs attend to discuss food requests) & have 'You said We did' boards
- Charity wide themes are considered and resolved via OpCom or QSG
- Community Partnerships have a tailored My Voice, which was relaunched in July but response rate has been minimal.
- We are working collaboratively with Microsoft to apply AI to verbatim feedback in order to draw out additional insights, helping us to ensure patient voices are heard

Discharges during Aug & Sept (excluding PICUs) 65 people moved on from St Andrew's. Of those, 65% transitioned to a lower level of security, this includes 57% to their usual residence. For the remaining 35% moving to an identical or higher security level, 96% have moved closer to their usual place of residence address. PICUs transitioned a further 22 people. In line with new national guidance for the reporting of patients whose discharge has been delayed - as at 19th October 23 patients are clinically ready for discharge (CRFD).

Discharge security level



Destination of those discharged to lower security



Quality – Safety and outcome indicators

	Incident	Violence	Incident L1	Incident L2	Incident L3	SI	Restraint	Seclusion	Seclusion Hours	LTS	LTS Days	Safegrd	Rapid Tranq	ES Episodes	ES WTE	Ptn Leave
St Andrew's																
Birmingham																
CAMHS																
Community Services																
Essex																
LDA																
Low Secure & Specialist Rehab																
Medium Secure																
Neuro																

How to use the above table:

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

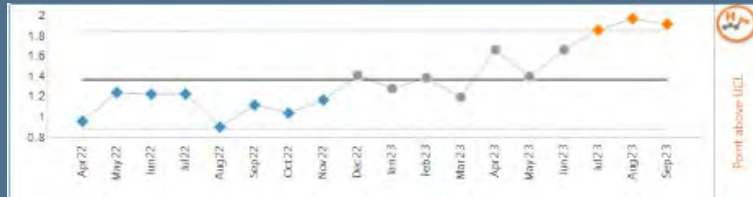
Statistical improvement

Improvements

At a Charity level, patient leave and restraint showing a SPC improvement- the former since March 23 and the latter, has 2 of 3 points near the LCL.

Clinical Exceptions - Charity

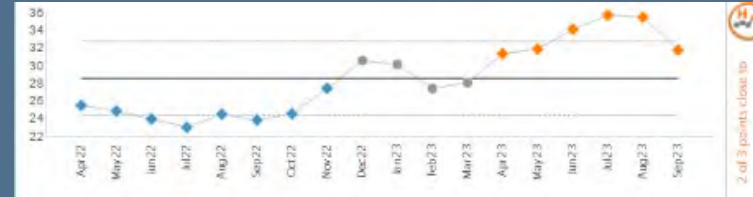
A. Charity – Long Term Segregation Episodes Point above upper control limit



Reflects use in MS and LDA in Sep 23 - an acute issue on top of a known chronic trend of LTS use. This is reflective of acuity which is within the expectation of clinical management to resolve.



B. Charity – Days in Long Term Segregation 2 of 3 points close to upper control limit



Reflects issues with a cohort of delayed discharges in LDA, for which there is a weekly commissioner meeting and engagement with senior interveners from NHSE to plan discharge. We are linking in with the national HOPE(S) programme. In MS, 4 of 6 patients have a reintegration plan but 2 need alternative placements.



C. Charity – Enhanced Support Episodes Point above upper control limit



A rise in Birmingham, LDA and CAMHS. Most of the Birmingham episodes were brief and are now closed, partly a reflection of increased risk management around the substance misuse concerns.



D. Charity – Enhanced Support WTE Point above upper control limit



Remains an issue across multiple divisions - some reduction seen, especially in CAMHS which is now within CC variation. Being addressed across multiple wards via CQI project - those wards within it have seen a larger ES reduction so far than the overall chart.



Clinical Exceptions - Divisions

1. BHAM – Incidents L2

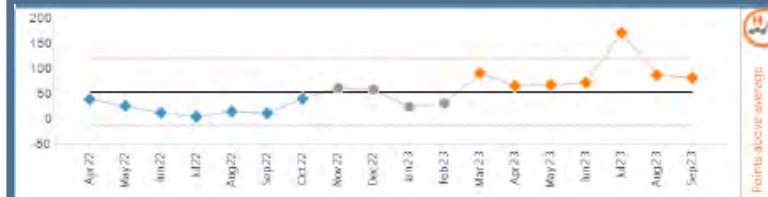
2 of 3 points close to upper control limit



Represents a rise in acuity - no one ward beyond its own range, Incidents overall less in Sep than August and no trend in L1 or L2

2. CAMHS – Seclusion Events

Points above average ≥ 7



Reflects the management of one patient who is in the final stages of a complex discharge plan and these episodes may vary over the next few weeks in an unpredictable fashion.

3. CAMHS – Enhanced Support Episodes

2 of 3 points close to upper control limit



Stowe ward
Reducing and no ES use in the day
CQI use of zonal day observations has been effective so far

4. ESSEX – Seclusion Hours

Point above upper control limit



In the PICUs only and reflects patient admission acuity

5. ESSEX – Enhanced Support WTE

Points above average ≥ 7



PICUs- acuity
Benfleet for management of 2 complex PH conditions and an extended hospital stay
Reducing and we expect a return to CC variation soon

6. ESSEX – Patient Leave

Points below average ≥ 7

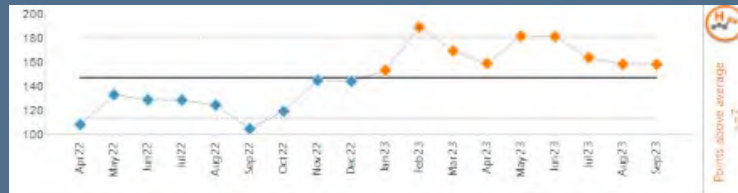


New IQPR tech needed (requires prioritisation in the data pipeline) to allow rebaseline for Essex based on change from long stay to acute wards

Clinical Exceptions - Divisions

7. LDA – Incidents

Point above average ≥ 7



Whilst Church has seen a significant decrease in incidents following the utilisation of LTS for one patient (for whom a gate keeping assessment is pending) Acorn and Sunley have both experienced an increase.

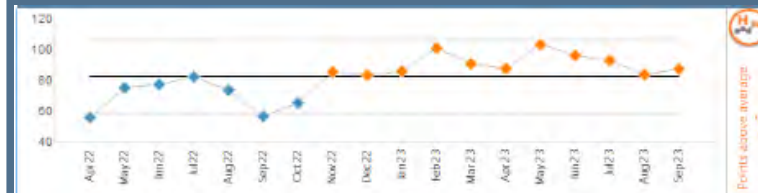
Acorn had a new admission who has initially shown disruptive and challenging risk behaviours.

Sunley – increase again in sexual risk displayed by 1 patient leading to addition of 1:1 support.



8. LDA – Incidents L1

Point above average ≥ 7



As per previous



9. LDA – Incidents L2

Point above average ≥ 7



As per previous – Level 3 within SPC limits but there has been an upward trend in SIs. Overall, there remains continued focus on Sunley, Church and Hawkins in particular and the division remains in a challenged position from an acuity perspective.



10. LDA – Long Term Segregation Episodes

2 or 3 points close to upper control limit



All LDA LTS areas are occupied currently. The majority of these are occupied by individuals waiting for bespoke community placements. Division linked with HOPES model – supporting the Hawkins and Marsh teams.

Weekly national call to focus on securing next steps for patients continues.

9 out of 12 patients initially identified have been discharged in 18 months.



11. LDA – Days in Long Term Segregation

Point above upper control limit



As previous.

Subsequent to this pack being created there has been a cleanse of duplicates this has resulted in the days in LTS being adjusted down and is now showing a common cause variation for September, as opposed to an SPC concern. That said, we do continue to note the significant LTS issue in LDA.



12. LDA – Enhanced Support Episodes

Point above upper control limit



Short term use of ES on top of chronic issues - number of wards part of CQI - a proportion reflect care needs and there is an active discussion about the distinction between acute risk and LT care needs



Clinical Exceptions - Divisions

13. LDA – Enhanced Support WTE

Point above upper control limit



This includes staff required for LTS and has shown a slight reduction despite episodes increasing (due to average ratios reducing).

High across 5 wards. Needs significant input re delayed discharges, bespoke placements and CQI initiatives to address key drivers. Improvements noted in Oak ward back to SPC limits after being high for 4 months.

16. NPS – Enhanced Support WTE

Point above upper control limit



Across multiple Neuro wards- Allitsen, Elgar- part of CQI. Reductions on Tallis and Fenwick will reflect in next month's data

14. MSU– Long Term Segregation Episodes

Point above average ≥ 7



Reflects acuity - 6 patients in LTS, 4 with slow reintegration plans and 2 ending bespoke placements

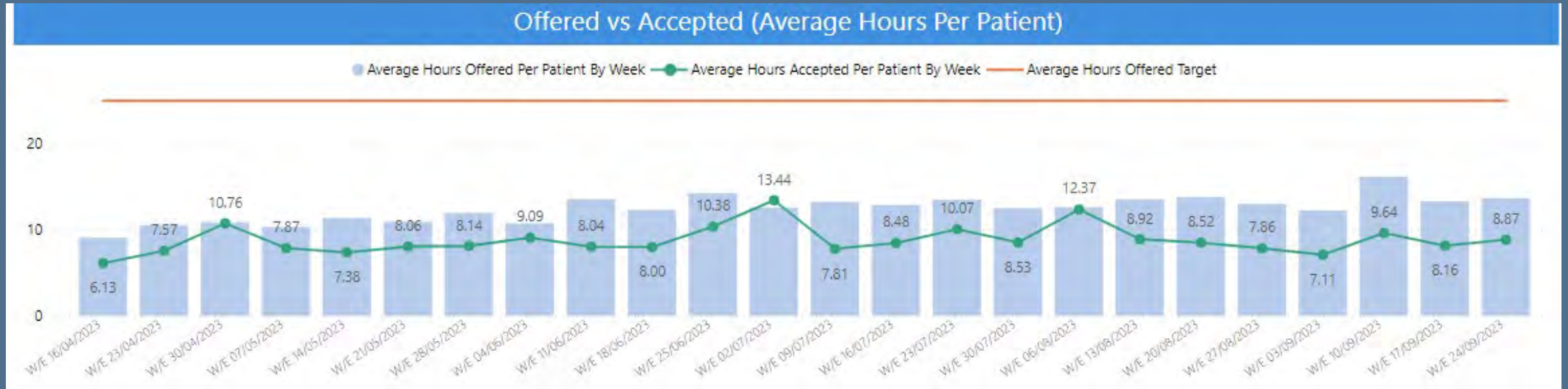
15. MSU– Days in Long Term Segregation

Point above average ≥ 7



Likely to stay high for a few months as reintegration plans will take that time

Quality Drivers – Meaningful activity



Meaningful activity - The expected target is 25 hours per week or 100 hours per month. The divisions each have this target on their QIP to achieve by close of Nov 23.

The performance has remained static for the past few months, having shown a rapid rise when the system was first introduced.

We have supported with:




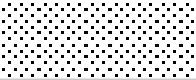


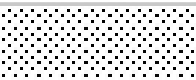




- A MA procedure that sets out how timetabling should be done

- Increased TIs in the MDT since Sep 23

- Extensive oversight discussions in TAG, and each IQPR


The issue is not the recording system but that the implementation has revealed barriers to be overcome: no standard practice of timetabling; lack of nursing activity or any culture of recording nursing activity; reduced practice of group versus 1:1 sessions; lack of effective MDT working. Given this, it is not possible to yet conclude additional issues such as capacity to meet the target with current provision. Each division is focussed on this as a QIP priority, but the end of Nov target is unlikely to be met by all divisions.

People

Measure	Target	St Andrews		
		Sep-23	6 month trend	SPC
Voluntary Turnover In Year	13%	^E 13.2%		Improvement
Voluntary Turnover In Month	1.1%	1.1%		In control
Vacancy Rate		17.4%		
Mandatory Training	90%	91.2%		Improvement
Mandatory Training (Perm)		91.3%		
Sickness % In Month	7.7%	6.9%		In control
RN Establishment Ratio	100%	^F 81.6%		In control
Non Patient Facing Shifts (Headroom Shifts)	30.0%	23.9%		

How to use above table chart:

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

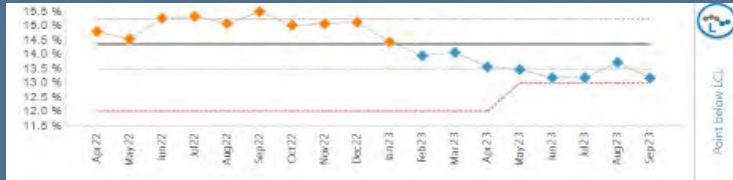
 Adverse to target or statistical concern requiring review. Review of each is on the following pages.

Positive People Performance:

- **Voluntary Turnover**, whilst over target, is showing a special cause improvement
- **Mandatory Training** remains **favourable to target** for permanent staff, with Bank workers now also favourable following the dedicated focus activity
- **Sickness** remains **favourable to target**. Sickness is in focus due to recent adverse trends, most notable impacting Clinical Services
- The **non-patient facing** metric continues to show strong performance and is **favourable to budget**
- The above correlates with the **very positive improvements in staff Engagement scores** from 51% (2021) to 64% 2023 (with a response rate above the NHS average). The next engagement survey is planned for late Spring 2024

E. Voluntary Turnover

Special Cause Improvement (adverse to target)



Performance is marginally adverse to target (13.2% v 13%), noting the special cause improvement with a trajectory towards target achievement.

The focus in this areas aligns with the Strategic Workforce ambition and the accompanying People Plan. The targets within will be reviewed as part of the refresh of the plan as we build our overall Operating Plan within our annual planning cycle.

F. RN Establishment

Challenge continues (adverse to target)



Challenging local and national recruitment picture continues. In the Autumn we will see the addition of our ASPIRE nurses (currently 11 Staff Nurses awaiting pin). The Nursing Workforce plan has been approved at Exec and People Committee – this sets out the longer term plan for securing the required nursing workforce. This plan will be revisited following the results of the live multi-disciplinary establishment review.

Focus areas:

- Management Supervision is being redesigned. Clinical Supervision has improved, however remains below the stretch target at Charity level. The associated actions are on the Quality Improvement Plans for the relevant clinical areas.
- Mandatory training specific focus areas:
 - Clinical training courses – ILS (perm 89.8%), BLS (perm 85.2%) and SIT (perm 80.2%) continue to require focus
 - Mandatory training across Corporate Services and Estates is in focus

Multi-disciplinary establishment review:

The annual nursing establishment review has been strengthened and expanded becoming a full multi-disciplinary establishment review, determining the mix and quantum of professionals working collaboratively together, with patients to enable positive outcomes. The review is live, due to complete late 2023 - reporting professional level establishment will follow.

Divisional integrated performance summary										
	Measure	Community Services	LDA	LSSR	CAMHS	Medium Secure	Neuro	Birmingham	Essex	Community Partnerships
Safety	Ward level SPC Concerns	0%	10%	2%	13%	2%	4%	2%	3%	N/A
	Ward level SPC Improvements	6%	6%	3%	11%	1%	5%	1%	0%	N/A
	Positive My Voice (Jul23 – Sept23)	N/A	72%	64%	60%	30%	93%	70%	72%	N/A
Workforce	Voluntary Turnover In Year (13%)	8.1% Improvement	12.5% Improvement	14.6%	27.4%	10.2% Improvement	11.7% Improvement	11.0%	18.2%	11.7%*
	Voluntary Turnover in Month (1.1%)	1.6%	1.7%	1.1%	1.8%	0.3%	0.8%	2.7%	1.3%	0.0%*
	RN Establishment (100%)	111.1%	94.1%	81.7% Improvement	63.3%	73.6%	80.6%	86.6% Concern	79.5% Improvement	N/A
	Unregistered Establishment (100%)	89.9%	112.0%	102.3%	Included in LSSR	100.9%	105.1%	107.4%	92.9%	N/A
	Training (90%)	94.4% Improvement	89.2% Improvement	93.9% Improvement	91.8% Improvement	93.0% Improvement	93.1% Improvement	89.7% Improvement	91.0% Improvement	90.4%
	Sickness % In Month (7.7%)	13.9% Concern	10.0% Concern	7.4%	7.5% Improvement	8.6%	4.7% Improvement	8.2%	6.0% Improvement	3.6%
	Non Patient Facing Headroom (26.5%)	N/A	23.5%	25.9%	Included in LSSR	24.9%	22.3%	22.7%	23.9%	N/A
Safer Staffing	Shifts <80%	7%	16%	20%	20%	14%	15%	10%	19%	N/A
Finance	Shifts >100%	68%	36%	16%	33%	26%	27%	30%	29%	N/A
	Mth Net contribution vs budget % (100%)	34.4%	68.8%	73.4%	Included in LSSR	101.8%	116.3%	103.7%	81.8%	89.7%
	YTD Net contribution vs budget % (100%)	18.2%	84.5%	88.6%	Included in LSSR	98.8%	103.3%	99.3%	82.1%	79.4%
	Occupancy vs Budget %	100.0%	95.0%	90.3%	Included in LSSR	98.8%	100.1%	98.8%	84.8%	N/A
Focus wards	9C review wards				Seacole & Stowe	Willow		Edgbaston		

Financial Performance – end September 2023

Net deficit £3.4m, which is £0.65m better than budget

- September 2023 closing occupancy of 629 **was 98% of budget** (lower income than budget). Avg £ per patient day £770 (**103% of budget**).
- Operational costs **exceeded budget (£1.4m)** partially due to higher patient acuity offset by income (higher income than budget) but also costs have exceeded budget (both staffing and non pay) in H1.
- Corporate Services costs £0.5m below budget due to HR savings and then smaller savings across most areas.

Net impact of these factors - Operating Deficit **£0.7m worse** than budget. Actions taken by Executive Team in September 2023 continue to have positive impact on controlling costs.

- Operating deficit offset by non operating costs **£1.4m lower than budget** with lower exceptional costs and Opex project costs incurred
- At September 2023 **cash held was £8.1m** (£5.5m above budget) mainly due to slower CAPEX expenditure H1 and timing of September month end (large supplier payments cleared 2nd October 2023).
- No material movement in investment portfolio and no covenant risk existed.

Financial Year 2023/24 Outlook

- 2023/24 forecast v budget to be shared in Private Board

Financial Performance September 2023

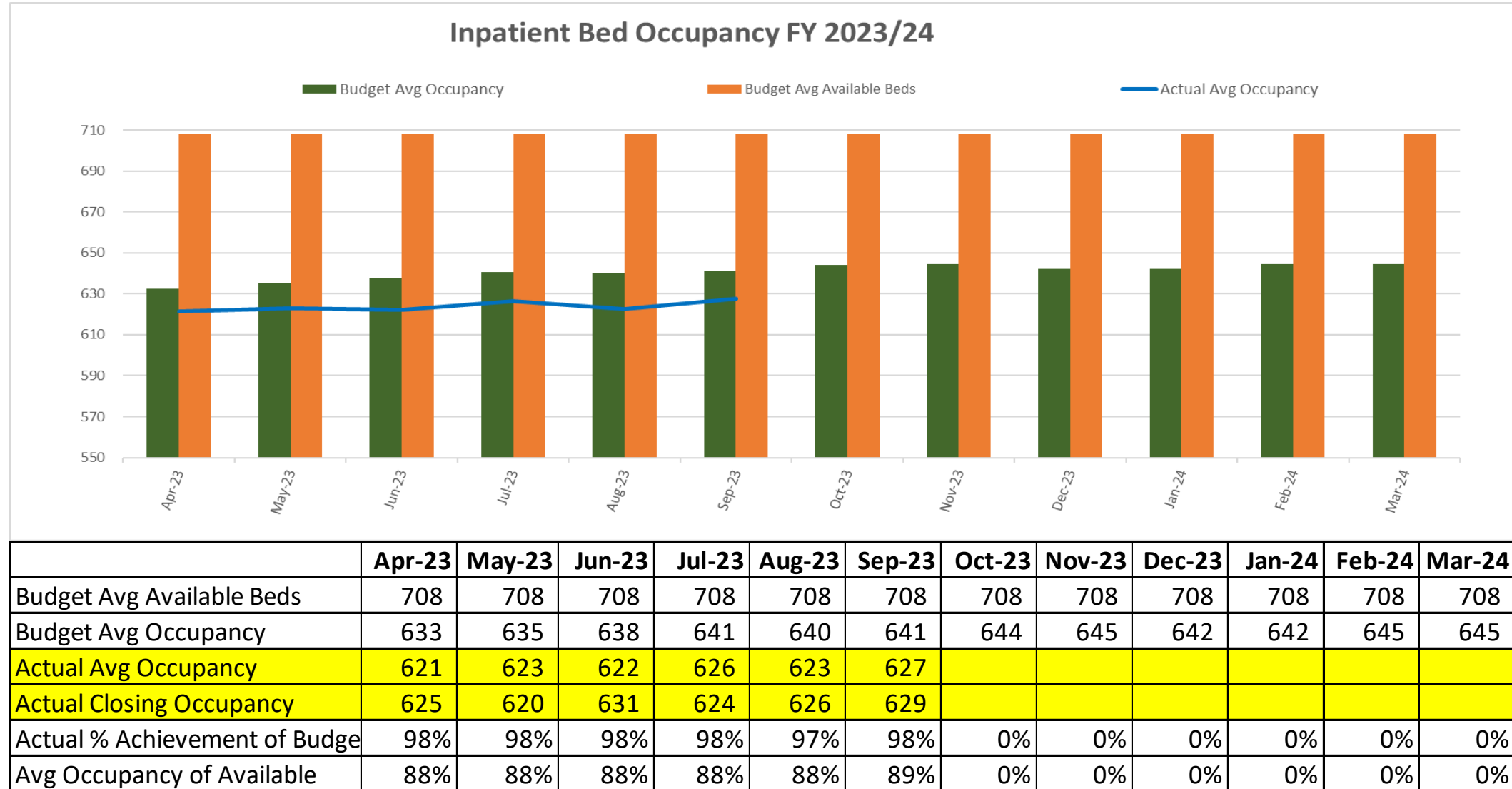
	YTD			Full Year
Financial Performance - £m	Actual	Budget	Variance	Budget
Income	94.15	94.00	0.15	189.79
Staff Costs	(72.44)	(71.93)	(0.51)	(141.96)
Non-Pay Costs	(8.85)	(8.00)	(0.85)	(17.88)
Net Contribution	12.86	14.06	(1.20)	29.94
Corporate Services	(8.93)	(9.42)	0.49	(18.48)
Depreciation	(5.02)	(5.00)	(0.02)	(9.89)
Operating Surplus/(Deficit)	(1.09)	(0.36)	(0.73)	1.57
Non Operating Costs	0.18	(0.04)	0.22	(0.03)
Exceptional Costs	(1.02)	(1.13)	0.10	(2.09)
Disposal of Fixed Assets & Impairment	0.00	0.00	0.00	0.85
Project Costs - OPEX	(1.42)	(2.48)	1.06	(4.89)
Investment Gains/Losses	0.00	0.00	0.00	0.00
Net Surplus/(Deficit)	(3.36)	(4.01)	0.65	(4.59)
KPI's				
Available Beds	711	708	3	708
Avg Occupied Beds	624	638	(14)	641
Closing Month Occupancy	629	644	(15)	645
Avg Occupancy %	88%	90%	(2%)	91%
Avg £ Per Patient Day	770	743	27	743
Net Contribution % Income	14% ₈₈	15%	(1%)	16%

Cashflow & Balance Sheet September 2023

	YTD			Full Year
Cashflow £m	Actual	Budget	Variance	Budget
Net Inflow / (Outflow) from Operations	1.2	(0.8)	2.0	3.7
Other Net Cash Inflow / (Outflows)	(1.5)	(4.9)	3.5	(5.9)
Total Cashflow Movement	(0.2)	(5.7)	5.5	(2.3)
Cash Held	8.1	2.6	5.5	6.1
Bank Loan Balance	(20.0)	(19.0)	0.0	(19.0)
RCF Headroom	7.0	7.0	0.0	7.0
Investment Portfolio	11.4	11.4	0.1	11.4
Covenant Risk	N	N	-	N

Balance Sheet Summary £m	Mar 23						
	Sept 22	Dec 22	Unaudited	June 23	Jul-23	Aug-23	Sep-23
Fixed assets	192.7	190.8	189.1	186.5	185.8	185.0	184.5
Investments	17.4	16.5	16.5	17.1	17.1	17.2	17.2
Net Current Assets/(Liabilities)	0.1	(0.1)	0.5	(0.0)	0.5	1.0	0.7
Bank Loan Balance	(20.0)	(20.0)	(20.0)	(20.0)	(20.0)	(20.0)	(19.0)
Pension	(0.6)	(0.6)	(0.6)	(0.6)	(0.6)	(0.6)	(0.6)
Total Assets Employed	189.6	186.6	185.5	183.0	182.8	182.6	182.7

Occupancy



Paper for Board of Directors

Topic	Matters Reserved for Board
Date of Meeting	Thursday, 30 November 2023
Agenda Item	09
Author	Duncan Long, Company Secretary
Responsible Executive	Paul Burstow, Charity Chair
Discussed at Previous Board Meeting	Annual Paper, discussed at previous Boards
Patient and Carer Involvement	Not appropriate in this instance
Staff Involvement	Discussed with responsible executives and senior management, as well as with Governance Oversight Group
Report Purpose	<div>Review and comment <input type="checkbox"/></div> <div>Information <input type="checkbox"/></div> <div>Decision or Approval <input checked="" type="checkbox"/></div> <div>Assurance <input type="checkbox"/></div>
Key Lines Of Enquiry:	S <input type="checkbox"/> E <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> W <input checked="" type="checkbox"/>
Strategic Priority Area	<div>Voice <input checked="" type="checkbox"/></div> <div>Community <input checked="" type="checkbox"/></div> <div>Quality <input checked="" type="checkbox"/></div> <div>Service Development <input checked="" type="checkbox"/></div> <div>Workforce <input checked="" type="checkbox"/></div> <div>Learning and Research <input checked="" type="checkbox"/></div> <div>Financial Sustainability <input checked="" type="checkbox"/></div>
Committee meetings where this item has been considered	Not applicable

Report Summary and Key Points to Note:

The attached Matters Reserved for the Board of Directors, which documents the key actions and decisions reserved for the Board, has been reviewed and revised following the EY Governance Review and changes to the Terms of Reference for Board Committees. As part of the review, the Matters Reserved have been re-categorised into 11 relevant topics from the previous 15 to in part simplify the recording of the main areas, as well as make future review and revisions easier. Furthermore the Matters Reserved now records the route to Board and identifies the relevant Board Committee (at this time) which has responsibility to review and recommend the item for decision, or where applicable if it is the Executive Team making the recommendation.

