

CHARITY NO: 1104951
COMPANY NO: 5176998

BOARD OF DIRECTORS – PART ONE
MEETING IN PUBLIC

Thursday 29 September 2022 at 9.30 am

Microsoft Teams and Meeting Room 17, The Braye Centre, Northampton, NN1 5DG

		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 26 July 2022	Decision	Paul Burstow	✓ 5-15	09.32
4.	Action Log and Matters Arising	Information & Decision	Paul Burstow	✓ 16-19	09.35
Chair's Update					
5.	Chair Update	Information	Paul Burstow	20	09.40
Executive Update					
6.	CEO Report	Information	Dr Vivienne McVey	✓ 21-28	09.45
Committee Assurance Reports					
7.	Committee Updates			29	
	<ul style="list-style-type: none"> People Committee (11/08), incorporating: <ul style="list-style-type: none"> Diversity & Inclusion Annual Report 	Assurance	Paul Burstow	✓ 30-55	10.05
	<ul style="list-style-type: none"> Quality & Safety Committee (16/08), incorporating: <ul style="list-style-type: none"> Health & Safety Annual Report 	Assurance	Ruth Bagley	✓ 56-81	
	<ul style="list-style-type: none"> Pension Trustees (27/09) 	Assurance	Rupert Perry	Verbal 82	
Quality2					
8.	CQC Inspection, Report and Actions Update	Assurance	Andy Brogan	✓ 83-86	10.20
9.	Safer Staffing Report	Assurance	Andy Brogan	✓ 87-97	10.35
Regulatory					
10.	Responsible Officer Regulations (Appraisal & Revalidation)	Information & Decision	Dr Sanjith Kamath	✓ 98-113	10.45
Break 10.50 am to 11.00 am					

Operations						
11.	Integrated Quality & Performance Report, incorporating: <ul style="list-style-type: none"> Quality Scorecard People Scorecard Finance Overview IT Security Overview 	Assurance	Anna Williams, Kevin Mulhearn & John Clarke	✓	114-123	11.00
Topics for Discussion						
12.	Divisional Presentation (including patient voice): REDS Academy and Peer Support Workers	Information	Holly Taylor, Cassandra Pollock (with Roxy Rudkin and patient) & Steve Parker	✓	124-126	11.20
Any Other Business						
13.	Questions from the Public for the Board	Information	Paul Burstow		127	11.50
14.	Any Other Urgent Business (notified to the Chair prior to the meeting)	Information	Paul Burstow		128	11.55
15.	What would our patients and staff think about our discussions today?	Information	Paul Burstow		129	12.00
16.	Date of Next Meeting – Tuesday 22 nd November 2022	Information	Paul Burstow		130	12.05
Meeting Closes at 12.05 pm						

Annexes - Items for information only			Lead	
Annex A – Governance Oversight Group update			John Clarke	✓ 131-132
Annex B – Research Annual Report			Professor Stanton Newman	✓ 133-141

Welcome and Apologies

(Paul Burstow – Verbal)

Declarations of Interest

(Paul Burstow – Verbal)

**Draft Minutes from the
Board of Directors Meeting
in Public on
26 July 2022
(Paul Burstow)**

CHARITY NO: 1104951
COMPANY NO: 5176998

ST ANDREW'S HEALTHCARE

BOARD OF DIRECTORS MEETING IN PUBLIC

Conference Room, Main Building,
St Andrew's Healthcare, Northampton

Tuesday 26th July 2022 at 09.30 am

Present:

Paul Burstow (PB)	Chair, Non-Executive Director
Stuart Richmond-Watson (SRW)	Non-Executive Director
Ruth Bagley (RB)	Non-Executive Director
Elena Lokteva (EL)	Non-Executive Director
Stanton Newman (SN)	Non-Executive Director
David Sallah (DS)	Non-Executive Director
Kevin Mulhearn (KM)	Chief Finance Officer
Andy Brogan (AB)	Chief Nurse
Martin Kersey (MK)	Executive HR Director

In Attendance:

Oliver Shanley (OS)	Interim Chief Executive Officer
John Clarke (JC)	Chief Information Officer
Alex Trigg (AT)	Director of Estates and Facilities
Julie Shepherd (JS)	Improvement Director
Duncan Long (DL)	Company Secretary
Anna Williams (AW)	Director of Performance
Ash Roychowdhury (AR)	Deputy Medical Director
Eddie Short (ES)	Director of Strategy and Business Development
Sajid Ali (SA) Item 12	Risk & Internal Audit Manager
Caroline Boodhai (CB) Item 14	Interim Head of Nursing - Birmingham
Mike Harris (MH)	Governor
Vivienne McVey (VMc)	Observing
Melanie Duncan (Minutes)	Board Secretary

Apologies Received:

Andrew Lee (AL)	Non-Executive Director
Sanjith Kamath (SK)	Executive Medical Director
Rupert Perry (RP)	Lead Governor

Agenda Item No		Owner	Deadline
1.	Welcome PB (Chair) welcomed everyone to the first part of the Board of Directors (Board) meeting, which is a meeting open to attendance by the public. Apologies received from Andrew Lee, Sanjith Kamath and Rupert Perry were noted. PB also thanked DS for his support and work as a Trustee and Chair of the Quality & Safety Committee, as this would be his last Board Meeting for the Charity. All attendees wished DS well in the future.		
ADMINISTRATION			
2.	Declarations Of Interest & Quoracy 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 following attendees and members present declared the following:		

	<ul style="list-style-type: none"> Paul Burstow (Chair) – His role within Hertfordshire and West Essex ICB Julie Shepherd (Improvement Director) – Her role within NHFT David Sallah (Non-Executive Director) – His role within Birmingham CHC Trust Elena Lokteva (Non-Executive Director) – Her Non-Executive role within NGH <p>The meeting was declared quorate.</p>		
3.	Minutes Of The Board Of Directors Meeting, held in public, on 27 May 2022 The minutes of the meeting held on the 27 May 2022 were AGREED as an accurate reflection of the discussion.	DECISION	
4.	Action Log & Matters Arising It was agreed to CLOSE the following action: 26.05.22 07 Delayed Transfers of Care QSC Update It was agreed that the following action was delegated to the People Committee for further action and closed on the Board log: 24.03.22 01 Safe Retention Metrics It was agreed to defer the following actions until the September meeting: 24.03.22 02 Authority Matrix 26.05.22 08 IQPR – Registered Nurse Levels	DECISION DECISION DECISION	
CHAIR'S UPDATE			
5.	Chair Update PB gave a verbal update, noting the recent recruitment of Executive and Non-Executive Directors. PB also noted that he was due to visit Winslow in the near future. PB further commented on the changing landscape of mental health provision with regard to national policy, noting that focus would be on this area in the coming weeks and months, along with how the Charity will operate in this arena. The Board NOTED the update.		
EXECUTIVE UPDATE			
6.	CEO's Report OS presented the report which was taken as read, noting that there was an external focus to the report, which in turn was helping to shape strategic direction. The item on NHS Providers was noted and why this was important to the Charity. The Building the Right Support report was highlighted with regard to care in the future for those with learning disabilities and autism, with a focus on reducing in-patient care for these patients. The Charity's response to the consultation on the 10 year plan was included in the report, with OS outlining the way the response was co-produced with patients. OS also outlined the reports from the regulator which were awaited, and more recent inspections which had taken place. Culture was also noted within the report, with OS noting the Lead the Change programme which would shape the organisation for the future. The staff party was held earlier in July, which was well attended. OS then thanked everyone who worked throughout the recent heatwave, and looked after the patients. Particular thanks went to Claire Jones, Head of EPRR for her cover and counsel during that time. SN asked about finance and its relation to bed occupancy, and noted the vulnerability this created for the Charity, and asked if as a result, alternative		

	<p>income streams should be looked at, with investment required. SN added that he felt that there was now an urgency regarding this and welcomed a discussion on the subject. OS replied and agreed with SN, and commented that community based care should be considered especially taking into account the national view.</p> <p>EL asked how the Charity was placed within the local ICS, along with NHFT, how many patients were out of area as inpatients within the Charity, and how many ASD/LD patients were inpatients for more than 60 days. OS replied that there were now more local in-patients, and that for certain areas, length of stay will become more important as a key indicator. With regard to the collaborator initiatives, the Charity was the only one sitting at the same table, and was highly involved in the conversations. Clarity was still required with regard to the differing options on offer. AR added that there was a much greater utilisation of the secure beds from the locality, particularly in Northampton. This was done on a transitory basis in conjunction with Impact. Other areas were struggling with this provision locally, with the secure, brain injury and deaf services now commissioned on a national basis, which was unlikely to change.</p> <p>RB agreed with OS, thanked staff and asked about delayed transfers of care, and how this linked in with out of area placements. RB also thanked AB and the team with regard to the focus on CAMHS, and asked what the absolute leading indicators were that would indicate emerging circumstances, as an early warning system. RB then asked about the 10 year plan, and how recruitment and retention would be addressed. OS replied that this was included, and highlighted how the government health select committee recently covered this, and how stark the recruitment and workforce landscape was. Workforce was now one of the significant risks for the Charity, and felt that this should be regularly debated.</p> <p>PB noted that the Board had agreed a strategy which was focused on addressing the Charity's quality challenges in recognition of the link between quality and financial recovery. The Board had accepted the need for a focused approach. However, with the investment in business development capacity, more time needed to be spent on the emerging diversification and service development strategy. In refining our approach to service innovation and new business the Board needed to consider the Government's action plan and the impact of changes to the Mental Health Act.</p> <p>The Board NOTED the update.</p>		
7.	<p>Committee Assurance Reports</p> <p>Quality & Safety Committee</p> <p>DS presented the report and outlined the most significant issues which had been discussed by the Committee:</p> <ul style="list-style-type: none"> • Delayed Transfer of Care discussion, with it being noted that this was the situation with many organisations. • CAMHS and Clinical Models did not achieve full assurance during the period, with the risk profile for CAMHS requiring further focus. The Clinical models were being considered and worked on. • Physical Healthcare. An improvement of health with patients was noted, however, with the threat of removal of funding for dentistry it was a concern. • Deep Dive on Medium Secure Services, with some aspects of concern, especially engagement, the reduction of restrictive practices and staff wellbeing. • Mental Health Law Steering Group. DS asked for it to remain as a link with QSC in the future as CQC requires the group to have a direct link with the Board. <p>PB also noted the progress with the QIPs, and asked about the mortality review, and wondered if 65 was the right cut off point, with AR confirming that</p>		

<p>it was a national target, and that all patients were assessed regardless. PB asked about those patients, who, due to their situation would have an age expectancy significantly less than the general population.</p> <p>EL noted the amount of patients who had died due to respiratory problems, and asked what was being done with regard to helping those patients via a physical health programme and if smoking cessation would help. DS agreed and AB added that smoking was the largest contributor, with mental health services now having to address smoking cessation even more. SN commented that the frailty index for serious mental illness showed that cardiovascular disease was also a factor, and noted that the main population age was 85, which meant that the 20 year reduction did make 65 a reasonable age.</p> <p>PB summarised that smoking cessation should be addressed further, and that a Board session on the Mental Health Bill once it had commenced its parliamentary passage would be scheduled.</p> <p>The Board NOTED the report and the APPROVED the following reports that had been submitted by the committee, following their review at the June QSC meeting:</p> <ul style="list-style-type: none"> • Annual Pals & Complaints Annual Report • Annual Mortality (Learning from deaths) Report • Infection Prevention & Control Annual Report <p>Audit & Risk Committee</p> <p>EL presented the report and outlined the highlights and discussions from the most recent meeting:</p> <ul style="list-style-type: none"> • Risk Management, with the overall assurance rating remaining at partial. ARC now recognised the efforts made by management and that the committee was substantially assured by the effort, application and effectiveness of the risk team and senior management in improving the processes and approach. EL noted that data would be key to triangulation of information and increased assurance. • BAF and its integration to the governance system, with EL asking the Chairs to ensure that BAF risks are reviewed as a priority for the next three cycles of meetings. • EL thanked Darren Handley for his hard work with LCF and for his help with testing a national tool. <p>OS commented with regard to the Internal Audit elements of the report, and stressed that Executives would be very clear on what was expected and required from internal audits in the future.</p> <p>SN asked how the risks from the Governance Project would be addressed. It was agreed that this would be discussed within that section of the agenda.</p> <p>RB noted the mitigation process at Committee level and that those should be noted within the BAF. DS replied that QSC did review risks and asked what would represent enough time. He added that most risks were managed operationally with recommendations being made to Committees. PB noted that this should be addressed during the agenda setting and effectiveness review processes.</p> <p>EL clarified that there would not be more time required within the meetings, but a different focus, with challenges being minuted accordingly.</p> <p>The Board NOTED the report and the Caldicott Guardian and SIRO reports</p> <p>Pension Trustees</p> <p>MK presented the update which was taken as read. The triannual valuation had taken place with good outcomes.</p> <p>The Board NOTED the report</p>	<p>AB DL</p> <p>DECISION</p> <p>DL&MD</p>	<p>13.12.22 22.11.22</p> <p>22.11.22</p>
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8.	<p>Governance Oversight Group Update</p> <p>JC presented the update which was taken as read and highlighted that the biggest issue in progressing the project at pace had been the ability to sustainably recruit to key roles. Work thus far had concentrated on consulting with Committee Chairs and relevant Executives along with working on future structures. Resourcing had now been addressed, with the on-boarding of a replacement Committee Secretary back-fill position, ensuring that the project could now move forward.</p> <p>PB wished to emphasise his frustration at the delayed progress of the project due to resourcing issues, recalling that the Board had agreed to an in-house process in order to keep costs to a reasonable level, however, the challenges of recruitment had not been factored in at that time. PB acknowledged the frustrations of the project manager, the oversight group and the wider Board.</p> <p>DL commented that it was hoped that the successful recruitment of the back-fill position would now help to allay the frustrations felt, and added that a review of the project risks and escalation via ARC would enable a level of assurance to be developed with regard to progress. DL suggested that SA work with JC and MD regarding the risks initially. PB agreed that it would be helpful to have visibility at ARC especially regarding the amount of work the project now had to progress.</p> <p>EL noted that ARC would review the project risks and that a full assurance report with revised timeline should be brought back to Board. PB agreed with this.</p> <p>The highlights for the coming 12 months of the project were discussed with it being agreed that a page turning exercise as done for annual reports would be a preferable way to observe how the Terms of Reference for the Committees and Groups and the Matters Reserved worked together.</p> <p>DL wished to note that the extended timelines were not due to the project management aspects, as MD had also been continuing her role as Board Secretary during the recruitment period. PB acknowledged this, and noted that the responsibility and accountability sat with the Board and the Executive and not individual members of staff. Whilst the update was reassuring, an assurance report was now required regarding timeline, output and progress.</p> <p>The Board NOTED the report</p>	JC&MD	22.11.22
Quality			
9.	<p>CQC Inspection, Report and Actions Update</p> <p>AB presented the report which was taken as read, and noted that 54 actions had been completed and undergone the assurance process and therefore closed. A further 33 had been completed and were currently subject to the assurance process, with 13 actions remaining open and work-in-progress. This represented significant process. A further report will be presented in the future with regard to the development of further QIPs and how lessons are being learnt throughout the process.</p> <p>PB wished to clarify the work being undertaken with regard to automation of processes, and asked what the impact of that had been over and above this work. AB replied that the Allocate project had taken up considerable resource which had caused frustrations. Manual monitoring is currently being undertaken with consideration being given to the development of an app for reviewing compliance. AB then updated the Board on the revised implementation date for Allocate of September, which would ensure that the issues observed both technically and in working practices were addressed.</p> <p>SN asked about the patient call system requirement which arose from a recent inspection in Essex, and what the timelines were regarding non-compliance. It was agreed that this item would be discussed further within Part 2 of the Board.</p>		

	<p>RB asked about the noted delay in receiving the inspection reports for Women's and Men's from the regulator and if they had had an impact on other work being undertaken by the Charity. OS replied that an update on this would be provided in Part 2, however, the CQC had apologised for the delay in issuing the reports. AR added that it was preferable to have the reports issued in a timely manner in order to build on the positive comments and be able to address any concerns raised quickly.</p> <p>The Board NOTED the report</p>		
10.	<p>Safer Staffing Report</p> <p>AB presented the report which was taken as read, noting that the report reaffirmed why this work was being done and why it was done in such detail.</p> <p>Within Essex the low qualified rate related to Benfleet in particular as a result of the low acuity of the patients, resulting in one qualified member of staff on the ward. For Low Secure, most wards were planned to have two registered nurses, however, they are often moved in order to support CAMHS.</p> <p>CAMHS continued to be an area of focus and still presented a challenge, however, each division now had a qualified contingency plan in place. There had been a total of 6 action cards raised in the period with regard to staffing, with all putting their contingency plans into place to address. Training levels for the period were at 90% overall for the Charity. This was being monitored. A flexing process had also been introduced which was overseen by the Safer Staffing Matron.</p> <p>SN asked how often clinical discussions and discussions regarding acuity took place and how they affected staffing levels. AB outlined how often these took place and also the process for being trained in MHOST. SN then asked about mandatory training, noting the levels at 90%, and if this was an acceptable level. AB replied that this was acceptable, as 100% was unachievable due to staff absences. PB noted non-patient facing time, and the excess levels which needed to be addressed. DS agreed with AB with regard to training levels, and asked how gaps could be addressed. AB replied that the main conditions of the licence were a constraint, which were being looked at. There had been support by NHFT and JS for staff training in MHOST, with over 50% trained so far.</p> <p>RB commented on the action cards and asked if any were of concern. AB replied that the staffing situation in CAMHS continued to be a concern, with recruitment helping initially, however, CAMHS was a cause for concern nationally. It was hoped that as of August, the staffing situation would be remedied, but that it remained a challenge. RB then highlighted the use of College staff, and asked AB how he saw this transpiring in the coming weeks. AB replied that it had fostered a different way of working that he would like to see continue. AB then outlined the new appointments made, and also how working hours and patterns would change. RB then asked how the flexing process was working. AB said that the practice of flexing up and down accordingly was now working adequately, however, it could be improved with the inclusion of the wider team.</p> <p>VM noted her experience of working with Allocate, and asked what was going to be in place in readiness for implementation, so that it went well. AB replied that the work currently underway centred on technical issues, and that working practices were being considered in order to get it right first time. MK updated that the final test stage was currently being undertaken, followed by training. Allocate had never worked with SAP which had created issues, however, these were now being addressed. MK wished to note the amount of effort being undertaken in the background to address the challenges being experienced. OS welcomed the conversation, and updated that the next Executive meeting would address some of the current issues with the most up to date data.</p>		

	The Board NOTED the update, with partial assurance, and that the People Committee should consider point 4 of the report regarding the supply of server staff.	MK	22.11.22
Regulatory			
11.	<p>Modern Slavery Act Renewal</p> <p>MK presented the paper which was taken as read. It was suggested that Nottinghamshire be removed from the document, however the geographical areas that the document referred to were further clarified by MK via Teams chat, with Nottinghamshire relating to the Winslow service.</p> <p>The Annual Commitment was APPROVED by the Board</p>	DECISION	
Assurance			
12.	<p>Board Assurance Framework (BAF)</p> <p>DL presented the paper which was taken as read, and outlined the work that had been undertaken since the previous Board meeting.</p> <p>EL commented on the financial risk and asked that the Finance Committee review the definition of the risk. DL acknowledged this, noting that the development of the BAF was an iterative process, but that the risk descriptions did require finalisation eventually and suggested that any further changes to the risk descriptions be deferred until the planned review of the BAF in January. PB noted that with regard to the financial aspects, that addressing the operating model would be key to managing the risk. PB agreed with DL that iteration was a part of the process, but that changes needed to be made in a systematic fashion.</p> <p>SN wished to express concern with regard to strategy delivery and that an articulated strategy was required at this stage. SN added that he required clarification with regard to Service Innovation and its links to research and innovation. PB wished to note that he felt that the Board had been the source of the delays in the development of the strategy. ES clarified that there had been progress against the milestones and that a delay had been experienced in the recruitment of the Business Development function, along with the articulation of the strategy. Capacity was now in place to explore the Board's requests regarding future provisions of the charity.</p> <p>DL clarified that the link between Service Innovation and Research as indicated on the BAF template related to the Risk Appetite Category applied to the Service Innovation Strategic Risk, and was not reflective of targets or risk mitigations.</p> <p>RB noted that she understood SN's concerns and that a completely defined strategy was unlikely as an immediate item, but wanted to check that each area of the strategy would develop business cases, and asked what the independent audit would cover and who it would be. DL replied that internal audit could be used within the 2023/24 audit plan subject to ARC's approval and acceptance. OS added that it purposefully had been included in order to have an external lens to sense check the strategy, and the iterative nature of the strategy.</p> <p>RB then asked that a different phrase be found for cost improvement, in order to better describe the aspirations, and also wanted to know what the milestones were that would show the journey to the desired state. SN agreed that there were many different approaches and that the end result should be an articulated strategy, and that use of the old buildings should be investigated for differing reasons and subject to business plans, cases and debate.</p> <p>KM gave assurance regarding the cost improvement programme, noting that it was the target operating model as developed by Finance Committee. Priorities were being presented to Finance Committee for the next 12 months which include the target operating model and the strategy.</p>		

	<p>AR noted that part of the strategy was collaboration, indicated by the increase of bed occupancy as a result of this way of working. AR also agreed that there should be a separation of service between innovation and research. AR used the example of blended women's services and the use of Niche which resulted in the development of the pilot.</p> <p>PB noted the future reporting requests made by DL, and suggested that reporting should be made in order to preserve assurances within part two of the Board in order to retain confidentiality. Reporting by exception would be acceptable, with Committees conducting deep dives accordingly. Scrutiny will be undertaken during the Board Strategy Days. RB noted that it would be useful to have the strategy discussions in-line with the emerging policy landscape. SN suggested that the BAF be reviewed in 12 months.</p> <p>DL then asked for agreement for the initial review and 8 first reported assurance levels.</p> <p>RB asked for more information on the Research and Education strategy and SN voiced concerns with regard to the financial risk which scored as adequate, especially regarding current concerns. KM replied that the risks around the operating model were mitigated and that balance had been addressed, notwithstanding any unknown concerns. SN asked how long the plan was for. KM replied that it was a 4 year plan.</p> <p>VM would like to look at all the risks and speak to the owners as soon as possible. EL suggested committee oversight of these risks, with the BAF not receiving assurance as yet.</p> <p>PB suggested that the proposed risk assurance levels be taken as a starting point with further work to be done between VM and the risk owners.</p> <p>PB acknowledged the amount of work done by Execs, their reports and DL in developing the BAF.</p> <p>The Board APPROVED the BAF and AGREED the proposed assurance ratings, acknowledging that further review and discussions were needed.</p> <p>The Board AGREED to the proposed change to Strategic Risk 7 relating to Strategic Assets.</p> <p>It was further AGREED that Finance Committee would complete further reviews on the financial strategic risk.</p>	<p>DECISION</p> <p>DECISION</p> <p>DECISION KM & AL</p>	<p>22.11.22</p>
Operations			
<p>13.</p>	<p>Integrated Quality & Performance Report</p> <p>AW presented the report which was taken as read, and noted the highlights of the report.</p> <p>OS commented that the report presented the data which supported earlier conversations in the Agenda and reads across them very well.</p> <p>RB asked if it was possible via the date within the report to view and address the need for divisional support in any particular area, identifying where the highest risk division may be. AW replied that there was a challenge internally to look for emerging trends using both the qualitative and quantitative data. An array of soft and hard data was checked to support this. AR noted that it was the qualitative aspects of the data which indicated the concerns within CAMHS, linked to the nature and volume of incidents being highlighted.</p> <p>PB followed up by highlighting the need to understand how efficacious the improvement plans are within the divisions and the need for them to be seen at a Board Committee level. AW agreed.</p>		