The majority of Matters Reserved remain unchanged, albeit with minor changes to the descriptions or changes to the approval values stated, in-line with the latest approved Authority Matrix.

A number of new items have been added, including:

- Approval of selected annual reports that are required to be published on the Charity website
- Approving the Gender Pay Gap Report
- Approval of Charity-wide Governance Structure
- Approval of staffing Establishment Review and Safer Staffing criteria

The Board is asked to review the revised Matters Reserved for Board and consider:

1 - Have the correct and appropriate items been included?

2 - Are any further items to be considered as Matters Reserved?

Once reviewed, and if in agreement, the Board is asked to APPROVE the Matters Reserved for Board.

Once approved the Matters Reserved will be added to the annual Board plan in line with good practice, and reviewed on a yearly basis, or whenever there is a significant change in the Authority Matrix or Charity Group Governance Structure.

Appendices -

Appendix 1 – Matters Reserved for Board of Directors 2023-2024.

St Andrew's Healthcare – Matters Reserved for the Board of Directors

Matter		Board or Committee Assignment (Board retains overall approval authority)
1	Charitable Status / Corporate Structure	
1.1	Changes to the Charity's Objects or Articles of Association	<i>Board (Confirmed by Court of Governors via Resolution)</i>
1.2	Changes to the Charity's charitable registration or status	<i>Quality Safety Committee - recommendation</i>
1.3	Major changes to the Charity's corporate structure including the establishment of any part owned or wholly owned subsidiaries	<i>Finance Committee - recommendation</i>
1.4	Approving the annual Public Benefit statement as part of the Annual Report and s172 statement	<i>Audit & Risk Committee - recommendation</i>
2	Delegation of Authority	
2.1	Approval of Terms of Reference of Board Committees and the Court of Governors.	<i>All Board Committees (initially), escalated to Board</i>
2.2	Receiving escalation and assurance reports from Board Committees on their activities and decisions taken	<i>All Board Committees (initially), escalated to Board</i>
2.3	Approval of the Annual Report and Accounts, including the Corporate Governance Statement, Remuneration Report and the Reserves Statement	<i>Audit & Risk Committee – recommendation (prior to confirmation at AGM)</i>
3	Communication	
3.1	Approval of special resolutions and corresponding documentation to be put forward to Members at an Annual General Meeting	<i>Board</i>
3.2	Approval by Chair of press releases concerning matters decided by the Board of Directors	<i>Board</i>
3.3	Approval of new names, logos, colours or concepts (includes products, services, applications, business lines, divisions or subsidiaries) representing the Charity	<i>Executive Team – recommendation Board</i>
3.4	Approval of selected annual reports that are required to be published on the Charity website	<i>Committees (as required) - recommendation</i>
4	Board Membership and Other Appointments	
4.1	Changes to the structure, size and composition of the Board of Directors, following recommendations from the Nomination and Remuneration Committee in line with the Articles of Association	<i>NomRemCo - recommendation</i>
4.2	Ensuring adequate succession planning for the Board of Directors and Executive Team	<i>NomRemCo - recommendation</i>
4.3	Appointments of new Trustees to the Board and addition of new Members of the Charity, following recommendations by the Nomination and Remuneration Committee	<i>NomRemCo - recommendation</i>
4.4	Membership and chairing of Board Committees, following recommendations from the Nomination and Remuneration Committee	<i>NomRemCo - recommendation</i>

Matter		Board or Committee Assignment <i>(Board retains overall approval authority)</i>
4.5	Continuation in office of Trustees at the end of their term of office, when they are due to be re-elected by Members at the AGM and otherwise as appropriate	<i>NomRemCo - recommendation</i>
4.6	Continuation in office of any Director/Trustee at any time, including the suspension or termination of service of an Executive Director as an employee of the Charity, subject to the law and their service contract	<i>NomRemCo - recommendation</i>
4.7	Appointment or removal of the Chair, Deputy Chair, Senior Independent Director, the CEO, CFO and the Company Secretary.	<i>NomRemCo - recommendation</i>
4.8	Appointments to Boards of subsidiaries including new appointments of existing Charity Trustees to the Boards of other organisations.	<i>NomRemCo - recommendation</i>
4.9	Appointments to the Court of Governors, including Constituency Governors, as well as the removal of Governors	<i>NomRemCo - recommendation</i>
4.10	Appointment of Honorary Governors	<i>NomRemCo - recommendation</i>
5	Remuneration	
5.1	Determining the remuneration policy for the Executive Directors, Company Secretary, other Senior Executives and Non-Executive Directors as per the Articles of Association.	<i>NomRemCo - recommendation</i>
5.2	Major changes to the rules of the Charity's pension scheme	<i>Finance Committee</i> <i>Pension Trustees</i>
5.3	Approving the Gender Pay Gap Report	<i>NomRemCo - recommendation</i>
6	Corporate Governance Matters	
6.1	Undertaking a formal and rigorous review annually of its own performance, that of its committees and individual Directors	<i>Board</i>
6.2	Considering the balance of interests between service users, employees, commissioning bodies and the community	<i>People Committee - recommendation</i>
6.3	Periodic Review of the Charity's overall corporate governance arrangements (at least every 5 years)	<i>Audit & Risk Committee - recommendation</i>
6.4	This Schedule of Matters Reserved for Board decisions	<i>Board</i>
6.5	Approval of Charity-wide Governance Structure	<i>Executive Team</i>
7	Quality and Registration	
7.1	Approval of annual Quality Accounts	<i>Quality Safety Committee - recommendation</i>
7.2	Approval of any material changes in registrations	<i>Quality Safety Committee - recommendation</i>
7.3	Approval of staffing Establishment Review and Safer Staffing criteria	<i>Quality Safety Committee - recommendation</i>

Matter		Board or Committee Assignment <i>(Board retains overall approval authority)</i>
7.4	Approving the Responsible Officer Regulations (Appraisal and revalidation) Report	<i>Quality Safety Committee - recommendation</i>
7.5	Approving the annual NHSE submission/s	<i>Finance Committee – recommendation Audit & Risk Committee - recommendation</i>
7.6	Approving the annual Data Security and Protection Toolkit submission	<i>Audit & Risk Committee - recommendation</i>
7.7	Approving the Caldicott Guardian and Senior Information Risk Owner Annual Report	<i>Audit & Risk Committee - recommendation</i>
7.8	Agreeing priorities and monitoring compliance with Equality & Diversity legislation and regulation.	<i>People Committee - recommendation</i>
7.9	Approving the Modern Slavery Act statement	<i>People Committee - recommendation</i>
8	Strategy and Management	
8.1	Responsibility for the overall leadership and direction of the Charity	<i>Board</i>
8.2	Approval and monitoring of the Charity's vision, values, purpose, long-term objectives and strategy	<i>Executive Team</i>
8.3	Oversight of the Charity's operations ensuring: <ul style="list-style-type: none"> • competent and prudent management • sound planning • accurate accounting and other records • compliance with statutory and regulatory obligations 	<i>Executive Team</i>
8.4	Review of performance in the light of the Charity's strategy, objectives, business plans and budgets and ensuring that any necessary corrective action is taken	<i>Executive Team Finance Committee - recommendation</i>
8.5	Review the performance of any subsidiary / joint venture / partnership arrangements <i>(as set out in the group structure at Appendix 1)</i>	<i>Finance Committee – recommendation, along with Executive Team</i>
8.6	Extension of the Charity's activities into new business or establishment of new operational sites in new geographic areas either inside or outside the UK	<i>Finance Committee – recommendation, along with Executive Team</i>
8.7	Any decision to cease to operate any material part of the Charity's services or hospital sites	<i>Finance Committee – recommendation, along with Executive Team</i>
9	Financial Reporting and Controls	
9.1	Approval of the annual operating and capital expenditure budgets and any material changes to them	<i>Finance Committee - recommendation</i>
9.2	Approval of any changes in reserves policy including both free and restricted reserves	<i>Audit & Risk Committee - recommendation</i>
9.3	Approval of any changes in investment policy	<i>Finance Committee - recommendation</i>
9.4	Approval of any significant changes in accounting policies	<i>Audit & Risk Committee - recommendation</i>
9.5	Approval of any new / extending loans, borrowing, lines of credit or other indebtedness such as granting of charges over any land or charity assets in line with the limits as set out in the Authority Matrix	<i>Finance Committee - recommendation</i>

Matter		Board or Committee Assignment <i>(Board retains overall approval authority)</i>
9.6	Capitalisation, write off or impairment of any charitable assets and bad debts above the defined limits within the Authority Matrix.	<i>Finance Committee – recommendation</i> <i>Charitable Assets – Board over £2.5m</i> <i>Bad Debts – Board over £250k</i>
9.7	Approval of the sale or purchase of land or fixed assets or the granting or taking of a lease or letting of a property, land or space in line with the defined limits within the Authority Matrix and the certification of best value for property transactions as specified by the Charities Act	<i>Finance Committee - recommendation</i> <i>Board over £5m</i> <i>Best Value – as specified by the Charities Act</i>
9.8	Approval of Charity's overall insurance strategy and approval of any change in amount or terms of Director's and Officer's insurance	<i>Audit & Risk Committee - recommendation</i>
9.9	Appointment or dismissal of the Charity's auditors subject to the vote of Members at the AGM	<i>Audit & Risk Committee - recommendation</i>
9.10	The making of donations to other charities of over £5,000	<i>Board over £5k</i>
9.11	Prosecution, defence or settlement of litigation above £2.5 m or being otherwise material to the interests or reputation of the Charity	<i>Board</i>
10	Internal Controls	
10.1	Ensuring maintenance of a robust system of internal control and risk management including: <ul style="list-style-type: none"> • approving the Charity's risk appetite statements • receiving reports on, and reviewing the effectiveness of, the group's risk management and control processes to support its strategy and objectives including the Board Assurance Framework • approving procedures for the detection of fraud and the prevention of bribery • undertaking an annual assessment of these processes • approving an appropriate statement for inclusion in the annual report 	<i>Audit & Risk Committee - recommendation</i>

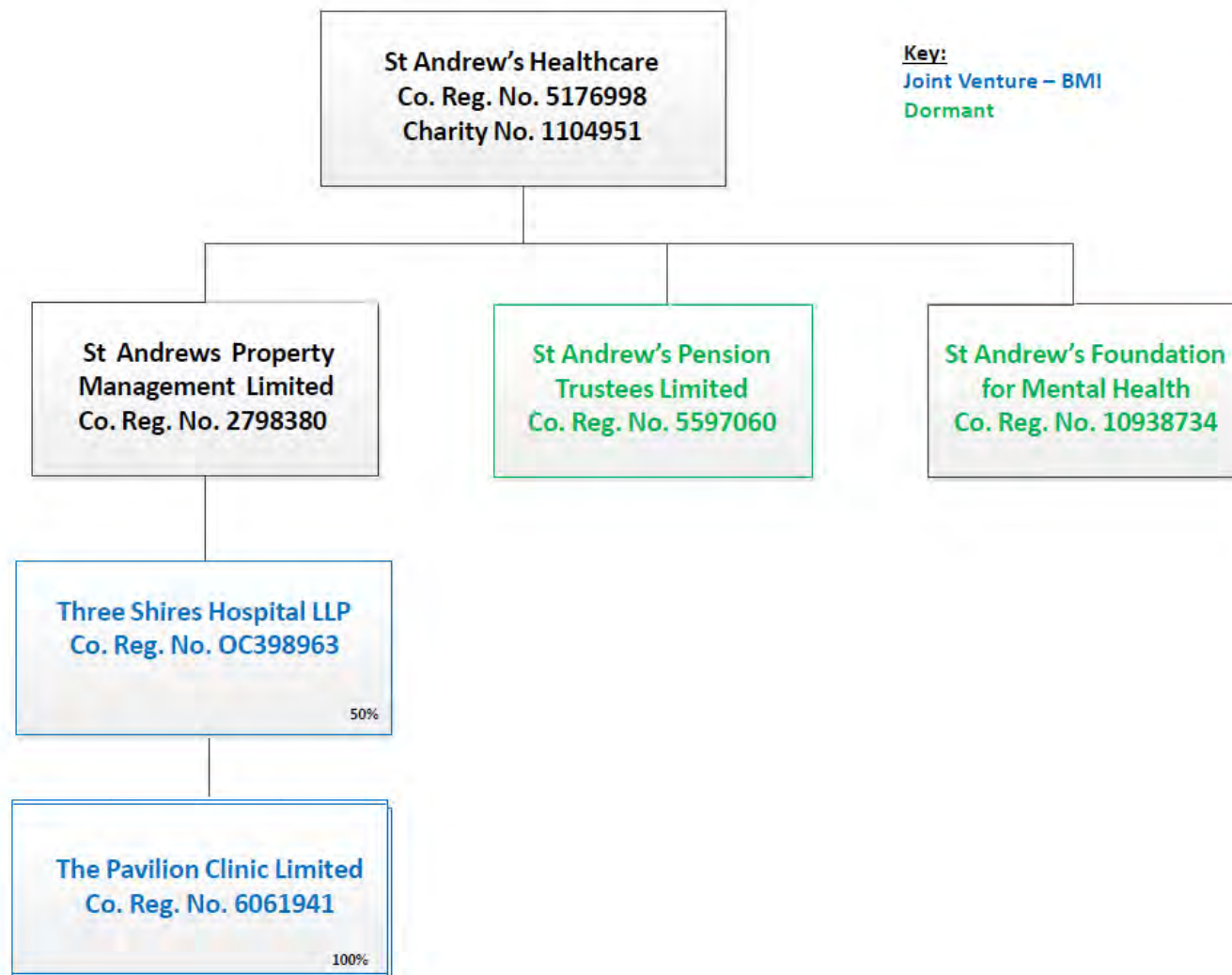
Matter		Board or Committee Assignment (Board retains overall approval authority)
11	Contracts	
11.1	Major capital projects in line with Authority Matrix limits	Finance Committee over £2.5m - recommendation Board
11.2	The acquisition of any shares or assets of any other organisation, any merger or consolidation with any other organisation or investment in any joint venture or partnership with any other organisation, and the disposal of any such asset or interest	Finance Committee - recommendation
11.3	Contracts which are material strategically or with a value in excess of the defined limits as set out in the Authority Matrix. <ul style="list-style-type: none"> Customer Contracts (including legally binding tenders) Supplier Contracts Risk and Gain Share arrangements (Provider Collaboratives) 	<u>Supplier Contracts:</u> Finance Committee over £1m unbudgeted spend Board over £2.5m unbudgeted spend <u>Customer Contracts</u> Finance Committee recommendation Board over £5m <u>Provider Collaborative Risk and Gain Arrangements (no minimum value)</u> Finance Committee recommend Board approve

Approved by the Board

Date:.....

Note: Where a Committee is assigned to a task it will either state a recommendation or confirm the decision taken via the Committee Escalation Report presented to the Board, ensuring that the original paper or report supporting the recommendation or decision is attached to the Escalation Report as an appendix.

Appendix 1 – Group Structure



Paper for Board of Directors

Topic	Board of Directors Terms of Reference
Date of Meeting	Thursday, 30 November 2023
Agenda Item	10
Author	Duncan Long, Company Secretary
Responsible Executive	Paul Burstow, Charity Chair
Discussed at Previous Board Meeting	Annual Paper, discussed at previous Boards
Patient and Carer Involvement	Not appropriate in this instance
Staff Involvement	Discussed with responsible executives and senior management, as well as with Governance Oversight Group
Report Purpose	<div>Review and comment <input type="checkbox"/></div> <div>Information <input type="checkbox"/></div> <div>Decision or Approval <input checked="" type="checkbox"/></div> <div>Assurance <input type="checkbox"/></div>
Key Lines Of Enquiry:	S <input type="checkbox"/> E <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> W <input checked="" type="checkbox"/>
Strategic Priority Area	<div>Voice <input checked="" type="checkbox"/></div> <div>Community <input checked="" type="checkbox"/></div> <div>Quality <input checked="" type="checkbox"/></div> <div>Service Development <input checked="" type="checkbox"/></div> <div>Workforce <input checked="" type="checkbox"/></div> <div>Learning and Research <input checked="" type="checkbox"/></div> <div>Financial Sustainability <input checked="" type="checkbox"/></div>
Committee meetings where this item has been considered	Not applicable

Report Summary and Key Points to Note:

This paper highlights the revised Terms of Reference for the Board of Directors. Following the review and updating of Terms of reference for the Board Committees, and the review of Matters Reserved for Board, the Board ToR (Appendix 1) has been substantially revised.

A comparison document is attached (Appendix 2) that compares the revised ToR with the previous approved version. A major change to ToR relates to the recording of Board Duties, whereby they are now clearly aligned to the revised Matters Reserved for Board categories. The Matters Reserved outline the key responsibilities for the Board to discuss at its scheduled meetings, in-line with the approved annual workplan, or at extra-ordinary meetings when required. The Board has overall responsibility for all activities detailed within them under the recorded categories.

The ToR aligns, where required, with the Articles of Association and Authority Matrix.

The Board is asked to review the attached, and if in agreement APPROVE the new Terms of Reference.

Once approved, a review of the Board's Terms of Reference will be added to the annual Board plan in line with good practice, and reviewed on a yearly basis in line with reviews of the Board Matters Reserved.

Appendices -

Appendix 1 – Board of Directors Terms of Reference

Appendix 2 – Board ToR Comparison doc

Terms of Reference

Board of Directors

St Andrews Healthcare

1.0 Authority

The Board is authorised by the Companies and Charities Acts to operate in accordance with its Articles of Association. The Board must also ensure that the Charity complies with all applicable company, charity and other laws of England and Wales.

The Authority Matrix and Matters Reserved identifies matters which are reserved for the jurisdiction and determination of the Board. This shall be reviewed annually by the Board to ensure its effectiveness.

The Board may investigate any activity or issue relating to the Charity. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request by the Board; obtain outside legal, financial, healthcare, IT or other independent professional advice and to secure the attendance at Board meetings of outsiders with relevant experience and expertise if it considers this necessary at the cost of the Charity; and attend any meeting of the Charity or visit any part of the Charity in order to discharge its duties.

2.0 Purpose

- 2.1 The purpose of St Andrew's Board of Directors is to govern the Charity effectively in order to provide safe, high quality patient centred care with value based outcomes, whilst maintaining financial sustainability. The Board is responsible for:
- Setting the Vision, Mission, Values and Strategic direction of the Charity
 - Shaping the culture of the Charity
 - Monitoring and communicating performance against the Strategy, its impact upon stakeholders and its corporate behaviour.
 - Acting as guardians of the Charity's assets, both tangible and intangible, taking all due care over their security, deployment and proper application.
 - Ensure that the Charity complies with all its constitutional, legal and regulatory requirements.
 - Ensure that the Charity's governance is of the highest possible standard and implemented and maintained effectively.
- 2.2 The Board may delegate powers to its Committees (so long as the committee is quorate and all proceedings of the committees are reported promptly to the Board, providing adequate supporting information when a decision has been made on behalf of the Board)
- 2.3 The Board's responsibilities cover the Charity and its subsidiaries.

3.0 Duties

The Board has overall responsibility for the leadership of the Charity and will be the decision maker in relation to all matters set out in the Authority Matrix as being **Matters Reserved for the Board** and has responsibility for the overall governance of the Charity and for legal, statutory and regulatory compliance, both corporate and clinical.

The Board has responsibility for the performance of the Charity and in particular will review metrics which indicate achievement of the Strategy, actual performance versus target and compliance with standards and policies. The Board will also review the performance of any subsidiary/joint venture/partnership arrangements, taking into account the recommendations from the Finance Committee.

The Board is accountable for the oversight and effective management of risk in the Charity, including ensuring that an effective risk management framework is in place and operating effectively, setting the

risk appetite for the Charity and identifying with the Executive Team the key risks facing the Charity. The Board will maintain oversight, via assurance from the Audit and Risk Committee (and other designated committees where specified), of all Strategic Risks and ensure that the Executive Team is taking effective and timely measures to manage and respond to risks.

In conjunction with the Chief Executive Officer, the Board will ensure that the Executive Team members have the relevant competencies to promote a culture of openness, transparency and effective leadership. The Board will promote a people plan that puts the Charity's patients at the centre of every activity ensuring that all staff are caring, safe, effective and well-led. This will include talent management, an open culture, reward, development and wellbeing.