	<p>DS asked how the wards utilised the MyVoice data. AR replied that this was an area of focus, but that the wards were not in a position to utilise it as yet. DS suggested that the QSC deep dives take these into consideration moving forward.</p> <p>KM took the finance portion as read, and gave highlights. There were no further questions.</p> <p>The Board NOTED the report</p>		
Topics for Discussion			
14.	<p>Divisional Presentation – Birmingham</p> <p>CB presented the video and outlined Gemma's recovery and experience of care within Birmingham.</p> <p>The Board extended their thanks to Gemma and to Kerry-Ann Chinn for the video. PB asked what Gemma's next steps were. CB replied that Gemma was preparing to move to a lower level of care within the community.</p> <p>AR commented that Gemma had mentioned undertaking trauma based therapy and noted that it was good to observe how this had been utilised. AR added that hope was integral to recovery.</p> <p>OS thanked CB and the team and outlined the first draft of the Co-Production Strategy which had recently been presented to the Executive Team, adding that it was important to note the work done alongside service users on how services should look like in the future.</p> <p>AB thanked CB. He reiterated OS' comments, and noted the evidence based interventions which were important to recovery. AB also noted Gemma's comments on the care that she had received, and thanked the nursing team.</p> <p>RB asked if staff turnover had an impact on recovery and outcomes for patients. CB agreed that this could be the case as did AB and AR. A strategy for women's services was developed in December 2019 which highlighted the importance of therapy and consistency of staff, in order to maintain the familiarity of staff for the patients. There had been some attrition, however, generally staffing had been consistent. This had undoubtedly helped with patients similar to Gemma and in Gemma's case. The impact on trust issues is particularly felt keenly with this group. AR noted the importance of the strength of the therapeutic relationship with patients.</p> <p>DS noted the excellent outcome for Gemma and highlighted the personal efforts made by Gemma herself to aid her recovery. DS also asked if a trauma informed care model was shared with the Collaborative. AR replied that the clinical models were developed with the patients, which would then inform training needs, a growing trauma research team indicated that the Charity was heavily involved with this. AR did caution that all of this was driven by the type of patient, but there were other forms of treatment available, and that trauma informed care was greatly underrepresented within male patients. There was work to be done, but that it was being addressed.</p> <p>The Board NOTED the presentation, thanked Gemma and the team in Birmingham and wished her well in her recovery.</p>		
15.	<p>Divisional Presentations – Looking Ahead</p> <p>Will be dealt with via a write around email. DL to distribute the paper and ask for Board feedback.</p>	DL	26.07.22
ANY OTHER BUSINESS			
16.	<p>Questions from the Public for the Board</p> <p>No questions were received for the Board.</p>		

17.	Any Other Urgent Business (notified to the Chair prior to the meeting) There was no other Business notified.		
18.	Meeting Reflections PB asked the Board to consider the running of the meeting and anything to be included in future meetings. DL noted that it was good to see that many of the reports and papers included in Board packs triangulated with the IQPR and how this was helping with the information being shared and discussions.		
19.	Date of Next Meeting : Board of Directors, Meeting in Public – Thursday 29 th September 2022		

Approved – 29th September 2022

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Paul Burstow
 Chair

Action Log and Matters Arising

(Paul Burstow)

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

Meeting in Public	ACTION	Owner	Deadline	Open / Closed	STATUS
24.03.22 02	Governance update – Authority Matrix Following the presentation of the new Charity Authority Matrix, it was agreed that it would be circulated to the Board for further consideration and feedback. Once collated, the Matrix was to return to Board for decision and approval.	KM	27.05.22 29.09.22	Closed	29.09.22: Included as agenda item 8 (part 2). Propose action is closed
26.05.22 01	Risk Appetite – Board Awareness Following the approval of the Charity Risk Appetite, Board awareness sessions are to be scheduled on Therapeutic risk and compliance.	DL	04.11.22	Open	29.09.22: Remains open and due at November meeting
26.05.22 02	Quality Improvement – QSC Assurance The QSC are requested to review and provide assurance to the Board on the level of assurance needed for the closure of actions along with the sustainability of the Quality Improvement (Buddying) Programme and its embedding within the Charity.	DS & AB	29.09.22	Closed	29.09.22: Assurance report provided to each QSC. Will be part of QSC Assurance report to Board going forward. Propose action is closed
26.05.22 03	Quality Improvement – People Committee Assurance In relation to the Quality Improvement (Buddying) Programme, the People Committee are requested to provide assurance to the Board on talent management, retention and culture.	PB & MK	29.09.22	Closed	29.09.22: Culture is a standing agenda item at each People Committee, last reviewed 11 August with the culture risk deep dive presented in May 22. Retention and talent management are covered within the People Plan shared as a draft with the People Committee on 11 August and part of the annual calendar going forward. Propose action is closed

26.05.22 04	Safer staffing – refusals data AB to include data on refusals to deploy in future safer staffing reports.	AB	29.09.22 22.11.22	Open	29.09.22: Initial review using Kronos did not provide sufficient detail or data that added value to the report. The introduction of Allocate has addressed this and the new data is being collated and reviewed and will be included in November's Safer Staffing Report.
26.05.22 05	Safer staffing – QSC Assurance The QSC are requested to review and provide assurance to the Board on the robustness of arrangements with Freedom to Speak Up Guardians, and if there are any additional steps needed to be taken.	DS & AB	29.09.22	Closed	29.09.22: Full time Lead Freedom to Speak Up Guardian appointed in May. Developed schedule of visits and reporting report to be provided to QSC and will form part of QSC Assurance report. Propose action is closed
26.05.22 06	Safer staffing – People Committee Assurance The People Committee are requested to review and provide assurance to the Board on actions being taken to address refusals to re-deploy, specifically in relation to the work being done on the Charity's culture.	PB & MK	29.09.22	Closed	29.09.22: Culture is a standing agenda item at each People Committee, last reviewed 11 August with specific updates on Lead the Change and non-patient facing shifts. Propose action is closed
26.05.22 08	Integrated Performance Report – Registered Nurse levels AW to look at how registered nurse levels could be overlaid on the bed occupancy graph within the IQPR in order to view potential correlations.	KM & AW	26.07.22 22.11.22	Open	29.09.22: Remains open and is currently being reviewed by CFO and proposed to be incorporated into the CFO update within part 2 of the Board meeting. Outcome of review to be provided at next Board.
26.07.22 01	QSC – Smoking cessation Further discussions at QSC regarding smoking cessation to be scheduled, looking at how physical healthcare programmes could be used to assist with further reductions in patients smoking.	AB	13.12.22	Open	29.09.22: Remains open, to be reviewed at December QSC and reported to January Board.

26.07.22 02	QSC – Mental Health Bill A Board session on the Mental Health Bill is to be scheduled once it has commenced its parliamentary passage.	DL	22.11.22	Open	29.09.22: Remains open, due at November Board
26.07.22 03	ARC – Committee Risk Oversight To assist in the effective implementing and embedding of the BAF, Committees are to consider during the next round of committee effectiveness reviews how the review and oversight of the strategic risks allocated to them can be best accommodated in meeting agendas and annual work plans.	DL&MD	22.11.22	Open	29.09.22: Remains open, due at November Board
26.07.22 04	Governance Oversight Group - ARC visibility over project risks MD and JC to liaise with Sajid Ali to complete a review of the project risks and escalate any major concerns as required to the ARC, to enable a level of assurance to be developed with regard to progress against project objectives. It was agreed that ARC would review the project risks and that a full assurance report with revised timeline would be brought back to Board.	JC&MD	22.11.22	Open	29.09.22: Remains open, due at November Board
26.07.22 05	Safer Staffing Report – Servery staff The People Committee should consider the risk raised within the Safer Staffing Report regarding the supply of servery staff.	MK	22.11.22	Closed	29.09.22: Paper reviewed at People Committee on 11 August. Propose action is closed
26.07.22 06	BAF – Finance Risk Following the approval of the initial proposed BAF Assurance Ratings, it was agreed that the Finance Committee would complete further reviews on the financial strategic risk.	KM & AL	22.11.22	Open	29.09.22: Remains open, due at November Board
26.07.22 07	Divisional Presentations – Looking ahead DL to distribute the paper and ask for Board feedback.	DL	26.07.22	Closed	29.09.22: Paper distributed to Board following meeting, with follow-up sent and some feedback received. Propose action is closed

Chair Update

(Paul Burstow – Verbal)

Paper for Board of Directors

Topic	CEO Board Update
Date of Meeting	Thursday, 29 September 2022
Agenda Item	06
Author	Vivienne McVey, CEO
Responsible Executive	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 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 Priority Area	<div>Education and Training <input checked="" type="checkbox"/></div> <div>Finance & Sustainability <input checked="" type="checkbox"/></div> <div>Service Innovation <input checked="" type="checkbox"/></div> <div>Quality <input checked="" type="checkbox"/></div> <div>Research & Innovation <input checked="" type="checkbox"/></div> <div>Workforce, Resilience & Agility <input checked="" type="checkbox"/></div> <div>Partnerships & Promotion <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 September Board of Directors.

Appendices – N/A

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.

Members will be aware that Liz Truss was appointed Prime Minister on the 6th September 2022. As a result of this a new Cabinet has been formed with Thérèse Coffey, previously Work and Pensions Secretary being appointed as the new Health and Social Care Secretary.

The news of the death of Queen Elizabeth II on 8th September was received with great sadness. During the period of national mourning, condolence books and designated periods of remembrance were held throughout St Andrew's, and staff who were struggling with the news were directed to specialist bereavement support. Our Bank Holiday policy was invoked, allowing as many staff as possible to take the day of the Queen's funeral as a Bank Holiday, and for those scheduled to work, managers were asked to be flexible in allowing staff to watch the funeral on television. We give thanks for the Queen's long life of dedicated service and for the exemplary role model she gave us.

I should like to thank everyone for the extremely warm welcome I have received since joining St Andrew's. It was very useful to experience the same induction as all our members of staff and be able to give feedback. I have visited both our Birmingham and Essex sites since starting, and I am gradually working my way round the wards in Northampton, whilst meeting as many teams as I can. I would like to thank Prof Oliver Shanley for acting as interim Chief Executive over the summer. I am delighted that Oliver is staying on as Board advisor for the next few months to support the transition of the organisation to new leadership. I would also like to welcome Dawn Chamberlain, our new COO, who joins us from NHS England on 19.9.22.

1. **National update:** new national policies or guidance that are influencing the health and care system, notably our provider and commissioning colleagues.

- a. *Building the Right Support for People with a Learning Disability and Autistic People Action Plan*

This important report was published in July by the Building the Right Support Delivery Board bringing together representatives from different government departments, local government, the wider health and care sector, the children's sector, and experts by experience. Published as an action plan, the report brings together all relevant current and future work streams for people with a learning disability or autism into one overarching document.

The areas of focus set out in this action plan include matters that are particularly important for St Andrew's, namely:

- Ensuring that people with a learning disability and autistic people of all ages experience high quality, timely support that respects individual needs and wishes and upholds human rights

- Understanding that every citizen has the right to live an ordinary, self-directed life in their community
- Ensuring that, when someone would benefit from admission to a mental health hospital, they receive therapeutic, high quality care, and remain in hospital for the shortest time possible
- Making sure that the people with a learning disability and autistic people who are in mental health hospitals right now are safe and that they are receiving the care and treatment that is right for them
- Working together to ensure that any barriers to an individual leaving a mental health hospital when they are ready to do so are removed

The report sets out the national plan of reducing specialist inpatient care with the exception of retaining some capacity for forensic inpatient beds so that people with a learning disability or autistic people who come into contact with the criminal justice system have a safe and appropriate alternative to prison.

The report has six key chapters, all of which have some alignment to the Charity's strategy and will inform later discussions about how we respond. This national report is an important document that sets out how services must strive harder to meet the needs of people with a learning disability or people with autism.

b. Patient Safety Incident Response Framework (NHS England August 2022)

The Patient Safety Incident Response Framework (PSIRF) sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. The PSIRF replaces the Serious Incident Framework (SIF) (2015) and makes no distinction between 'patient safety incidents' and 'Serious Incidents'.

The PSIRF fundamentally shifts how the NHS responds to patient safety incidents for learning and improvement. Unlike the SIF, the PSIRF is not an investigation framework which prescribes what to investigate. Instead it:

- Advocates a co-ordinated and data-driven approach to patient safety incident response that prioritises compassionate engagement with those affected by patient safety incidents
- Embeds patient safety incident response within a wider system of improvement and prompts a significant cultural shift towards systematic patient safety management.

Importantly for St Andrew's, organisations that provide NHS-funded secondary care under the NHS Standard Contract but are not NHS trusts or foundation trusts (e.g. independent provider organisations) are required to adopt this framework for all aspects of NHS-funded care.

The Charity has been developing a Patient Safety Strategy and had deferred finalising this until the publication of the PSIRF. The strategy will now subsume the requirements of the PSIRF including the timetable set out by NHS England. We will bring an update on our progress back to the Board as part of our Patient Safety Strategy.

c. Legislation

Informal information is that the Liberty Protection Safeguards (LPS), which are due to replace the Deprivation of Liberty Safeguards (DoLS), will come into force in April 2024.

2. Quality:

a. CQC Reports

We have received the draft reports from the CQC inspections of our women's and men's divisions. We submitted our factual accuracy report for the women's services and this is currently being worked through by the CQC. We believe publication of the final report is imminent, and our communications plan is ready. We have only just received the draft of the men's report, and at time of writing we are assessing for factual accuracy.

b. Quality Improvement Plans

All wards and divisions have their own Quality Improvement Plans and we continue to see progress with the actions identified. A collaborative approach has been taken to develop a Quality Strategy, with additional focus on the architecture to successfully implement this, which will be socialised soon. The Co-Production Strategy has been presented to the People Committee and is now being socialised across the Charity, with work commencing on developing a Patient and Carer Strategy.

c. Quality Reviews

The Board will be aware of the ongoing collaborative Quality Improvement work that is being undertaken by the Charity alongside our NHS provider partners in the East Midlands. This programme of work is overseen by a Buddy Forum which meets regularly to assess progress against agreed criteria. In addition, the Charity has been engaged in a strengthened assurance process led by our commissioners in IMPACT and NHSE for some of our more challenged services in Northampton including the CAMH Service, the Women's Service and some of our Men's Secure Wards. It is of note that challenges associated with staffing levels appear to be a common theme highlighted across each of these processes and the Executive Team has this under close review. While we continue to focus on improving the quality of our services, we are also in the process of establishing clear exit criteria for some of these enhanced assurance reviews with our commissioners and we will report on the progress in these areas through the Quality and Safety Committee.

3. Partnership working

a. Provider Collaboratives:

Across the summer we have had a series of positive contract review meetings with our key Provider Collaborative partners. In each of these meetings we have reflected on the value that we bring to the Collaborative through delivering against the shared objectives, for example:

- Significantly increasing the number of East Midlands patients within our Northampton services, enabling delivery of care closer to home
- Responding to the changing needs of the West Midlands system through the reconfiguration of services
- Using our expertise to support people with complex needs both directly through our service provision and via informal consultation and advice to other partners

In collaboration with IMPACT we have been developing an autumn Learning Disabilities and Autism summit that will bring together key national voices to share thinking around the future of services for people with complex needs. This will be an opportunity to hear this thinking and explore how system partners – health, care, housing etc. – will work together to provide the support that is needed, outside of inpatient hospital settings.

b. Other partners

We have started to explore which organisations beyond the NHS we could work with to deliver positive change for people with mental illness, a learning disability or neurodiversity. We have become a member of the Association of Mental Health Providers, the leading representative body for providers. This will give us opportunities to work with diverse organisations allowing us to learn from them and share our knowledge, as well as support the Association's lobbying and campaigning work.

4. People and Culture

a. Cost of living response

We are closely monitoring the pay and cost of living situation for our staff and this has been discussed at the subcommittees of the Board. Alongside promoting our Employee Assistance Programme (EAP) for staff who may need support, we now have a range of benefits available for staff, and others about to launch. We will be closely monitoring the situation throughout the autumn.

b. Lead the Change Programme

The discovery (diagnostic phase) led by a group of staff (as Change Leaders) is nearing completion. Change Leaders have held 111 staff discussion groups including 20 night visits, gained feedback from patients and carers, held 13 Board interviews and undertaken an assessment of our current data and KPIs. An external Charity-wide culture survey is now taking place. A number of immediate responses to staff feedback have been initiated to improve their experience.

c. Recruitment and retention

In a challenging job market, we have had 225 new hires since 1st July and also our first cohort of international nurses moved to the UK this month and have commenced their training. I was pleased to be able to welcome them during their first week. Despite the success in recruitment however, overall numbers of staff are staying stable and we are carrying vacancies in some critical areas. A retention plan is in development to reduce the need for recruitment and offer stability and development opportunities for our people.

5. Operations

a. e-Rostering

Our new e-Rostering system went live on Monday 12 September, following an extensive training programme in August, along with a Charity-wide awareness campaign throughout the spring and summer. So far, the feedback from wards and estates teams has been positive, with scheduled staff recognising the benefits of the new system. There have, of course, been some teething problems which are being addressed as swiftly as possible. The next priority will be to communicate the implementation of auto-

rostering, once some key decisions have been made around timing and the extent of the automation.

6. Finance

a. 2022/23 Financial Performance – August YTD

The Charity reported a £2.4m deficit August 2022 YTD, this is £0.8m better than budgeted. 97% of the budgeted income achieved (reflecting lower occupancy than budget) but this was offset by lower costs. Some of the occupancy/income shortfall relates to the self-imposed admissions to the CAHMS Division.

b. 2022/23 Financial Outlook

The 2022/23 financial year budget net deficit was £2.4m. The ongoing risks continue to materialise, with lower occupancy, higher inflation and staff cost of living pressures providing considerable financial challenge but the Executive continue to mitigate the financial exposure as appropriate.

c. Credit Facility Refinance Update

The new bank facility agreement has been completed in line with the recommended option approved by the Board in July 2022. Formal approval to sign the new facility was obtained within the Extra-Ordinary Board meeting on 22nd September, meaning the new facility will be active from end of September 2022.

d. Independent Business Review (IBR)

Deloitte have been appointed to undertake the Independent Business Review on behalf of NHSE, with a launch meeting on 20th September. The programme of work will require significant Executive resource over next few months, with the report completion and recommendations expected end of November 2022.

7. Communications and engagement

a. HSJ article on “Buddy” programme

In August, Sanjith Kamath (Executive Medical Director) took part in an interview for the HSJ alongside Angela Hillery, Chief Executive of NHFT and Leicestershire Partnership Trust, in relation to our “buddy scheme” which is aimed at improving quality of care and sharing best practice. Aside from the headline, the article was neutral in tone with Sanjith being quoted as saying St Andrew’s was keen to learn from the “best in class providers in the NHS” so we could improve and be “responsive”. The piece also recognised that this wasn’t just a one way programme, and by working together everyone can benefit. The article can be viewed [here](#).

b. Focus groups with ward-based staff

Throughout August and September the communications team has been holding focus groups with ward-based staff to help us understand more about the way staff receive and interact with news from the across the organisation, and to learn more about what people understand in terms of our care values and our purpose as a Charity. The team will be presenting a paper on the main trends in October.

c. All new Round Up (monthly Townhall event)

We have refreshed our monthly Round Up event, which is open to staff across our Charity. To ensure the Round Up is more inclusive, and features employee voices from all levels of our organisation and not just our senior management team, in September we invited guest speakers including Flair Birch (a Nurse Manager at our Birmingham hospital), Amy (a patient on Church ward who spoke about the support she has had as a transgender person in our care), as well as a live piece from a tortoise enclosure at our Essex hospital. The event was made like a television programme, and created quite a buzz around the Charity, with some positive feedback received.

The next event will be held on Thursday 13 October.

d. Patients living with dementia to enjoy 'Music from the Movies'

On Wednesday 21 September we are holding a special party within Lowther, our Dementia village. The event – which is taking place on World Alzheimer's Day – is part of our ongoing work to showcase how you can live well with Dementia. The party has a theme of 'music from the movies' and will feature live music from a professional singer who will be singing well-known movie songs, ballroom dancers, party food and drinks, a red carpet and decorations. We have invited BBC Look East to come and film the event, and are hoping to garner some positive media coverage to showcase our Charity and this brilliant facility.

e. Freedom to Speak Up Guardians month

Our Freedom to Speak up Guardians offer a confidential and effective way for staff to seek support and guidance on anything that gets in the way of them doing a great job. As part of Freedom to Speak Up Guardians month in October, we will be holding various information events across the Charity to highlight the work of our Guardians and encourage staff to make 'speaking up' a part of our everyday life.

f. Recent media coverage

Despite the summer holidays, we have achieved a healthy amount of media coverage across the month, with the University of Northampton partnership securing several headlines.

A joint press release inviting student nurses to sign up to the Healthcare Landscape Nursing Placement programme was covered on [Need to See It News](#), [Employer News](#), [Online Recruitment](#), [Wellbeing News](#), the [Chronicle and Echo](#), [On Rec](#), [Further Education News](#) and a local blog entitled [In the News](#).

A double-page feature on the partnership also featured in the National Health Executive magazine, which is a CPD-accredited publication for NHS professionals. This one article alone was thought to have reached more than 8,000 people.

CAMHS Headteacher Cheryl Smith gave her take on the GCSE results which are always released in August. While most media outlets were busy comparing the results with last year's grades, Cheryl spoke how to support young people who may not have received the news they had hoped for.

Cheryl wrote a column for the Chronicle and Echo, which featured in the print edition on results day and she also wrote a feature for [Further Education News](#).

Promotion for the second volunteering event FestiVol largely dominated mid-August with Voluntary Services Manager Dawn Wright giving interviews on NNLive, BBC Radio Northampton's [Kerrie Cosh's show](#) and Daisy Belle's evening programme. [The Charity Times](#) also wrote a piece about the event.

The third series of the On the Ward podcast came to an end and coverage was secured on the [Planet Radio](#) website and in [Health Tech Magazine](#).

[Northants Live](#) covered the Lowther patients beach party and also the [football tournament](#) St Andrew's staff and patients took part in alongside the Cobblers. The football story was also published on the [Northampton Town Football Club](#) website.

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

Dr Vivienne McVey
Chief Executive Officer

Committee Updates

People Committee

Incorporating:
Diversity & Inclusion Annual Report

Quality & Safety Committee

Incorporating:
Health & Safety Annual Report

Pension Trustees

(verbal)

Committee Escalation Report to the Board of Directors

Name of Committee:

People Committee

Date of Meeting:

11 August 2022

Chair of Meeting:

Paul Burstow

Significant Risks/Issues for Escalation:

The-variance in non-patient facing shifts for June 22 at 38.9% (37% adjusted for maternity leave) compared to the 25% budgeted headroom reported to the Board at its last meeting continues to be challenging. Key actions being taken to improve this position include the absence project and the roll out of Allocate.

Key issues/matters discussed:

Draft People Plan

Since the previous Committee the People Plan has been developed to incorporate the external and internal context and clearly articulate guiding principles following a workshop with the Executive team. The draft plan was presented to the Committee who were assured with the progress made to date. The plan is currently being socialised with various forums for feedback including our Change Leaders with a final version to be submitted to the November Committee.

Draft Diversity and Inclusion (D&I) Plan

The D&I plan was presented as a draft version for feedback providing further context on the charity's D&I agenda and aspirations. The plan covers four key pillars; *Tackle and promote fairness, fix the basics, focus on mental health in the workplace, improve ethnic minority representation at senior levels and improve female representation at senior levels*. A final version will be submitted to the November Committee.

Diversity and Inclusion annual report

The annual report for 2021-2022 was presented for approval, which covers a number of patient and staff stories including from our four Staff Networks; Women's in St Andrew's (WISH), Unity (formally the BAME Network), Disability and Wellness Network (DAWN) and the PRIDE Network.

The annual report highlighted the inclusion data for the year. Overall, there has been positive improvements in a number of areas particularly relating to female representation in senior roles and reduced grievance levels across the charity. The data does show a continued trend of increasing disciplinary cases and a disproportionate number of black

staff involved in disciplinary proceedings compared to the workforce demographic. The related actions being taken are outlined within the D&I Plan.

Volunteering Strategy

The volunteering strategy for the period 2022-27 was approved by the Committee. This highlighted there are 338 active volunteers with plans to increase this to 625. A cost benefit analysis highlighted the value added by our volunteers.

Workforce Resilience and Agility update

The Committee were updated that a detailed wellbeing plan has been approved by the Executive team showing progress, deliverables and measures. The plan covers four core areas closely linked to the overall People Plan: *fostering a collaborative and inclusive culture, building compassionate leaders, getting the basics right and promoting and expanding our wellbeing provision.*

People KPIs and workforce plan progress (related to June 22 data)

- The Committee were provided with an updated forecast for Nurse and HCA recruitment to meet the 95% establishment target. There are currently 75 WTE Nurse vacancies (86% establishment) and 308 WTE HCA vacancies (77%).
- The forecast has been impacted by challenging market conditions and the charity are to reach the 95% establishment by September 2023 for Nurses and 91% for HCAs. This is based on retention remaining at current levels and highlights the management focus required within this area.
- Various workforce initiatives are in place to meet the forecasted levels including International Nurse recruitment (with the first cohort arriving in September) and moving WorkChoice HCAs to perm flexi contracts.
- An analysis of non-patient facing shifts for March – June 2022 showed 38.9% (37% adjusted for maternity leave) compared to the 25% budgeted headroom (consisting of annual leave 15%, training 4% and sickness 6%).
- The HR KPI highlights include (June data): Agency spend (3%), overall mandatory training (90%) are within target. Sickness remains a management priority, however this was on target at 6% in June.
- Voluntary turnover was 1.4% (divisions 1.71% and Enabling Functions 0.62%) with a waterfall chart shared to show the additional impact of involuntary turnover and 'net' transfers to WorkChoice on headcount. In June this showed a starting headcount of 3071 to 3080.
- Key actions were shared on how the charity will improve on this position including the roll out of the People Plan associated actions, divisional retention plans, workforce planning initiatives, the absence project and Allocate.

Culture programme - update on Lead the Change

- The Lead the Change programme forms one element of the overall approach to culture change within the charity.
- Ricky Taylor one of our Change Leaders updated the Committee on progress including that momentum continues to build with a high level of passion throughout the 100+ Change Leaders to affect change. The Change Leaders have now completed the data collection of the discovery phase (including 111 staff discussion groups) and following analysis will focus on identifying the top themes/work streams to take forward for change.

- It was confirmed that a charity wide culture survey was being rolled out during September and the feedback from this will be incorporated into the 'discovery phase' findings assessed by Change Leaders.
- The Carer Governors provided an update on their recent ward visits, which correlated with a number of themes coming out of Lead the Change so far.

Reporting groups

Updates were provided from the following:

- Employee Forum
- Learning & Development Group
- Inclusion Steering Committee
- College Governing Body Meeting

Decisions made by the Committee:

- The Diversity and Inclusion annual report was approved by the Committee and is attached to this update.
- The Volunteers Strategy was approved by the Committee.
- A deep dive was requested on the trend shown of a disproportionate number of black staff involved in disciplinary proceedings compared to the workforce demographic.
- The material risk deep dives for retention of key skills and recruiting required capabilities were deferred to the November Committee.

Implications for the Charity Risk Register or Board Assurance Framework:

- Although there has been an improvement for non-patient facing shifts, there is a continued variance from the 25% budgeted headroom at 38.9% overall for June 2022.
- Mandatory training for BLS (72%), Safeguarding L3 (86%) and Safety Intervention Training (MAPA) (84%) are below the 90% target.

Issues/Items for referral to other Committees:

- None

Appendices: Annual Diversity and Inclusion Report (2021-2022)



St Andrew's
HEALTHCARE



Inclusive HEALTHCARE

DIVERSITY & INCLUSION REPORT

2021-22



Transforming lives together

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

– Patient,
Northampton



Welcome from Martin Kersey, Executive HR Director



Welcome to our 2021-22 Diversity and Inclusion report, which I hope you find an enjoyable and informative read.

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

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. These include our Peer Support Workers programme which brings people with lived experience of mental health recovery in to support our patients (turn to page 14 to read more), and our Employee Networks which offer staff support and a sense of community. We also have an active Inclusion Steering Committee, and deliver regular unconscious bias training to ensure our managers have the tools needed to challenge their own decision making, and fully embrace the diversity of their teams.

We strive to treat everyone as equal, and I am proud that we continue to maintain our Ethnicity Pay Gap and Gender Pay Gap results and these compare very well to 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.

Martin

Public Sector Equality duty

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

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

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

Introduction



Cheryl Nyabezi,
Diversity and Inclusion Manager

Though we have faced many challenges over the last year, we have not stopped working towards making our Charity as diverse and as inclusive as possible.

Our Employee Networks have regrouped and re-strategised where necessary so they can engage with staff around their key areas of interest. We can only be excited to see what the future holds for them all.

We also continue to celebrate the good practice that we have worked so hard to attain, such as our gender and ethnicity pay gaps, our senior leadership representation and our overall adherence to the core principles of Diversity and Inclusion.

Cheryl

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Our Diversity Summary

Ethnicity



21% of our Senior Leaders are from Ethnic Minority backgrounds

13% of our Board are from an Ethnic Minority background



of our staff are from Ethnic Minority backgrounds, an increase of 2% since 2020-2021

Female

representation has increased year on year:



63% of staff are female

58% of our Leaders are female

29% of our Executive team are female

27% of our Board are female

Age



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

Disability



16% of Senior Leaders have declared a disability, above the 10% external benchmark

Gender Pay Gap



Sexual Orientation



8% of our Senior Leaders and Leaders have declared their sexual orientation as LGBTQ+. This is favourable when compared to the UK population demographic of 2.7%.

Diversity and inclusion at St Andrew's



About St Andrew's

St Andrew's is a Charity that provides specialist mental healthcare for people with complex mental health needs. We are committed to **promoting wellbeing**, **giving hope** and **enabling recovery**.

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

We provide care across a number of services, including Men's and Women's mental health, Child and Adolescent Mental Health Services (CAMHS), Neuropsychiatry, Autism spectrum disorder and learning disabilities. Our headquarters and largest site is in Northampton, but we also have hospitals in Birmingham and Essex, and a residential home, Winslow, - which provides 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 around 4,000 staff, 3,088 of which were permanent employees as of 31 March 2022.

We employ more women than men, and our female representation is increasing year on year.

Across our Charity, we employ people from 80 different nationalities. Over 24% of our staff are from Ethnic Minority backgrounds (nearly twice the UK average of 12.5%).

We also have broad age distribution across our colleagues.

Executive team

Our Executive team oversee the day-to-day management of our hospitals. The team meets weekly and members come 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, involving key clinical, operational and functional leaders.

Senior representation

The majority of our Leaders are from diverse backgrounds. 21% of our Senior Leadership team are from Ethnic Minorities, as are 15% of our Executive team. 58% of Leaders across St Andrew's are female.

The Board of Directors

We are proud of our diverse Board representation, and the benefits that it brings us. 30% of our Board are female, against the external benchmark of 33%.

15% of the Board are from Ethnic Minority backgrounds (the UK average is 1.5%). In 2018 our Ethnic Minority representation at Board level was 0%, and we are proud of our progress to date.

Staff and Carer Governors

As a charity, St Andrew's is supported by around 40 Governors (including both active and Honorary Governors), whose role is both to help the charity achieve its goals and hold its leaders to account. The Board seeks Governors' views on important decisions, and their approval on the appointment of Executive Director roles. 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. We introduced Staff and Carer Governors in 2019. Our very first Carer Governor, Sandy Howse. Sandy explained: "I am a tireless supporter and advocate of families and carers. We hold the long-term welfare of our loved ones in our hands and hearts, always. "I aim to shine a light on things that may need scrutiny so that St Andrew's can give the best possible care to all, and I will listen to the voices of patients, carers, families and to bring about improvements."

The Carer Governor role is important to St Andrew's, and we hope it demonstrates our commitment to seeing the friends, family and carers of our patients as 'partners in care'.

Moving forward: Lead the Change

In 2022 we launched a culture change programme called Lead the Change, which brings together 100 individuals - Change Leaders - from across our Charity. The Change Leaders are working together to discover, design and deliver a programme of change in the areas they feel are most important to our staff and patients.

Inclusion Strategy and Steering Committee

Our strategy

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

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

Our strategic aims are to:

- 1 Fix the basics
- 2 Tackle and promote fairness
- 3 Focus on mental health in the workplace
- 4 Improve Ethnic Minority representation
- 5 Improve female representation



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

– Catherine Vichare, Clinical Director for Community Partnerships



The Inclusion Steering Committee

Our inclusion strategy is steered by our Inclusion Steering Committee (ISC). Chaired by Executive HR Director Martin Kersey, the committee was formed four years ago and meets every quarter. The ISC currently has 15 members, including the Co-Chairs of our Employee Networks, with representatives from all role levels and teams across the Charity, including individuals in our care.

Our current focus is on:

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

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

"Our Inclusion Steering Committee was set up in 2018 to enable a network of people at all levels to embed and strive to make real change for inclusion within our Charity. The committee includes in its membership people who are tasked with actions which impact staff in a positive way, such as embedding unconscious bias awareness and ensuring well-run and engaged Employee Networks. The aims of members are to highlight, challenge and overcome issues which effect our diverse staff group and promote inclusion, a sense of fairness and belonging for all."

– Sarah, ISC member

Supporting people in the community

Our Charitable purpose is to promote wellbeing, give hope and enable recovery wherever possible. 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.



Headfest

During Mental Health Awareness Week in May, St Andrew's co-hosted Headfest, Northampton's first mental health festival. The event brought together mental health organisations from across the county, who all took their expertise out of the clinic and into the community.

Members of the public attended the week-long festival – led by BBC Radio Northampton – to take part in mental health-related talks, interactive workshops and activities under one roof at the Royal & Derngate Theatre.

One talk was hosted by Catherine Vichare, Clinical Director of St Andrew's Community Partnerships Service, who led an intimate conversation with the audience about how her team support veterans.

She was joined by outpatient Phil Credland, who sought help for his post-traumatic stress disorder (PTSD) during the pandemic after having hit "rock bottom". Phil has been treated via our Veteran's Complex Treatment Service (CTS) which supports ex-military personnel who require intensive care and treatment for mental health issues. The CTS offers a range of intensive care and treatment for people who have served in the military, many of whom have endured stressful, frightening or distressing events – such as military combat and violent situations – and are susceptible to PTSD.

Phil is a former Sergeant Major who fought for his country for 22 years, and has credited the therapy he received from St Andrew's for "bringing him back to life".

Speaking to Headfest attendees, he said: "I had become an alcoholic and my drinking gradually got worse until May 2020, when I stopped eating or drinking anything other than vodka.

"I was drinking three litres of vodka a day, everyday. I was so close to dying, I had lost more than six stone in weight and – looking back – it's frightening at what very nearly happened to me. If I can help just one person by being here today and sharing my story, then it has all been worth it."

The impact of taking part in Headfest was apparent when an ex-serviceman approached the team after Phil's talk. The gentleman wanted to share his desperation, explaining to our staff that he had been ignored by other services. Our team listened to him and signposted him to Op COURAGE, an NHS mental health specialist service designed to help those leaving the military, reservists, veterans and their families, so he could start to get the support he needs.

LightBulb

LightBulb, our School Mental Wellness Programme, 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 32 schools and reached more than 11,500 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 only costs 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 in 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."

"We firmly believe that this approach could significantly reduce the number of children who go on to develop complex mental health problems, while also encouraging their development of resilience, coping skills and self-help skills which are vital for overall development."



Patient involvement

Inclusive patient care

We take an inclusive approach to patient care and work hard to ensure our services and therapies are co-produced.

Co-production is an important part of how we care for our patients and service users. It is about recognising and using everyone's diverse knowledge, experience and perspective to drive recovery - whether they be a patient, service user, staff member, carer, or another individual.

We are committed to working together as equals to make the best use of our strengths, in order to find ways of doing things that benefit everyone.

Every person may have something different to give; We listen to all of our people, because we know everyone has an important experience to share.

Our Co-Production Network

In January 2022 we launched our Co-Production Network, a group of staff and patients from across the Charity who are working together to share ideas and insights.

The group meet every two months to ensure that co-production is fully embedded in how we do things at St Andrew's.

Andy Brogan, Chief Nurse, is the Network's Executive Sponsor. He explained: "We want to genuinely embed co-production values in our culture at St Andrew's so that co-production becomes the norm for all. It's about us being equal and inclusive, fully involving the people in our care, and their carers, with their recovery. We have lots of examples of great co-production practice already happening across the Charity, and many projects in the pipeline."

Dr Inga Stewart, Consultant Clinical Psychologist and Network chair, added "It is simple for everyone to get involved in co-production. Just begin by asking questions of our patients and our carers, and value their input in all that you do. If a patient is too cognitively impaired on mentally unwell to share their input, remember that we can include their family or carers as partners in care."



Our Recovery College

All of our patients, carers and staff have access to our Recovery College (Recovery and Every Day Skills) programme, which was launched in June 2018. The Recovery College offers courses designed to help people better manage their mental health and wellbeing.

At REDS we believe that everyone is in the pursuit of wellness and we ask that 'labels' and job titles are left at the door. Instead, students bring their experiences into the training room. This means that we can all benefit from the richness of experiences as equals and learn collaboratively.

All of the courses are designed and delivered in partnership with patients and people with personal experience of mental health challenges. This co-production is vitally important to the success of the programme. There are over 40 courses available, including bite size short courses which can be delivered on our wards. Courses include:

- A Path to Recovery
- My Values, My Recovery, My Life
- Knowing your Needs and How to Get Them Met
- Finding Hope

Over the past year, 2,120 individual students have taken part in courses, including over 400 staff and carers. In addition, we have welcomed 115 external learners from within the community, including students at local schools, members of the public who took part in Headfest, and via our partnership with Northampton Saints' 'Saints Foundation'.

A key part of our co-production efforts is our Peer Support Worker programme, which brings people with lived experience of mental health recovery onto our wards. For more information please see page 14.



"A great workshop delivered to a group of students who are about to leave school. The changes ahead always cause anxiety but in this workshop they explored ways to overcome this and added to their 'tool box'. Jon and Violet were really open and receptive to the ideas the students had. A fab workshop that I would recommend to anyone at any time. We all need hope in our lives."

— Teacher from Billing Brook school

"The most interesting course I have ever attended, very informative and knowledgeable. You are all amazing. Thank you for impacting me."

— Recovery College attendee

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. 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 Worker programme, which brings people with lived experience of mental health recovery to support our patients. We began recruiting Peer Support Workers in 2019, and we now have 12 in post who support our patients across 14 different wards. We have plans to train more Peer Support Workers over the coming year.



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. They are trained to specifically use their lived experience, which brings a new area of expertise to the team. Working with the nursing team, peer support workers can help patients to identify their own

recovery goals and aspirations. They are able to spend time talking with the patients, socialising, running group activities and providing emotional support. They also have knowledge of being a service user in the community, so they can also offer practical support and signpost patients to useful resources. Being a Peer Support Worker can be a really positive experience, and some of our Peer Support Workers have gone on to permanent jobs in Healthcare, including as a Healthcare Assistant and in Social Work.

Our 12 Peer Support Workers provide 233 hours of peer support to individuals in our care, each and every week.



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

– Peer Support Worker



Roxy's story

Roxy is a Peer Support Worker / Mentor at St Andrew's. She has been working with the Charity for two years, and works on Maple ward. Here she explains her inspiration...

"I have had mental health struggles since being a young teenager. I have faced multiple difficult challenges in my life which were intensified by my mental ill health. However, I did eventually reach a point in my life in which I was able to manage my mental health.

"I now use my experience to help support those within St Andrew's that are struggling. Due to having experienced a variety of challenges in my life, I am able to empathise and sympathise with many different individuals on different levels and have the basic foundations of understanding that enables me to support many different patients.

"I really enjoy my job, I have always had a caring nature and I wanted to be able to use that to help those that are struggling with their mental health as I have. I like to think of my job as being a bit like a beacon of hope to those that are struggling with their mental health – so that people know that it is possible to manage your mental health and that things do get better. I would also like to break the stigma – there should be no judgement or shame!"

Race and Ethnicity

OVER
24%

Over 24% of staff at St Andrew's come from Ethnic Minority backgrounds, which is in line with the NHS' figure of 20.8%. Across the UK, the average figure is 12%.

Our BAME Network

Our active BAME (Black, Asian and Minority Ethnic) Network offers peer support and networking opportunities. The Network is open to individuals who identify as BAME, but also allies and people interested in raising awareness of the issues that BAME people face. The Network has a calendar of events throughout the year, tailored to the needs and tastes of members of our BAME community. At the time of writing this report, the Network was considering a new name and a relaunch.

Our BAME Network aims to:

- To provide Black, Asian and Minority Ethnic staff with a united and identifiable voice on key issues and highlight their needs and experiences with key decision makers.
- To provide a platform for staff to raise their concerns, in a safe and confidential environment with an aim to identify practical solutions.

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 2021-2022 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 68% 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. Our median pay gap this year is -1.9%, which means that our Minority Ethnic employees receive a higher hourly rate of pay in comparison to our non-Minority Ethnic colleagues. This is something that we should be very proud of, especially when we compare ourselves to the national average of 2.3% (median) and other organisations who publish this data.

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

"Hello! My name is Akim Bande, and I am a Nurse Manager on Heygate PICU. I originate from Zimbabwe, from a big and sunshiny city called Harare. I am delighted to be the Co-Chair of the BAME Network, as because of my own personal experiences I am confident that I can help others.

"I would like to take this opportunity to thank everyone who has supported the BAME Network so far, and I am looking forward to the Network moving from strength to strength.

"I am very proud of the Charity for investing in such a positive movement and the future is an exciting one. Many of us BAME people have experienced

racism and discrimination in different walks of our life. The inequalities have only further been magnified by the disproportionate deaths of BAME people during the Covid-19 pandemic.

"Our BAME Network group aims to give our staff the chance to come together and discuss issues and share their experiences. We can only do this by talking, so I urge my BAME colleagues and our white allies to attend our planned meetings.

I look forward to improving the BAME relationships within the Charity and the wider Northampton community. We are all different but we are all equal, and there is strength in unity."



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

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



Juliet Powell, Specialist Nurse and Co-Chair, BAME Network

"St Andrew's Healthcare is a diverse organisation with 80 plus nationalities, and we hope that through our BAME Network we can unite all these nationalities. We are working towards a St Andrew's where all people feel valued and stand as equals in whatever role they might find themselves in.

"We will continue our work in the coming year to eliminate inequality for our patients and staff."

Black History Month celebrations

In October 2021 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, held on Microsoft Teams and hosted by performance artist and poet Richard Grant (AKA Dreadlock Alien).

The event featured updates from staff across the Charity – including Executive Medical Director Dr Sanjith Kamath and then CEO, Katie Fisher, as well as several guest speakers. Attended by people from around the Charity – many of whom wore cultural dress – the event offered an opportunity for people to ask questions and network.

One of the speakers was highly respected diversity, inclusion and human rights consultant Professor Carol E Baxter, CBE. Professor Baxter has made a substantial impact on equality, diversity and human rights policy and practice across a number of organisations, both nationally and internationally.

“Greetings! My name is Mr Grant, AKA Dreadlock Alien. I’m a performance poet, digital animator and a spoken word artist.

“I have worked with St Andrew’s as a writer for many years and when I had the opportunity to work on their Black History Month conference with Diversity and Inclusion Manager, Cheryl Nyabezi, I was very eager and keen. Cheryl and I have worked together on other programmes for a few years and her knowledge of equality and diversity and Google Slides always makes this an enjoyable experience.

“We are making waves producing dual platforming conferences, video vaults, scroll and stroll support resources, music selections, dancing and many arts programmes to support Black History Month and pushing the boundaries of what’s possible online. I’m very impressed.”

– Richard Grant (AKA Dreadlock Alien)



“The health and social care sector is the largest employer of black and minority ethnic people in the country, and it is fitting that the celebration of Black History Month is a very special time in the social calendar.

“This is a time when BAME staff and their allies get together to reflect, recognise and celebrate the contribution that we have, and continue to make within the sector and to wider society.

“On 1 October when St Andrew’s Healthcare held its celebrations, I was privileged to share a platform with a number of eminent speakers all of whom were motivating, inspiring and entertaining. I was honoured to be able to share stories of my time working in and on behalf of the NHS since 1971. It was most thrilling to have a synopsis of my meandering experience presented back to me in the form of a poem by the amazing and talented master of ceremonies Richard Grant (aka Dreadlock Alien). It was also good to see senior leaders playing an important role in supporting the event on the day.