The Matters Reserved outline the key responsibilities for the Board to discuss at its scheduled meetings, in-line with the approved annual workplan, or at extra-ordinary meetings when required. The current Matters Reserved attached as Appendix 1 to these terms and in summary the Board is responsible for all activities detailed within them under the following categories:

- 3.1 Charitable Status and Corporate Structure
- 3.2 Delegation of Authority
- 3.3 Communication
- 3.4 Board membership and other appointments
- 3.5 Remuneration
- 3.6 Corporate Governance Matters
- 3.7 Quality and Registration
- 3.8 Strategy & Management
- 3.9 Financial Reporting and Controls
- 3.10 Internal Controls
- 3.11 Contracts

4.0 Membership

4.1 The Board shall be formed of the statutory Directors of the Charity, and shall comprise not less than four and not more than 15 individuals of which not less than one half will be Non-Executive Directors (with a maximum of 6 Executive Directors). The Directors shall also act as the Trustees of the Charity. The appointment, retirement and termination of Directors shall be in accordance with the Articles of Association.

4.2 The composition of the Board is:

- Chair – Non Executive
- Up to 8 additional Non-Executive Directors (in-line with number of Executives)
- Chief Executive Officer - Executive
- Up to 5 additional Executive Directors (in-line with Articles of Association limits)

4.3 In attendance:

- Company Secretary

4.4 Attendance as required:

- Director of Estates and Facilities
- Director of Performance
- Director of HR
- Chief Quality Officer
- Lead Governor
- Director of IT
- Director of Nursing

- Director of Business Development

4.4 The Deputy Chair shall chair meetings of the Board in the Chair's absence.

4.5 The Company Secretary of the Charity will be Secretary of the Board.

5.0 Quoracy

The quorum for meetings shall be five Directors, of which at least three are Non-Executive Directors (including either the Chair or Deputy-Chair).

6.0 Declaration of Interest

All members and attendees of the Board must declare any relevant personal, non-personal, pecuniary or potential interests at the commencement of any meeting. These must be recorded in the minutes. Members must exclude themselves from any part of the meeting where a potential or actual conflict of interest may occur.

7.0 Meetings

- 7.1 Meetings of the Board shall take place at least 6 times a year and shall be convened by the Company Secretary. Notice of the meeting confirming venue, time and date, together with the agenda will be sent to each Board member and any other person required to attend, with supporting information, as appropriate, at least 7 days before the meeting or in a timely manner to allow full and proper consideration to be given to the issues.
- 7.2 The regular bi-monthly Board meetings shall be held in two parts:
- 7.2.1 Part 1 – Board meeting held in public
 - 7.2.2 Part 2 – Private Board for confidential matters
- 7.3 Meeting dates will be agreed annually in advance by members of the Board
- 7.4 The Board may invite to its meetings Governors of, or employees of the Charity or any professional adviser to St Andrew's Healthcare, or patients and/or carers
- 7.5 The Final Agenda and the supporting papers will be circulated by email 1 week prior to the date of the meeting
- 7.6 Meetings of the Board may be conducted when the members are physically present together, or virtually in whichever form is deemed fit for purpose at the time.
- 7.7 Extra-Ordinary meetings may be convened at the request of the Chair or at the request of any of the Board members giving wherever possible, 4 weeks' notice.

8.0 Administration

- 8.1 The Company Secretary will ensure there is appropriate secretarial and administrative support to the Board.
- 8.2 All papers will be with the Company Secretary at least 10 days before the date of the next meeting in line with clause 7.5 above.
- 8.3 An Action List and Minutes will be compiled during the meeting and circulated to the Chair within ten working days of the meeting. Actions will be shared with appropriate management within three weeks of the meeting.
- 8.4 Any issues with the Action List or Minutes will be raised within seven calendar days of issue.

- 8.5 Draft minutes will be circulated to the members once approved by the Chair and with the papers one week prior to the date of the next meeting.
- 8.6 Papers for Part 1 (Public) will be uploaded to the Charity website once circulated to members.
- 8.7 Minutes of Part 1 (Public) will be uploaded to the Charity website once approved by the Board.

9.0 Reporting and Relationships with Other Committees

- 9.1 The Board shall report to the Governor Members at meetings of the Court of Governors, which shall be held at least 4 times a year, including the Annual General meeting. The Board shall also report the Charity's performance to the Governor Members and other stakeholders and regulators of the Charity via the Charity's Annual Report and Accounts and annual Quality Accounts.
- 9.2 The Board shall arrange for periodic reviews of its performance and, at least annually, review its constitution and the terms of reference to ensure it is operating at maximum effectiveness. At least every three years the Board shall use an external facilitator to assist in its Board effectiveness review.
- 9.3 The Board shall receive Escalation and Assurance Reports from its nominated Committees.

Standing Agenda
(To be confirmed)

Appendix 1 - MATTERS RESERVED – *to be added once approved*

Document Control

Document Description

Document Title	Terms of Reference for the Board of St Andrews Healthcare
Issuance/ Revision	0.1 / 0.2 / 0.3
Date of Board approval	TBC – November 2023
Owner	Company Secretariat
Author	Duncan Long

The Board of Directors may recommend changes to this Terms of Reference provided that any such modification does not violate any application of laws, rules or the Charity's Articles of Association and further provided that any such modification is appropriately disclosed to concerned parties.

Approvals

Name	Role	Date
Chair of Board of Directors	Review	19.10.2023
Governance Oversight Group	Recommend	19.10.2023
Board of Directors	Approve	

Document Change History

Date	Issuance/Revision	Author	Description of Change
07 Dec 2022	Draft v0.1	M J Duncan	First Draft
03 May 2023	Draft v0.2	D Long	Revised in-line with other agreed ToR formats and appropriate clauses. ToR reconciled to revised Matters reserved for Board
12 Sept 2023	Draft v0.3	D Long	Further revisions to ensure alignment with matters reserved and simplification of reported duties.

Board of Directors

Section	New Terms	Section	Old Terms (March 2018)
Authority	<p>The Board is authorised by the Companies and Charities Acts to operate in accordance with its Articles of Association. The Board must also ensure that the Charity complies with all applicable company, charity and other laws of England and Wales.</p> <p>The Authority Matrix and Matters Reserved identifies matters which are reserved for the jurisdiction and determination of the Board. This shall be reviewed annually by the Board to ensure its effectiveness.</p> <p>The Board may investigate any activity or issue relating to the Charity. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request by the Board; obtain outside legal, financial, healthcare, IT or other independent professional advice and to secure the attendance at Board meetings of outsiders with relevant experience and expertise if it considers this necessary at the cost of the Charity; and attend any meeting of the Charity or visit any part of the Charity in order to discharge its duties.</p>	Constitution & Authority	<p>1.1. The Board is authorised by the Companies and Charities Acts to operate in accordance with its Articles of Association. The Board must also ensure that the Charity complies with all applicable company, charity and other laws of England and Wales.</p> <p>1.2. The Scheme of Delegation and Matters Reserved identifies matters which are reserved for the jurisdiction and determination of the Board. This shall be reviewed annually by the Board to ensure its effectiveness.</p> <p>1.3. The Board may:</p> <p>1.3.1. investigate any activity or issue relating to the Charity. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request by the Board;</p> <p>1.3.2. obtain outside legal, financial, healthcare, IT or other independent professional advice and to secure the attendance at Board meetings of outsiders with relevant experience and expertise if it considers this necessary at the cost of the Charity; and</p> <p>1.3.3. attend any meeting of the Charity or visit any part of the Charity in order to discharge its duties.</p>
Purpose	<p>2.1 The purpose of St Andrew’s Board of Directors is to govern the Charity effectively in order to provide safe, high quality patient centred care with value based outcomes, whilst maintaining financial sustainability. The Board is responsible for:</p> <ul style="list-style-type: none">• Setting the Vision, Mission, Values and Strategic direction of the Charity• Shaping the culture of the Charity• Monitoring and communicating performance against the Strategy, its impact upon stakeholders and its corporate behaviour.• Acting as guardians of the Charity’s assets, both tangible and intangible, taking all due care over their security, deployment and proper application.• Ensure that the Charity complies with all its constitutional, legal and regulatory requirements.• Ensure that the Charity’s governance is of the highest possible standard and implemented and maintained effectively. <p>2.2 The Board may delegate powers to its Committees (so long as the committee is quorate and all proceedings of the committees are reported promptly to the Board, proving adequate supporting information when a decision has been made on behalf of the Board)</p> <p>2.3 The Board’s responsibilities cover the Charity and its subsidiaries.</p>	Purpose	<p>2. Purpose</p> <p>2.1. The purpose of St Andrew’s Board of Directors is to govern the Charity effectively with a view to providing safe, high quality patient centred care and value based outcomes. The Board is responsible for the development of a strategy that promotes the Charity’s charitable purpose, and delivers the Charity’s vision, whilst upholding the CARE values and promoting a positive culture.</p> <p>2.2. The Board’s responsibilities cover the Charity and its subsidiaries.</p>
Duties	<p>The Board has overall responsibility for the leadership of the Charity and will be the decision maker in relation to all matters set out in the Authority Matrix as being Matters Reserved for the Board and has responsibility for the overall governance of the Charity and for legal, statutory and regulatory compliance, both corporate and clinical.</p> <p>The Board has responsibility for the performance of the Charity and in particular will review metrics which indicate achievement of the Strategy, actual performance versus target and compliance with standards and polices. The Board will also review the performance of any subsidiary/joint venture/partnership arrangements, taking into account the recommendations from the Finance Committee.</p> <p>The Board is accountable for the oversight and effective management of risk in the Charity, including ensuring that an effective risk management framework is in place and operating effectively, setting the risk appetite for the Charity and identifying with the Executive Team the key risks facing the Charity.</p> <p>The Board will maintain oversight, via assurance from the Audit and Risk Committee (and other designated committees where specified), of all Strategic Risks and ensure that the Executive Team is taking effective and timely measures to manage and respond to risks.</p> <p>In conjunction with the Chief Executive Officer, the Board will ensure that the Executive Team members have the relevant competencies to promote a culture of openness, transparency and effective leadership. The Board will promote a people plan that puts the Charity’s patients at the centre of every activity ensuring that all staff are caring, safe, effective and well-led. This will include talent management, an open culture, reward, development and wellbeing.</p>	Duties	<p>The Board has overall responsibility for the leadership of the Charity and will be the decision maker in relation to all matters set out in the Delegation of Authority as being matters reserved for the Board. Some of the key elements of this responsibility are:</p> <p>2.3. Strategy</p> <p>2.3.1. The Board is the owner of the Charity’s Vision and its strategy and the successful execution of the strategy.</p> <p>2.3.2. The Board will:</p> <ul style="list-style-type: none">• Support the development of the strategy by the Executive Leadership Team and be responsible for approval of the Strategy.• Ensure that the Strategy is reviewed and updated from time to time to reflect external, as well as internal, factors.• Review and approve the annual budget and funding plan for delivery of the Strategy.• Maintain oversight of the execution of the Strategy, reviewing performance against agreed targets. <p>2.4. Governance and Compliance</p> <p>2.4.1. The Board has responsibility for the overall governance of the Charity and for legal and regulatory compliance, both corporate and clinical.</p>

	<p>The Matters Reserved outline the key responsibilities for the Board to discuss at its scheduled meetings, in-line with the approved annual workplan, or at extra-ordinary meetings when required. The current Matters Reserved attached as Appendix 1 to these terms and in summary the Board is responsible for all activities detailed within them under the following categories:</p> <ul style="list-style-type: none"> 3.1 Charitable Status and Corporate Structure 3.2 Delegation of Authority 3.3 Communication 3.4 Board membership and other appointments 3.5 Remuneration 3.6 Corporate Governance Matters 3.7 Quality and Registration 3.8 Strategy & Management 3.9 Financial Reporting and Controls 3.10 Internal Controls 3.11 Contracts 		<p>2.4.2. The Board may delegate any of its functions and activities to committees of the Board, and appoint individuals to those committees, which may include:</p> <ul style="list-style-type: none"> • Executive Leadership Team • Audit and Risk Committee • Quality and Safety Assurance Committee • Nominations Committee • Remuneration Committee • Investment Committee <p>2.4.3. The Board shall approve the Terms of Reference of all Board Committees and shall review the reports provided to the Board by such Committees.</p> <p>2.5. Performance and Finance</p> <p>2.5.1. The Board has responsibility for the performance of the Charity and in particular will:</p> <ul style="list-style-type: none"> • Review metrics which indicate achievement of the strategy, performance, compliance and mitigation of risks from ward to Board. • Ensure compliance with all statutory and regulatory requirements. • Review the performance of any subsidiary/joint venture/partnership arrangements. <p>2.5.2. In addition, the Board shall approve the Annual Report and Accounts and any significant change in accounting procedures, taking into account the recommendations of the Audit and Risk Committee.</p> <p>2.6. Risk</p> <p>2.6.1. The Board is accountable for the management of risk in the Charity, including ensuring that an effective risk management framework is in place and operating effectively, setting the risk appetite for the Charity and identifying with the Executive Leadership Team the key risks facing the Charity.</p> <p>2.6.2. The Board will maintain oversight of all key risks and ensure that the Executive Leadership Team is taking effective and timely measures to manage and respond to risks.</p> <p>2.7. People</p> <p>2.7.1. In conjunction with the Chief Executive Officer, the Board will ensure that the Executive Leadership Team members have the relevant competencies to promote a culture of openness, transparency and effective leadership. The Board will maintain an oversight of Executive Leadership Team recruitment, retention measures, Executive Development Programmes and compensation.</p> <p>2.7.2. The Board will promote a people plan that puts the Charity’s patients at the centre of every activity ensuring that all staff are caring, safe, effective and well led. This will include talent management, an open culture, reward, development and wellbeing.</p> <p>2.7.3. The Board will oversee remuneration across the Charity through the Remuneration Committee. The Remuneration Committee will agree the reward policy and Charity-wide pay review policy, including principles of any bonus schemes, and maintain oversight of Executive Leadership Team members’ remuneration.</p>
Membership	<p>4.1 The Board shall be formed of the statutory Directors of the Charity, and shall comprise not less than four and not more than 15 individuals of which not less than one half will be Non-Executive Directors (with a maximum of 6 Executive Directors). The Directors shall also act as the Trustees of the Charity. The appointment, retirement and termination of Directors shall be in accordance with the Articles of Association.</p> <p>4.2 The composition of the Board is:</p> <ul style="list-style-type: none"> • Chair – Non Executive • Up to 8 additional Non-Executive Directors (in-line with number of Executives) • Chief Executive Officer - Executive • Up to 5 additional Executive Directors (in-line with Articles of Association limits) <p>4.3 In attendance:</p> <ul style="list-style-type: none"> • Company Secretary 	Membership	<p>2.8. Board Membership</p> <p>The Board will:</p> <ul style="list-style-type: none"> 2.8.1. Approve appointments to the Board, following recommendations from the Nominations Committee 2.8.2. Appoint and remove the Chairman, the Vice-Chairman, any Senior Independent Director, the CEO and the CFO. 2.8.3. Approve the term of office and terms of appointment of all Non Executive Directors 2.8.4. Approve the composition of, and terms of reference for, each of the Board Sub-Committees 2.8.5. Approve the appointment of, and appointment letters for, any new Governors.

	<p>4.4 Attendance as required:</p> <ul style="list-style-type: none"> • Director of Estates and Facilities • Director of Performance • Director of HR • Chief Quality Officer • Lead Governor • Director of IT • Director of Nursing • Director of Business Development <p>4.5 The Deputy Chair shall chair meetings of the Board in the Chair’s absence.</p> <p>4.6 The Company Secretary of the Charity will be Secretary of the Board.</p>		<p>2.9. The Board shall be formed of the statutory Directors of the Charity, and shall comprise not less than four and not more than 15 individuals of which not less than one half will be Non Executive Directors. The Directors shall also act as the Trustees of the Charity. The appointment, retirement and termination of Directors shall be in accordance with the Articles of Association.</p> <p>2.10. The composition of the Board is:</p> <ul style="list-style-type: none"> • Chairman – Non Executive • At least 5 additional Non-Executive Directors • Chief Executive Officer - Executive • Executive Medical Director - Executive • Chief Finance Officer – Executive • HR Director – Executive • Executive Director of Nursing & Operations - Executive <p>2.11. The Vice Chairman will be the chairman of the Court of Governors, and shall chair meetings of the Board in the Chairman’s absence.</p> <p>2.12. The Company Secretary of the Charity will be Secretary of the Board.</p>
Quoracy	The quorum for meetings shall be five Directors, of which at least three are Non-Executive Directors (including either the Chair or Deputy-Chair).		
Declaration of Interest	All members and attendees of the Board must declare any relevant personal, non-personal, pecuniary or potential interests at the commencement of any meeting. These must be recorded in the minutes. Members must exclude themselves from any part of the meeting where a potential or actual conflict of interest may occur.		
Meetings	<p>7.1 Meetings of the Board shall take place at least 6 times a year and shall be convened by the Company Secretary. Notice of the meeting confirming venue, time and date, together with the agenda will be sent to each Board member and any other person required to attend, with supporting information, as appropriate, at least 7 days before the meeting or in a timely manner to allow full and proper consideration to be given to the issues.</p> <p>7.2 The regular bi-monthly Board meetings shall be held in two parts:</p> <p>7.2.1 Part 1 – Board meeting held in public</p> <p>7.2.2 Part 2 – Private Board for confidential matters</p> <p>7.3 Meeting dates will be agreed annually in advance by members of the Board</p> <p>7.4 The Board may invite to its meetings Governors of, or employees of the Charity or any professional adviser to St Andrew’s Healthcare, or patients and/or carers</p> <p>7.5 The Final Agenda and the supporting papers will be circulated by email 1 week prior to the date of the meeting</p> <p>7.6 Meetings of the Board may be conducted when the members are physically present together, or virtually in whichever form is deemed fit for purpose at the time.</p> <p>7.7 Extra-Ordinary meetings may be convened at the request of the Chair or at the request of any of the Board members giving wherever possible, 4 weeks’ notice.</p>	Meetings	<p>1. <u>Meetings</u></p> <p>1.1. Meetings of the Board shall take place at least 6 times a year and shall be convened by the Company Secretary. Additional meetings may be convened at the request of any of the Board members. Notice of the meeting confirming venue, time and date, together with the agenda will be sent to each Board member and any other person required to attend, with supporting information, as appropriate, at least 7 days before the meeting or in a timely manner to allow full and proper consideration to be given to the issues.</p> <p>1.2. The Company Secretary or his or her nominee shall act as the Secretary of the Committee.</p> <p>1.3. The Board may invite to its meetings Governors of, or employees of, the Charity or any professional adviser to St Andrew’s Healthcare, or patients and/or carers.</p> <p>1.4. The quorum for meetings shall be four Directors, of which at least two are Non Executive Directors.</p> <p>1.5. Meetings of the Committee may be conducted when the members are physically present together, or in the form of audio or video conferences.</p>
Administration	<p>8.1 The Company Secretary will ensure there is appropriate secretarial and administrative support to the Board.</p> <p>8.2 All papers will be with the Company Secretary at least 10 days before the date of the next meeting in line with clause 7.5 above.</p> <p>8.3 An Action List and Minutes will be compiled during the meeting and circulated to the Chair within ten working days of the meeting. Actions will be shared with appropriate management within three weeks of the meeting.</p> <p>8.4 Any issues with the Action List or Minutes will be raised within seven calendar days of issue.</p> <p>8.5 Draft minutes will be circulated to the members once approved by the Chair and with the</p>		

	<p>papers one week prior to the date of the next meeting.</p> <p>8.6 Papers for Part 1 (Public) will be uploaded to the Charity website once circulated to members.</p> <p>8.7 Minutes of Part 1 (Public) will be uploaded to the Charity website once approved by the Board.</p>		
Reporting & Relationships and Review	<p>9.1 The Board shall report to the Governor Members at meetings of the Court of Governors, which shall be held at least 4 times a year, including the Annual General meeting. The Board shall also report the Charity's performance to the Governor Members and other stakeholders and regulators of the Charity via the Charity's Annual Report and Accounts and annual Quality Accounts.</p> <p>9.2 The Board shall arrange for periodic reviews of its performance and, at least annually, review its constitution and the terms of reference to ensure it is operating at maximum effectiveness. At least every three years the Board shall use an external facilitator to assist in its Board effectiveness review.</p> <p>9.3 The Board shall receive Escalation and Assurance Reports from its nominated Committees.</p>	Reporting Procedures & Other Matters	The Board shall report to the Governor Members at meetings of the Court of Governors, which shall be held at least 3 times a year, including the Annual General meeting. The Board shall also report the Charity's performance to the Governor Members and other stakeholders and regulators of the Charity via the Charity's Annual Report and Accounts and Quality Accounts.
		Review of Effectiveness & ToR	The Board shall arrange for periodic reviews of its performance and, at least annually, review its constitution and the terms of reference to ensure it is operating at maximum effectiveness. At least every three years the Board shall use an external facilitator to assist in its Board effectiveness review.

Paper for Board of Directors

Topic	Court, Board of Directors and Committee Calendar 2024-2025
Date of Meeting	Thursday, 30 November 2023
Agenda Item	11
Author	Duncan Long, Company Secretary
Responsible Executive	Paul Burstow, Charity Chair
Discussed at Previous Board Meeting	Annual Paper, discussed at previous Boards
Patient and Carer Involvement	Not appropriate in this instance
Staff Involvement	Discussed with responsible executives and senior management, as well as Committee Chairs and Executive Assistants
Report Purpose	<div>Review and comment <input type="checkbox"/></div> <div>Information <input type="checkbox"/></div> <div>Decision or Approval <input checked="" type="checkbox"/></div> <div>Assurance <input type="checkbox"/></div>
Key Lines Of Enquiry:	S <input type="checkbox"/> E <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> W <input checked="" type="checkbox"/>
Strategic Priority Area	<div>Voice <input checked="" type="checkbox"/></div> <div>Community <input checked="" type="checkbox"/></div> <div>Quality <input checked="" type="checkbox"/></div> <div>Service Development <input checked="" type="checkbox"/></div> <div>Workforce <input checked="" type="checkbox"/></div> <div>Learning and Research <input checked="" type="checkbox"/></div> <div>Financial Sustainability <input checked="" type="checkbox"/></div>
Committee meetings where this item has been considered	Not applicable

Report Summary and Key Points to Note:

The attached committee calendar (appendix 1) covers the period of April 2024 to March 2025 and proposes dates to schedule the following meetings:

- Court of Governors
- Board of Directors & Board of Directors Strategy/Development days
- Nomination and Remuneration Committee
- Finance Committee
- Audit and Risk Committee
- Quality and Safety Committee
- People Committee
- Research Committee

The proposed dates have been scheduled following discussions with the Committee Chairs, Executive Assistants and responsible executives and senior management. Some follow the existing frequency and scheduling and align with the committees current annual work plans. As done previously, a number of additional (albeit brief) meetings have been scheduled to account for reporting requirements that have historically fallen outside of the agreed meeting frequencies and previous schedules.

Points to note:

Court of Governors

- Continue on a four times per year basis and scheduled (where possible) to align with Board of Directors meetings
- AGM is scheduled in-line with planned reporting for 2023-2024 financial year and in accordance with the Articles of Association.

Board of Directors

- Continue on a bi-monthly basis
- Additional focussed meeting for Quality Account approval, in-line with expected production timeline and required submission date and aligns with Quality & Safety Committee
- No additional meeting for final sign off of Annual Reports, as expected to follow this year and delegate to Audit and Risk Committee (can use proposed November Board Strategy Day if needed and not delegated to ARC)
- All meetings are planned as in-person meetings, with ability to join via MS Teams, with the exception of Board development/strategy days which are planned as in-person only.

Nomination & Remuneration Committee

- Continues on a bi-monthly basis and scheduled in-line with agreed annual work plan and current timetable.

Finance Committee

- Scheduled in-line with proposed fiscal reporting, accounting for budget, forecast and year end processes. Continue as four times per year.

Audit & Risk Committee

- Continues on a quarterly basis and scheduled in-line with agreed ARC work plan and proposed fiscal reporting. Aligns with annual report review and approval.
- Additional Annual Report Page Turning session scheduled as done in prior years.
- In-person meetings planned for October and January in line with external audit activity and accounts approval.

Quality & Safety Committee

- Continues on a bi-monthly basis and scheduled in-line with current agreed QSC work plan. Aligns with Quality Account report review and approval.

People Committee

- Planned to be held on a quarterly basis and scheduled in-line with in-line with agreed annual work plan and current timetable.

Research Committee

- Provisional dates set, however further discussions are required in-line with possible ERT Committee.

The proposed schedule is based on the current committee structure, committee work plans and reporting requirements and may require further reviewing and rescheduling as progress is made on the move to a Group Structure and the necessary reporting and committee oversight that, that will require. With this in mind, any revisions or additions to the structure and therefore the calendar are likely to be implemented from April 2024 onwards, at which point a revised Calendar will be brought to the Board.

Initial place holder invites have been sent for all meetings recorded on the proposed 2024-25 planner and once the calendar is approved, confirmed meeting invites will be issued where needed.

The Board of Directors is asked to consider the proposed meeting calendar for 2024 & 2025 and if in agreement, approve it.

Appendices -

Appendix 1 – Court, Board and Committee Meeting Calendar up to March 2025

Court of Governors, Board of Directors and Sub-Committee Dates April 2024 – March 2025

Month	Court of Governors	Board of Directors	Board Strategy / Development Day	Nomination and Remuneration Committee	Finance Committee	Audit & Risk Committee	Quality and Safety Committee	People Committee	Research Committee (ERT still to be determined)
April 2024						Thursday 11 April 9.00 am – 12.00 noon (hybrid meeting)	Tuesday 23 April 9.30 am – 12.30 pm (hybrid meeting)	Thursday 18 April 3.00 pm – 5.00 pm (hybrid meeting)	
May 2024		Thursday 30 May Pt 1 9.30 am – 12.00 pm Pt 2 12.15 pm – 3.00 pm (hybrid meeting)	Friday 17 May 9.00 am – 4.00 pm (in-person meeting)	Tuesday 14 May 9.00 am – 11.00 am (hybrid meeting)			Tuesday 28 May Quality Account Page Turning 1.30 pm – 3.30 pm (Via Microsoft Teams)		Wednesday 1 May (hybrid meeting)
June 2024	Friday 07 June 11.00 am – 2.00 pm (hybrid meeting)	Thursday 13 June Quality Account Approval 9.30 am – 10.30 am (Via Microsoft Teams)					Tuesday 25 June 9.30 am – 12.30 pm (hybrid meeting)		
July 2024		Thursday 18 July Pt 1 9.30 am – 12.00 pm Pt 2 12.15 pm – 3.00 pm (hybrid meeting)		Tuesday 09 July 9.00 am – 11.00 am (hybrid meeting)	Monday 01 July 9.00 am – 12.00 noon (hybrid meeting)	Tuesday 02 July 9.00 am – 12.00 noon (hybrid meeting)		Thursday 04 July 3.00 pm – 5.00 pm (hybrid meeting)	
August 2024							Tuesday 27 August 9.30 am – 12.30 pm (hybrid meeting)		Wednesday 7 August (hybrid meeting)
September 2024	Friday 20 September 11.00 am – 2.00 pm (hybrid meeting)	Thursday 19 September Pt 1 9.30 am – 12.00 pm Pt 2 12.15 pm – 3.00 pm (hybrid meeting)		Tuesday 10 September 9.00 am – 11.00 am (hybrid meeting)		Thursday 12 September Annual Report Page Turning 9.00 am – 11.00 am (Via Microsoft Teams)			
October 2024						Tuesday 8 October 9.00 am – 12.00 noon (in-person meeting)	Tuesday 22 October 9.30 am – 12.30 pm (hybrid meeting)	Thursday 17 October 3.00 pm – 5.00 pm (hybrid meeting)	
November 2024	Friday 22 November 11.00 am – 2.00 pm AGM (in-person meeting)	Thursday 21 November Pt 1 9.30 am – 12.00 pm Pt 2 12.15 pm – 3.00 pm (hybrid meeting)	Friday 01 November 9.00 am – 4.00 pm (in-person meeting)	Tuesday 12 November 9.00 am – 12.00 noon (hybrid meeting)	Monday 11 November 9.00 am – 12.00 noon (hybrid meeting)				Wednesday 6 November (hybrid meeting)
December 2024							Tuesday 17 December 9.30 am – 12.30 pm (hybrid meeting)		
January 2025		Friday 24 January Pt 1 9.30 am – 12.00 pm Pt 2 12.15 pm – 3.00 pm (hybrid meeting)		Tuesday 14 January 9.00 am – 11.00 am (hybrid meeting)	Monday 13 January 9.00 am – 12.00 noon (hybrid meeting)	Thursday 09 January 9.00 am – 12.00 noon (in-person meeting)		Monday 13 January 3.00 pm – 5.00 pm (hybrid meeting)	
February 2025	Friday 21 February 11.00 am – 2.00 pm (hybrid meeting)						Tuesday 25 February 9.30 am – 12.30 pm (hybrid meeting)		
March 2025		Thursday 20 March Pt 1 9.30 am – 12.00 pm Pt 2 12.15 pm – 3.00 pm (hybrid meeting)	Friday 21 March 9.00 am – 4.00 pm (in-person meeting)	Tuesday 11 March 9.00 am – 12.00 am (hybrid meeting)	Tuesday 11 March 1.00 pm – 4.00 pm (hybrid meeting)				

Service & Patient Story

LDA – Glendale

(Dawn Chamberlain, Jen Mytton,
Fungai Nhiwatiwa and Patient/s)

Paper for Board of Directors

Topic	East Midlands Alliance - Board Paper in Common
Date of Meeting	Thursday, 30 November 2023
Agenda Item	13
Author	East Midlands Alliance
Responsible Executive	Dr Vivienne McVey, CEO
Discussed at Previous Board Meeting	Updates have been discussed at previous Board meetings
Patient and Carer Involvement	At this stage this paper has not been discussed with patients and carers but many of the work programmes and topics 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	<div>Review and comment <input type="checkbox"/></div> <div>Information <input checked="" type="checkbox"/></div> <div>Decision or Approval <input checked="" type="checkbox"/></div> <div>Assurance <input type="checkbox"/></div>
Key Lines Of Enquiry:	S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/>
Strategic Focus Area	<div>Voice <input type="checkbox"/></div> <div>Community <input checked="" type="checkbox"/></div> <div>Quality <input checked="" type="checkbox"/></div> <div>Service Development <input checked="" type="checkbox"/></div> <div>Workforce <input checked="" type="checkbox"/></div> <div>Learning and Research <input type="checkbox"/></div> <div>Financial Sustainability <input type="checkbox"/></div>
Committee meetings where this item has been considered	Executive Team & Board of Directors

Report Summary and Key Points to Note

This Common Board Paper has been produced by the East Midlands Mental Health and Learning Disability Alliance which as the Board will recall 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 due course, 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.

The Board are asked to note this report, specifically the actions and recommendations as highlighted in the paper, namely that Provider Boards are asked to:

-
1. Review and **APPROVE** the vision, values, purpose and strategic objectives (Appendix 1)
 2. Note the funded opportunities available under the Therapy Supervision and Physician Associate programmes
 3. Hold the date of 12 March 2024 to attend the regional mental health patient safety learning event
 4. Note and promote the new Gambling Harms service and the Perinatal collaborative, and to note the planned meeting of the Alliance CEOs with the ICB CEOs in December
 5. Note the launch of the Patient and Carer Race Equality Framework and the importance of this mandatory framework in supporting providers to become actively anti-racist organisations with a focus on co-production and implementing concrete actions to reduce racial inequalities within services and outcomes
 6. Note the launch of the Alliance website and quarterly newsletter.
-

Appendices – Appendix 1 - East Midlands Alliance - Vision, Values and Strategic Priorities

Common Board paper

November 2023

1. Introduction

This paper provides a summary of the work and plans of the East Midlands Alliance including the discussions and agreements from the East Midlands Alliance Board that met on 31 October 2023.

The same Board paper, agreed by the CEO group, is shared with the six Boards of the providers that make up the East Midlands Alliance for mental health, learning disabilities and autism.

2. The East Midlands Alliance

The East Midlands Alliance is made up of the six largest providers of mental health services in the East Midlands region:

- Derbyshire Healthcare
- Leicestershire Partnership
- Lincolnshire Partnership
- Northamptonshire Healthcare
- Nottinghamshire Healthcare
- St Andrew's Healthcare

3. Vision and strategic objectives

3.1 Agreeing a vision and strategic objectives

The Alliance Board in October 2023 reviewed and agreed a draft vision, values, purpose and strategic objectives to present to provider Boards for review and approval. The core of this common Board paper is drafted under the five draft strategic objectives.

The draft vision, values, purpose and strategic objectives were developed by the Alliance strategy director forum with earlier drafts shared for comment with the Chief Executive group.

3.2 Vision

The proposed vision for the Alliance is:

Working together in partnership to enable the best mental health, learning disability and autism care and support for the people of the East Midlands.

3.3 Values

The proposed values for the Alliance are:

- Working together
- Respectful
- Integrity
- Supportive

3.4 Principles

The proposed principles for the Alliance are:

- Patient first
- Subsidiarity – take decisions as locally as possible
- Collaboration by consent
- Not acting to the detriment of others
- Sharing and applying learning at pace

3.5 Strategic objectives

The proposed strategic objectives for the Alliance are:

1. Quality improvement and productivity
2. Enabling safe care
3. Developing our workforce
4. Improving population health
5. Reducing inequalities

The Alliance Board agreed that each strategic objective would be led by a professional network and that they will be asked to develop a measurable set of strategic goals for 2024/25 to inform an Alliance strategic plan. The plan will be shared with provider Boards for comment and approval.

The proposed professional network leadership of strategic objectives is:

- Quality improvement and productivity - Medical and Nurse Director forum
- Enabling safe care – Patient Safety programme and the Medical and Nurse Director forum
- Developing our workforce – HR Director forum
- Improving population health – Strategy Director forum
- Reducing inequalities - Medical and Nurse Director forum

Action and recommendation 1 - The Boards of the Alliance providers are asked to review and approve the vision, values, purpose and strategic objectives.

4. Quality improvement and productivity

4.1 Medical and Nurse Director forum

The Medical and Nurse Director forum met in September with a session that included a focus on the national Inpatient Quality Improvement programme, a joint approach on Patient Safety Incident Response Framework (PSIRF), the monitoring of markers of deterioration for people waiting for mental health assessment, the use of visual technology in mental health and the potential use of new funding for the development of Physician Associates in mental health and funding for Mental Health Act training.

4.2 Markers of deterioration

In considering a joint best practice approach to markers of deterioration, the Medical and Nurse Directors agreed to consider the MAST product as a tool to review risk in those waiting for mental health support in the community. A presentation will take place in early December from leads in Mersey Care NHS Foundation Trust on their use of MAST.

4.3 Visual technology

On the use of visual technology, the AHSN shared an update on two reviews for the Alliance. One is on the practical lessons from implementing visual technology and the other on the academic research and evidence base for visual technology. These presentations were also

shared with the CEO group and more widely with the Midlands and East Mental Health Chief Executive forum.

4.4 Mental Health Act

The Alliance has secured funding from NHS England to improve the understanding and use of the Mental Health Act. Medical and Nurse Directors agreed to work with a legal firm and expert clinicians to run a series of masterclass sessions and practical workshops to complement existing process and technical training.

4.5 Therapy Supervision Hub

The Alliance has developed a Therapy Supervision hub to match those in need of supervision and potential supervisors. Access to therapy supervisors is a common challenge across the Alliance and the system enables supervision at a distance between Alliance providers and for others to sign up to provide supervision into the Alliance.

St Andrew's has taken a lead on behalf of the Alliance in developing the booking software, recruiting supervisors and undertaking needs audits in each provider. The next stage is for the Alliance to fill remaining gaps in therapy supervision by providing training to develop new supervisors.

4.6 Physician Associates in mental health settings

The Alliance has agreed to receive funding from NHS England to support the development of Physician Associates in mental health settings. The Medical and Nurse Directors agreed to use the funding to:

- promote the potential use of Physician Associates and success elsewhere to the wider clinical body through an Alliance conference
- funds to support the recruitment of new Physician Associates
- funding for the costs of supervision backfill for new recruits
- offering places on the Sheffield Physician Associate development programme to new Physician Associate recruits
- and support with recertification and CPD with a focus on the physical health modules for staff who choose to work in mental health.

4.7 Open Dialogue pilot

The Alliance secured funding to establish an Open Dialogue pilot in Lincolnshire. The learning from the pilot will be shared across the Alliance. An update will be provided to the Strategy Director forum in November.

4.8 Dedicated Alliance Innovation lead for mental health

The Alliance agreed external funding from the East Midlands AHSN to appoint a dedicated regional Innovation lead for mental health embedded in the Alliance. The Medical and Nurse Directors have fed into the early work programme for the role including a focus on the use of visual technology in mental health inpatient settings.

4.9 Urgent and Emergency Mental Health Capital

The Alliance was offered £800,000 for Urgent and Emergency mental health capital development in 2024/25. The Alliance Board agreed to put three proposals forward by the deadline of 3 November:

- Perinatal estate improvements proposals from Derbyshire
- Crisis Service telephony proposal from Nottinghamshire
- Work to increase inpatient bed capacity from Leicestershire.

Action and recommendation 2 – The Alliance provider Boards are asked to note the funded opportunities available under the Therapy Supervision and Physician Associate programmes

5. Enabling safe care

5.1 East Midlands Mental Health Patient Safety programme

The Alliance works in partnership with the East Midlands Academic Health Science Network (AHSN) to run a region-wide Patient Safety programme involving leads from all six provider member organisations.

The Medical and Nurse Director forum agreed to take a joint collaborative approach to the introduction of the Patient Safety Incident Response Framework (PSIRF). This will form a fifth element to the Patient Safety programme.

The Patient Safety programme has five priority areas:

- Reducing restrictive practice
- Reducing suicide and self-harm
- Sexual safety
- Mechanical restraint in high secure settings
- Patient Safety Incident Response Framework

The national programme support has ended in other regions, but the Alliance secured funding to extend the programme by two years in the East Midlands. The programme takes a community of practice approach involving lived experience voices to develop and share best practice.

The patient safety programme includes a series of share and learn deep dive sessions. Recent next share and learn sessions have included a focus on hidden objects and the Duty of Candour.

The mental health patient safety programme will hold a large learning event on 12 March 2024 with a focus on Service User Experience and Patient Safety. A task and finish group has been established to plan the event.

Action and recommendation 3 – Board members are asked to hold the date of 12 March 2024 to attend the regional mental health patient safety learning event.

6. Developing our workforce

6.1 HR Director network

The Alliance HR Director network meets quarterly and oversees a series of funded joint programmes and workforce initiatives.

6.2 Retaining and developing Clinical Support Workers

The Alliance has run a very successful programme to support the development, retention and career aspirations of Clinical Support Workers. The core programme is called Developing Healthcare Talent. It is complemented by a programme that works with the line managers of Clinical Support Workers, known as the Developing Healthcare Leaders programme. Both courses have very high completion rates, and the feedback has been very positive. Over 200 staff have been through the programmes to date.

Cohorts 10 and 11 are underway for the Developing Healthcare Talent programme and Cohorts 3 and 4 for the Developing Healthcare Leaders programme. All are fully subscribed. There is a waiting list for future Developing Healthcare Leaders cohorts and work has begun to populate cohorts 12 to 14 for the Developing Healthcare Talent programme with start dates of January, February and March respectively.

The HR Director network agreed in October to use the funds previously set aside for joint CSW recruitment activity to build on the momentum of the retention and development programmes. Further cohorts of both programmes will be commissioned. The Alliance will also pilot approaches with newly qualified nurses and internationally recruited nurses who begin their NHS careers in CSW roles.

A case study has been developed on the programme and the impact it has had for individuals and the Alliance providers. There are also a series of participant videos sharing the impact of the programme on them as individuals. The case study has been shared regionally and nationally, with other collaboratives establishing similar programmes to that

run in the Alliance. NHS England has offered further funding to the Alliance to develop the programme.

The HR Director network has also fed into the development of the Therapy Supervision programme and the plans for the use of the Physician Associates funding, alongside the Medical and Nurse Director forum.

6.3 Recruitment and Retention Payments survey

The Alliance CEOs agreed to conduct a Recruitment and Retention Payments survey which was presented to 20 October CEO meeting with HR Directors in attendance. The conclusion of that meeting is that the focus for the Alliance should be on sharing plans to use RRP in advance and monitoring any impact on Alliance partners. There were concerns that the Alliance providers will collectively lose out to near neighbours if they do not offer some incentives and a discussion on the national drivers of some additional payments.

6.4 Enabling clinical staff to work across the Alliance

The Alliance Board received a Memorandum of Understanding developed by a task and finish group sitting under the HR Director forum. The focus of the MOU is to make it easier for clinical staff to work across the Alliance. The MOU has been developed with some expert national input tied to the Collaborative Innovator status of the Leicestershire and Northamptonshire Group.

St Andrew's have agreed to sit outside of the MOU at this point in time, due to their different governance structure and charitable status. The intention in the longer term is to draw St Andrew's into the MOU.

The Alliance Board welcomed the progress and agreed to the principle of having an MOU to make it easier to share clinical workforce between providers. The CEOs agreed to seek views from their HR Directors and Corporate Service leads with a view to approving later in the year.

6.5 Robotic Process Automation in recruitment processes

The HR Director network has been working with the Innovation leads from the East Midlands AHSN to consider the use of Robotic Process Automation in recruitment processes. This focuses on the administrative tasks that can often draw out recruitment process timelines and that use the time of HR specialists.

Leads from University Hospitals of Northamptonshire presented an introduction to automation and robotic processes. The UHN Trust is an Automation Accelerator and has undertaken work on automating HR vacancy management processes. The benefits realised

by automating parts of the process include freeing up time for HR staff, increase efficiency, faster recruitment processes and reduced manual administration.

Two Alliance providers requested follow up discussions with UHN and the AHSN to consider the potential benefits of Robotic Process Automation in more detail.

7. Improving population health

7.1 Provider Collaboratives in ICBs

The Alliance Board in October 2023 had a focus on the development of local ICS level provider led collaboratives. National and regional policy leads for provider collaboration joined to share the NHS England vision for provider collaboratives, a summary of the current landscape of collaboratives, the planned policy review and available support to provider collaboratives.

Each Strategy Director presented a summary of the position in their ICS. There is significant variance in the ambition of different ICBs, the enthusiasm for devolving budgets and decision-making, the partners involved, coverage and scope of collaboratives.

Discussions focused on the spectrum of ICS ambition for provider led collaboratives and the different approach taken in different ICBs linked to whether they continue to pursue a more traditional transactional contracting approach or are a new more strategic role that included significant delegation.

The Alliance CEOs will meet with the East Midlands ICB CEOs on 11 December.

7.2 Gambling Addictions and Harm service for the East Midlands

The Alliance secured £1million of recurrent funding to establish a new Gambling Addictions and Harm service for the East Midlands. The service is run by Derbyshire Healthcare on behalf of the Alliance.

The main CBT treatment pathway and consultant pathway are up and running, the Psychodynamic Psychotherapy pathway is to commence when the Principal Psychologist commences January 2024. The service is now providing triage, assessment, educational/motivation courses and CBT therapy.

The Hub team continue to work with stakeholders (local authorities and health providers across the region) to promote the service and increase access. Promotional work is planned to include digitally advertising on the side of a van that will attend professional football matches in the East Midlands.

Most clinical and administrative posts have now been recruited. The next step is to recruit Peer support with lived experience.

7.3 ADHD workshop

The Alliance ran an ADHD workshop in November 2023 to share learning and approaches to address the significant growth in ADHD referrals and diagnosis seen across the region. The workshop set a number of joint actions including some work with the AHSN to better understand innovation elsewhere in the country.

7.4 Perinatal Collaborative for the East Midlands

The specialist Perinatal collaborative for the East Midlands, led by Derbyshire and including all six Alliance members as partners, was approved to launch on 1 October 2023. The majority of Perinatal collaboratives in other parts of England have had their launch postponed until 2024.

Action and recommendation 4 – Provider Boards are asked to note and promote the new Gambling Harms service and the Perinatal collaborative, and to note the planned meeting of the Alliance CEOs with the ICB CEOs in December.

8. Reducing inequalities

8.1 Patient and Carer Race Equality Framework

One key area of focus for the Alliance on reducing inequalities has been the joint work to progress implementation of the Patient and Carer Race Equality Framework (PCREF). An Alliance network has met three times and shared issues and progress. The network has also heard from two of the five national PCREF pilot Trusts with a focus on the voice of lived experience and establishing leadership and governance for the PCREF.

The PCREF was launched nationally in October 2023 and Alliance leads will take part in a regional launch event on 16 November in Leicester which will include presentations from the national leads for the programme.

8.2 East Midlands Gambling Harms service

A second area of joint work to reduce inequalities was the securing of recurrent resource and the launching of an East Midlands Gambling Harms service. Other regions already had established Gambling Harms services, but the East Midlands did not have a dedicated local service led by local providers. Derbyshire Healthcare has led the development and launch of the East Midlands service. Updates on recruitment, referrals, pathway development and outcomes will be shared with the Alliance Board on a quarterly basis.

8.3 Reporting service access and inequalities data to the Alliance Board

The review of the functioning of the collaboratives included recommendations for the collaborative update reports to the Alliance Board should include specific data reporting of measures to better illuminate the progress, successes, issues, challenges and risks in each collaborative. The CEOs agreed that the reports should also include referral and coverage data for regional collaboratives to illuminate any inequity in service access or response.

Action and recommendation 5 – Provider Boards are asked to note the launch of the Patient and Carer Race Equality Framework and the importance of this mandatory framework in supporting providers to become actively anti-racist organisations with a focus on co-production and implementing concrete actions to reduce racial inequalities within services and outcomes.

9. Review of the regional collaboratives

The CEO group agreed to commission a review of the functioning of the specialist collaboratives in the East Midlands from the viewpoint of partner providers. A themed report was shared with and approved by the Alliance Board in October. The Alliance Board agreed to prioritise the recommendations relating to admission criteria, escalation, outreach and broader support while people wait, led by the Medical Director group.

10. Alliance Communications

The Communications leads and Strategy Directors have been working for six months on an Alliance newsletter and website. The Alliance Board in October approved and supported the website structure and plans for a quarterly newsletter. The Board agreed to give the Strategy Director group the role of signing off the newsletter and any amendments and new content on the website.

Action and recommendation 6 – Provider Boards are asked to note the launch of the Alliance website and quarterly newsletter.

11. Actions and recommendations

The Boards of the Alliance providers are asked to:

- I. review and approve the vision, values, purpose and strategic objectives;
- II. note the funded opportunities available under the Therapy Supervision and Physician Associate programmes;
- III. hold the date of 12 March 2024 to attend the regional mental health patient safety learning event;
- IV. note and promote the new Gambling Harms service and the Perinatal collaborative, and to note the planned meeting of the Alliance CEOs with the ICB CEOs in December;
- V. note the launch of the Patient and Carer Race Equality Framework and the importance of this mandatory framework in supporting providers to become actively anti-racist organisations with a focus on co-production and implementing concrete actions to reduce racial inequalities within services and outcomes;
- VI. note the launch of the Alliance website and quarterly newsletter.

Graeme Jones

10 November 2023

Questions from the Public

(Paul Burstow - Verbal)

Any Other Urgent Business

(Paul Burstow - Verbal)

Meeting Reflections

“What would our patients and staff think about our discussions today?”