“The atmosphere was exhilarating and reflected the thought, creativity and energy which clearly went into the planning. My heartiest congratulations to the organisers and I look forward to joining you again next year if you invite me back.”

– Professor Carol E Baxter, CBE



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.

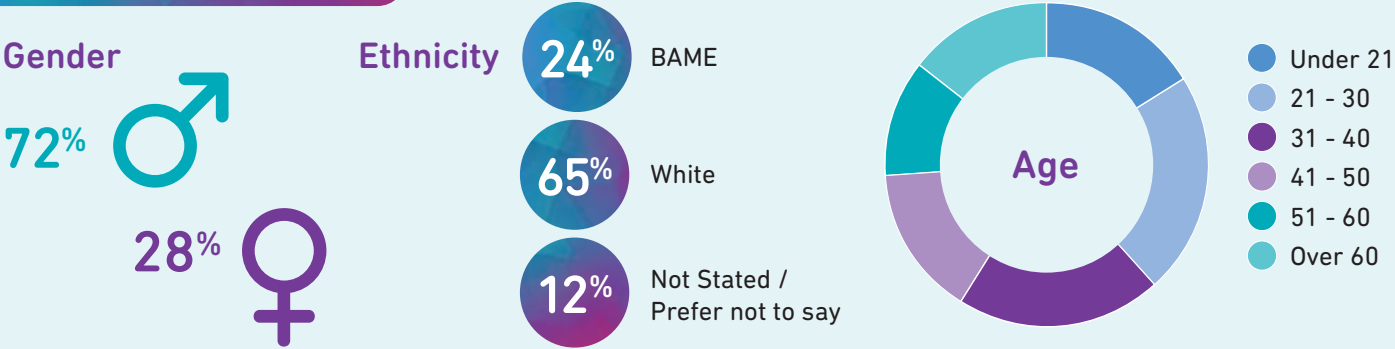


Organisational diversity and overall representation

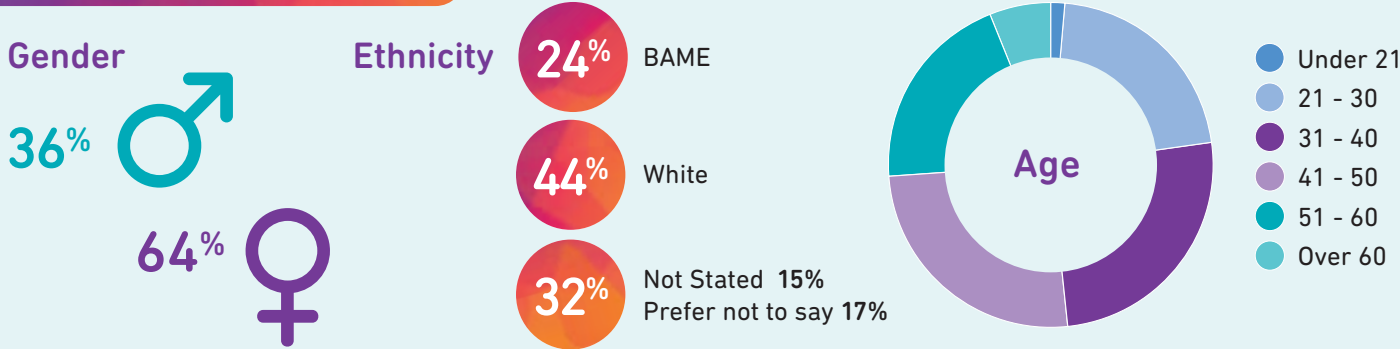
Number of staff within each career level:

E - Senior Leaders - 19 total
D - Leaders - 31 total
C - Manager/Expert - 254 total
B - First line manager/Professional - 852 total
A - Team Leader/Core Contributor - 1,930 total

Patient demographics



Employee demographics

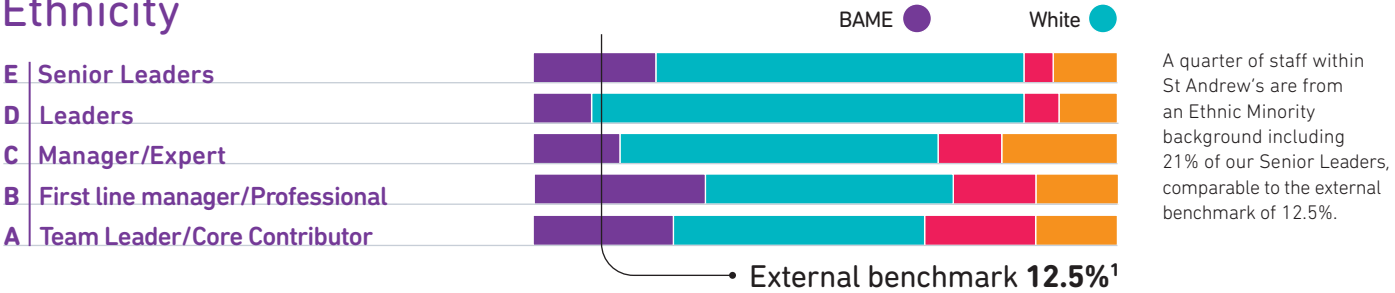


The below does not include people recruited to WorkChoice, our internal staff bank for workers on flexible, zero hours contracts.

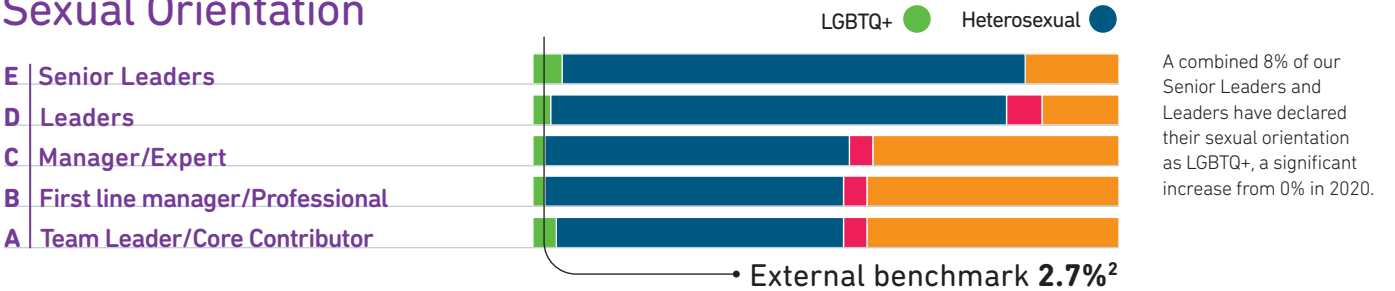
Prefer not to say
Not Stated

Total number of permanent employees
3,086

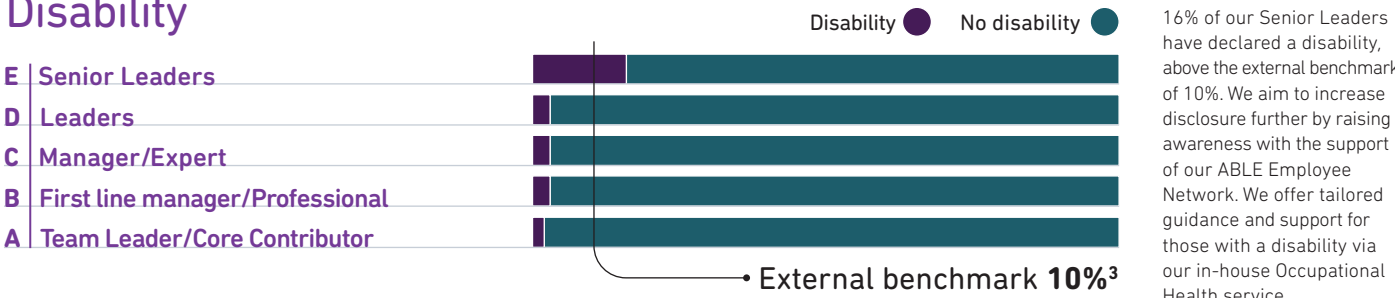
Ethnicity



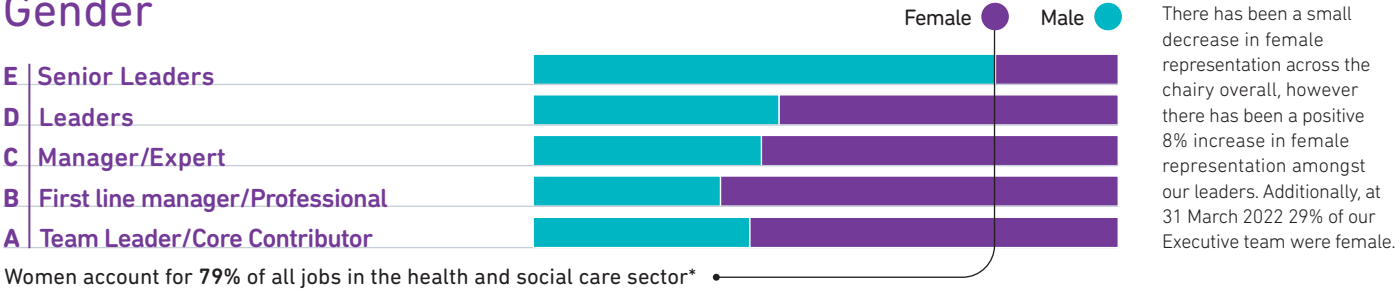
Sexual Orientation



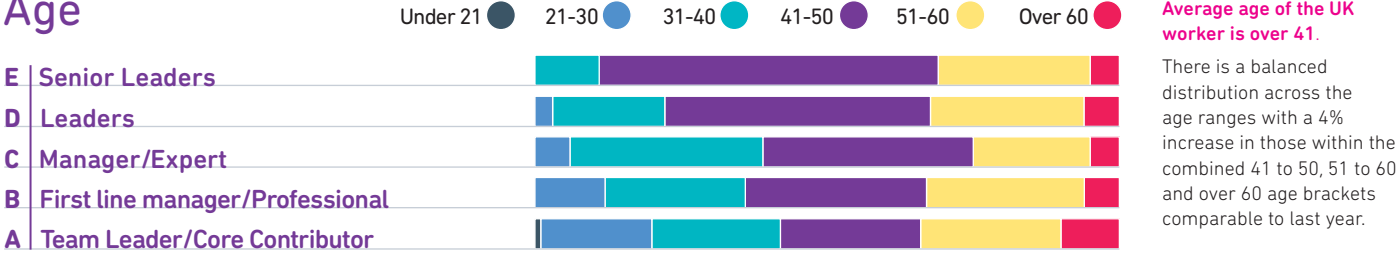
Disability



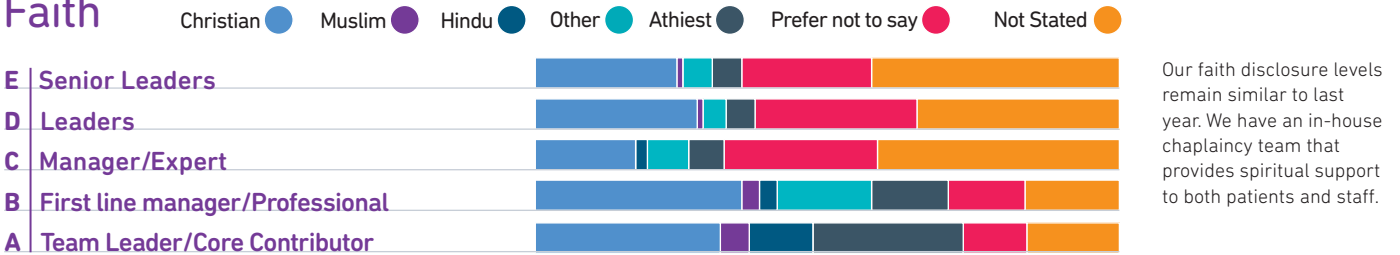
Gender



Age



Faith



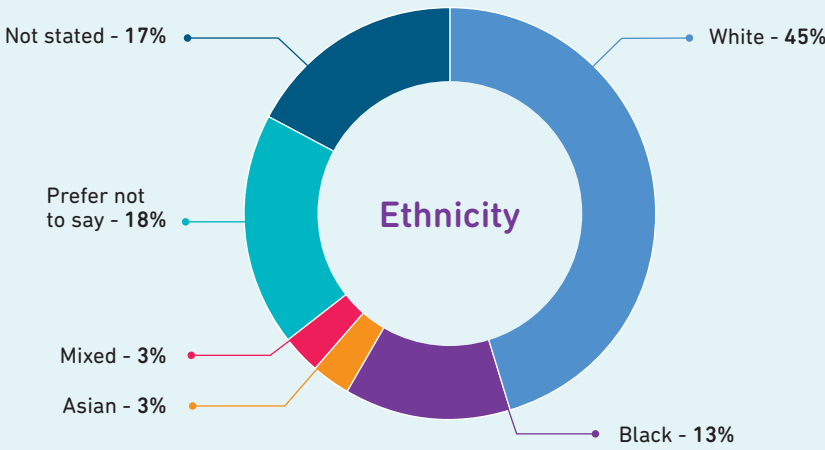
Religion National Benchmarks (British Religion in Numbers)*
Christian - 50.7%, Muslim - 2.5%, Hindu - 0.7%, Jewish - 0.6%, Sikh - 0.3%, Buddhist - 0.6%, Other non-Christian - 1.5%, No religion - 41.5%, Not answered - 1%

* ONS/Gov. Labour Market Stats.

Employee lifecycle

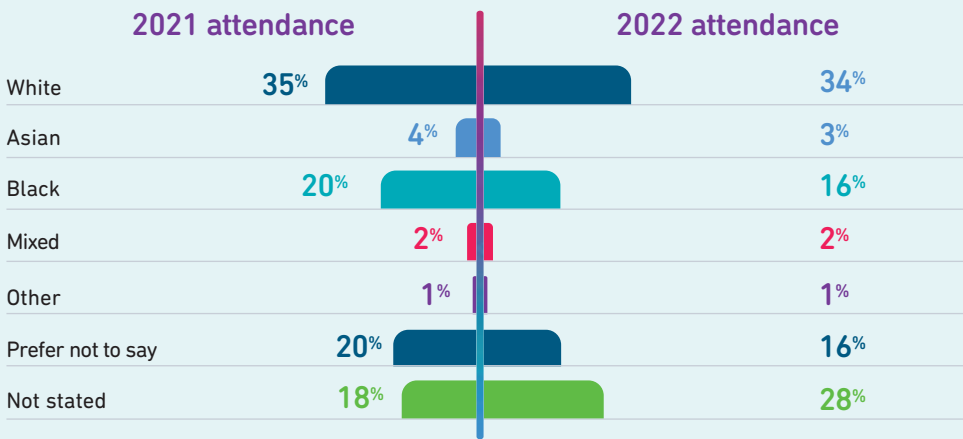
Leavers 2021/22

There has been a positive decrease in our overall turnover compared to last year. When considering staff from an ethnic minority background this has increased very slightly to 19% (compared to 17% in 2021/22).



Internal training

During the early part of 2021, the way training was delivered was adapted to align with Covid requirements. Despite this, over 4,500 people attended training sessions during the year.



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

Employee relations*

Disciplinary cases

Like many other organisations there has been an increase in the number of overall disciplinary cases (including appeals) this year, an increase of 37%. The data shows there was a higher proportion of black staff involved in disciplinary cases during 2021/22 comparable to the workforce ethnicity demographic (representing a minimum of 18% of the total workforce).

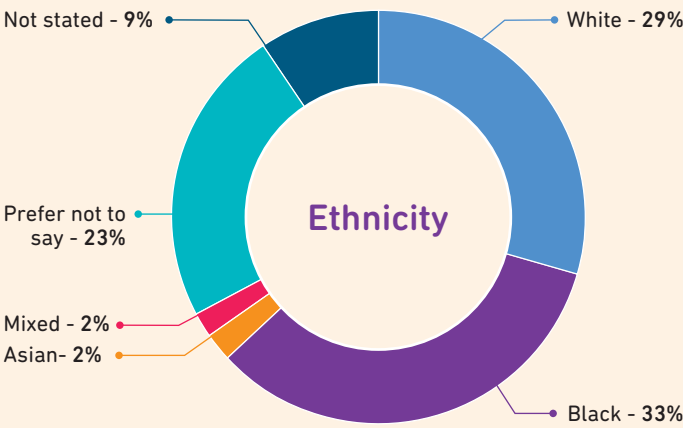
This data is regularly tracked and reviewed by the Senior HR team who assess the trends and actions that need to be taken. This year saw a continued theme and increase of disciplinary cases relating to staff who work nights, and this may partly explain the higher cases for our black staff as our data shows a higher proportion of black staff work nights compared to the workforce demographic. A charity-wide Diversity and Inclusion plan has been developed to address this priority area with a key principle ensuring disciplinary and grievance cases are free from bias. The actions being taken to address this include the continued roll out of unconscious bias training, ensuring and tracking representative hearing panels and reviewing our data on a quarterly basis to identify any themes and take immediate action where needed. In addition to this, our Lead the Change culture programme includes undertaking focus groups with our night staff and asking further night staff to join us as Change Leaders.

Your Voice Staff Survey

In November 2021 we carried out our charity-wide annual survey with a 57% response rate. This showed an overall decrease in the Charity's staff engagement level to 51% with variation throughout our divisions and central departments. However, the results from our Ethnic Minority generally showed a more positive experience than the organisation overall.

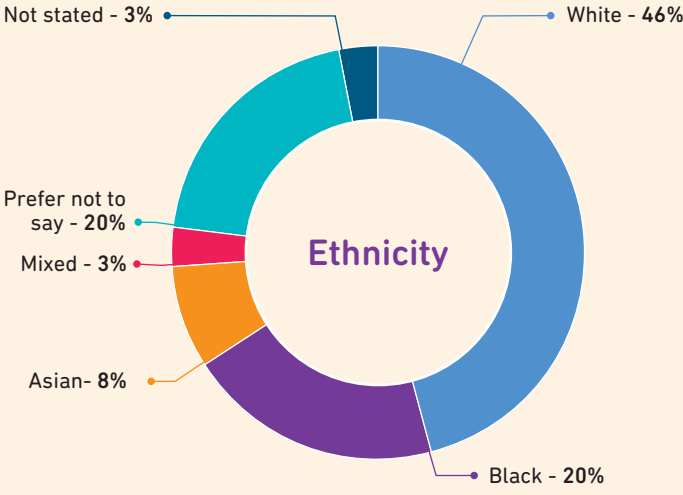
* This data applies to permanent and WorkChoice staff (our temporary staffing bank) and count an investigation, hearing and appeal as a separate case. The grievance ethnicity data refers to the person who has raised the concern.

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



Grievance cases

There has been a positive 26% decrease in the number of grievance cases (including appeals) compared to the previous year. There has been a particular reduction in the overall percentage of grievances being raised by black staff members from 27% to 20%. Whilst other ethnicity data is similar to the previous year, there has been an increase in the number of grievances from staff from an Asian background from 1% in 2020/22 to 8%.



Visible and non-visible disability

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.



Simone Wetherall,
Head of Wellbeing and
Co-Chair of the ABLÉ Network

Our ABLÉ Employee Network group aims to promote equality of opportunity and positive attitudes towards people with disability. Its overarching purpose is to support and help staff with disability in the workplace – with a particular focus on disabilities that are not visible to others,

The Network focusses on five key pillars:

- Wellbeing
- Mental health and trauma
- Physical disability
- Sensory diversity
- Neurodiversity.

The Network is open to ALL St Andrew's staff.

At the time of writing this report, the Network was considering a new name and a relaunch.

"I believe that to ensure workforce wellbeing we must foster a truly inclusive environment where we celebrate each other's differences and talents. It is for that reason that I'm so pleased to Co-chair the ABLÉ Network. We believe that the Network should be a place for people to have a voice and identify sources of support, but also be an advocate for positive change in the Charity and beyond.

"I've been blown away by the passion in the members I have met so far and I can tell it's going to be a busy year. In May we delivered a fantastic Mental Health Awareness Week where we offered a series of webinars raising awareness of mental health. It was a big hit and we have a number of other events planned throughout the year. I'm excited to see the Network take shape and for ABLÉ to become a place where people with all abilities and differences can feel welcome and accepted."



Dr Inga Stewart,
Consultant Clinical Psychologist,
Clinical Research Fellow and
Co-Chair of the ABLÉ Network

"I am delighted to have been given the opportunity to volunteer as one of the Co-chairs of the ABLÉ Network. The Network is being expanded, rebranded and relaunched, which is a really exciting time to have joined.

"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:

Accessible events for everyone



Throughout the year we hold a variety of events for staff and patients. This year, during Mental Health Awareness Week, our ABLE 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:

- Meet the ABLE Network
- Belonging: An open discussion
- How does loneliness affect my mental health?
- Caring for someone? You are not alone
- Self-care is soul care: Our Chaplaincy team share their experience of looking after our mental wellbeing
- Coffee, cake and connect with Samaritans.



Inspirational talk from blind athlete

A particular highlight of the week was an inspirational talk led by Haseeb Ahmed. Haseeb Ahmad is a gold medallist who set a World Record for running an Ironman Triathlon in a blindfold. At the age of 10, Haseeb lost his sight due to the incurable condition Retinitis Pigmentosa; a progressive eye disorder which affects the retina, causing blind spots.

Haseeb has dedicated his working life to developing equality and diversity programmes, making services and buildings more accessible. In his current role as Head of Equality, Diversity and Inclusion at Leicestershire Partnership NHS Trust, Haseeb establishes community and staff engagement networks, involving disabled people in key decisions and improving access to career opportunities.

Haseeb joined the Great Britain para-triathlon team, in 2009, at 38 years old. His accolades include two World Championship and three European medals. In 2017 Haseeb wrote his autobiography 'From Blindman to Ironman'.

He now gives motivational talks, mentors other disabled athletes, helps blind athletes find sighted guides and also trains guides.

Haseeb's talk to St Andrew's staff and patients was very well received, with one attendee saying: "That was a real inspiration; what a zest for life! Haseeb has just overcome every barrier that life has thrown at him, and refused to give up. Thank you for talking to us."

Haseeb said: "When I first was registered Blind at the age of 17 in 1987 I wondered what opportunities lay ahead of me. The future was extremely uncertain. If I knew then what I know now I might have entered the world of sport sooner. However, my lived experience has shaped the individual I am now. This is the very reason why I wrote my book and shared my powerful story; in order to inspire and motivate others. The depths of our potential as people with disabilities is limitless. I am proof of this fact."



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

Casey Fox, Former Co-Chair of PRIDE

"I wanted to volunteer for this Network because I have been made to feel so comfortable with my sexual orientation at work, and I wanted to ensure others feel that same sense of acceptance.

"I think it is extremely important for staff of all gender identities and sexual orientations to feel included, accepted, and heard at work, and this Network promotes that. Many individuals experience homophobia at work, whether it be intentional or not, and I aim to use my role as Co-chair to validate LGBTQ+ staff and patients whilst spreading awareness of the difficulties faced for people within the LGBTQ+ community. I hope to be able to support staff through my own experiences and to continue writing informative blogs for those who may not be as aware of the challenges individuals face at work.

"I am proud to be a part of this Network and I hope to be able to continue to educate, celebrate, support, challenge and learn within my role."



Sarah Ward-Greef, Leadership Development facilitator and Co-Chair of PRIDE

"Inclusion matters now more than ever and in 2022 and beyond, our Network is striving to create a more inclusive workplace. For LGBTQ+ staff, the PRIDE Network is a place to come to make real change, identify where support is needed and celebrate our diversity.

"This year we introduced rainbow crossings to demonstrate that LGBTQ+ people are welcome here and we celebrate their contribution to our Charity. We have also presented a range of webinars and drop-in sessions to make LGBTQ+ issues understood and ensure people feel supported and educated. Currently we are aiming to be more co-produced in our approach and have patients working with us to develop training materials and co-host events.

"Why is this so important? Truthfully, the UK is not always a safe place for LGBTQ+ people. LGBTQ+ related hate crimes are increasing year on year (police data reports an increase of 210% between 2014 and 2021). This only causes fear, risk and trauma for people who are just living authentically. We want to ensure people are able to be themselves at work, to feel safe and valued and this starts with us all being more open minded, inclusive and more aware of breaking bias. The Network aims to continually develop ways to help support and celebrate LGBTQ+ people and help them continue the great work caring for our patients."



Rainbow walkways celebrate our LGBTQ+ communities

The Zebra crossings across all three St Andrew’s sites have been given a rainbow makeover to celebrate our support of the lesbian, gay, bisexual, transgender (LGBTQ+) communities.

Unveiled as part of LGBTQ+ History month, the walkway revamp aims to symbolize inclusion.



The idea to turn all the organisation’s crossings from the traditional zebra into a rainbow was thought up by Zoe Smith, who is a teacher at the St Andrew’s College and a member of our PRIDE Network.

She said: “I thought it would be lovely, exciting and meaningful to have these colourful crossings at St Andrew’s as it shows how far we’ve come as an organisation.”

Rainbow crossings actually started as a protest demonstration in countries with a very poor record on LGBTQ+ rights and freedoms and they were used as a way to remind governments, leaders and citizens of the existence and experience of LGBTQ+ citizens.

Britain itself has a very chequered past in terms of the legal and social rights of LGBTQ+ people.

Zoe said when she was growing up Section 28 was still in force, which meant it was illegal for schools to teach students about LGBTQ+ issues.

She said: “This meant I couldn’t talk to my teachers about my sexuality and therefore I got very little support. The upshot of that, for me, was that despite a kind, open-minded family, I felt unable to be open about my sexuality until I was 28. That meant a huge part of my life was spent feeling very lonely, very frightened and very uncertain.”

When Zoe started at St Andrew’s, for a time she also felt she had to hide who she really was.

“For a fair amount of time working at the hospital I felt I had to lie or skirt around the truth about myself with colleagues who would have actually have been really kind and supportive if they’d known. I know that now because I still work with many of those colleagues and I’ve seen it for myself since coming out.”

In 2003, Section 28 ended and Civil Partnerships were brought in so LGBTQ+ people had a way to recognise and protect their relationships in law.

However it was only eight years ago that the equal marriage law was introduced and sadly in Britain the rights of transgender people and the rights of LGBTQ+ asylum seekers are still constantly questioned in law.



Zoe explained “That’s my experience of growing up gay in a society that legally and socially didn’t want to recognise or support me – and I’m a relatively young member of the St Andrew’s community. We probably have colleagues and almost certainly have service users who discovered their sexualities and identities at a time that it was illegal and were arrested, imprisoned, bullied and blackmailed as a result and still carry those traumas and those experiences with them today.

Zoe also said: “In the years that I’ve worked at St Andrew’s, I’ve seen enormous progress made in the ways that we care for and support our LGBTQ+ service users and the visibility and support of LGBTQ+ staff through the PRIDE Network.

“For me, the rainbow walkways now serve as a permanent, symbolic representation of St Andrew’s journey on LGBTQ+ equality and rights and its commitment to continuing to offer that is an incredible feeling. It serves as a cheerful and fun reminder of what we’ve achieved as an organisation and what we can continue to achieve. It also brings us all together in a celebration of what it means to be able to live and work freely as yourself and having a community around you that supports and values that with you.

“I’m incredibly grateful to everyone who helped to make my idea a reality and to everyone in the St Andrew’s community that continues to make us feel like it’s a safe and welcoming place to work.”

Faith and Spirituality

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



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 committed to inclusive holistic care, which means we see each person as a whole. We are all much more than a physical body with a mind; we are spiritual people, with our own beliefs. Everyone – patients and staff – has this in common.

With a growth in the diversity of our Spiritual Care and Chaplaincy Team, and the reduction in the Covid restrictions, over the past year we have been able to deliver a wider range of events and meetings for both patients and staff.

In the last 12 months:

- We delivered Ramadan prayer and learning development books to our Muslim patients and celebrated Iftar meals on the wards
- We celebrated a Festival of Open Light
- Our Buddhist, Pagan, Jewish, Sikh and Christian chaplains continued to offer 1-to-1 support to patients, as well as helping to make new local connections for those who are being discharged to new places.
- We relaunched our Northampton Chapel 'Coffee Shop' sessions, and held a special meeting with Deaf patients to find out how our Spiritual care practices can also be more inclusive.

Our new Head of Chaplaincy and Spiritual Care, Peter Sellick, arrived during the year and heard from staff and patients how beneficial these connections are. Although many patients do not declare an explicit faith when they are admitted to the hospital, when chaplains get to know them and have conversations, patients often reveal that they like to read scriptures and pray as a regular practice.

For many staff, spirituality and faith are also important sources of motivation and confidence in their work. The Chaplaincy team is looking to facilitate spirituality networks, to help staff connect their experiences and values across the Charity and to nourish those roots of strength. Some networks already exist and some we are starting anew.

The use of our Multi-Faith Rooms, and the Northampton Chapel, was restricted during Covid: they have now been released back into full use for patients and staff. Plans are progressing for adaptations to the Northampton Chapel to make the space more accessible, and to create a large space for faith groups to use.



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

– Patient

Women in St Andrew's Healthcare

St Andrew's has a diverse workforce, where we employ more women than men (64%). Female representation at senior levels has increased year on year across our Charity; 58% of our leaders identify as female, and 30% of our Board of Directors.



WiSH Network

In 2019 we launched the WiSH (Women in St Andrew's Healthcare) Network, which is fully inclusive and open to all staff, not just females. The Network aims to ensure all members feel they have a voice, and can be a part of positive change. The Network hold events throughout the year, including celebrating International Women's Day on March 8.

Gender pay gap

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

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

Our mean gender pay gap is 7%, which means that when considering the mean, female pay is 7% lower than male pay. Our mean gender pay gap is calculated by working out the average rate of pay for each gender. The UK average gap last year was 14.6%, so we're performing very well in comparison, and are committed to closing this gap even further.



Felicity Watson, Project Co-Ordinator and Co-Chair of the WiSH Network

"As a Co-Chair; I am immensely proud and passionate of what our WiSH Network has created.

"In March 2022 we held a hugely successful week of events celebrating International Women's Day (IWD); which received overwhelming feedback.

"We covered many topics, from careers, biases to self-esteem forums. We also put together 'coffee morning' boxes for wards to encourage conversations with staff and patients about IWD.

"For WiSH it is hugely important that we continue to celebrate women's achievements and while we are proud of the 0% Gender Pay Gap at St Andrew's, we still recognise more work can be done within other areas of the Charity. We want to

continue to recognising women in the workplace as a whole and addressing any key issues.

"The interest in our Network continues to grow and we are hugely proud of the interaction with WiSH members, as they assist us to drive the Network's programme of events, agendas and change.

"Our focuses for the next year include events on topics including career, soft skills and women's health, plus extending our Menopause 'The Pause Café' forum sessions and supporting HR guidance. We are already looking forward to planning IWD 2023!"



International Women's Day

International Women's Day is celebrated annually on March 8 to commemorate the cultural, political, and socioeconomic achievements of women. It is a focal point in the women's rights movement, bringing attention to issues such as gender equality and reproductive rights.



This year the theme for IWD was #BreakTheBias. Staff and patients across the Charity were asked to pledge to:

- Imagine a gender equal world
- A world free of bias, stereotypes and discrimination
- A world that is diverse, equitable, and inclusive
- A world where difference is valued and celebrated

The key message of the day was that together, we can forget women's equality, and together we can #BreaktheBias.

The WiSH Network led a week of virtual events to celebrate the week, with sessions including:

- Changing your self-care thinking
- High Heels and Hot Flushes – a chat about the menopause
- Covid Recovery: A discussion
- Family Friendly Benefits
- Imposter syndrome
- Body image.

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 is helping us to shape our new '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.



Research

The research and innovation projects we undertake are focussed on 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.

Over the past year, co-production has been at the heart of our research portfolio. Studies have included examining the role of Peer Support Workers in a secure mental health setting; the experiences of individuals in our care who are Deaf in relation to the challenges of accessing interpreters during the pandemic; and exploring the effect of inequalities on mental health, wellbeing and recovery. The latter project resulted in the production of an inclusive and interactive workshop that was attended by patients, staff and other interested parties alike.

We aim to include all of our services in research, and so it is not limited to our inpatient care. We are also working to strengthen our project portfolio to include both our Community and Veterans, Services.



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.

At St Andrew's, our friendly Carers Centre team are on hand to offer support to the carers, family members and friends of the people in our care. Based in Northampton, our Carers Centre is a quiet and welcoming place for carers to visit and recharge.

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

Evelyn: a carer's story

My sister, Louise, is currently a patient at St Andrew's and has been since May 2020. Louise is now 31 years old, and I am her older sister. Prior to Louise being admitted to hospital back in 2016, she is what I would call 'normal'. In a sense, she had nothing wrong with her or so I thought.

Her upbringing was the same as mine; our birth mother left us when I was six and Louise was one. Louise did not have any memories of our mother, however I knew who she was. I knew from when Louise was young that she had some learning difficulties, but as I am not a specialist and because our dad was preoccupied with other things, it was not something that he noticed.

Louise was and is a funny person, more than she realises. She has always had a love for hair, and loves plaiting and cornrowing other people's hair including mine and my sons, but she would struggle to maintain her own. Louise loves to listen to music and singalong to songs she knows. Louise is extremely loving and caring - she has always had this nurturing nature about her, and always held some innocence. She has always been very childlike too, always shown some form of vulnerability and would seek approval. I always had a feeling my sister was not what you would call 'normal' for her age, as in her mental age did not match her physical age, but unfortunately

these things went unnoticed during her early years, which then followed onto her adult years.

Up until 2016 I had no real understanding or need to understand mental health, I was probably like a vast majority of society and just thought it doesn't affect me so why should I care to know about it in depth. However, the last five years have been very challenging, emotionally and mentally.

With my sister travelling through the mental health system and having been failed a number of times, myself, my aunt and my sister did not hold much hope for St Andrew's. Louise in particular was extremely reluctant and totally against going to St Andrew's in the beginning, this was mainly due to stories that she had been told by other patients, however when the choice was made for her to go there wasn't anything she could say or do.

Since Louise has been at St Andrew's, I can honestly say that I have felt fully informed and kept in the loop with her care and progress. Whenever I have requested for information to be shared, the staff have always gained permission with my sister beforehand and then kept me well informed. Myself and my aunt are always invited to my sister's CPA (Care Programme Approach) meetings, and I feel like our views and concerns are well heard and supported. After

meetings are held, we then receive a full report of everything that has been discussed. With the support of the St Andrew's, my aunt and myself, Louise is now working towards being rehabilitated to live within the community and she is focused on building a positive and loving relationship with her young daughter.

As a carer I can honestly say I feel supported by St Andrew's. I recently was invited to the Carers Centre Open Day, which I am so pleased I attended. I went with my son, and met my aunt there. The staff there were so welcoming, friendly and easy to talk to. I was able to get more information on facilities available to us as carers, which we as a family were unaware of. I think the thing that I appreciated the most was being 'seen' as a carer and our role being noticed. Having a space and platform to share our worries or release any built-up tension is so beneficial. St Andrew's Carers Centre is specifically aimed at the well-being of carers, and it is just amazing and greatly appreciated.



Learning and Development

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

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

Entry level

For many staff members, progressing their careers can be a challenge as they may not have achieved the entry level requirements in English and Maths. To support these individuals we provide free Functional Skills courses to help improve literacy and numeracy skills, and equip e-learners with the practical skills needed to learn and work successfully. After completing these courses, many members of staff have gone on to enrol in further education. In the past year, over 100 people have studied for entry level qualifications with us.

Unconscious bias training

The Charity is committed to developing staff at all levels, while ensuring we maintain an inclusive and fair culture.

Unconscious bias training is delivered as a leadership workshop to ensure that all managers have the tools to challenge their own decision making, can ensure they are not swayed into biased thinking and fully embrace the diversity of their team and what we all bring. Staff also have the opportunity to attend an awareness session to better understand their thinking, actions and the impact it could have on others.

In doing this, we can work towards celebrating the diversity of our workforce and ensure a fully engaged culture where everyone can bring themselves to work.

Nursing

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

Each year we fund 20 staff members to undertake their nursing degree via our ASPIRE Programme, at an investment of over £19,000 per person. ASPIRE recognises motivated and talented individuals who are keen to develop, both personally and professionally. To do this the programme offers pastoral and financial support while students study for a degree and qualify in either Mental Health or Learning Disability Nursing. We have a specialised admissions procedure with the University of Northampton which allows St Andrew's staff with healthcare experience to enter at year two of the degree programme, aiming to qualify as a Nursing and Midwifery Council (NMC) registered Nurse within two years.

There are currently over 90 St Andrew's people at various stages of their ASPIRE journey. As of March we have had over 100 Aspire students return to the wards as Registered Nurses.

Apprenticeships

Over the past year, we have supported over 80 apprenticeship learners across our Charity. Staff have undertaken apprenticeships across many and varied areas, including health care support, business administration, HR, finance, catering, estates, data analytics and leadership.

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

A selection of our Apprenticeship programmes include:

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

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

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. Requests for Mentoring and coaching, including reverse mentoring, 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.

ASPIRE and Higher Education: Diversity breakdown

410

people have undertaken Higher Education courses at St Andrew's

242

are female,

165

male

12

identify as having a disability

21

identify as being LGBTQ+

50%

identify as being white, and

31%

of learners state they come from an ethnic minority background

There is balanced distribution across all age groups.



Getting in touch

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

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

e: enquiries@standrew.co.uk

w: stah.org

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Committee Escalation Report to the Board of Directors

Name of Committee: Quality and Safety Committee (QSC)

Date of Meeting: 16 August 2022

Chair of Meeting: Professor David Sallah

Significant Risks/Issues for Escalation:

- Following the Safer Staffing Report, establishment reviews and the related risks along with workforce challenges were noted.
- Medium Secure are experiencing medical challenges with regard to the recruitment of Consultant Psychiatrists as outlined within a Deep Dive presented to the Committee. These challenges have been observed over many months.

Key issues/matters discussed:

- **CAMHS Quality Improvement Plan and Risks**

The committee were updated that recent progress had been good as a result of recruitment to key position and 23 new permanent members of staff. 3 wards now had substantive ward managers in place. A specialist nurse had also been approved for Clinician training in order to support the Division in general. The fragility of the service in the region across all providers was discussed, concluding that initial improvements were pleasing but that concerns continued to be addressed actively. Risks were actively managed with controls in place, however, improvement would take time.

- **Neuropsychiatry Deep Dive**

The committee were provided with deep dive on the division which highlighted the expertise of the staff, and the changes undertaken by the Dementia service which now brought these divisions together. The good CQC ratings were noted, with it being agreed that retention of the standards was important.

- **Medium Secure Deep Dive Update**

Following the previous deep dive on the division, the committee was provided with an update which highlighted the concerns regarding medical staff particularly Consultant Psychiatrists. It was agreed that recruitment was competitive but that a comprehensive package was being addressed along with a retention strategy. The Committee acknowledged the challenging circumstances experienced, and the plans put in place in order to mitigate.

- **Executive Medical Director report**

The committee noted the EMD report that included updates on Medical Staffing, NHS Smart Cards, CAMHS and Controlled Drugs. The Committee acknowledged the introduction of NHS Smart Cards following the time and effort spent in working on gaining approval to gaining them. Implementation was expected by the end of Q3.

- **Chief Nurse report**

The committee noted the Chief Nurse report, which included updates on Professional Nurse Advocates, Allocate (eRostering), CAMHS and a proposal for an End of Life Lead.

The Committee agreed and noted the proposal for Dr Emma Collinson Ani to undertake this position from May 2023 following the completion of the Annual Mortality Report to the Board.

- **Quality Improvement Plan and Women's Service CQC progress**

The quality Improvement plan and progress update on the CQC related actions for the Women's and Men's services were presented together and noted, highlighting much progress with implementing, embedding and closing the required actions.

The committee discussed the improvements in this area, with the controls in place and that the QIP is now working effectively and that is essential that we keep this practice going.

An update was given with regard to the 2 outstanding warning notices for Essex, with the request for an extension to the alarm bell instance being upheld.

- **Physical Healthcare Update**

The Committee received a detailed update on physical healthcare, noting that the Physical Healthcare Team were now undertaking hands on training in order to improve compliance and training data. Screening programmes had been recommenced along with the re-commissioning of the Specialist Dental Care Service. Podiatry services were expected to re-commence in the near future.

- **Serious Incidents**

The serious incidents in the last period were reviewed, noting the continued improved position of investigations and reports and that commissioners have commented on the robust nature of the reports and that they demonstrate that improvements are being made following them.

- **Integrated Performance Report**

The Integrated Performance Report was received that highlighted the quality performance indicators and progress made over the last 2 quarters as indicated within the reported metrics. Looking at a comparison of quality improvement within the NHS was discussed with it being agreed that this could lead to further improvements. Further discussion regarding this would take place at a future meeting.

- **Health & Safety Annual Report**

The report was presented to the Committee with it being noted that the function now reported to Estates and Facilities resulting in a more cohesion and integration. Improvement in the figures by 32% since the previous Annual Report were noted along with the enhanced management and reporting of RIDDORS.

- **Safer Staffing Report**

The Committee received the Safer Staffing Report which highlighted that challenges which remained regarding workforce deployment. There was a discussion regarding the review undertaken on establishment figures, and that clinical judgement was required in some areas. It was recommended to the Committee that a formal review be undertaken in December. Staff engagement with the initiative was also discussed.

- **Fire Compliance Investment**

The Committee received a paper with regard to the ongoing work regarding fire compliance within the Charity. They were further informed of the processes being undertaken which included tendering for some of the services. Assurance was given with regard to achieving the 3 year compliance requirements. It was noted that a further funding may be required in the future, but that it would be monitored accordingly.

- **Material Risk Reviews**

The Committee received updates on two material risks:

- R904 – Unwarranted Clinical Practice Variation
- R912 – Integrated Patient Healthcare Management

The Committee noted the risks and the updates to the controls being implemented.

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

The Quality and Safety Group report was received and noted, highlighting the discussions had at both the Safety and Experience element and the Compliance and Effectiveness element of the meeting and that they covered all the areas brought to the committee.

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

The Mental Health Law Steering Group report was received and noted. The Committee noted that a new approach had been undertaken by the Group in order to ensure compliance with Mental Health Law and a focus on the Mental Capacity Act. Mappa Compliance and resultant audits would also be considered further. Development of a dashboard to track Sections was also being undertaken.

Decisions made by the Committee:

- **Health & Safety Annual Report** - the Committee approved the report for submission to the Board
- **Chief Nurse's Report** - the Committee approved Dr Emma Ami for the role of End of Life Lead as of May 2023.
- **QSC Annual Scheme of Work** - the Committee approved the scheme of work

Implications for the Charity Risk Register or Board Assurance Framework:

- None noted

Issues/Items for referral to other Committees:

- None

Issues Escalated to the Board of Directors for Decision:

- None

Appendices:

- Health & Safety Annual Report

Paper for Quality and Safety Committee

Topic	Annual Health & Safety Report 2021-2022	
Date of Meeting	Tuesday, 16 August 2022	
Agenda Item	17	
Author	Terry Considine, Head of Health & Safety	
Responsible Executive	Alex Trigg, Director of Estates	
Discussed at Previous QSC Meeting	Not previously discussed at QSC	
Patient and Carer Involvement	Patients and Carers not directly involved	
Staff Involvement	Staff not directly involved in the authoring of report but integral in the ongoing successful delivery of objectives.	
Report Purpose	Review and comment	<input type="checkbox"/>
	Information	<input checked="" type="checkbox"/>
	Decision or Approval	<input type="checkbox"/>
	Assurance	<input checked="" type="checkbox"/>
Key Lines Of Enquiry:	S <input checked="" type="checkbox"/> E <input type="checkbox"/> C <input type="checkbox"/> R <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/>	
Strategic Focus Area	Education and Training	<input type="checkbox"/>
	Finance & Sustainability	<input type="checkbox"/>
	Service Innovation	<input type="checkbox"/>
	Quality	<input checked="" type="checkbox"/>
	Research & Innovation	<input type="checkbox"/>
	Workforce, Resilience & Agility	<input type="checkbox"/>
Committee meetings where this item has been considered	Partnerships & Promotion	<input type="checkbox"/>
	Health & Safety Steering Group 20 th June 2022	

Report Summary and Key Points to Note

Attached is the Charity's Annual Health & Safety Report for the 2021-2022 Year which details the progress made against Year 1 objectives as a part of a three Year Health & Safety Plan.

The Quality and Safety Committee is asked to review the report and feedback as appropriate.

Appendices

Annual Health & Safety Report 2021-2022



Annual Health & Safety Report 2021- 2022



NOTES

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FOREWORD

2021/22 has been a year of challenges and achievements. The Charity has worked hard to manage the ongoing pressures of Covid. The vaccine roll out has helped, however this has proven to be a most challenging year for all the St Andrew's Family. The precautions in place for Covid have evolved and the Charity, and our people have adapted heroically.

Whilst the world and St Andrew's were dealing with the pandemic, the other health and safety hazards and risks didn't go away. 2021/22 has seen our safety management system begin to embed, with the Charity's health and safety management now following the continuous improvement principles of 'Plan, Do, Check, Act'. This approach has allowed us to predict and prepare for known and unknown risks to the health and safety of the St Andrew's community. The Health and Safety function has been strengthened by simplifying policies and procedures, making them more relevant and accessible by being written in plain English.

Our staff are now better trained and more prepared to deal with emergencies such as fire. The way we manage health and safety risk is now more focused and simpler for colleagues to follow.