(Paul Burstow - Verbal)

**Date of Next
Board Meeting in Public -**

**Friday 19th January 2024
9.30am**

(Paul Burstow - Verbal)

Annex A

Hope Headlines

November 2023



THE HOPE HEADLINES

YOUR MONTHLY UPDATE PUTTING HOPE AT THE CENTRE OF OUR NEWS

Welcome to November's
Hope Headlines – perfect
for reading with a cuppa

In this issue...

- Our celebrations!
- An update from our CEO
- Staff spotlights & take a break
- Plus much, much more!

Got news to share?



communications@stah.org

Look out for these
icons to show how
our work supports
our strategy



A month of celebrations

Over the past month we've been celebrated and recognised in many ways both internally and externally. Here's some of our accolades:



Damien Crossan, Ward Manager in Birmingham won a top nursing award (Cavell Star) for his remarkable commitment to patient wellbeing. Gerry Fogarty, Director of Nursing, nominated Damien because "I'm in awe of him every day."



Spencer South and Prichard jointly scooped 'Ward of the Year' at IMPACT's 3rd Birthday Conference for inspiring hope in a man, who started his recovery journey in a high-secure hospital. There was also a prize for Mr Tom Bodkin, Sports Therapist, who jointly won a Collaborative Working Award.



Darran Woods, a patient since 2021, picked up an award for working "passionately" to raise awareness of Huntington's Disease (HD). He picked up the Inspirational Contribution prize at the NR Times Awards on the same day he was discharged!



We were also proud to be NR Times Award finalists for:

- Charity of the Year
- Dr Keith Jenkins - Above and Beyond Award
- Dr Inga Stewart - Research Award
- Binny Kuriakose, Physiotherapist - Rehab Outcome Award
- Dr Vincent Harding - Inspirational Contribution Award



Celebrating our colleagues!



WORKFORCE
Be a thriving
workforce – doing
the right thing

It's been a month of celebration across the charity as our CARE Award and Long Service events hit the road in Essex, Birmingham and Northampton!

Quarterly CARE Awards and Long Service Celebration – Northampton

Our Quarterly CARE Awards are a recognition of those colleagues who are most seen to be living our values over the past three months. Having won a Monthly Award they're put forward for this prestigious prize. Let's put our hands together for our winners for this Quarter!

★ **C** Compassion: Social Work Team

★ **A** Accountability: Gareth Roberts

★ **R** Respect: Jenna Sutton

★ **E** Excellence: Laura Richards



10 15 20
25 35

55 Northampton colleagues were recognised for their long service, notching up an incredible 825 years between them!

A special shout out to our quarter century colleagues:

- Emily Fox
- Susan Kay
- Laura Lovejoy-Carter
- Jimmy Spence



Read more about all of our winners
and see all the photos on The Hub

And Sandra Phillips who
celebrated **35** years!

Celebrating in Essex & Birmingham



WORKFORCE
Be a thriving
workforce – doing
the right thing

It hasn't always been easy for staff at our smaller hospitals to make it to our Northampton-based celebrations, so this year we took the red carpet to them!

CARE Awards and Long Service Celebration – Essex

- ★ Compassion: Edmond Munteanu
- ★ Accountability: Gift Chingwena
- ★ Respect: Annymn Adams
- ★ Excellence: Tricia Hales



CARE Awards and Long Service Celebration – Birmingham

10 YEARS



15 YEARS

We enjoyed an October heatwave in Essex so the teams enjoyed their celebration lunch!



15 YEARS

10 YEARS

20 YEARS

Our Birmingham hospital hasn't been around as long as Northampton and Essex but those who have been here since it's early days are celebrating 15 years!

- ★ Compassion: Susan Boyce
- ★ Accountability: Lisa Hetherington
- ★ Respect: Kelvin Chanuwa
- ★ Excellence: Maria Robinson



An update from our CEO: Vivienne McVey



This month we've been busy celebrating various achievements across our charity (as shared on pages 1-3). As your CEO, looking forwards is a fundamental priority for me, but looking back, reflecting and celebrating all of you – is, in my opinion, of equal importance, so I was delighted to attend the CARE Award and Significant Milestone events in Essex, Northampton, and Birmingham.

These events highlight how the bar is being raised higher and higher with your talent, dedication and innovation, which is a crucial part of us being a Thriving Workforce - Ambition 4 of our 'Hope' strategy. With this in mind, I strongly encourage you to take the time to recognise and celebrate the achievements of each other; the unsung individuals and teams across our charity. You can do this by visiting The Hub and nominating a colleague for a CARE Award.

Just a reminder that myself and some of our Executive Team are available every Wednesday morning between 8am-9am on the top floor of the main building for you to come along to share what's on your mind. We're also getting out and about to see you all, so it was a treat for me to spend the day on Audley Ward in Essex, which is one of our PICU wards. I received a warm welcome from patients in the courtyard when I arrived.

Audley Ward is overseen by Ward Manager Ross Callaghan, who I met at the Essex Celebration event. His trademark wit and humour greeted me on the ward, and he introduced me to the rest of the team, including Senior Staff Nurse Jackie Robbins and Collette Waterfield, who received her nursing PIN that day – which was lovely to be there and celebrate with her. Despite all staff being busy on an unseasonably warm October day, everyone kept their cool responding to all patients with kindness and compassion. I also saw first-hand how challenging it can be for staff to keep up with writing patient notes when it is so busy – so I will look into making this process easier.

I've also had feedback from many of you about the role you can play in bringing our strategy to life. There is a handy document with a list of ideas of how you can contribute on The Hub. These include things such as watching our "Language Matters" film, to finding ways of saving/ or raising money in your teams. No matter how big or small, by working together we can all help achieve our mission of being a leader in helping those with complex mental health needs, transform their lives.

Finally, I'd like to thank everyone once again who assisted with the evacuation, repatriation, and clean-up of our Winslow site. I am particularly proud and grateful for Fiona, our Winslow manager, who showed so much compassion and dedication to her role, even though she was soaked to the skin, wading through waist deep water to ensure her residents were safe, and finally returning home to find her own house affected by flood. You are an absolute star, Fiona!

Introducing Loop - the app version of Employee online!



Imagine being able to book shifts, check your roster, organise your annual leave, read the latest charity news and announcements AND communicate and share your activities and photos with your colleagues all on one app! Well, have we got news for you!

Later this month our rostered staff will be able to do all of the above ... and more ... on Loop!

What is Loop?

Loop is an app for mobile phones and tablets which provides the functionality of Allocate in an easy-to-use app.

LOOP helps you take greater control of your roster and work life. With Loop, you can now take the benefits of 'EmployeeOnline' on the go with you. You can use it to:

- Check your roster.
- See who you are working with and what activity you are scheduled for.
- Check and book annual leave.
- Book WorkChoice shifts or additional duties.



Click to learn more in this video

The app is also designed to 'keep you in the loop' with your colleagues and the wider St Andrew's community. It's a bit like Facebook but just for colleagues. You can use it to:

- Connect with your colleagues.
- Send direct messages to your connections and teams.
- Read the latest from your connections and St Andrew's in the newsfeed.
- You'll also be added into a staff group, so you can easily communicate amongst your teams.

Download it now...



Available on the App Store



GET IT ON Google Play



Carving out a name for themselves...

Halloween might be known for unleashing ghouls and ghosties, but it also brings out our creative sides. Staff and patients across the charity carved up some real beauties in our annual pumpkin carving competition, which mysteriously appeared all over our sites.

As well as the traditional Jack-o-lanterns, we've seen creations reflecting many aspects of our charity - from the Dietetics Team's vegetarian creation, through to sharing our purpose of Hope...



WINNER!

WINNER!

Our judge, the famous Voodoo Queen of New Orleans - Marie Laveau herself had a fiendishly difficult time on her hands picking a winner, but after casting some feathers in the fire and rubbing her lucky snakeskin boots, she divined that our staff winner was: The Carers' Centre! Our patient winners were Garden Cottage and the Arts Team, alongside Sinclair & Elgar!

WINNER!

TAKE A BREAK

with positive news



Can you help?

We recognise and value the diverse knowledge and perspective of all staff.

So if you have a visible difference and are keen to share your experience, we'd love you to be part of a co-production team to help develop a new REDS Recovery course, called Introduction to Visible Difference. Email Jo York (JSYork@stah.org) to get involved.



REDS
Recovery College
Part of St Andrew's Healthcare

Do you have a visible difference,
and are keen to share your experience
to help educate others?



A delicious success!

The recent bake sale in Tompkins cafe organised by our Speech and Language Therapy Team raised over £500 for patients across our charity who are going through their voice banking journey. Thank you to everyone who supported this important, and rather tasty fundraiser!

Forging new friendships?

Our Voluntary Services Team have a long list of staff who would like to become a patient befriender. If you have patients on your wards whose lives would be enriched by connection and companionship, then please email voluntaryservices@stah.org



FRIENDS

A beautiful game

Teams across the charity recently came together to hold our fifth community football tournament in collaboration with Northampton Town Football Club (NTFC).

Over 150 people attended the event including staff, patients, members of the local community, representatives from NTFC and ex professional footballers, Terry Angus and Chris Hussey.

A patient commented: "It's nice to see everyone come together and socialise with different people in the community."

A family member added: "Sport has always been a big part of my son's life. Thank you for such an amazing event."



Patient paintings

Over the past two years, our staff have helped patient J express his creativity - and he's made some amazing artwork.

Here's one of his paintings (pictured right) featuring The Prodigy (who he saw at Glastonbury in 1995) and another of Gemma, a member of team St Andrew's.



Naseby's birthday!

Naseby Ward recently celebrated their first birthday with a celebratory staff & patient BBQ.

Jackie Branston, Ward Manager said: "I'm immensely proud of the team and their achievements over the past year - we look forward to continuing to provide excellent CARE on Naseby for years to come."



Essex site home to eight rescued tortoises



Nicholas Skittrell also said: "There's now eight rescued tortoises sharing the grounds of your Essex hospital, and I'm pleased to say that all of the shelled babies are doing really well and are loving their new home!"



Did you know that our Essex site is home to a number of re-homed tortoises? We're delighted to share an update with you...

Nicholas Skittrell, who looks after the tortoises recently told us: "The newest addition to the family is called Herbert - he's only a small tortoise as you can see from the photo above, but oh is he trouble! Within the first week, he'd escaped and I found him four days later in the far corner of your hospital grounds."

Over the past year, the tortoises have given a number of calming and therapeutic benefits to both patients and staff, who often sit on the grass close to them watching these amazing creatures enjoy their new space.

Last year we spent nearly half a million pounds on taxis & vehicle hire!

Check out The Hub for more details...



That's money that could be better spent on patient care! We are now inviting our HCAs to be set up as approved drivers so they can drive our St Andrew's vehicles on community trips. Having more staff in a position to drive our service users will enable more patient leave and improve meaningful activities as we won't be restricted by waiting for taxis or limited by budget.



Social Impact
Be part of
our community
– a trusted partner

Taking a turn...



Creative arts play an important role in mental wellbeing for all - not just our patients. Taking time to make something from scratch, whether it's something as simple as a sandwich or a bit more advanced like a piece of furniture helps us perceive the world in different ways. We get to slow down, adjust our focus and... well... just have fun!

We caught up with the training team at Workbridge Creative Studios. As well as supporting our learners, Emma Evans and Stuart Whitney are forging important partnerships within the local community which are bringing in funds for St Andrew's.

Emma, together with one of our volunteers recently hand-crafted 200 poppies, which had been commissioned by Barclaycard for their Remembrance celebrations. Barclaycard are just one of the organisations wanting us to help support their staff wellbeing programmes through creativity at Workbridge.



Our partnerships are not just with corporate companies, we are working with other experts in the fields of artisan crafts. The Association of Woodturners of Great Britain (AWGB) were recently invited to visit Workbridge by our woodwork expert, Stuart Whitney.

Stuart shared that they were "blown away by what we do for our learners and all that has been achieved."

They in turn have put us in touch with the Worshipful Company of Turners - an organisation that works to keep heritage crafts alive. We are meeting with them soon to discuss how we can work together and add more benefits to the services we offer.



Fancy a go?

Our creative team at Workbridge are offering their training skills to staff and members of the public. So, if you fancy learning wood turning with Stuart or pottery with Emma, get in touch and they can provide bespoke courses at competitive rates - they would make excellent Christmas presents too!



Read more about
this on *The Hub*...

Spotlight on the Menopause

October was World Menopause Month with 18 October being World Menopause Day, an opportunity to raise awareness, break the stigma and highlight the support options available for improving health and wellbeing.

There's lots more info on the Menopause under the WiSH section on The Hub.

Whatever your gender, the menopause will affect you in some way. Going through the 'change' as it used to be known can be difficult for those directly experiencing it and their families and colleagues.

It's important that we are all informed so we can understand and support each other. Our WiSH Network organise regular 'Pause cafes' where staff and service users can meet to chat through their experiences and support each other.

Our October cafe was the best attended yet with over 30 staff and patients.

Many attendees shared that the session has changed the way they think... they felt noticed, supported and part of a tribe!



Click to watch the video!

We caught up with WiSH members Felicity Watson and Loretta Burt so they could 'shine a spotlight' on the work of the network and give us a little insight into what Hope means for them!



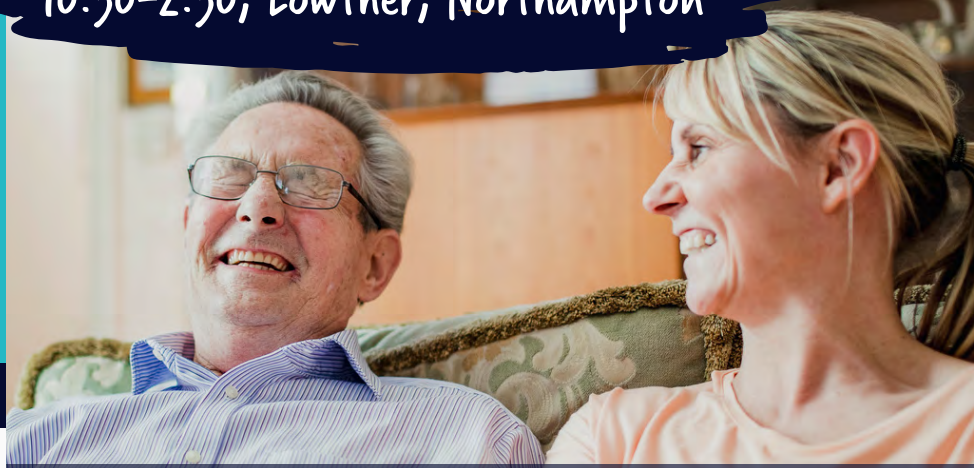
Preceptorship Quality Mark

We want our new nurses to feel valued and invested in, to give them the best chance of success in their newly registered careers. So, we are delighted to announce that we've achieved the interim National Preceptorship for Quality Mark, demonstrating we are offering a quality, effective and engaging preceptorship programme.

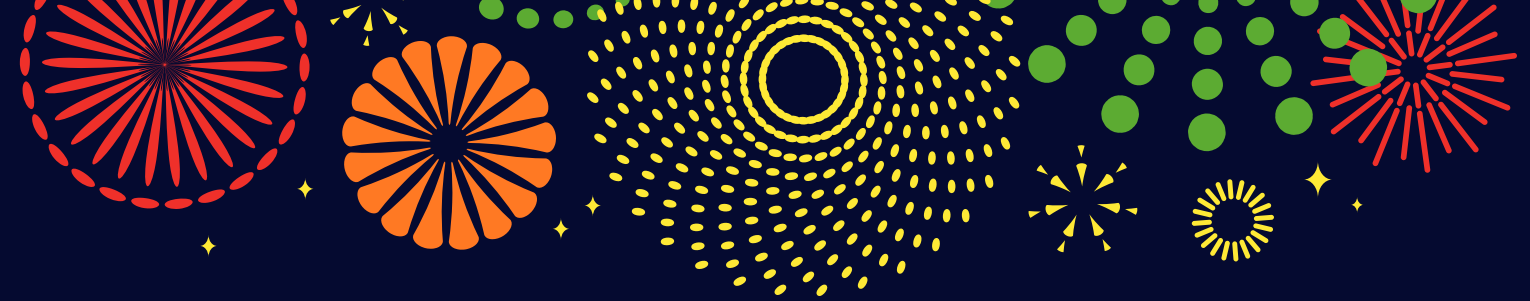
Read more about this on the Hub!



Carers' Rights Drop in 22 November - 10.30-2.30, Lowther, Northampton



We're hosting an event to support all carers, including those who care for patients or staff members who care for others in their personal lives. Representatives from DAWN - our Disability and Wellbeing Network will be joined by those from John's Campaign and Northamptonshire Carers. It promises to be an informative and supportive event! (details above)



NOVEMBER'S FUN CORNER

We love words in the Communications Team, so for this month's competition (to WIN Afternoon Tea for Two at Workbridge) we're asking you to write a short story about bonfire night, including 1 word from each of the following groups:



SMELL	TASTE	SOUND	SIGHT	TOUCH
Smoke	Hot chocolate	Bang	Fireworks	Heat
Onions	Toffee Apples	Crackling	Bonfire	Cold
Sausages	Marshmallows	Shouting	Crowds	Wet

Simply email your stories to Communications by Friday 24 November. We'll announce the winner in December's Hope Headlines!

Pet of the month!

A bunny called Bentley

Our St Andrew's family is jam-packed with animal lovers! As such, each month we're shining a spotlight on your feathered and furry friends. This month's spotlight is on Paige Healy's bunny, a HCA on Fairbairn ward, who is busy munching on a white pumpkin! (the bunny, not Paige!) To enter your pet as a future 'pet of the month,' simply email your pictures to Communications.



OCTOBER'S WINNER: The winner of last month's Autumn recipe competition is Gemma Beckwith, HR Assistant, as we loved the sentiment behind her recipe. Gemma said: "My tomato soup cake recipe has evolved over time, however my grandparents used to bake a version of it with rations after the 2nd World War." Well done Gemma - you've won Afternoon Tea for Two at Workbridge!

The holidays are coming...



Christmas jumpers!

Our Physiotherapy Team are collecting pre-loved Christmas jumpers for staff and patients to wear / swap over the festive period, including during the Christmas Jumper Walk & Wheel at our Northampton site on Thursday 7 December (from 10am at the Chapel) and our Christmas Market on Thursday 13 December (in the Great Hall, Main Building). Please drop your unwanted jumpers to your building reception to help ensure that everyone has a jumper to be proud of this Christmas!

Would you like to be a film star?

After the huge success of our 2019 Makaton Christmas film, our Speech and Language Team are making a 2023 version to raise awareness of different types of communication. To get involved, please email SLTInbox@stah.org



Breakfast with Santa

You can book Breakfast with Santa at Workbridge on any Sunday during December, including Christmas Eve! This includes cupcake decorating and a visit from Santa, who will be bearing gifts. Email Michelle Kite (mkite@stah.org) to book.



Christmas fairs / markets

There's three Christmas fair / market events this year at our Northampton site, including our staff & patient Christmas event (mentioned above), PLUS two Workbridge Craft Fairs in November and December.

Do come along to enjoy some festive cheer, merriment and shopping with colleagues, patients and friends!
(see the next page for all the details)



SAVE THE DATES

Pop them in your diaries!

NOVEMBER

Fri 10th - Service of Remembrance

Wed 22nd - Carers' Rights Drop-in

Sat 25th - Workbridge Festive Craft Fayre

DECEMBER

Sat 2nd - Christmas Wreath Workshop

Mon 4th - Christmas Wreath Workshop

Wed 6th - FitzRoy Christmas Party

Thurs 7th - Christmas Jumper Walk / Wheel

Sat 9th - Workbridge Festive Craft Fayre

Weds 13th - N'pton Christmas Fayre

Tues 19th - WWH Christmas Party

Visit the Hub to read more about each event

We are a mental health charity,
and our purpose is hope



Imagine a society in
which everyone living with mental
health need is heard, valued and
has hope for their future.
That's our vision.

Compliment of the month:

"Thank you for the patience, care and
support you gave him in the dark days –
we very much have our son back."

If you have any content ideas for future editions of the
Hope Headlines, please email communications@stah.org

Annex B

QSC Update Appendices

QIP Update

Safer Staffing Report

Mechanical Restraint Report

QSG Update

MHLSG Update

Charity Quality Improvement Plan

Theme	9C	Action required (SMART Actions)	How will this be evidenced?	Priority	Owner	Target date	Comments/progress notes	Sustaining Improvement Timescale	Action status
Improving Enhanced Support Practice	Correct Recording	1. Add reminders to the WardBoard for the weekly MDT reviews and add data to existing ES dashboard	Screen shot of dashboard	BAU	Nadeem Mazi Kotwal	30/11/2023	12/10/2023 – Completed – the Rio ward board now provides alerts for long-term segregation and enhanced support care plan reviews and MDT/AC progress note reviews. Pending – dashboard visualisation of enhanced support MDT review, enhanced support care plan review, long-term segregation daily AC review, long-term segregation MDT review, long-term segregation care plan review.	ES Dashboard	Open
Improving Enhanced Support Practice	CQI	Charity wide CQI to reduce ES by 20% by Nov 24	LifeQI reports	BAU	Michaela Roberts	30/11/2024	12.10.23 - MR 13 Wards are taking part in the first PDSA cycle. Data is being captured on progress from the IPR, PSF and local ward measures. Wards to deliver findings at CQI Forum on 16 November. 18.9.23 14 ward enrolled and on track for first PDSA cycles to complete and report back in Dec 23 29.08.23- CQI set up[on LifeQI- divisions engaged- PDSA cycles on wards and charters to start 3rd week of September 03/07/23 - Senior Leaders away day focussed on Enhanced support completed on the 27/06/23 with a number of actions being co-ordinated by the CQI team. Looking at clarifications of language and expectations, escalation and usage of additional support needs, monitoring of compliance and new ways of working. 28/06/23 - JK/AR/AB to review this action. Actions needed around enhanced support practice. It was suggested that this may be monitored through Quality Matron standards of practice.	IPR ES WTE metric	Open
Improving Search Practice	Correct Recording; Care planning	To scale the interventions from the Search CQI to all wards to improve adherence to core standards of the current policy: individual care planning in RiO and S17 sections; use of wall planners and use of standard RiO templates	Internal follow up audit sample to confirm RiO entries, Wall planners visible to staff.	BAU	Keira White; Pheon Silaule; Jennifer Mytton; Dean Robinson; Elizabeth Phillips; Gerard Fogarty;	31/12/2023	12/10/2023 MS - DR - Search CQI on Prichard/Robinson. Currently being delivered to all remaining wards. Target by Dec 23. 11.10.23 - Essex - to review the search interventions from the CQI and discuss with Ward Managers to embed	Security and Patient Safety Groups will review incidents to seek assurance utilising the Search Dashboard.	Open
Improving Search Practice	Correct Recording	Review current policy, procedure and training and make recommendations to ensure these are simple, with robust control and assurance	Proposal to PoG and subsequent approval	BAU	Angela Shaw	31/01/2024	9.10.23: classroom and e-learning training for searches has been reviewed and in the process of update via L+D ; policy and procedure, in the process of review with security and divisions who have carried out CQI	Depends on recording system but RiO based or DATIX based dashboards. Security & Patient Safety Groups	Open
Improving Seclusion Practice	Correct Recording	1. To digitise the end to end process and remove paper packs 2. Develop a QC and assurance dashboard that can replace the current seclusion audit process	New RiO Process	BAU	Nadeem Mazi Kotwal	30/06/2024	12/10/2023 - Initial Rio development requirements being scoped out; dashboard development requests made	Dashboard data in ward, divisional governance	Open
Quality Impact Assessments	Clear Risk Assessment	Develop a procedure and template for the use of QIA's for large change initiatives	QIA procedure and templates	BAU	Chloe Annan	31/01/2024	08/08/23 QIA template and process drafted. Ongoing work to agree criteria for consideration 28/06/23 - JK/AR/AB to review this action. Quality Impact Assessment for Workforce Standards has been completed by CA. Need to agree standard template for QIA going forward and embed use.	QIA process embedded through change and transformation programmes.	Open
Improving Nursing Handover	CQI	Complete handover CQI with appropriate recommendations taken to QSG	A completed CQI handover document prepared for QSG	BAU	Keira White	29/02/2024	14.10.23 Collation of learning being done with the CQI team to then allow sharing 28/06/23 - Projects ongoing around Handover processes. CQI has led to optimisation of current process that will be reflected in policy; shift pattern work and ward screen initiatives being scoped	BAU Ward to Board Governance	Open
Improving Nursing Handover	Collaborative Team Working	Pilot in two wards ward screens that can show critical information that supports handover and quality control activity	Pilot feedback report and business case	BAU	Dawn Chamberlain	31/03/2024	Two wards identified for pilot - Aspen in Neuro and Audley in Essex. Project group to be established in November and pilot to run through Q4.	Op Comm	Open
Physical Health	Clinical Modelling	Development of Physical Health dashboard to show data on follow through recording of NEWS 2	Dashboard availability via safety huddles and through governance, appropriate and evidenced response to physical health concerns	BAU	Nadeem Mazi Kotwal	31/03/2024	12/10/2023 – existing NEWS2 dashboard is being strengthened to show if NEWS2 is overdue and how long it has been overdue for. Dashboards are in the development pipeline for - Proportion of abnormal news2 scores that were repeated within the recommended time interval(daily, weekly, monthly)	BAU Ward to Board Governance	Open
Improving Patient Safety, Culture and Practice	Clinical Modelling	PSIRF Policy and Plan to be developed and approved by commissioners	Policy and Plan	BAU	Cath Marshall	31/12/2023	14.10.23 Draft policy and plan complete. Is to be socialised with IMPACT. 18.9.23 PSIRF GANTT chart created; PSIRF policy and action plan on track for Oct 23; training being delivered; providers are moving to PSIRF at differential rates across the next 6 months	Patient Safety Group	Open
Improving Patient Safety, Culture and Practice	Clinical Modelling	Transition to PSIRF learning templates	New Templates	BAU	Cath Marshall	31/12/2023	14.10.23 Draft templates created for different learning responses and are being consulted upon	Patient Safety Group	Open
Improving Patient Safety, Culture and Practice	Clinical Modelling	Oversight, engagement and learning response lead training based on an approved and funded training plan	Training plan and data	BAU	Cath Marshall	31/12/2023	Second wave of PSIRF (accredited) training, secured. Key personel identified to be provided in December 2023	TNA refreshed annually and use of approved providers	Open
Improving Patient Safety, Culture and Practice	Clinical Modelling	RPMG to create and QSG to approve key focus areas for the next 12 months	24/25 REDUCE action plan	BAU	Cath Marshall	31/03/2024	14.10.23 RPMG to restart in October 23 and set priorities that will be followed through in the group's action log	RPMG, QSG & BAU Gov	Open

Theme	9C	Action required (SMART Actions)	How will this be evidenced?	Priority	Owner	Target date	Comments/progress notes	Sustaining Improvement Timescale	Action status
Improve the Patient and Carer Experience	Clinical Modelling	Approve the 23/28 Patient and Carer experience strategy and then add 12 month deliverables to the workplan of the Patient Experience team and/or the Charity QIP	Strategy documents, Improved PREMS/My Voice, Progression of the co-production ladder, , Improved timeliness in response to complaints and system for carers feedback.	BAU	Katie Bayliss;	31/12/2023	09.10.23 - Patient and Carer Experience Strategy being drafted (due 25.10.2023) . Now being co-ordinated with the Quality Strategy and these will set out the specific 12 month deliverables.	Patient and Carer Experience Team, QSG,	Open
Management of Contraband and Restricted items	Clinical Modelling	A review of the relevant key systems, processes, training and assurance - including contraband lists, Physical Security documents, reception practice, interface with clinical search practice and management of patient possessions	Review findings document with recommendations and actions	BAU	Kamaljit Kaila;	31/03/2024	13.10.23 - A cross functional expert group has been set up including an SD, CD, Estates, security, nursing to lead this work	Security Group, Op Comm	Open
Support for staff	Clinical Modelling; CARE Values; Culture	Focus on high quality Clinical and Management supervision delivery to all eligible staff ensuring that contractual targets are achieved.	Clinical Supervision rates of 90% Management Supervision rates in line with policy	BAU	Keira White; Pheon Silaule; Jennifer Mytton; Dean Robinson; Elizabeth Phillips; Gerard Fogarty;	31/03/2024	13.10.23 Charity level of CS for Sep 23 was 88%; MS under review and next quarter figures pending 12/10/23 MS DR - Sept 96%, Aug 97%, July 90% - Willow remains a potential outlier but showing signs of improvement. 11.10.23 - Essex - Last 3 months Clinical Supervision has been above 90%, September Management Supervision was over 95%. Staff Engagement, Development and Wellbeing sessions are occurring weekly, rotated across the five wards. OOO rota in place, one visit per month. 18.9.23 CS at 80% - supervision trees behind designed operationally to support the target; Your Voice pulse survey was positive but need fuller survey	IQPR, Out of Hours and staff feedback	Open
Improving Patient Safety, Culture and Practice	Clear Risk Assessment	Patient call system to be installed in bedrooms and areas that patients may be unobserved across Charity.	Implementation Plan and delivery programme.	Enforcement	Dawn Chamberlain;	31/12/2023	18.9.23- On track for early Dec 23 completion 28/06/2023 - Paper has gone to board, further work to be done on this, Dawn is leading on this with Simon and we will have an outcome in around 2-3 weeks. 21/06/2023 - Paper due to go to CEC today for decision. 14/06/2023 - Paper will be presented to Execs next week, last few bits to finalise on this. 29.8.23 Estimated completion by early Dec- on track 31/05/2023 - This action to close when agreement sought on permanent solution, following completion of proposal paper by Simon Callow. 17/05/23 - Concerns raised about effectiveness and possible ligature/self-harm risk for the temporary alarms being used in some wards until the call bells have been installed everywhere. Ligature risk assessments to be reviewed/updated in relation to this. 15/05/2023 (AB) - Procedure now complete Further meeting to be held this week and design options yet to be finalised. 16/02/23 - Call Bells installed in all wards in Essex.		Open
Improving Enhanced Support Practice	Correct Recording	Develop and commence an audit led by QM's to review the quality of ESCP's and MDT reviews, with a focus on privacy and dignity	audit tool	BAU	Chloe Annan;	31/01/2024	14.10.23 QM /GM tasks/ roles now set out. Audits required of them for frontline assurance are being designed so as to complement those done by second line and central audit team but care planning is to be a priority	Audits feeding into governance, RPMG and LLG - outcomes feeding in to QIP process at ward/divisional level.	Open

Paper for Quality and Safety Committee

Topic	Safer Staffing Update
Date of Meeting	Tuesday, 24 October 2023
Agenda Item	9
Author	Chloe Annan, Deputy Director of Nursing
Responsible Executive	Dawn Chamberlain, Chief Operating Officer
Discussed at Previous QSC Meeting	Discussed at each Committee meeting
Patient and Carer Involvement	Aspects of Safer Staffing have been discussed with patients, where appropriate to do so, within community meetings on the wards.
Staff Involvement	Divisions and ward clinical nursing and operational teams have been fully engaged as have other lead members for Psychology and Occupational Therapy.
Report Purpose	<div>Review and comment <input type="checkbox"/></div> <div>Information <input type="checkbox"/></div> <div>Decision or Approval <input type="checkbox"/></div> <div>Assurance <input checked="" type="checkbox"/></div>
Key Lines Of Enquiry:	S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/>
Strategic Focus Area	<div>Voice <input type="checkbox"/></div> <div>Community <input type="checkbox"/></div> <div>Quality <input checked="" type="checkbox"/></div> <div>Service Development <input type="checkbox"/></div> <div>Workforce <input type="checkbox"/></div> <div>Learning and Research <input type="checkbox"/></div> <div>Financial Sustainability <input type="checkbox"/></div>
Committee meetings where this item has been considered	

Report Summary and Key Points to Note

This report provides an overview of Safer Staffing to the Committee and summarises our progress and improvement within the last few months.

Our staffing position over the summer has remained fairly steady and consistent, considering the challenges we often to see across the summer holidays associated with increased annual leave and sickness. Our total staffing position has generally remained above 90% across both days and nights. We do however continue to see consistent challenges with our qualified staffing due to current gap against establishment. A decision was made with both clinical and operational colleagues to redistribute qualified resource from the day, where a 3rd qualified position was being filled, to the night to enhance provision and our ability to support qualified breaks. Wards have also been able to largely mitigate this qualified gap day and night by backfilling with HCA's,

therefore reducing the impact on total ward level staffing.

The Senior Leadership team have been working closely with the BI data team to develop a new Clinically Informed Staffing Dashboard, due to go live at the end of October. The aim of this dashboard is to reduce the amount of time clinical teams are having to spend on decisions around staffing levels, and give them more time back to spend on the wards and with patients. This was shared at our internal Senior Leadership event early September, including divisional triumvirates, MDT leads and Ward Managers and was well received.

We have also benchmarked our current practice, policies and procedures against the National Nursing Workforce Standards, and this information can be found in Appendix 1. We are either fully compliant, or partially compliant in all areas. For areas of partial compliance, we have clear actions in place to progress us towards fully meeting all of the standards.

Note: Further larger copies of graphs are included within Annex C of the pack for ease of viewing.

Appendices:

Appendix 1 – Nursing Workforce Standards Benchmarking 2023

Safer Staffing Update

Staffing Dashboards

New Clinically Informed Staffing (CIS) Dashboard

Night Cover

We have a number of Operational Staffing Dashboards available to help inform the right staffing adjustments to the baseline based on both occupancy and levels of enhanced observations, escorting needs or extra-care packages (these are summarily known as Enhanced Support). These continue to be used daily in various divisional meetings and groups to closely monitor staffing levels, and ensure any areas of concern are quickly escalated and actioned.

Operational Staffing Dashboard

Day shift snapshot:

(Appendix 1)

Site/Division/Group/Ward	Occupancy				Enhanced Support				Q-Registered (Q-RN and Q-RP)										U-Unregistered (U-RN)						Totals					
	Baseline	Actual	Var to Baseline	Var to Prev Day	Baseline ES	Actual ES	Var to Baseline	Var to Prev Day	Planned	Adjusted	Planned + Adjusted	Q-RN Actual	Q-RP Actual	Q Actual	Variance	Variance %	Q Unfilled	Planned	Adjusted	Planned + Adjusted	U Actual	Variance	Variance %	U Unfilled	Planned	Adjusted	Planned + Adjusted	Actual	Variance	Variance %
Northampton	434	441	7	1	109.0	129.2	20.2	-1.8	100.7	-1.0	99.7	72.0		72.0	-27.7	72 %	21.2	250.6	41.8	292.4	291.3	-1.1	100 %	19.8	351.3	40.8	392.1	363.3	-28.8	93 %
Low Secure & Specialist Rehab	82	80	-2	1	8.5	5.0	-3.5	1.4	22.0	-2.0	20.0	13.3		13.3	-6.7	67 %	5.8	35.8	2.4	38.2	37.4	-0.8	90 %	2.8	57.8	0.4	58.2	50.7	-7.5	87 %
CAMHS	20	15	-5	0	10.2	10.5	0.3	-0.6	6.0	1.0	7.0	3.8		3.8	-3.2	55 %	2.4	17.2	0.3	17.5	19.5	2.0	111 %	0.2	23.2	1.3	24.5	23.3	-1.2	95 %
LDA	103	105	2	0	45.2	56.6	11.4	-2.3	25.7	0.0	25.7	19.4		19.4	-6.3	75 %	5.9	83.2	12.1	95.3	94.8	-0.5	99 %	10.8	108.9	12.1	121.0	114.2	-6.8	94 %
Medium Secure	115	127	12	0	19.7	21.0	1.3	0.0	23.5	0.0	23.5	18.4		18.4	-5.1	78 %	1.3	55.3	9.0	64.3	62.4	-1.9	97 %	3.7	78.8	9.0	87.8	80.7	-7.1	92 %
Neuro	114	114	0	0	25.5	36.2	10.7	-0.3	23.5	0.0	23.5	17.1		17.1	-6.4	73 %	5.8	59.1	18.0	77.1	77.3	0.2	100 %	2.4	82.6	18.0	100.6	94.3	-6.3	94 %
Birmingham	123	119	-4	0	9.3	9.8	0.6	-1.9	19.5	0.0	19.5	16.6		16.6	-2.9	85 %	4.0	37.0	5.0	42.0	42.9	0.9	102 %	4.4	56.5	5.0	61.5	59.4	-2.1	97 %
Essex	66	56	-10	-2	4.7	3.0	-1.7	0.0	12.5	0.0	12.5	9.1		9.1	-3.4	73 %	0.0	23.2	0.5	23.7	25.8	2.1	109 %	3.8	35.7	0.5	36.2	34.8	-1.4	96 %
Total	623	616	-7	-1	123.0	142.1	19.1	-3.7	132.7	-1.0	131.7	97.6		97.6	-34.1	74 %	25.2	310.8	47.3	358.1	360.0	1.9	101 %	28.0	443.5	46.3	489.8	457.6	-32.2	93 %

This is the daily staffing dashboard that shows the full breakdown of both Qualified and Unregistered staff as well as totals by ward, group, Division, or Site. This snapshot is from a weekday in September, and reflects fairly positively our overall staffing position however with some consistent challenges in our qualified staffing. Following our previous establishment review in November 2022, a number of wards are planned to have 3 qualifieds in the day. With the current national shortages and challenges in recruiting and retaining nurses, we have had consistent difficulties in getting this third qualified need filled during the day. After engaging with divisions, it was agreed that operationally they would work to support all wards having 2 qualifieds in the day, and redistribute qualified resourcing to night shifts where possible. Despite these challenges, some divisions have been able to partially mitigate this qualified gap by backfilling with HCA's, evident in the purple boxes showing HCA's as over 100%. This has kept most divisions overall staffing position at 90% or above.

Night shift snapshot

Site/Division/Group/Ward	Occupancy				Enhanced Support				Q-Registered (Q-RN and Q-RP)										U-Unregistered (U-RN)						Totals					
	Baseline	Actual	Var to Baseline	Var to Prev Day	Baseline ES	Actual ES	Var to Baseline	Var to Prev Day	Planned	Adjusted	Planned + Adjusted	Q-RN Actual	Q-RP Actual	Q Actual	Variance	Variance %	Q Unfilled	Planned	Adjusted	Planned + Adjusted	U Actual	Variance	Variance %	U Unfilled	Planned	Adjusted	Planned + Adjusted	Actual	Variance	Variance %
Northampton	434	438	-4	1	98.5	120.7	22.3	-2.3	57.7	0.6	58.3	49.4		49.4	-8.9	85 %	6.0	229.9	50.3	280.2	280.0	-0.2	100 %	20.7	287.6	50.9	338.5	329.3	-9.2	97 %
Low Secure & Specialist Rehab	82	79	-3	0	8.6	3.3	-5.2	-1.0	13.5	0.0	13.5	11.0		11.0	-2.5	81 %	1.0	31.3	0.6	31.9	32.5	0.6	102 %	2.0	44.8	0.6	45.4	43.5	-1.9	96 %
CAMHS	20	15	-5	0	11.3	12.9	1.6	0.0	5.0	1.0	6.0	4.3		4.3	-1.7	72 %	2.0	17.2	2.2	19.4	19.0	-0.4	98 %	2.0	22.2	3.2	25.4	23.3	-2.1	92 %
LDA	103	105	2	0	40.3	55.5	15.2	-1.0	14.4	0.0	14.4	12.1		12.1	-2.3	84 %	3.0	76.6	18.7	95.3	94.5	-0.8	99 %	10.7	91.0	18.7	109.7	106.6	-3.1	97 %
Medium Secure	115	126	11	1	17.8	21.3	3.5	-0.3	11.8	0.0	11.8	10.3		10.3	-1.5	88 %	0.0	54.8	9.2	64.0	66.7	2.7	104 %	2.9	66.6	9.2	75.8	77.1	1.3	102 %
Neuro	114	113	-1	0	20.5	27.7	7.1	0.0	13.0	-0.4	12.6	11.6		11.6	-1.0	92 %	0.0	50.0	19.6	69.6	67.3	-2.3	97 %	3.1	63.0	19.2	82.2	78.8	-3.4	96 %
Birmingham	123	119	-4	-1	9.3	12.0	2.8	0.5	12.0	0.0	12.0	10.0		10.0	-2.0	83 %	1.0	22.0	6.0	28.0	29.0	1.0	104 %	2.0	34.0	6.0	40.0	39.0	-1.0	98 %
Essex	66	58	-8	-1	6.3	3.0	-3.3	0.0	8.0	0.0	8.0	8.7		8.7	0.7	109 %	0.0	16.0	4.0	20.0	16.7	-3.3	83 %	1.0	24.0	4.0	28.0	25.4	-2.6	91 %
Total	623	615	-8	-1	114.0	135.7	21.7	-1.8	77.7	0.6	78.3	68.1		68.1	-10.2	87 %	7.0	267.9	60.3	328.2	325.7	-2.5	99 %	23.7	345.6	60.9	406.5	393.7	-12.8	97 %

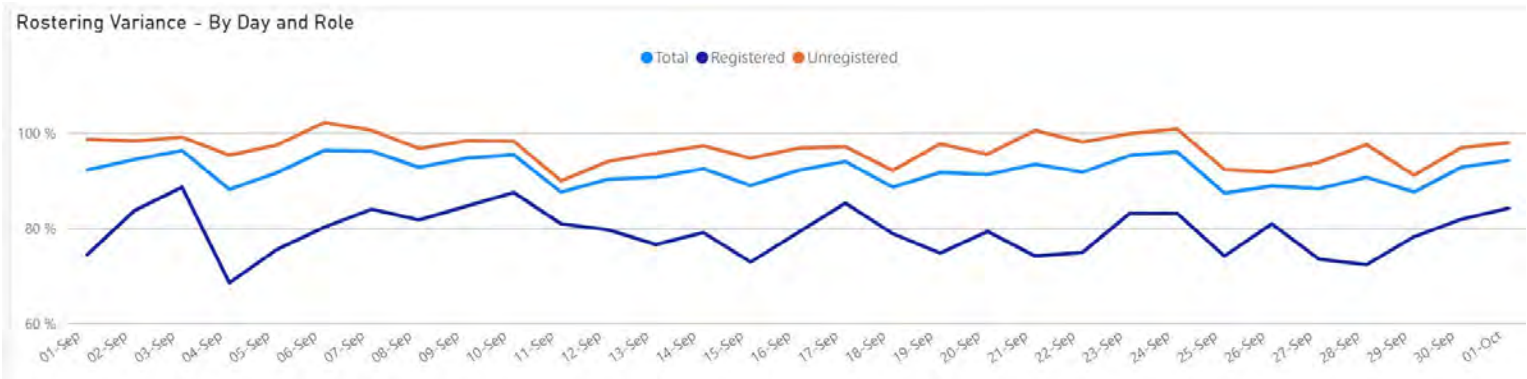
This snapshot is from a weekday night shift in September. With the recent focus and work that has gone into reviewing qualified divisional resource, operationally removing the third qualified in the day and redistributing to nights, we are seeing our night qualified position slowly but steadily improve. Again despite some challenges, wards have been able to partially mitigate this gap by uplifting their HCA position keeping the total night position at 97%. Presence of our night site coordinators at night (all of whom are qualified nurses), combined with our strengthened night duty manager rota, also supports as mitigation.

This dashboard should be used for daily shift adjustments in daily ward and divisional huddles, based on changes to clinical need, however understanding and utilisation of this dashboard has been variable across divisions. Over the last few weeks we have therefore been holding twice weekly meetings with divisions, chaired by our COO and DDN to talk through the dashboard and ensures adjustments are only being approved where clinically needed.

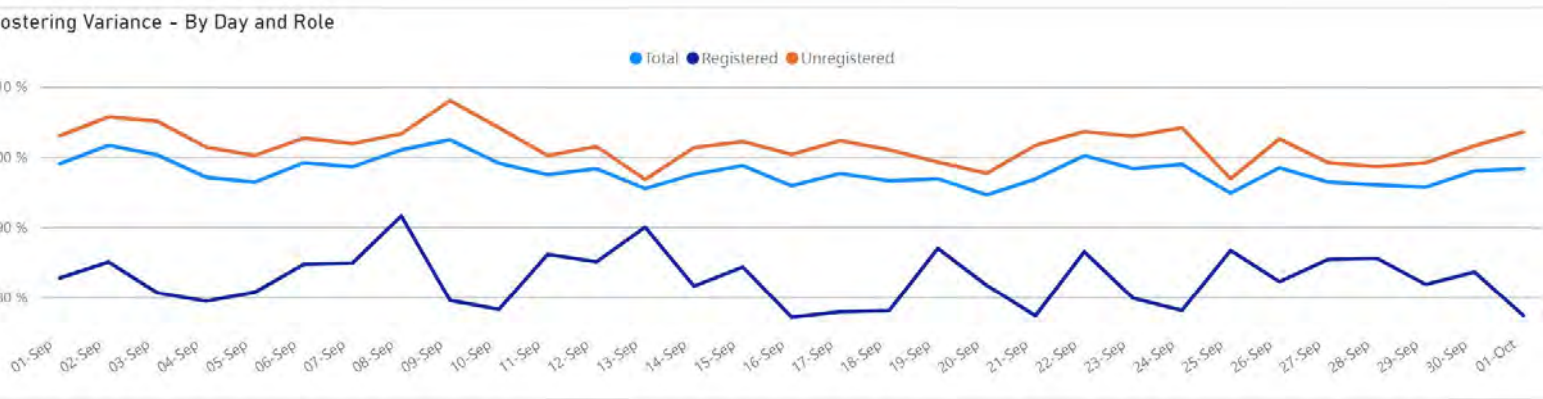
In terms of trends and assurance data there are multiple lenses to look through and the following tools continue to be used regularly and are highlighted below. All of these dashboard show our staffing data from the 1st September to 1st October.