The Charity leadership has invested in assuring our systems remain fit for purpose by supporting the introduction of auditing and inspection as well as accident investigation processes.

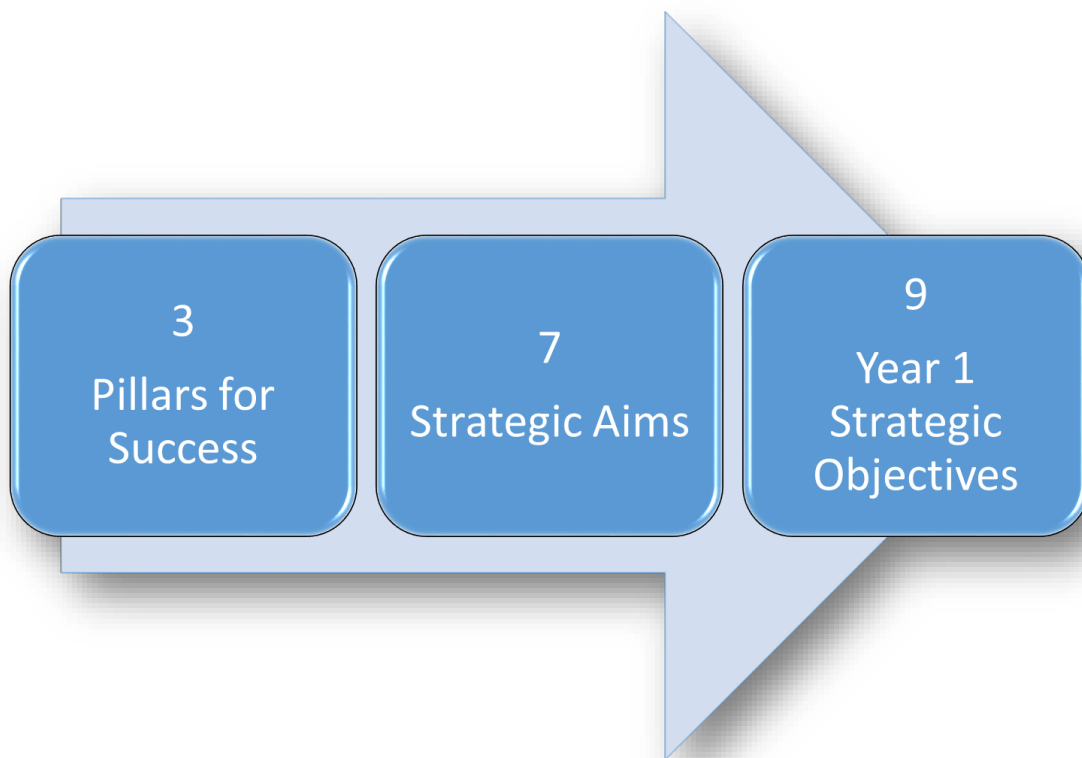
All levels of leadership, from front line Supervisors to the Chair and CEO have completed, or are in the process of undertaken, bespoke health and safety training which has equipped our decision makers with the tools to ensure we remain safe whilst at work.

2022/23 will see the next stage of our safety ambition rolled out, which hopes to build on the successful performance of this year and we invite you all to get involved and help make a difference.

"Our Ambition here at St Andrew's, is to always strive for excellence in Health and Safety for our Patients, our Staff and our Visitors"

Our Safety Ambition 2021-24

The three year health and safety strategy was approved in March 2021. The strategy is designed to be a rolling three year road map, refreshed annually, that sets out what we, as a charity will do to achieve the objectives we set. To achieve improvement, the strategy is firmly set on three pillars of success that are then built upon with seven strategic aims. The pillars and aims run through the strategy for its duration. Year one of the strategy set out to complete nine strategic objectives to be completed by April 2022.



Health and Safety Plan 2021/22 Summary

Year one of the strategy was used to establish a data driven baseline that future plans would build upon. The nine objectives within the year one plan have, on the whole completed at, or above the expected level. This was especially significant considering the challenges presented by the pandemic. It was

important to reset the governance arrangements for the health and safety function. This was achieved by reviewing the 'Safety Committee'¹ terms of reference and committee membership.

The Health and Safety Steering Group became a subcommittee of the People Committee with dotted lines into other Committees, notably Charity Executive Committee.

There are elements of the year one plan that were not completely achieved. These were those designed for learning, following accidents and inspection and auditing processes. Due to significant staff reduction, the targets have not been met, however, there have been H&S audits and regular inspections throughout the year. This will continue next year with revised ways of working.

Aspects of the processes for learning and improvement have been instigated with the development of a non-patient accident and incident policy and a procedure for investigating staff accidents and H&S assurance procedure. Both of these elements have been recently reviewed to ensure year 2 will achieve improved results. Despite not achieving our very stretching targets in these two elements, there have been a large number of staff accidents that have undergone a review by local managers and H&S and the Audits carried out over the year have included:

- Fixed Wire Testing
- COSHH
- Risk Assessments and Setting to Work
- Personal Emergency Evacuation Plans (PEEP)
- Covid Secure

The purpose of reviewing [investigating] workplace accidents is to identify causes, identify where improvements can be made. Although we were not able to complete as many staff accident reviews over the year, those we did complete provided us with rich data on which to build. There have been less staff injuries and there has been less lost time due to staff injuries and indeed, there have been far fewer RIDDORs reported. A key factor in this improvement is in part the post-accident engagement between front line managers and H&S Team members. Another benefit of investigating accidents is, that it allows the Charity to build a defense in the event of employer's Liability Claims.

¹ Safety Committee is the body within the organisation that is required under the Safety Committees and Safety Representatives Regulations 1977



HSE RIDDOR Guidance Document

The introduction of a new ways of working by utilising a health and safety 'business partnership' model has made a huge difference to Divisions and Enabling Functions, each having a single point of contact from the Health and Safety Team. Great engagement and relationship building has formed strong connections and is producing some positive collaborative solutions. A KPI we set was to respond to any email enquiry within 48 hours. This is now in place. Confidence in the support offered by the H&S Team has increased and having a distinct business partner allows positive working relationships to flourish.

H&S Performance Headline figures 2020/21 and 2021/22

10% Fewer Staff injuries whilst at work 👍

16% Fewer Staff restraint injuries 👍

7% Fewer Staff injuries due to violence 👍

32% Fewer Staff RIDDOR reports 👍

11% Fewer Staff Lost Time Injuries (LTI) 👍

Overall, during 2021/22, the Charity has shown improvement in **all** lagging KPIs. The net benefits of less injured staff and therefore less time lost to absence are numerous. Ultimately, it improves our continuity of care if our colleagues do not have time away from their patients. The wellbeing of staff will be positively impacted. Costs associated with sickness absence will have reduced. Many of the Year 1 Lagging KPIs provide a quality assured baseline for years ahead.

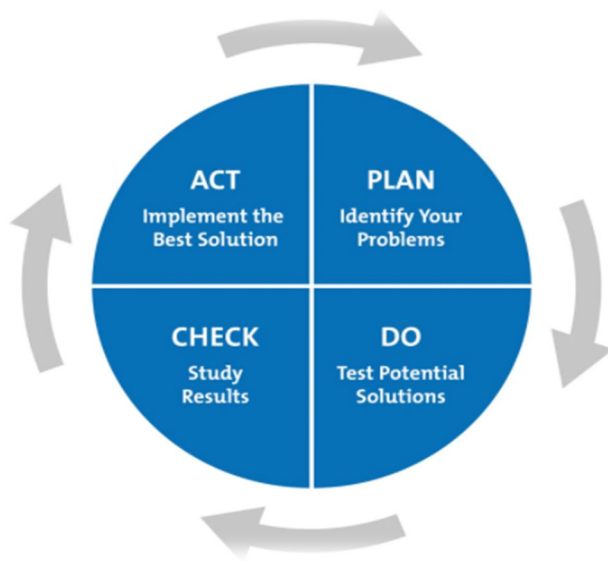
Operating Highlights

Safety Management System & Arrangements

Following the decision to put the ISO 45001 project on pause, the main effort early on in the year was to establish a basic, working Safety Management System (SMS) that, whilst not adhering to the ISO standard, broadly reflected the Plan, Do, Check, Act continuous improvement cycle that is used within ISO standards and which the HSE have adopted as their approved way of working.

To that end, H&S Document Management has been organised into the four elements of the cycle, with each element of the system slotting into one or other category.

It has always been an ambition to move to a place of SMS maturity to be in a position to apply for ISO 45001 accreditation should the Charity wish to do so.



Plan, Do, Check, Act Continuous Improvement Cycle

Health and Safety Team Development and the Business Partner Approach

To engage fully with the diverse areas within the Charity, and to build capacity, the H&S Team adopted a 'Business Partner' model way of working. Essentially, the Charity's Divisions and Enabling Functions are split amongst the H&S Team. Each H&S BP is then that Division, or Enabling Function's single point of contact. The advantages of this approach are that the front line staff and managers have a person to deal with who is there to provide bespoke support, guidance and advice.

Part of the BP offer is for each H&S team member to meet on a monthly basis with Heads of Operations and are invited to Clinical Governance Meetings and Nurse Manager Meetings. Staff and Managers have been able to get expert support without the need to go through more complicated avenues.

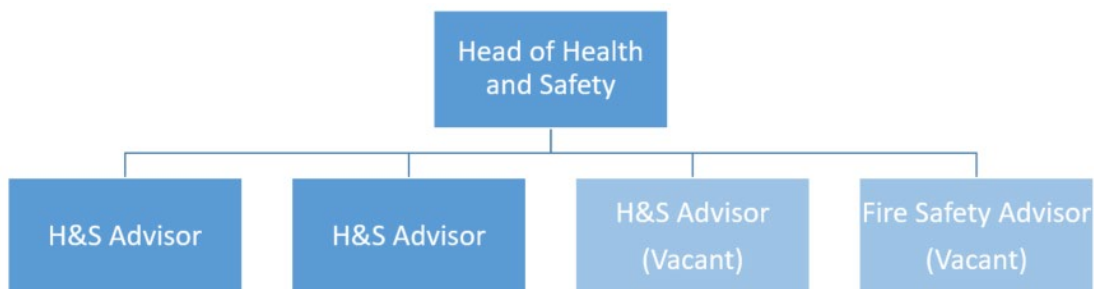
The Business Partner model is backed up now by H&S Team members taking on a 'lead' in given topics. For example Fire Safety; Accident Investigation, Construction Design and Maintenance etc. Each H&S Team member has undergone significant training and development.

The Health and Safety Function has come under three Directorates in the past two years. Currently sits under the Executive Director of Estates and Facilities, the H&S Team have responsibility for all areas equally.

The Team structure has also changed in this time. The reduction in team numbers has affected the H&S capacity to deliver some of the initiatives contained within the Year one plan. This will be improved once the vacancies are filled and now that the function has access to administration support for the equivalent of 0.6 FTE from a central E&F pool, the H&S subject matter experts will be able to increase front line engagement to support our staff and patients.



H&S Team Structure January 2021 6 x FTE



H&S Team Structure March 2022 5 x FTE (currently at 3 x FTE)

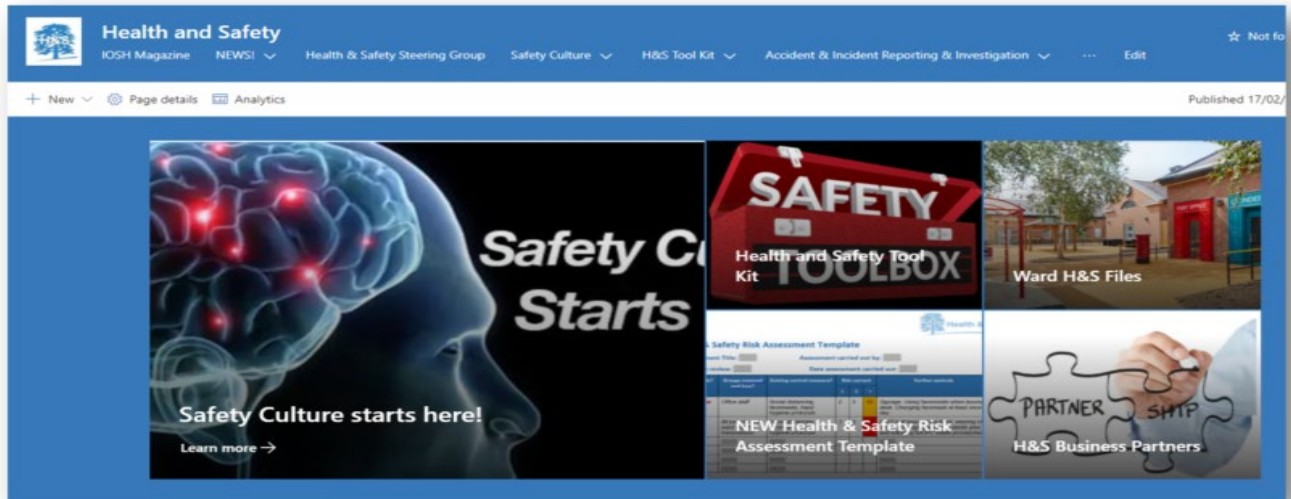
In 2021/22, all H&S Team members successfully completed NEBOSH Accident Investigation training. Additionally, one team member has completed the NEBOSH Fire Risk Management Certificate, one has completed the HSE 'Human Factors in accident causation' course, which has enhanced their expertise when reviewing accidents.

All H&S Team members are now members of IOSH. This achievement is significant and rigorous. Two H&S Team members are also part way through their Level 6 Diploma in Occupational Safety and Health, with completion in September 2022. Upon successful completion, they will both apply for Graduate membership of IOSH. This will supplement the Chartered status of the Head of Health and Safety and will further enhance the Charity's H&S management credibility.



Health & Safety SharePoint

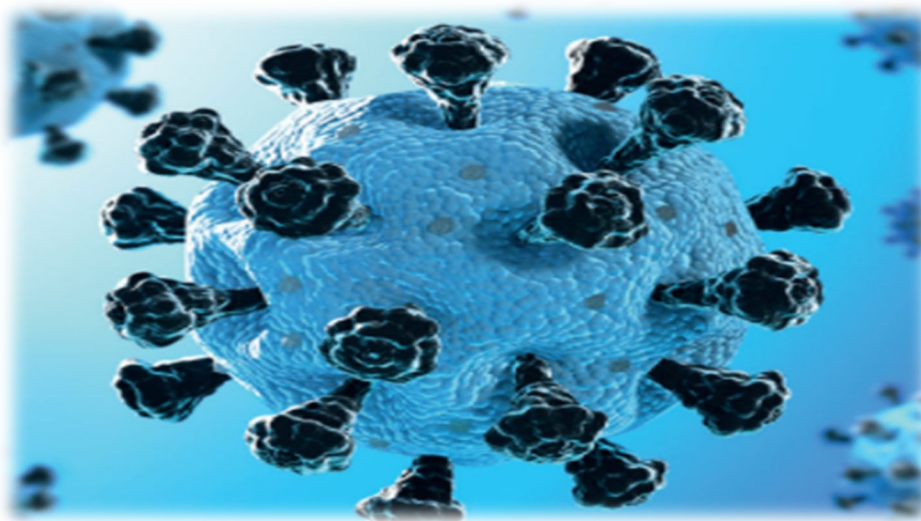
The SharePoint site has been developing over the past year. The site should be a resource for all our colleagues. There, you can navigate around our Safety Management System, Policies, Procedures and useful guidance. It is designed to provide a first step into the management of H&S in your particular area. To complement the site, H&S also utilise a range of other channels of communication, including Yammer and Microsoft Teams.



H&S SharePoint landing Page

Covid

The past two years have added new challenges. Throughout the last twelve months, the Charity's Covid response has been excellent, even attracting praise from the HSE. The need for agility and focus has been very important. Over the last year, areas in the Charity have had to produce H&S risk assessments, sometimes for the first time ever and they have done a great job. H&S Support in writing risk assessments has provided colleagues across the Charity with new skills which will continue to build our H&S capability.



Covid - 19 Virus

Fire Safety

The single most significant hazard within the charity is that presented by fire. The general fire precautions that St Andrew's have is best described in three parts;

- **Protection** – The built environment designed to limit the spread of fire and control the products of combustion and to warn occupants of buildings of a fire situation. The fire protection in place includes, fire alarms, fire resisting compartmentation, fire doors and shutters to limit any fire spread, backed up by firefighting installations such as sprinklers and fire extinguishers and automatic detection (smoke and heat detectors) that provide warning of a fire in the very early stages should one occur
- **Prevention** – This includes ensuring the buildings we occupy are kept relatively free from combustible materials and that any potential ignition sources are identified and made safe. Preventing fire is an active process that relies on all patients and staff to remain vigilant. Also, to ensure our fire protection measures work if and when they are needed, they must be regularly maintained and tested. When equipment is defective, we remedy any faults in a timely manner, based on the level of risk presented
- **Response** – In the unlikely event of a fire or other emergency we must have plans of what to do that clearly define the roles and responsibilities of everyone involved. These plans must (and are) specific to each area, ward to ward, patient to patient. The emergency plans are tested and staff are trained, informed and instructed on what to do in the event of a fire. Throughout 2021/22, numerous departments have worked together to assure our general fire precautions are in place and fit for purpose. This task is an ongoing one and as fire has probably the highest potential for harm, a great deal of attention and resource is given over to making our buildings and everyone in them safe.

Fire Protection infrastructure including fire doors and fire dampers, sprinklers and fire alarms have been improved. All buildings have undergone stringent surveys and a remedial plan has been developed which is well underway. Fire strategy drawings are being updated and each ward and department has had a fire risk assessment carried out. The fire risk assessments provide an assurance that all three elements of fire safety are in place and where they may not be to the standard required, work is undertaken to improve. This work has been ongoing all year and will continue into 2022/23.

Fire Prevention is now in a much better position as the safety nurse role has been replaced with fire wardens in non-clinical settings and Nurses in Charge taking responsibility on wards. Managers have a greater understanding of their roles in the fire prevention effort. In 2021/22, a total of 96 Fire Wardens have been trained across all sites. Although Fire Wardens are primarily in place to be part of the emergency evacuation team, they play a very important role in fire prevention, now completing monthly fire prevention inspections.



Fire Prevention Monthly Check

The monthly check will take approximately 15 minutes to complete.
Please answer all required questions and ensure any issues are dealt with in line with instructions.
The check should include all areas within the area of responsibility of the Fire Warden. Once completed, click 'submit'

* Required

1. Fire Warden Completing the check *

Fire Wardens. Monthly Fire Prevention Checklist

Fire Response capabilities are now strengthened following the introduction of Fire Wardens. They play a key role along with Security within a new fire response procedure.

The Northampton procedure was designed in collaboration with the staff side trade unions and Northamptonshire Fire and Rescue Service. There have been changes made to the way the Fire and Rescue Service respond to the site, which reduces the potential for human error, whilst at the same time building capacity.

Northamptonshire Fire and Rescue Service undertook a full, live exercise in October 2021 that simulated a serious fire in Gloucester House. A total of five fire appliances and a number of specialist fire officers attended. The exercise aim was to test the effectiveness of the new response procedure and to build good working relationships with local emergency service providers.



Night Time Live Fire and Rescue Service Exercise

2022/23 will see the introduction of fire extinguisher training for our fire wardens which will provide enhanced assurance in terms of life safety.



Gerda Property Information Box (PiB) located outside William Wake House

The Northampton site now has a number of 'Gerda' Property Information Boxes (PIBs) that the Fire and Rescue Service will respond directly to instead of having to report to Main Building. This will reduce response times and thereby reduce the likelihood of fire establishing itself.

Health & Safety Policies and Procedures



New H&S Policies and Procedures

A number of health and safety policies and procedures were deleted as part of a simplification process. In many cases, where there was a policy, this was redesigned as a procedure. Some areas of health and safety were without any documented policy or procedure. These were developed in 2021/22 and included;

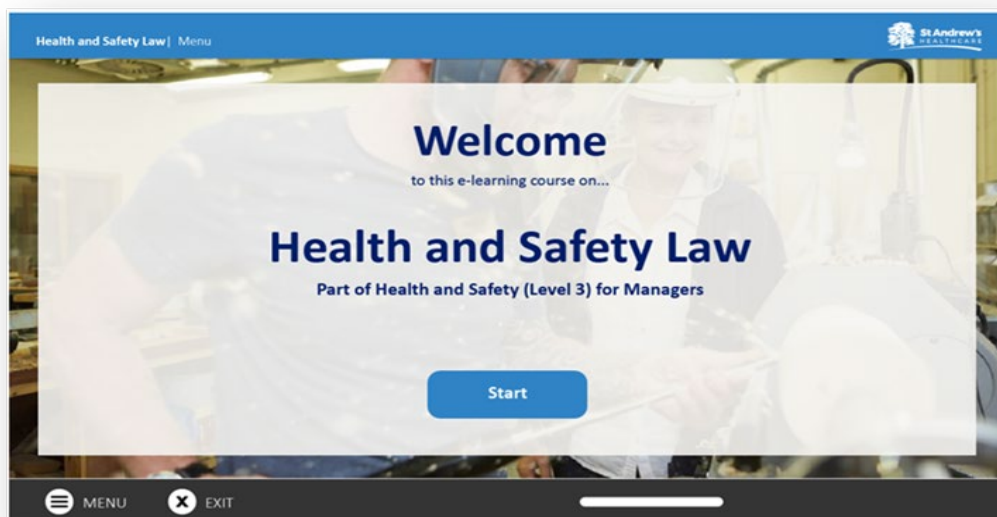
- Accident & Incident Policy
- Risk Assessment and Setting to Work Policy
- Violence at Work Policy
- First Aid at Work Procedure
- Accident and Incident (non patient) Investigation Procedure
- Health and Safety Assurance Procedure
- Manual handling Procedure
- COSHH Procedure
- Health and Safety Procedure Approval Procedure

As part of the simplification, the Policy and Procedure schedule was reviewed. The review frequency of all those published was amended from annual, to three yearly in line with the Governance Framework.