Rostering Trends

Day

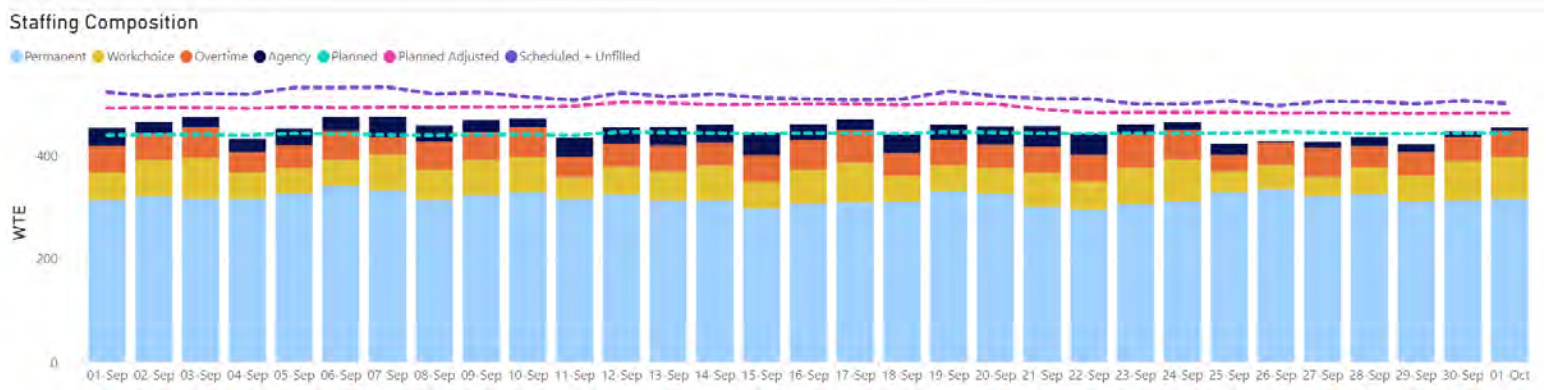


Night

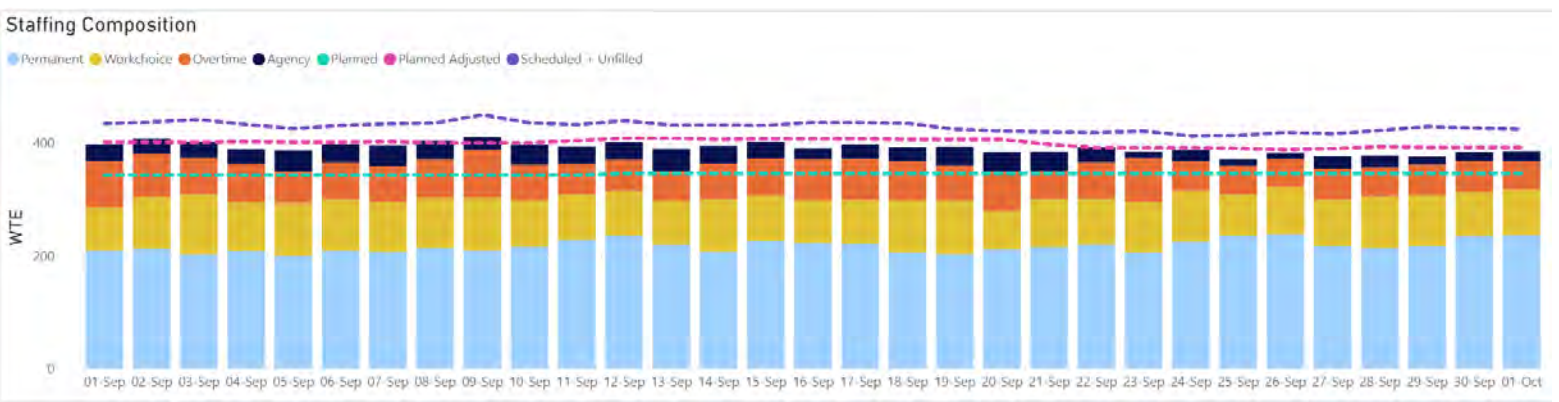


Staffing Composition

Day:



Night



Ward Heat Map

NEW Clinically Informed Staffing Dashboard

The Senior Leadership team (with both Clinical and Operational colleagues) have been working closely with the BI data team to develop a new Clinically Informed Staffing Dashboard. The aim of this dashboard is to reduce the amount of time clinical teams are having to spend on decisions around staffing levels, and give them more time back to spend on the wards and with patients. An algorithm sits behind this dashboard, informed, led and agreed by our senior clinical colleagues that automatically reflects changes in ward staffing levels as levels of Enhanced Observation, Seclusion, Extra Care packages and Occupancy change. This dashboard will pull all of this information directly from the patients care plans, therefore accurately reflecting the clinical need. It is proposed to go live from the end of October. This dashboard was shared at our internal Senior Leadership event early September, including divisional triumvirates, MDT leads and Ward Managers and was well received.

Site-Division-Group-Ward	Q-Registered					U-Unregistered							Totals						
	Planned	Q Actual	Variance	Variance %	Q Unfilled	Planned	Adjusted	Planned + Adjusted	U Actual	Variance	Variance %	U Unfilled	Planned	Adjusted	Planned + Adjusted	Actual	Variance	Variance %	Unfilled
Northampton	157.4	127.9	-29.5	81 %	24.6	478.4	29.4	507.8	564.0	56.2	111 %	35.4	635.8	29.4	665.2	691.9	26.7	104 %	59.9
Low Secure & Specialist Rehab	35.5	27.6	-7.9	78 %	5.6	68.6	7.2	75.8	76.4	0.6	101 %	2.7	104.1	7.2	111.3	104.0	-7.4	93 %	8.3
CAMHS	11.0	9.6	-1.4	87 %	2.0	34.4	-10.4	24.0	36.6	12.5	152 %	0.6	45.4	-10.4	35.0	46.1	11.1	132 %	2.6
LDA	39.1	32.8	-6.3	84 %	9.0	154.8	5.2	160.0	177.6	17.6	111 %	21.3	193.9	5.2	199.1	210.4	11.3	106 %	30.3
Medium Secure	35.3	23.3	-12.0	66 %	7.0	110.9	14.3	125.2	127.2	1.9	102 %	6.8	146.2	14.3	160.5	150.4	-10.1	94 %	13.8
Neuro	36.5	34.7	-1.8	95 %	1.0	109.7	13.0	122.7	146.2	23.5	119 %	4.0	146.2	13.0	159.2	180.9	21.7	114 %	5.0
Birmingham	31.5	27.0	-4.5	86 %	7.0	59.0	5.0	64.0	77.5	13.5	121 %	3.1	90.5	5.0	95.5	104.5	9.0	109 %	10.1
Birmingham	31.5	27.0	-4.5	86 %	7.0	59.0	5.0	64.0	77.5	13.5	121 %	3.1	90.5	5.0	95.5	104.5	9.0	109 %	10.1
Essex	20.5	18.7	-1.8	91 %	3.7	39.2	2.0	41.2	42.7	1.5	104 %	4.5	59.7	2.0	61.7	61.5	-0.2	100 %	8.2
Essex	20.5	18.7	-1.8	91 %	3.7	39.2	2.0	41.2	42.7	1.5	104 %	4.5	59.7	2.0	61.7	61.5	-0.2	100 %	8.2
Nottingham	2.0	2.0	0.0	102 %	0.0	26.0	0.0	26.0	22.3	-3.6	86 %	1.0	28.0	0.0	28.0	24.4	-3.6	87 %	1.0
Community Services	2.0	2.0	0.0	102 %	0.0	26.0	0.0	26.0	22.3	-3.6	86 %	1.0	28.0	0.0	28.0	24.4	-3.6	87 %	1.0
Total	211.4	175.7	-35.7	83 %	35.2	602.6	36.4	639.0	706.5	67.5	111 %	44.0	814.0	36.4	850.4	882.2	31.8	104 %	79.2

Proposed supporting financial insight

This information will sit in the background and will be key for our Service Directors and General Managers to use to closely monitor the financial position against budget, in relation to ward based staffing.

Site-Division-Group-Ward	ES Income						Occupancy							Total Adjustment		
	ES	EPC	Total	ES Budget	Additional ES Income	ES Adjustment WTE	Budget Occupancy	Actual	Available Beds	Budgeted Occupancy Income	InPatient Income Actual	InPatient Income Variance	Occupancy Adjustment WTE	Total Income Variance	ES/EPC & Occupancy WTE Adjustment	Adjustment WTE With ES Absorption & Staffing Floor
Northampton	£ 27,531	£ 32,561	£ 60,092	£ 44,170	£ 15,922	47.4	456	437	496	£ 294,811	£ 281,582	-£ 13,229	-4.0	£ 2,693	43.4	29.4
Medium Secure	£ 2,464	£ 8,538	£ 11,002	£ 4,843	£ 6,158	18.3	127	125	136	£ 87,268	£ 85,496	-£ 1,772	0.0	£ 4,386	18.3	14.3
Neuro	£ 17,580	£ 1,373	£ 18,953	£ 13,240	£ 5,713	17.0	113	112	119	£ 61,363	£ 60,815	-£ 547	1.0	£ 5,166	18.0	13.0
LDA	£ 4,127	£ 18,507	£ 22,635	£ 19,440	£ 3,195	9.5	109	104	117	£ 75,328	£ 72,777	-£ 2,551	-2.0	£ 644	7.5	5.2
Low Secure & Specialist Rehab	£ 3,360	£ 1,758	£ 5,118	£ 2,353	£ 2,765	8.2	86	82	93	£ 51,588	£ 49,596	-£ 1,992	0.0	£ 773	8.2	7.2
CAMHS	£ 0	£ 2,384	£ 2,384	£ 4,293	-£ 1,909	-5.7	21	14	31	£ 19,264	£ 12,898	-£ 6,366	-3.0	-£ 8,276	-8.7	-10.4
Birmingham	£ 0	£ 2,947	£ 2,947	£ 933	£ 2,013	6.0	121	120	125	£ 64,728	£ 64,073	-£ 655	0.0	£ 1,359	6.0	5.0
Birmingham	£ 0	£ 2,947	£ 2,947	£ 933	£ 2,013	6.0	121	120	125	£ 64,728	£ 64,073	-£ 655	0.0	£ 1,359	6.0	5.0
Essex	£ 3,360	£ 701	£ 4,061	£ 1,377	£ 2,684	8.0	68	59	80	£ 41,352	£ 37,042	-£ 4,310	-2.0	-£ 1,626	6.0	2.0
Essex	£ 3,360	£ 701	£ 4,061	£ 1,377	£ 2,684	8.0	68	59	80	£ 41,352	£ 37,042	-£ 4,310	-2.0	-£ 1,626	6.0	2.0
Nottingham	£ 0	£ 3,971	£ 3,971	£ 3,973	-£ 3	0.0	10	10	11	£ 4,488	£ 4,488	£ 0	0.0	-£ 3	0.0	0.0
Community Services	£ 0	£ 3,971	£ 3,971	£ 3,973	-£ 3	0.0	10	10	11	£ 4,488	£ 4,488	£ 0	0.0	-£ 3	0.0	0.0
Total	£ 30,891	£ 40,178	£ 71,070	£ 50,453	£ 20,616	61.4	655	626	712	£ 405,378	£ 387,185	-£ 18,194	-6.0	£ 2,423	55.4	36.4

Night Cover

Our new Duty Manager rota has been live since the beginning of August and has been key in us strengthening our senior night manager cover at night. For 8 hours across every night shift (7 days a week) we have a Quality Matron or General Manager on site. A significant proportion of their time is spent on their group of wards completing audits and observations, meeting their night teams and working with them to address any quality concerns. They have also been supporting in responding to any group alerts or medical emergencies across the site, strengthening our response position where we know we have had challenges previously.

We are also holding an internal Senior Nursing Summit in October to review and explore our current night nursing model across the charity. Consideration will be given to discussions around Deputy Ward Managers rotating on to nights, qualified nursing establishment at night, and the role of our night site coordinators. An output of this event will be to propose the night nursing structure moving forward to the Executive Team.

Appendix One: Nursing Workforce Standards Benchmarking 2023

Nursing Workforce Standard (NWS)		RAG	Evidence
NWS 1	Senior nurses set nurse staffing and report to Executive Boards.		Annual establishment reviews take place in line with Safer Staffing Policy & Procedure (currently being updated – due end of Oct).
	<i>Executive nurses are responsible for setting nursing workforce establishment and staffing levels. All members of the corporate board of any organisation are accountable for the decisions they make and the action they do or do not take to ensure the safety and effectiveness of service provision.</i>		Establishment review template updated & will be used consistently across all wards, all sites.
			Annual MHOST acuity & dependency data collection complete as per license (Sep 23)
			Division establishment proposals planned for review by exec group Nov 23.
NWS 2	Nurse establishments based on service demand and user need		Annual MHOST data collection enables on-going review of acuity and dependency
	<i>Registered nurse and nursing support workers establishments should be set based on service demand and the needs of people using services. This should be reviewed and reported regularly and at least annually. This requires corporate board level accountability</i>		Safecare acuity pilot continues in Essex (daily acuity & dependency collection)
			Quality, Safety & Workforce metrics regularly reviewed in monthly divisional IQPR's, to support safe staffing decision making.
			Allocate enables robust advanced shift planning
			Daily Ward & Divisional Huddles to oversee safe staffing against clinical demand
NWS 3	Business continuity plans enable staffing for safe effective care		Staffing Escalation flowchart & action card procedure sets out the Charity's standard approach to managing challenging staffing levels from day to day, to critical levels.
	<i>Up-to-date business continuity plans must be in place to enable staffing for safe and effective care during critical incidents or events.</i>		All divisions have Qualified contingency plans in place (updated Sep 23).
NWS 4	Nursing workforce is recognised and valued		Nursing pay structure is aligned with national guidance and Agenda for Change pay Structure. 5% increase communicated to workforce Sep 23.
	<i>The nursing workforce should be recognised and valued through fair pay, terms and conditions</i>		Charity HR policies and procedures are in place, & recently been reviewed to fairly manage staff within the organisation
			Nursing career development and progression plans are in place, & recently reviewed, to meet new roles such as Nurse Associate.
			6 Nursing Update calls held throughout August, reaching out to over 75 of our Q Nurses across the charity.
			Regular Ward Manager, Quality Matron and ADN huddles in place.
NWS	Each nursing embedded service has a		The Charity has a robust divisional nursing

5	Registered Nurse Lead		leadership structure, with the recent investment into Associate Director of Nursing & Quality Matron positions in all divisions.
	<i>Each clinical team or service that provides nursing care will have a registered nurse lead.</i>		All Nursing teams have a dedicated Quality Matron, Ward Manager & Deputy Ward Manager.
			A clear Ward to Board structure is set out in the governance Structure.
NWS 6	Nurse leaders receive dedicated workforce planning time		All wards have an identified Ward Manager with 100% supervisory time allotted. This time remains fully protected to support;
	<i>A registered nurse lead must receive sufficient dedicated time and resources to undertake activities to ensure the delivery of safe and effective care.</i>		<ul style="list-style-type: none"> • Leadership and team management • Improvement and monitoring of care quality service delivery • Workforce monitoring and planning • General ward management • Staff wellbeing support
			MHOST training held throughout August for all Deputy Managers & above, to support annual review process.
			Roster training sessions being held throughout September & October to support WM's with effective rostering.
NWS 7	Practice development time considered when defining workforce		The Charity has a dedicated Head of Practice Education, Practice Educators & a Preceptorship Lead who support post registration nurses during preceptorship and internationally educated nurses to complete the OSCE process and achieve NMC registration at ward level.
	<i>The time needed for all elements of practice development must be taken into consideration when defining the nursing workforce and calculating the nursing requirements and skill mix within the team.</i>		Nursing Protected time pilot starting this September in Essex.
NWS 8	Apply sufficient uplift when calculating nursing workforce		The Charity uses the MHOST staffing tool for nursing workforce establishment calculations. The tool overlays acuity and dependency data against workforce parameters such as annual leave, sickness and study leave.
	<i>When calculating the nursing workforce Whole-Time Equivalent (WTE) uplift will be applied that allows for the management of planned and unplanned leave and absence.</i>		Total Establishment uplift of 25% applied
NWS 9	Substantive nursing workforce below 80% is exceptional		Monthly review of vacancies at divisional level as part of IQPR.
	<i>If the substantive nursing workforce falls below 80% for a department / team this should be an exception and should be escalated and reported to the board / senior management.</i>		Recruitment files now in place for all wards, with every role having a post reference number – owned by GM's and SD.
			Regular recruitment panel to review requests against vacancies prior to advert.
NWS 10	Nursing workforce is prepared and works within scope of practice		All nursing staff working as substantive or bank members of staff undergo a robust induction period and undertake mandatory training as required. Each member of staffs training records

			are accessible to the individual, & their line manager through SAP.
			Individual training skills (e.g. SIT, ILS, Dysphagia) currently being uploaded into Allocate to support with appropriate skill mix deployment & visibility.
	<i>Registered nurses and nursing support workers must be appropriately prepared and work within their scope of practice for the people who use services, their families and the population they are working with.</i>		Mental Health Competency Framework has been developed to support all our Adult/Child/International Nurses. Currently been piloted in CAMHS prior to charity wide rollout.
NWS 11	Nursing workforce rostering accounts for safe shift working		Electronic rostering (Allocate) is fully established in all clinical nursing teams across the Charity.
	<i>Rostering patterns for the nursing workforce will take into account best practice on safe shift working. Rostering patterns should be agreed in consultation with staff and their representatives</i>		E rostering policy has recently been reviewed, updated & due to be published.
			Allocate audits & KPI reporting available.
			Roster Performance group established & regular divisional roster performance meetings being set up to monitor rostering practice, & measure compliance with policy.
			Individual skills & training profiles being uploaded to Allocate (Sep & Oct) to improve skill mix visibility & deployment of staff when required.
NWS 12	Nursing workforce is treated with dignity and respect		Staff expect to be treated in accordance with the Charity Values.
	<i>The nursing workforce should be treated with dignity, respect, and enabled to raise concerns without fear or detriment, and to have these concerns responded to.</i>		Freedom to speak up guardians, provide one of the many mechanisms for staff to speak up. Currently recruiting for a Lead Freedom to Speak up Guardian (0.6).
			Regular ward staff meetings being promoted, with staff encouraged to attend. Teams options available.
			Nursing protected time pilot in Essex starting September.

	Fully meets the standard
	Partially meets the standard
	Does not meet the standard

Paper for Quality and Safety Committee

Topic	Mechanical Restraint Report
Date of Meeting	Tuesday, 24 October 2023
Agenda Item	10
Author	Ash Roychowdhury
Responsible Executive	Ash Roychowdhury
Discussed at Previous QSC Meeting	Yes
Patient and Carer Involvement	This is an assurance report about patient care and part of meeting the requirement for Board approval of mechanical restraint
Staff Involvement	Staff note use of MR on DATIX that serves as the information source for the paper; Staff use MR care plans
Report Purpose	<div style="display: flex; justify-content: space-between;"> Review and comment <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> Information <input checked="" type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> Decision or Approval <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> Assurance <input type="checkbox"/> </div>
Key Lines Of Enquiry:	S <input checked="" type="checkbox"/> E <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> W <input checked="" type="checkbox"/>
Strategic Focus Area	<div style="display: flex; justify-content: space-between;"> Voice <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> Community <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> Quality <input checked="" type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> Service Development <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> Workforce <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> Learning and Research <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> Financial Sustainability <input type="checkbox"/> </div>
Committee meetings where this item has been considered	RPMG- being re-established after appointment of new Patient Safety Lead

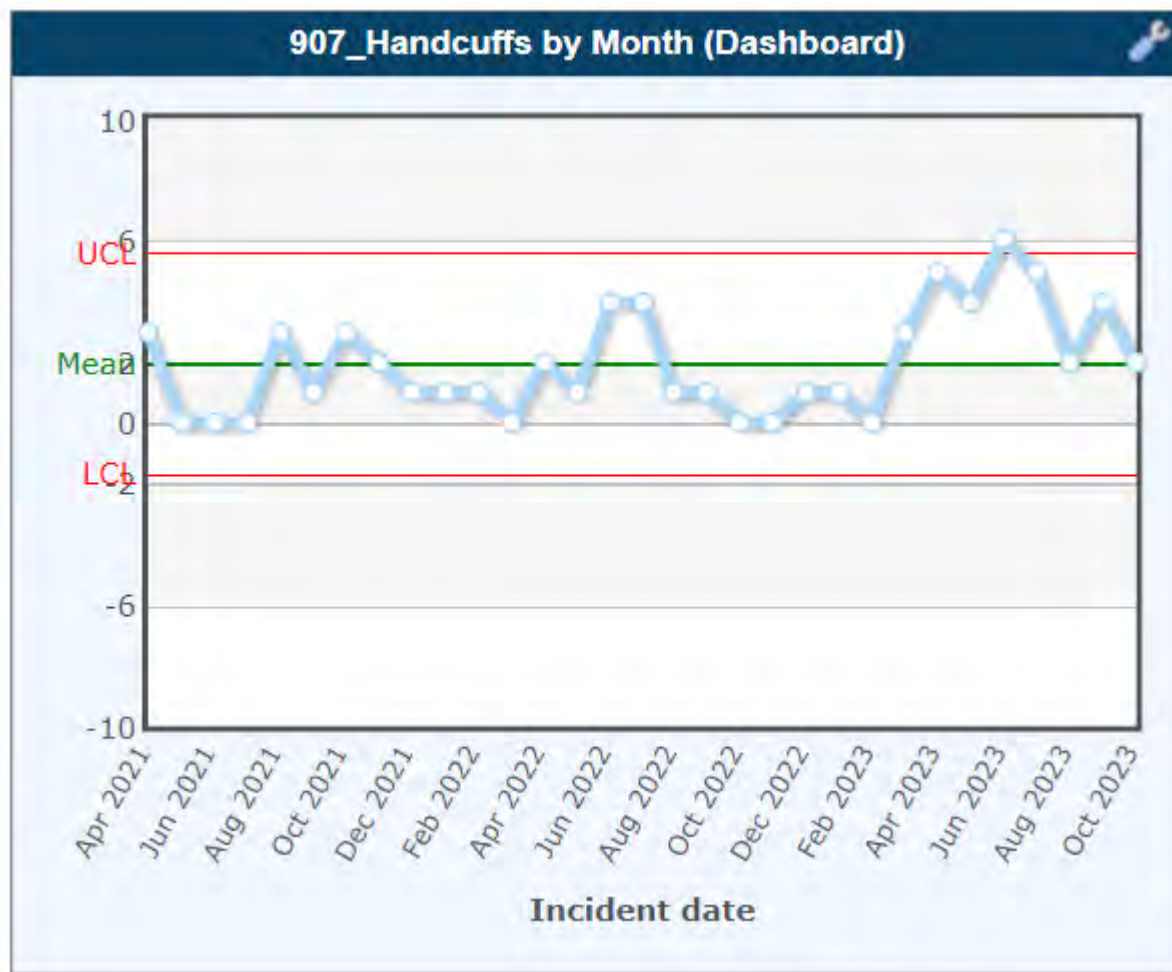
Report Summary and Key Points to Note

This paper provides an overview of the use of Mechanical Restraint to the Board, which is a regulatory and Code of Practice expectation

A MR dashboard has been created on DATIX and a BI request is in place to add MR to the IPR and is in the development pipeline, appropriately triaged.