Health & Safety Competencies and Learning

2021/22 has been a year of learning within St Andrew's. In April, the Charity was inspected by the Health and Safety Executive and subsequently issued us with an Improvement Notice, which required our Safety Management System to be enhanced. From this, a comprehensive package of improvements has upskilled staff and leaders in areas of health and safety. Working with Learning and Development, a suite of learning products have been produced. A full health and safety competence framework has been developed by Health and Safety which, along with the Training Needs Analysis carried out by Learning and Development provides a 'ready reckoner' for line managers in deciding what training their staff may need to comply with the range of health and safety legislation the Charity must consider. These include:

- **Level 3 Health and Safety for managers** – This e-learning product is made up of four modules and is now mandatory for all supervisors within the Charity.
 - Health and Safety Law
 - Carrying out a Health and Safety Risk Assessment (blended)
 - Understanding RIDDOR
 - Health and Safety – The Line Manager's Responsibilities



Essential Skills Level 3 H&S for Managers course

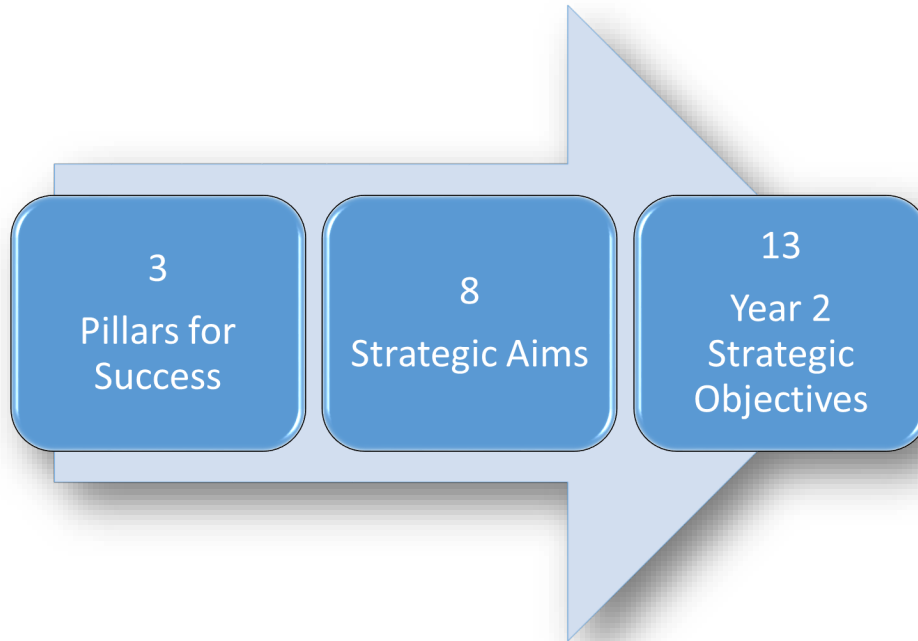
- **Health and Safety for Senior Leaders** – this was developed and delivered by Eversheds and was aimed at leaders at band C and above. This course was delivered face to face and centred on the duties of the Charity and individuals in respect of Health and Safety Law.
- **IOSH Managing Safely** – This accredited product was outsourced. Nominated Estates and Facilities Managers have been enrolled onto the course. The successful completion of which further enhances our competencies in health and safety management
- **Fire Safety Awareness** – Reviewed following the full review of the fire safety policy and site response procedures
- **Display Screen equipment** – This e-learning offering has been recently completed. All ‘Users’ as defined by the DSE Regulations will be required to complete the course. This is especially important for colleagues working from home. A Home Working risk self-assessment form has been developed to accompany the course.

Looking Ahead

2022/23 will see Year 2 of our safety ambition strategy implemented. The strategy will now become our **2022 – 2025** medium term plan with Year 2 having the same three pillars, and now **eight** strategic H&S aims but with **13** year 2 strategic objectives.

The H&S Team are currently recruiting for a Health and Safety Advisor and a Fire Safety Advisor. The possibility of bringing in an H&S Apprentice is being discussed. This will be a fantastic opportunity to

‘grow our own’ which will assist in succession.

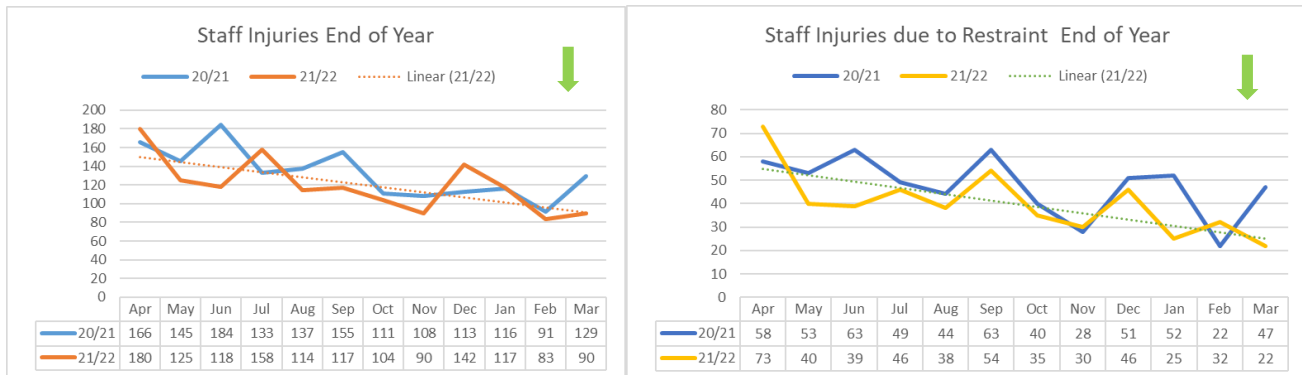


2022 - 2025 Three Year Strategy

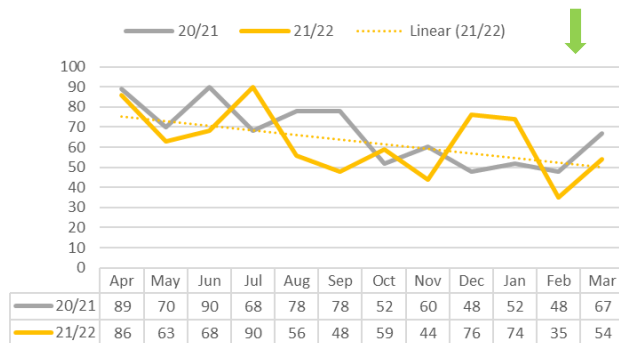
2021 – 2022 Metrics - Summary End of Year

As of end of year 2021/22, the net improvement has been overwhelmingly positive.

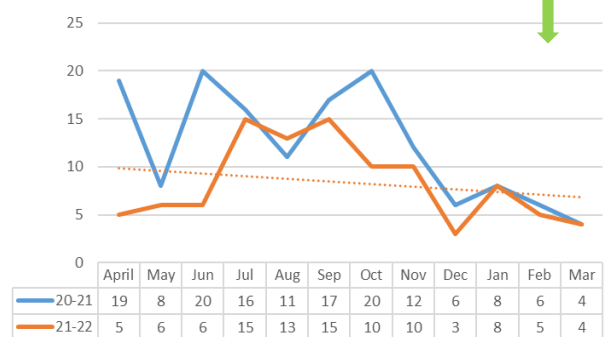
The ambitious targets set have not all been achieved, 2021/22 was a baselining year.



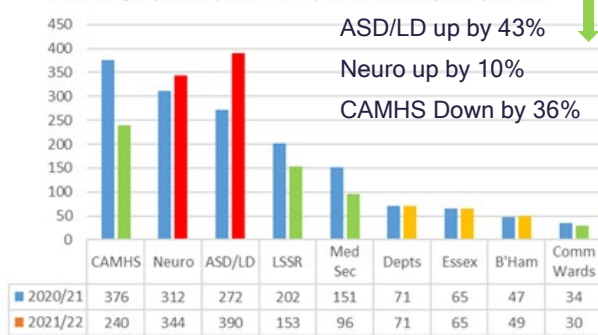
Staff Injuries due to violence End of Year



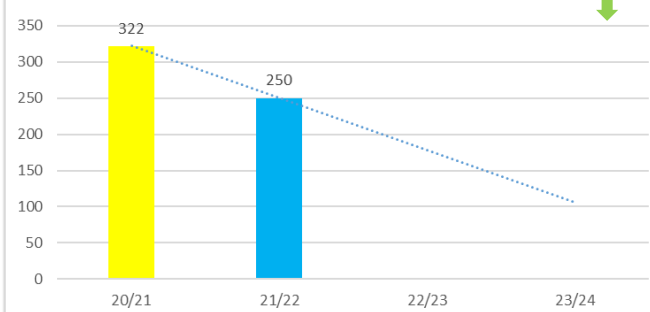
Total Staff RIDDORs EoY



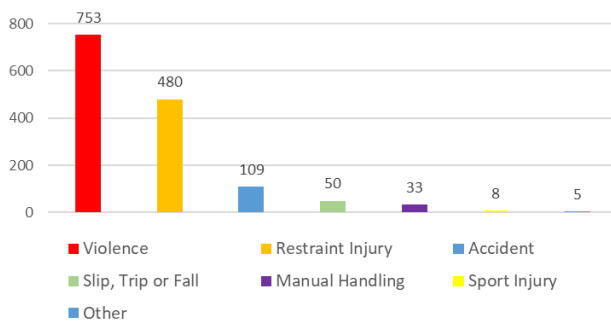
Staff Injury Comparison by Division 2 year period



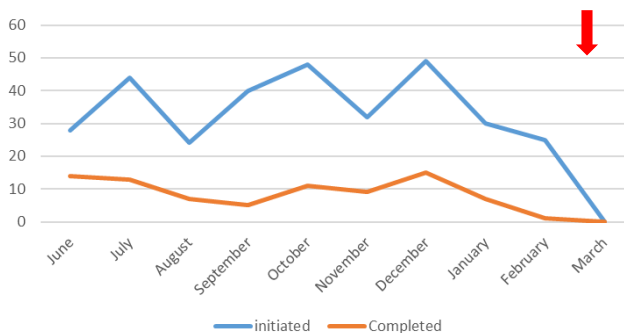
Staff Injuries resulting in Lost Time EoY and direction of travel



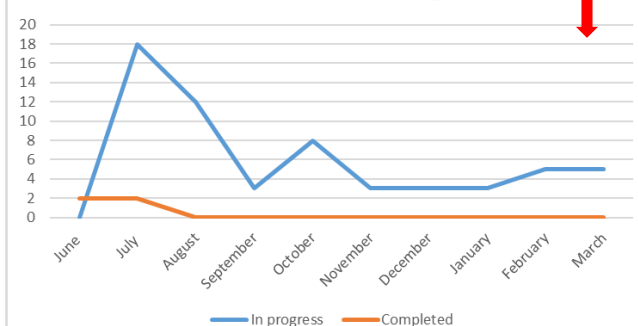
Staff Injury Causes [Datix] 21/22 EoY

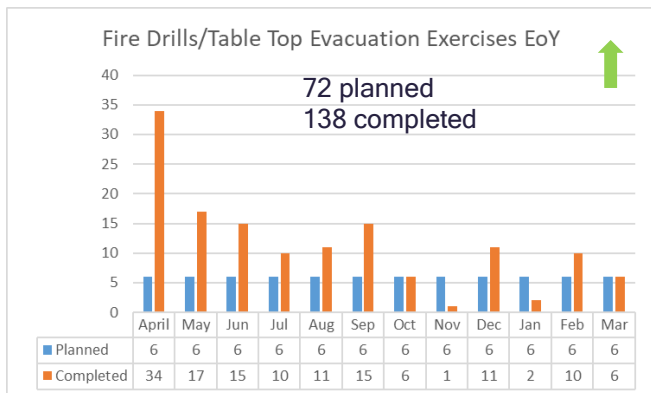
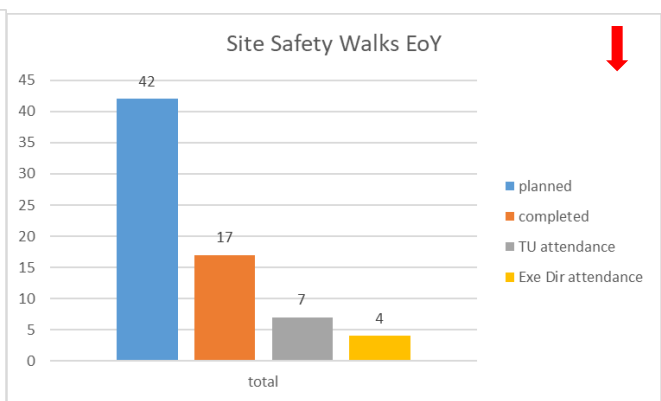
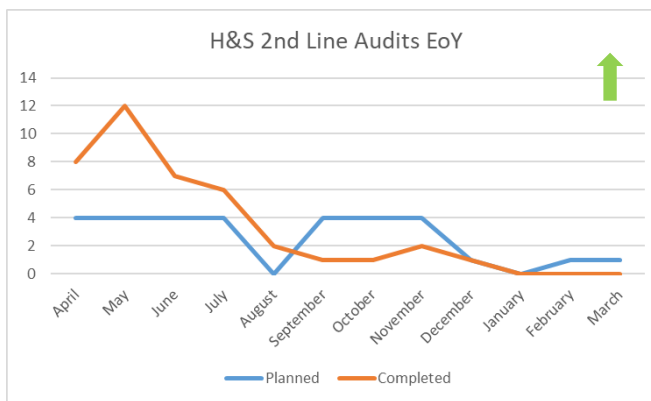
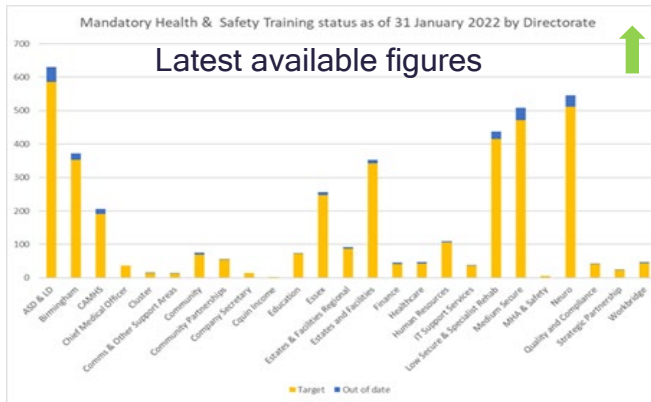


Low Level Accident Investigation EoY



Medium Level Accident Investigation EoY





Pension Trustees

(Rupert Perry– Verbal)

Paper for Board of Directors

Topic	CQC Report and Action – Progress Update
Date of Meeting	Thursday, 29 September 2022
Agenda Item	08
Author	Jenny Kirkland, Director of Nursing
Responsible Executive	Andy Brogan, Chief Nurse
Discussed at Previous Board Meeting	Progress against CQC actions on the Quality Improvement Plan were discussed at the Board meeting on 26 July 2022.
Patient and Carer Involvement	Co-production activity across all three divisions has attributed to the closure of a number of actions within this reporting period.
Staff Involvement	Staff engagement and collaboration has been instrumental in the initiation and embedding of Quality Improvements across divisions.
Report Purpose	<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 type="checkbox"/> E <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> W <input checked="" type="checkbox"/>
Strategic Priority Area	<div>Education and Training <input type="checkbox"/></div> <div>Finance & Sustainability <input type="checkbox"/></div> <div>Service Innovation <input type="checkbox"/></div> <div>Quality <input checked="" type="checkbox"/></div> <div>Research & Innovation <input type="checkbox"/></div> <div>Workforce, Resilience & Agility <input type="checkbox"/></div> <div>Partnerships & Promotion <input type="checkbox"/></div>
Committee meetings where this item has been considered	Updates have been discussed at the Executive Team meetings and weekly Quality Improvement meetings.

Report Summary and Key Points to Note

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

The draft reports for both the Women's and Men's service have now been received. The factual accuracy process for the women's report has been completed and submitted to CQC. The factual accuracy for the Men's service has commenced and is due for submission by 4 October. We are still awaiting the Draft report for our Essex Services.

The Quality Improvement Plan (QIP) continues to be monitored on a weekly basis, with input from all divisions and support functions.

52 CQC related QIP actions have been closed through the assurance process.

34 CQC related QIP actions are going through final assurance processes. 14 further CQC related QIP actions are currently in progress, with improvements being embedded across the divisions. Focus remains on collating sufficient evidence to move these through closure.

A revised Charity Wide QIP will be developed to respond to the findings of the CQC reports, this will replace the existing QIP and will be monitored through the governance processes, including reporting to Quality and Safety Committee and an assurance report produced for Board.

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

Appendices -

CQC Report and Actions – Progress Update

ALERT:

The CQC re-inspected the Women's service in April and the Men's service and the Essex site in June.

The inspection of Essex has resulted in a warning notice being received regarding the failure to comply with requirements for a patient call system to be in place and concerns regarding activity and therapeutic interventions. A response has been formulated and activity has been implemented to rectify the concerns raised.

The actions following the inspections of Men's and Women's services in summer 2021 have been monitored by the weekly Quality Improvement Plan (QIP) meeting. There are 14 related actions open as a specific result of the inspections. A further 34 actions that have been completed are going through the agreed assurance process before closure is confirmed

ADVISE:

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

	LSSR			LD/ASD			Med Sec			Charitywide		
	Closed	Completed awaiting closure	In progress	Closed	Completed awaiting closure	In progress	Closed	Completed awaiting closure	In progress	Closed	Completed awaiting closure	In progress
Regulation 10	3						3			2		
Regulation 12	26	1	1	4	12		1	6	4			
Regulation 13	1			1			1			1		
Regulation 16					1							
Regulation 17	4	1	1	1	2			1	2		2	1
Regulation 18		2		2	1				3			2
Regulation 9	2				5							
Totals	36	4	2	8	21	0	5	7	9	3	2	3

The East Midlands Health Alliance Quality Improvement Programme, led by our 'buddy trust' Northampton Healthcare Foundation Trust, continues to support the broader improvement work for the Charity that has been identified.

Delays continue to be experienced with collating and presenting meaningful data, especially in regards to compliance, which is being met by extensive manual work-around. The delays in automating these processes, due to capacity issues within the information team, continue to have a direct impact on the ability to roll the quality improvements agreed across the whole Charity, as time is spent on assessing compliance rather than the quality of service delivered. We continue to provide the requested information to our external partners, including CQC and commissioners within the required timeframes.

A review of the current QIP and assurance processes is being undertaken and the relevant ward, division and Charity QIPs will be updated in accordance with the findings from the CQC inspections.

ASSURE:

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

The regular QIP meetings are well attended and include representation from all divisions and support functions.

There are 52 actions that have been closed, with a further 34 actions that have been completed going through the agreed assurance process before closure is confirmed.

The reports relating to the conditions of registration continue to be submitted bi-weekly to the CQC; these relate to amount of Section 17 leave taken, incidents occurring on specific wards and enhanced observation compliance with policy. Although the weekly assurance meetings with the CQC were stood down by the CQC following discussions and informal feedback from the inspectors that the actions highlighted in their reports last year have been addressed, we have re-introduced an informal meeting with them to continue to build a positive relationship. This meeting is attended by Jenny Kirkland, Director of Nursing.

Paper for Board of Directors

Topic	Safer Staffing Report
Date of Meeting	Thursday, 29 September 2022
Agenda Item	09
Author	Chloe Annan – Deputy Director of Nursing for Workforce Safeguards & Patient Experience
Responsible Executive	Andy Brogan, Chief Nurse
Discussed at Previous Board Meeting	Yes – July 2022
Patient and Carer Involvement	Aspects of Safer Staffing have been discussed with patients, where appropriate to do so, within community meetings on the ward.
Staff Involvement	Staff across all divisions are regularly engaged with in order to review Safer Staffing levels on wards and ensure we are having the right clinical conversations. Divisions have helped provide the narrative in the report.
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 Priority Area	<div>Education and Training <input type="checkbox"/></div> <div>Finance & Sustainability <input type="checkbox"/></div> <div>Service Innovation <input type="checkbox"/></div> <div>Quality <input checked="" type="checkbox"/></div> <div>Research & Innovation <input type="checkbox"/></div> <div>Workforce, Resilience & Agility <input checked="" type="checkbox"/></div> <div>Partnerships & Promotion <input type="checkbox"/></div>
Committee meetings where this item has been considered	

Report Summary and Key Points to Note

This report provides the Board with an overview of safer staffing across the Charity, in line with the requirements of the National Quality Board and the Developing Workforce Safeguards.

Assurance:

Staff continue to refer to our Safer Staffing Policy and Procedure, which includes a concise staffing escalation plan and action cards should there be challenges. Each division also has a Qualified Contingency Plan, which is regularly reviewed and updated to ensure it accounts for any changes in clinical acuity across the wards. These plans have helped guide Night Site Co-ordinators in their decision making and helped to mitigate risk associated with insufficient qualified resource.

Establishment reviews of all wards across all divisions were completed in August based on clinical judgement, professional discussion and review of quality and safety data. These reviews were however flagged as being financially unsustainable, and also did not follow our agreed process of using the MHOST tool. This was due to having an insufficient number of trained staff in using the tool. It has now been agreed that we will rollout MHOST training with pace, and stagger both the training and the data collection across the next couple of the months. The Neuropsychiatry division have been the first to start this, due to having the highest proportion of trained staff. Medium Secure and ASD/LD will follow shortly after.

Throughout July, we continued to have inconsistencies and inefficiencies with our rostering and scheduling, which contributed to an increased reliance on WorkChoice or agency where not always required. However, the Charity rolled out the Allocate Rostering system as planned on the 12 September, which aims to improve our rostering practices once fully embedded.

The Board is asked to:

- Review the position of our safer staffing in line with the requirement to publish staffing data.
- Review and acknowledge the increased workforce risks and support the mitigating actions identified throughout.
- Note the work undertaken to date and ongoing work to develop an evidenced approach to decision making, and to ensure compliance with the Developing Workforce Safeguards recommendations.

Appendices -

Safer Staffing Report

Establishment Reviews

A baseline establishment review was completed in July for all divisions, based on professional judgement and a review of quality and safety data. This did not, however, comply with our previously approved board process, which included the use of the MHOST tool. This was due to not having sufficient staff across the Charity trained in using the tool and the therefore increased risk of over scoring or underscoring providing inaccurate data. It has now been agreed that the MHOST training will be rapidly rolled out across all divisions so that a data collection can begin for all wards within the next two months.

The Neuropsychiatry division is the first to have sufficient staff trained in the tool. The 20 day data collection therefore began on 20 September 2022, and will be staggered across their wards within the next two weeks. Their first establishment review meetings are scheduled for the week commencing 24 October 2022.

MSU will commence training week commencing 26 September 2022, with view to begin data collection 3 October 2022.

Current planned projection is for ASD/LD, LSSR, Birmingham, Essex and CAMHS to have sufficiently trained staff by 31 October 2022, with their establishment review meetings taking place from the end of November.

This rapid roll out plan will support us to ensure that data collection is not completed across the Christmas period, which would not allow for an 'average' 20 days. The establishment review meetings will be held by the Deputy Director of Nursing for Workforce Safeguards, and led by senior members of the ward clinical team (HoO, HoN, NM/CNL).

Staffing Fill Rates for July 2022

Below are the staffing fill rates and exception reporting for July 2022. Narrative is provided where fill rates fall below 90% or are above 120%. There are several wards that were both above and below their planned position, and this is largely due to our temporary flex uplift process. Wards may be approved temporary flex uplifts, or reductions if they have significant changes to patient acuity, occupancy, or levels of enhanced support.