Division	No. of patients with MR care plan, in RiO	No. of times MR-handcuffs used in August and Sep 23	No of times MR-SRE used in August and Sep 23
CAMHS	1	0	7
LD ASD	24	1	0
MS	71	3	3
LSSR	8	0	0
NPS	2	0	0
Bham	43	2	0
Essex	1	0	0
<p>Of the 6 handcuff uses, 5 were by St Andrew's and 1 by police</p> <p>MS - 3 for MOJ stipulated or care planned use outside of a secure building for a medical appointment on site or at NGH</p> <p>3 use of SRE to help relocate a patient to a different seclusion room to allow cleaning – this patient has been accepted for high secure care</p> <p>Birmingham – 1 applied by the police to manage an incident and 1 for planned dental leave (legally stipulated)</p> <p>CAMHS – all for care planned NG feeding</p>			

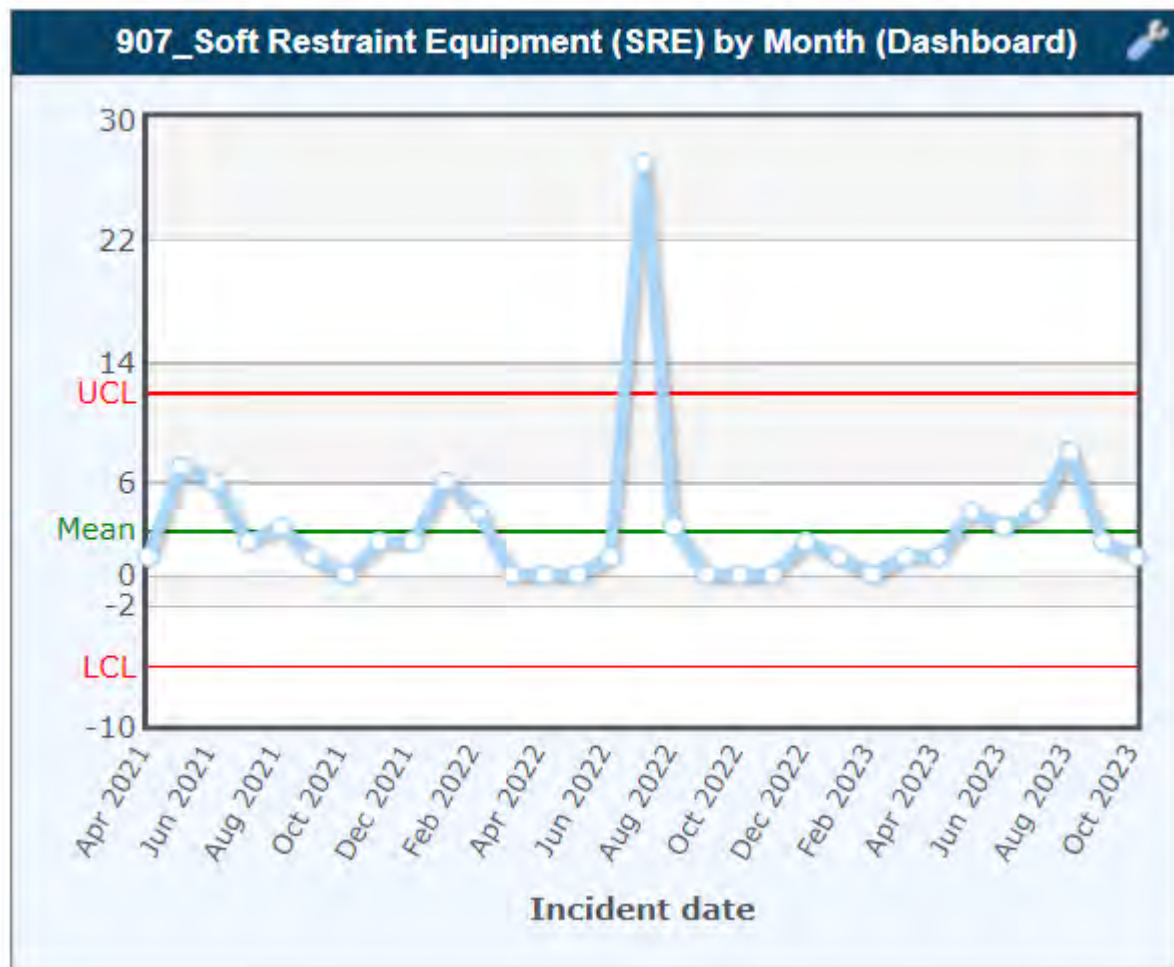
Rates back to the mean



In SPC limits

Compared to the previous 2 months, there has been only 1 use by police compared to 7 MR forms only 1% or less of total UoF

Actions from the MR audit are being enacted and we will plan a re-audit in due course, focussing on an improvement in evidence of qualified nursing observations the requirements of policy have been recirculated and MR observations forms are now part of the hospital transfer pack.



Group Report to Quality and Safety Committee

Name of Group:

QSG – Safety and Patient Experience (QSG-SPE)

QSG – Compliance and Effectiveness (QSG-CE)

Date of Group:

QSG-SPE – Tuesday 3 October 2023

QSG-CE – Thursday 5 October 2023

Chair of Group:

QSG-SPE – Ash Roychowdhury

QSG-CE – Ash Roychowdhury – meeting on 5 October chaired by Muthu Natarajan

Report Author:

Ash Roychowdhury

Key Topics and Matters Discussed:

SI's

24 active SI's -of which 12 have gone overdue; another 22 submitted awaiting closure by commissioners. Additional investigation training, specific backlog plans and twice weekly triage meetings with divisions will help improve this

There has been a rise in SI's reported in August and September- more so now than ever there has been cross over between Safeguarding and Serious Incidents, where possible IMPACT have accepted robust Section 42 Reports in lieu of SI reports in negotiation with the Patient Safety Lead which has sought to alleviate the demand on services

The Charity Wide Patient Safety Group monthly meeting will commence in October

Safeguarding

Safeguarding Level 3 training currently stands at 92% for staff who have completed face to face and 96% for staff who have completed the E-Learning. Discussions are being had to co-ordinate both sets of training on the same day to ensure all staff are up to date with both elements of the training.

Overall Safeguarding numbers have remained fairly stable over the last few months, with this trend continuing throughout September.

The safeguarding policy has been reviewed and agreed at POG, feedback was received from external safeguarding partners as well as Charity leaders and incorporated into the policy before submission to POG

Data for timeliness of S42 reports has been created and this shows a decline in performance since Feb 2023 with around 25-30% on time. WNC is meeting with the ADN's and the SG team before a formal handover in early November of the accountability for the timeliness of these reports. We are looking at using PSIRF style learning responses to facilitate the completion of reports

The practitioners are presenting at the National Independent Healthcare Providers Forum annual Safeguarding conference in November in relation to the training of and impact of the Safeguarding Navigators within the Charity.

The CQO presented an update to the NASB and has had 1:1 conversations with the manager at WNC to facilitate a shared understanding of incident reporting and what assurance 'looks like'

Patient and Carer Experience

Covered in detailed report

PALS and Complaints Co-ordinator appointed and began in September

Patient and Carer Experience Strategy due to review by Exec at end of October 23

Complaints closed and received JUL – AUG 2023:

	JUL 2023	AUG 2023
Complaints opened	16	18
Complaints closed	23	11
Number of safeguarding opened	4	8
Re-opened complaints	0	0

Divisions with the highest number of complaints this period:

JUL 2023	AUG 2023
Learning Disability and Autism (LDA) – 6 complaints	Medium Secure Mental Health (MMH) – 5 complaints

Complaints themes:

	JUL 2023	AUG 2023
Most common theme	Restrictive Practices – Prevented access to item, activity or leave	Poor staff attitude and behaviour – Lack of support

Triangle of Care: St Andrews was accepted to sign up to the Triangle of Care accreditation (previous period). This will ensure we have external assurance that we meet the principles of these standards that are pivotal to ensuring quality care for all patients and their loved ones.

Restrictive Practice Monitoring Group

To start in October 23 – have been tasked to set annual priorities informed by Use of Force data

Pharmacy

A number of policies including Smoke Free policy approved by POG

In response to a rise in potent, synthetic opioids and incidents in Birmingham, Naloxone IM and sprays has been added across the Charity and mandatory e-learning rolled out to support

a. Medication errors August 2023

Medication errors reduced slightly in July and August compared to May and June

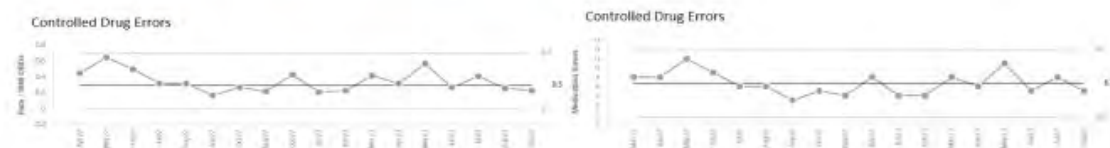
- Medication errors August – 1.24 /1000obd (av. 1.4) (24 (av. 25))
- Errors were reported across all divisions
- The rate was highest in CAMHS wards the number of incidents was highest in MS Division



b. CD errors August 2023

CD errors were around the mid-point in August

- 0.26/1000OBD (av. 0.3/1000obd)
- 5 (av. 6.7)
- MS - 1, B'ham - 1, Neuro -1, LSSR/CAMHS – 2



Mortality Surveillance Group

2 deaths were discussed at MSG on 21/9/23, there were many examples of good/ excellent care in all domains. Learning/ recommendations to be disseminated to teams' charity wide.

Discussions were held around:

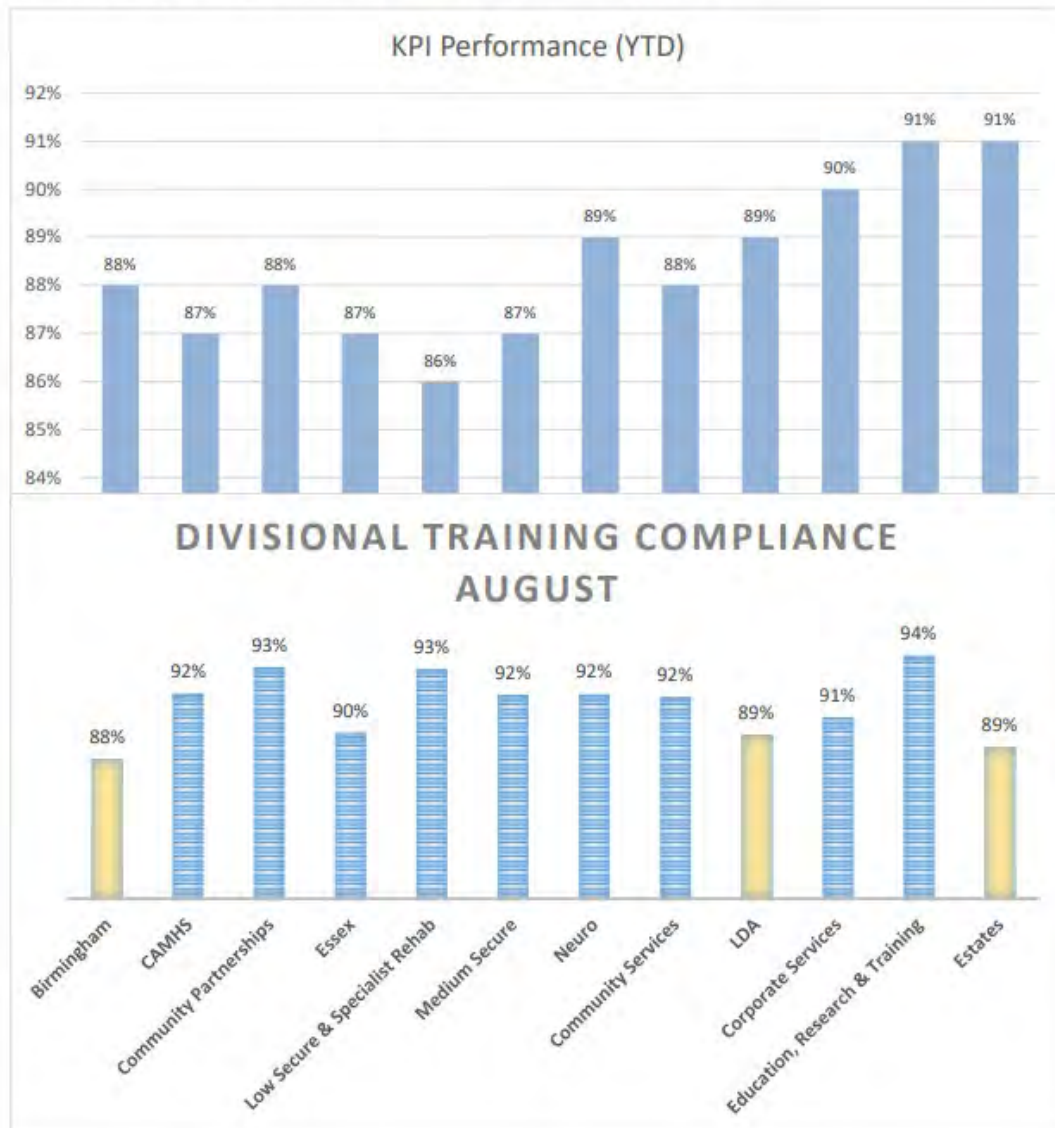
-timely completion of end of life care plans when required and how this can be brought to attention of clinicians, and embedded into practise.

-involvement of chaplaincy for patients who are on end of life treatment outside of St Andrews e.g. NGH.

Responding to death policies being updated to reflect LeDeR process and references to relevant NICE guidelines.

Learning and Development

Total charity compliance (permanent & Workchoice) is currently at **91%**.



Charity Wide: BLS 84% ; SIT 79% ; ILS figures were at 71% based on a 12 month refresh- this is now at 18 months to move to an annual refresher from Mar 24 with specific targeted training for people in the interim.

Learning Dashboard with live training compliance data currently at a testing stage. Further updates in the coming months. Dashboard will allow managers to see in real time who needs what training and if they are booked.

Co-Production Network

Co-Production Framework – to be part of Strategic Ambition 1 'Voice'. The dates will be updated ("The framework ensures our co-production approach is established (2024), implemented (2026) and reviewed (2028).") in order to sit in line with the Charity Strategy

Co-production projects:

- Live Co-production Opportunities database.
- Charity-wide approach to Welcome Packs for inpatients.
- Business to Consumer mailing lists, to improve communication with inpatients, community service users and partners-in-care.

- Experts-by-Experience (patients and service users) Charity-wide role structure.
- Co-production Ladder on inpatient RiO care plans (to replace current 'level of involvement' dropdown options).
- Patient access to RiO notes

Physical Healthcare

Pressure ulcer assessment compliance reduced across Charity; an improvement plan is in place.

VTE (Venous Thromboembolism) assessment compliance has been low following a change in patient mobility; key actions for improvement are in place.

Overall the Charity's compliance with physical health assessments is good.

There is a continued trend of improvement in the use of electronic recording for NEWS2, with a 3% increase in this reporting period.

There have been no significant exceptions to physical health incidents.

Charity's compliance with long-term conditions review is at 97% and all overdue reviews are followed up monthly.

The policy remains that St Andrew's patients are not taken off of the screening programme if they are not engaging and a decision to do so is discussed with the Responsible Clinician.

3 deaths were noted in the Physical Healthcare Group report, 2 are being investigated and will also look at physical healthcare practice and the outcome will be reported at the next QSG.

It was agreed that ICAT can be used for the effective auditing of medical devices, a decision will be made on the final process for audit.

Infection Prevention and Control

Covid-19 and Influenza vaccination programme is underway for both patients and staff.

There have been no Covid-19 outbreaks in the reporting period.

A recent audit of mattresses has led to the need to condemn several mattress. It is noted that there was not a robust mattress audit process; a task and finish group has been set up to ensure compliance and robust procedures.

ICAT (Infection Control Audit Technology) platform went live 1 September; training on ICAT undertaken with key staff.

Lack of IT system enablement for effective surveillance is a potential risk; the Head of IPC continues to raise this risk with IT.

Infection control training is at 91% for clinical staff.

Therapies Advisory Group (TAG)

Clinical Treatment Models continue to be reviewed as part of annual cycle. Essex clinical treatment model completion is being supported by Head of Therapies.

Meaningful activity – all divisions to ensure all patients have 25 hrs of planned recorded activity per week by December 2023.

General trend of improved use of outcome measures; however clinical directors are looking at ensuring uniform utility of outcomes measures across wards.

Peer Reviews, Clinical Audit and Effectiveness

Tranche 6 clinical peer review, overall 84% with a 4% improvement from tranche 5. Tranche 7 agreed to start in November 2023.

Clinical Audit RACI matrix has been agreed.

Clinical audit engagement was noted as an area of improvement; divisions asked to review individual audits and plan to improve engagement.

3 audits published in this reporting period, Venous Thromboembolism Risk Assessment, Tranche 6 clinical peer review and Deaf Service evaluation against QN standards.

CCIO

NEWS2 recording practice, compliance improving. Frequency of recording if reading is abnormal needs to be monitored and improved.

There has been a sustained improvements in recording general, intermittent and continuous observations. Further improvement needed to reduce discrepancy between the invoicing system (special nursing episode according) and the collection of evidence (Rio eObservations).

Meaningful activity scheduling and recording being adapted gradually across charity.

CQI

Enhanced support collaborative to look at ways to reduce WTE use related to enhanced support by 20% by November 2024; commenced on 25 September. 15 ward across the Charity are taking part. November CQI forum will look at learning from wards taking part in PDSA cycle 1.

QI Lead vacancy out to advert, however difficulty recruiting into; noted risk to delivery of QI programme of activity and associated training.

Complaints and Improving Searches CQI have progressed well and maturity rating at 5.

QSIR practitioners' cohort 3 training due to complete in October 2024.

First CQI conference to take place on 25 April 2024, which will provide opportunity to demonstrate key NHS relationships and showcase St Andrew's QI capability and journey.

Quality Planning / Design for Quality (divisional updates)

Community Partnerships - preparing to register Accreditation Programme for Psychological Therapies Services (APPTS) for all Community Partnerships Services.

Low Secure and Specialist Rehabilitation - is due to have internal KLoE review.

CAMHS- revised clinical models reviewed by Chair of TAG

Medium Secure - the acuity in August and September at the divisional level remained similar to June, which was a marked reduction compared to March – May 2023.

Neuropsychiatry – adapted side-effect monitoring tool piloted and will be rolled out across other areas.

Birmingham – currently seeing an increased concern with use of illicit substances, which is noted as a regional community issue. Various actions are being taken and plans to ensure safety across other sites.

Decisions Made by the Group:

- Agreed process to develop medical devices audit.

Significant Risks and Issues for Escalation:

- Birmingham has seen a number of patients able to procure and use illicit substances within the secure environment. A peer group review has been completed and several actions already completed, further review and actions are being looked at.

Decisions/Approvals required:

- None

Group/Meeting Report to Quality and Safety Committee

Name of Group:

Mental Health Law Steering Group (MHLSG)

Dates of Group/Meeting:

9 August 2023

13 September 2023

Both meetings were quorate

Chairs of Group:

Dr Alex Hamilton and Stuart Wallace

Report Author:

Dr Alex Hamilton and Stuart Wallace

Key Topics and Matters Discussed:

1. MHLSG work plan – the MHLSG work plan has been developed and is reviewed and updated at each meeting.
2. Structure and role of the MHLSG - at the September MHLSG it was agreed the group required a new terms of reference in order to provide assurance and monitoring to the Charity. A wider group membership (a senior nurse, social worker and Responsible Clinician from each division and Community Partnerships, and pharmacy, MHA office, Audit and Training) would give increased capability/capacity to complete the work plan and ensure good links between divisions and the MHLSG. Meetings will be changed to bimonthly from October. It is expected that the MHLSG will be more data driven. An update on the effectiveness of this new group will be provided at future QSC's.
3. The MHLSG is working on the MHA policy review. An update will be provided at the next QSC.
4. Planning for changes to the MHA are on the MHLSG work plan, however at present there are indications that this legislation may not be a government priority. The MHLSG will await the King's speech in November to know if this will be carried forward or not.
5. Development work has started on the MHLSG's dashboard. An update will be provided on progress at the next QSC.

Decisions Made by the Group:

- The MHLSG agreed that in order to provide the oversight and assurance needed by the Charity, the group needed to change structure and composition as noted above.

Significant Risks and Issues for Escalation:

- As per point 2 above.

Decisions/Approvals required:

- Nil.

Annex C

East Midlands Alliance

Vision, Values & Purpose

East Midlands Alliance Vision, values and strategic priorities

Supported by the Alliance Board in October 2023
To Provider Boards for comment and approval
November 2023



Vision



Working together in partnership to enable the best mental health, learning disability and autism care and support for the people of the East Midlands.

Values



Values

- Working together
- Respectful
- Integrity
- Supportive

Principles

Principles

- Patient first
- Subsidiarity – take decisions as locally as possible
- Collaboration by consent
- Not acting to the detriment of others
- Sharing and applying learning at pace

Strategic priorities



1. Quality improvement and productivity
2. Enabling safe care
3. Developing our workforce
4. Improving population health
5. Reducing inequalities

Methods of delivery

- Collaboration
- Professional networks
- Joint programmes
- Strong collective voice
- Sharing learning
- Innovation
- Effective use of resources

Our professional networks



Chief Executives



Strategy Directors



HR Directors



Medical and Nurse Directors (joint forum)



Finance Directors



Our formal collaboratives (and leads)



Adult Eating Disorders (Leicestershire)

CAMHS (Northamptonshire)

Impact (Nottinghamshire)

Op Courage (Lincolnshire)

Perinatal (Derbyshire)

Our areas of focus

East Midlands Alliance CEO Board

**Professional networks and themed
programmes and workshops**

East Midlands Provider Collaboratives

**Shared learning, excellence in care
and positive growth**

Impact

CAMHS

Adult ED

**Gambling
addiction**

Perinatal

Op Courage

Better outcomes for the East Midlands community

Improved practice, collaboration and a more effective voice for mental health
and learning disabilities in our area.

**Direction
setting**

**Strength and
Stability**

**Delivery of
Change**

**Collaboration and
Co-production**

Progress with the strategic priorities



1. Quality improvement and productivity
2. Enabling safe care
3. Developing our workforce
4. Improving population health
5. Reducing inequalities

Quality improvement and productivity

- The Alliance provided buddy support to St Andrew's Healthcare to deliver their quality improvement programme.
- The Alliance secured funding to establish an Open Dialogue pilot in Lincolnshire. The learning from the pilot will be shared across the Alliance.
- The Alliance will run a series of joint workshops and masterclass sessions on the Mental Health Act to promote understanding and best practice.
- The Alliance has worked with the AHSN to review the use of technology in speeding up recruitment processes.
- The Alliance has appointed a regional Innovation lead for mental health funded by the AHSN.

Enabling safe care



- The Alliance works in partnership with the East Midlands Academic Health Science Network (AHSN) to run a region-wide Patient Safety programme involving leads from all six provider member organisations.
- The Patient Safety programme has five priority areas:
 - Reducing restrictive practice
 - Reducing suicide and self-harm
 - Sexual safety
 - Mechanical restraint
 - Patient Safety Incident Response Framework
- Each priority has a Community of Practice through which innovation and learning is shared. The overall programme places a heavy priority on the voice of lived experience.
- The Alliance worked with the AHSN to review practical experiential learning on the use of visual technology in mental health.

Developing our workforce



- The Alliance has run a very successful personal development programme for Clinical Support Workers and their line managers. The programme will be expanded to pilot similar approaches with internationally recruited nurses who take up initial roles as Clinical Support Workers and to newly qualified nurses.
- The Alliance has established a joint Therapy Supervision programme to work collectively to address capacity gaps in the supervision of therapists across the East Midlands.
- The Alliance is establishing a Physician Associate programme to build awareness of the role and potential impact of Physician Associates.
- The HR Director network has worked on a Memorandum of Understanding to enable clinical staff to work across providers in the Alliance.
- The Alliance secured funded places for Recruit to Train therapists and Multi-disciplinary Accountable/Responsible clinicians.

Improving population health



- The Alliance worked with the North of England CSU to develop a demand and capacity model to support the planning of recovery from the Covid pandemic.
- The Alliance secured funding to establish a new Gambling Addictions and Harm service for the East Midlands. The service is run by Derbyshire Healthcare on behalf of the Alliance.
- The Alliance is running an ADHD workshop in November 2023 to share learning and approaches to address the significant growth in ADHD referrals and diagnosis.

Reducing inequalities



- The Alliance has established a regional network to drive delivery of the Patient and Carer Race Equality Framework. The network directly involves national leads in the work of the Alliance members to deliver PCREF.

Next steps on the strategic objectives

- Lead groups to develop draft plans for 2024/25 to deliver each strategic objective
- Quality improvement and productivity - Medical and Nurse Director forum
- Enabling safe care – Patient Safety programme and the Medical and Nurse Director forum
- Developing our workforce – HR Director forum
- Improving population health – Strategy Director forum
- Reducing inequalities - Medical and Nurse Director forum

For Each Strategic Objective, set out the goals for 2024/25, milestones and measurable indicators to demonstrate progress and success.