ASD/LD

SiteDivisionWard - CostCentre	Fill Rate (Reg)	Fill Rate (HCA)	Fill Rate (Reg)	Fill Rate (HCA)	Occupancy % (Vs Budget)	Narrative	Flags	Mitigation/Assurance
Total	92.2%	97.4%	99.1%	105.1%	91.2%			
ASD Acorn	57.5%	71.2%	107.0%	66.0%	101.1%	3Q planned day - scheduling to 2 due to reduction in acuity. Reduced their planned number both day & night (from 9 to 6.6 in the day, & from 7.4 to 5.4 at night) to reflect decrease in acuity.	Above Q planned at night- Rosters to be reviewed due to day Q gap on ward and within division.	Reduction in both day & night planned number clinically approved by NM as manageable due to reduction in acuity & ES, despite full occupancy. No action cards submitted.
ASD Berry	82.8%	109.7%	104.6%	93.0%	100.0%	2Q day planned- redeployed to support division or unfilled.	Above Q planned at night- Rosters to be reviewed due to day Q gap on ward and within division.	
ASD Brook	91.9%	87.2%	99.0%	92.9%	91.6%	Acuity & ES stable. Day HCA's redeployed to support division when required or unfilled.		Ward is not at full occupancy. Reported to be clinically manageable on ward. No action cards.
ASD Fern	82.8%	97.0%	101.9%	123.7%	100.0%	2Q planned day- redeployed or unfilled. No Q shifts filled by agency. Scheduling above planned for HCA at night due to patient in LTS.	Above Q planned at night- Rosters to be reviewed due to day Q gap on ward and within division.	No Q action cards completed.
ASD Garden Cottage	99.5%	87.4%	100.7%	67.2%	100.0%	HCA day & night redeployed on occasions to support division.		Clinically manageable acuity allowed ward to support division.
ASD Marsh	86.8%	130.4%	103.7%	153.8%	91.0%	2Q in day - redeployed or unfilled. Scheduling above planned for HCA day & night due to increase in ES & acuity.	Above Q planned at night- Rosters to be reviewed due to day Q gap on ward and within division.	Q fill rate partially mitigated by overscheduling HCA's.
ASD Meadow	67.0%	92.5%	100.0%	99.1%	92.3%	2Q planned day		
ASD Sycamore	137.2%	79.4%	104.1%	104.0%	100.0%	1Q planned day - extra Q resource has been redeployed to support acuity and help backfill HCA gap.	Above Q planned at night- Rosters to be reviewed due to day Q gap on ward and within division. Highest ASD/LD ward for staffing incidents - suggests discrepancy with data or need to review base numbers.	Acuity manageable - no requirement to increase base numbers.
LDD Church	108.4%	87.9%	109.1%	91.6%	70.0%	Worked below HCA planned numbers day due to reduction in acuity, occupancy and ES levels	Above Q planned at night- Rosters to be reviewed due to day Q gap on ward and within division.	Reduced occupancy (70%) and declining ES levels supported ward to reduce planned numbers.
LDD Hawkins	93.4%	94.7%	88.8%	132.7%	72.6%	2Q planned night - redeployed to support division or unfilled		Q fill rate mitigated by ability to schedule HCA's above planned
LDD Sunley	101.9%	91.0%	99.4%	91.8%	101.6%			
MMH Wantage Cottage		103.4%		108.1%	100.0%			

Birmingham

SiteDivisionWard - CostCentre	Fill Rate (Reg)	Fill Rate (HCA)	Fill Rate (Reg)	Fill Rate (HCA)	Occupancy % (Vs Budget)	Narrative	Flags	Mitigation/Assurance
Total	100.4%	103.2%	87.2%	138.0%	106.2%			
MMH Edgbaston	104.0%	83.9%	53.2%	149.7%	100.0%	2Q night planned - redeployed to support division or unfilled..	No Q shifts filled by WC or agency. Above planned for day Q - rostering to be reviewed due to gap on nights.	Close to estab for Q (-0.25 gap). Night Q gap mitigated by ability to backfill with HCA's (no flex in place).
MMH Hawkesley	77.7%	110.6%	115.2%	99.8%	107.1%	3Q day planned - redeployed to support division. Small WTE gap of 0.72 for Q.	1 Q shift filled by WC, no agency.	Day Q fill rate mitigated by ability to schedule above planned for HCAs (no flex in place)
MMH Lifford	110.8%	103.7%	109.3%	125.9%	97.4%	Worked above planned at night (+1HCA) due to acuity of patient group		Above estab for both Q and HCA - mitigated the need to schedule above planned due to rising acuity.
MMH Moor Green	112.7%	112.1%	106.4%	199.4%	100.0%	Worked above planned at night (+3.4HCA) due to ES and acuity of patient group above baseline		No clinical actions cards. Ward able to fill additional HCA's need placed for acuity above baseline
MMH Northfield (Old Lifford)	103.1%	113.1%	88.4%	145.1%	106.7%	Worked above planned levels at night (+1HCA) to support acuity.		Q fill rate partially mitigated by ability to backfill with HCA's.
MMH Speedwell	109.1%	87.2%	97.5%	111.0%	100.0%	Increased HCA requirement (above planned) in the day due to acuity. Unable to consistently reach - redeployed or unfilled.		Partially mitigated by overscheduling day Q's (small Q WTE gap of 0.3)
WMH Hazelwell	98.8%	105.5%	110.9%	134.3%	550.0%	HCA requirement at night increased by 2 due to ES levels and acuity.		Clinically manageable
WMH Hurst	98.6%	114.0%	69.0%	181.2%	69.2%	2Q night planned - redeployed to support division or unfilled. Q WTE gap of 1.14. Increased HCA night requirement by 1 due to acuity.		Q fill rate partially mitigated by ability to overschedule HCA's. Reduced occupancy 69.2% made this more manageable.

CAMHS

SiteDivisionWard - CostCentre	Fill Rate (Reg)	Fill Rate (HCA)	Fill Rate (Reg)	Fill Rate (HCA)	Occupancy % (Vs Budget)	Narrative	Flags	Mitigation/Assurance
Total	61.9%	125.6%	63.9%	134.7%	64.9%			
CAM Seacole Mixed Rehab	62.4%	120.3%	56.1%	115.4%	59.5%	2Q day & 2Q night planned. Q WTE gap of 3.53.No Q shifts picked up by WC. 10 shifts filled by agency	Action card for 4/7/22 for CAMHS division on night shift - shortage of HCA's - staff on ES for more than 4 hours. No Q shifts filled by WC, 10 agency.	Reduced occupancy at 59.5% has partially mitigated the reduced Q skill mix. NM & 2CNL's in place. Specialist nurse vacancy filled. Night Site co-ordinator visibility/take charge.
CAM Sitwell Boys MSU	56.4%	828.2%	95.9%	411.7%	80.6%	2Q day planned - reemployed to support division or unfilled. 1 Q LTS. Increased HCA requirement day (+4) and night (+2.4) due to ES levels.	Action card for 4/7/22 (as above). Action card for 18/7/22 - unable to meet ES levels. 2:1 reduced to GWO, & 4:1 reduced to 2:1. Billing Lodge continues to be scheduled as part of Sitwell, but planned for separately - flagged for review.	Small Q WTE gap of 0.47. NM & 2CNL's in place. No clinical harm reported as a result of action card.
CAM Stowe Mixed Admissions	67.0%	95.9%	55.7%	125.4%	60.0%	2Q day planned & 2Q night. 1 Q dismissed. 1 CNL LTS, 1 CNL maternity. Q WTE gap of 5.71.	Action card for 4/7/22 (as above). Both Q and HCA estab gap. Unexpected HR investigations following safeguardings affected fill rates.	NM and 1CNL in place. Specialist nurse recruited into. Reducing occupancy partially mitigated Q fill rate. Night Site co-ordinator visibility/take charge at night.

Essex

SiteDivisionWard - CostCentre	Fill Rate (Reg)	Fill Rate (HCA)	Fill Rate (Reg)	Fill Rate (HCA)	Occupancy % (Vs Budget)	Narrative	Flags	Mitigation/Assurance
Total	69.4%	116.0%	64.3%	115.3%	89.9%			
MMH Audley	62.6%	226.5%	58.5%	143.2%	67.5%	3Q day planned & 2Q night. July WTE gap of 5.07 for Q - affected ability to fill to planned level. 1 Q shift filled by WC. Scheduled above planned levels for HCA's for periods due to changing ES levels above baseline.	No Q shifts filled by agency.	Q fill rate partially mitigated by ability to overschedule HCA's. Reduced occupancy at 67.5% made this more clinically manageable. NM & CNL's in place. Over recruited for HCA's by 1.93
MMH Benfleet	72.6%	75.5%	50.8%	88.1%	113.1%	2Q day planned & 2Q night. Reduced planned Q levels at night by 1 due to reduction in acuity - hence fill rate. Q WTE gap of 3.43. 2Q shifts filled by WC. Reduced HCA day planned levels due to low acuity.	No Q shifts filled by agency.	Low acuity throughout July & ability to reduce planned levels - helped mitigate challenges with filling Q shifts.
MMH Danbury	83.1%	90.8%	104.7%	101.4%	115.4%	2Q day planned. WTE gap of 2.75.	No Q shifts filled by WC or agency	At full establishment for HCA's. NM & CNL's in place. No action cards
WMH Colne	64.4%	132.8%	61.4%	161.6%	69.6%	2.5Q day planned & 2Q night. 4.52 Q WTE gap. Above planned day & night due to temporary flex - acuity & above baseline ES.	8Q shifts filled by WC. No agency	NM's & CNL's in place. Q fill rate partially mitigated by ability to overschedule HCA's.
WMH Frinton	58.4%	196.6%	53.5%	119.4%	79.7%	3Q day planned & 2Q night. 1 CNL vacancy & Q WTE gap of 5.5.	4Q shifts filled by WC. No agency	Nearly full established for HCA's (-0.5). Q fill rate partially mitigated by ability to overschedule HCA's in the day.
WMH Maldon	100.9%	69.4%	90.6%	73.3%	89.2%	Scheduled below planned day due to reduced occupancy and acuity. Nights HCA's unfilled or redeployed.		Reduced occupancy & acuity supported a reduction in planned levels in the day.

Low Secure

SiteDivisionWard - CostCentre	Fill Rate (Reg)	Fill Rate (HCA)	Fill Rate (Reg)	Fill Rate (HCA)	Occupancy % (Vs Budget)	Narrative	Flags	Mitigation/Assurance
Total	83.2%	104.3%	72.6%	117.5%	94.6%			
FMH - 37 Berkeley Close		67.2%		63.2%	100.0%	Q cover shared with Watkins. Reduced planned levels day and night by 1 due to reduction in acuity.		Reduced fill rates supported clinically by reduction in acuity.
MMH Berkeley Lodge	70.3%	112.8%	100.9%	96.1%	100.0%	2Q planned day - redeployed or unfilled. Q WTE gap of 2.12		Small establishment gap for HCA (-0.36). Q fill rate partially mitigated by ability to backfill with HCA's day.
MMH Heygate	66.3%	123.7%	52.1%	152.9%	98.9%	3Q day planned & 2Q night - redeployed to support division or unfilled. WTE gap of 4.64 for Q. 1Q on LTS.	As a PICU - the ward has rapidly changing acuity levels & several short term 'flex' requests to increase or decrease staffing levels. 6 Q shifts filled by WC, no agency.	Smaller establishment gap for HCAs (-1.50). Partially mitigated by ability to backfill with HCA's.
MMH Spencer North	102.3%	90.3%	96.8%	93.3%	100.0%			
MMH Spencer South	85.1%	94.3%	99.3%	101.8%	99.5%	2Q day planned- redeployed to support division.		Day Q fill rate partially mitigated by support received from Spencer North
WMH Bayley	87.7%	97.6%	52.3%	130.2%	90.3%	3Q planned day & 2Q night - redeployed to support division or unfilled. Q WTE gap of 2.5	As a PICU - the ward has rapidly changing acuity levels & several short term 'flex' requests to increase or decrease staffing levels. No Q shifts filled by WC or agency.	Night Q fill rate partially mitigated by ability to overschedule HCA's.
WMH Lower Harlestone	76.7%	189.6%	79.0%	185.7%	81.8%	3Q planned day & 2Q night - redeployed to support division or unfilled. Scheduling above planned day & night due to change in acuity, environment & ES above baseline.	9 Q shifts filled by WC, 2 agency.	Q fill rates partially mitigated by ability to backfill with HCA's. +1.08 above estab for HCA's.
WMH Naseby	87.1%	84.2%	52.6%	126.7%	90.9%	2.5Q planned day & 2Q night - redeployed to support division or unfilled. Q WTE gap of 2.25. Scheduling below planned for day HCA's due to reduction in ES & acuity above baseline	3Q shifts filled by WC, no agency.	Night Q fill rate partially mitigated by ability to overschedule HCA's.
WMH Watkins House	97.0%	87.6%	102.0%	90.5%	96.2%	92 Day HCA's redeployed to support division.		No action cards raised. Clinically manageable.

MSU

SiteDivisionWard - CostCentre	Fill Rate (Reg)	Fill Rate (HCA)	Fill Rate (Reg)	Fill Rate (HCA)	Occupancy % (Vs Budget)	Narrative	Flags	Mitigation/Assurance
Total	92.5%	93.0%	92.1%	101.0%	97.4%			
FMH 21 The Avenue		100.5%		100.0%	100.0%			
MMH 23a The Avenue		100.0%		100.0%	50.0%			
MMH Cranford	70.2%	147.3%	96.7%	133.3%	106.3%	3Q planned day - redeployed to support division. Scheduled HCA's above planned due to increase in ES levels & acuity above baseline.	Day action card - 19/7/22. 1 patient ES reduced from 1:1 to 15 mins.	Q day fill rate partially mitigated by HCA's above planned.
MMH Fairbairn	71.3%	82.4%	103.6%	89.6%	113.3%	3Q planned day - scheduled to 2 due to reduction in acuity at the time. Day HCA number scheduled to be below planned due to this also.		
MMH Mackaness	97.5%	92.6%	126.0%	144.5%	53.4%	Above planned for night HCA due to increase in ES & acuity above baseline		
MMH Prichard	85.6%	98.0%	72.9%	111.6%	102.8%	2Q planned day & night - unfilled or redeployed to support division.		Night Q fill rate partially mitigated by ability to backfill with HCA's.
MMH Robinson	95.0%	92.1%	104.3%	88.0%	103.8%	Some night HCA needs unfilled.		Partially mitigated by ability to schedule above planned for Q's.
NPS Rose	119.0%	88.8%	109.1%	93.5%	94.2%	Staffing requirement was above planned for most of July - however increased clinical acuity contributed to high amount of unfilled HCA shifts.	11/7/22 - night shift shortage of staff. 1:1 reduced to intermittent ob. Zonal nursing, suspension of tasks. NM called in, 1 staff redeployed.	Day HCA fill rate partially mitigated by day Q fill rate being above planned.
WMH Bracken	101.5%	65.8%	70.9%	64.5%	87.5%	Below planned for HCA's due to significant reduction in occupancy, ES & acuity levels below baseline. 2Q planned at night - redeployment on occasions to support division.		Night site co-ordinator presence & visibility at night
WMH Maple	92.2%	91.6%	102.6%	139.3%	112.5%	Above planned at night for HCA's due to increase in ES & acuity above baseline		Ability to overschedule to meet rising patient acuity
WMH Willow	118.0%	97.4%	84.5%	96.7%	100.0%	1.4Q planned at night - 0.4 redeployed on occasions to support division.		No action cards. Night site co-ordinator visibility & support at night - All Q nurses & supernumerary to night numbers.

Neuro

Site/Division/Ward - Cost Centre	Fill Rate (Reg)	Fill Rate (HCA)	Fill Rate (Reg)	Fill Rate (HCA)	Occupancy % (Vs Budget)	Narrative	Flags	Mitigation/Assurance
Total	91.3%	96.1%	99.4%	107.1%	100.3%			
NPS 38 Berkeley Close		82.4%	32.4%	77.8%	72.6%	Not planned to have Q in the day, share with NPS 19. Discrepancy with night Q fill rate % due to Q staff being planned for 38, but occasionally scheduled to 19.		Although 38 & 19 are separate houses, they operationally run as 1 due to close proximity, small patient group & acuity. Q resource & skill mix is shared based on day to day acuity.
NPS Allitsen	80.2%	133.3%	107.3%	161.8%	107.7%	2Q planned for day. Actual 1 at times due to unfilled shifts. Above planned HCA levels both day & night due to increase in occupancy, ES & acuity above baseline.	Increased acuity in patient group & increasing occupancy has seen day & night numbers increase above planned. This combined with a high turnover of staff & sickness levels, has contributed to a difficulty in filling shifts & reaching staffing levels required.	NM full time in place, daily presence on wards & has supporting with covering Q breaks. Q number & skill mix has been reviewed, & redeployments made to Allitsen from within division. Ongoing recruitment. 2 CNL's now in post. No action cards.
NPS Aspen	83.5%	101.5%	100.4%	101.8%	71.8%	2Q planned for day. 2nd Q redeployed on occasions or unfilled. Q WTE gap of 2.5. 1 Clinical Team Manager LTS.	Restructure of Lowther in April, seeing removal of 'CNL role' has contributed to an increase in Q gap. 1Q shift picked up by WC, no agency.	All management roles in Lowther are now recruited into, & supernumerary to shift numbers. 4 Lowther wards work closely together, share skills & experience. Reduced occupancy has seen levels be manageable.
NPS Berkeley Av 19	73.8%	26.0%		68.7%	100.0%	Ward planned to reduce number at night. 38 & 19 operationally run together, reduced occupancy in 38 contributing to reduced overall acuity; clinically manageable.		
NPS Cherry	80.0%	94.1%	90.1%	102.4%	111.1%	2Q planned day - actual 1 at times due to redeployment in Lowther. 1 Q maternity.		All management roles in Lowther are now recruited into, & supernumerary to shift numbers. 3 of 4 are Q nurses.
NPS Elgar	100.7%	100.2%	102.8%	101.7%	87.9%			
NPS Elm	80.3%	85.1%	100.9%	83.0%	100.0%	2Q planned day - actual 1 at times due to redeployment in Lowther.	5Q shifts picked up WC, no agency.	
NPS Fenwick	111.4%	83.5%	106.2%	95.5%	100.0%	Day HCA's redeployed to support division		Reduced HCA day fill rate mitigated by ward's ability to backfill with Q's. No action cards.
NPS Redwood	76.9%	99.6%	93.2%	94.5%	100.0%	2Q planned day - actual 1 at times due to redeployment in Lowther. 1 Q on LTS.	2 Q shifts picked up WC, no agency.	No action cards. 3 of the 4 management roles in Lowther are Q nurses have provided Q support & break cover
NPS Tallis	105.4%	115.8%	98.5%	158.8%	108.7%	HCA levels above planned at night due to increased occupancy, ES & acuity above baseline.		
NPS Tavener	110.9%	76.1%	85.4%	96.1%	105.2%	Day HCA's redeployed to support division. 1.4 Q planned at night. 0.4Q redeployed to support division.		Day HCA fill rate mitigated by wards ability to backfill with Q's. High ratio of regular staff improving skill mix.
NPS Walton HD	80.3%	87.7%	98.1%	97.4%	107.7%	2Q planned day - redeployment to support division. 1 CNL vacancy. Day HCA number below planned due to reduction in ES below baseline.		CNL gap now recruited into. ES levels have reduced on the ward below baseline.

*It is important to note that wards with 3Q planned day or 2Q planned night are finding it increasingly hard to fill due to expectation of being redeployed to support site wide if at these levels. This is making the shift 'unattractive'.

1. Right Skills

Boards should ensure clinical leaders and managers are appropriately developed and supported to deliver high quality, efficient services, and there is a staffing resource that reflects a multidisciplinary team approach.

1.1 Mandatory Training Figures

Mandatory Training KPI's				Basic Life Support			Immediate Life Support			Safety Intervention Training			Safeguarding - Level 3		
Division	May-2022	Jun-2022	Jul-2022	# Target	# Out of date	KPI %	# Target	# Out of date	KPI %	# Target	# Out of date	KPI %	# Target	# Out of date	KPI %
ASD & LD	90%	89%	88%	440	158	64%	115	5	96%	522	158	70%	132	21	84%
Birmingham	93%	92%	90%	234	77	67%	102	3	97%	325	86	74%	109	13	88%
CAMHS	91%	91%	90%	151	41	73%	28	3	89%	146	38	74%	145	8	94%
Essex	94%	93%	91%	161	23	86%	65	8	88%	215	60	72%	71	5	93%
Low Secure & Specialist Rehab	92%	92%	91%	253	85	66%	86	0	100%	322	92	71%	100	10	90%
Medium Secure	89%	89%	89%	338	108	68%	95	6	94%	413	135	67%	118	9	92%
Neuro	90%	90%	89%	330	102	69%	104	8	92%	416	131	69%	122	20	84%
Charity Total	92%	91%	90%	2179	653	70%	663	43	94%	2558	739	71%	952	112	88%

The Charity's total mandatory training compliance has seen a slight progressive decline over the last three months, from 92% in May to 90% in June, and this can be seen across all divisions and sites (with the exception of MSU, which has remained static).

Area of Strength

ILS continues to be an area of strength for Charity wide compliance, with infection control at 95%, and ILS at 94%. Learning & Development have been working very closely with divisions to provide the right level of ILS training course availability to meet the demand and help improve compliance in this area. With some of our qualified nursing resource challenges, it is vital that our nurses remain skilled, confident, and competent.

Risk Area

SIT (71%) and BLS (70%) training remains our most challenged areas. Challenging ward staffing levels have hindered training completion and resulted in some staff being pulled off training/having to be cancelled last minute. Divisions are taking a pro-active stance in trying to review this in each day's divisional huddle and seek out wider clinical team support before cancelling mandatory training in these areas.

2. Safety & Quality Indicators

The indicators considered within this report reflect the approach taken in staffing reviews and reflect the current NHS England recommendations.

2.1 Incidents:

	<u>May 22</u>	<u>June 22</u>	<u>July 22</u>
<u>St Andrews All (Rate per 1000 OPDs)</u>	118.08	112.81	117.19
ASD/LD	131.8	129.53	128.64
Birmingham	13.16	27.48	38.06
CAMHS	709.63	713.47	896.48
Essex	51.22	49.56	61.39
LSSR	169.86	163.32	151.06
MSU	56.59	69.98	90.03
Neuro	142.86	119.06	102.13

As a Charity total, total incident levels from April to June have progressively reduced from 118.68 to 111.94 in June, although this steady reduction is not seen across all divisions. The incidents above can be separated out into staffing related incidents as below:

	<u>May 22</u>	<u>Jun 22</u>	<u>July 22</u>
St Andrews All (Total count)	63	40	118
- Level 1 (no harm)	43	34	95
- Level 2 (low)	13	4	19
- Level 3 (moderate)	7	2	4
ASD/LD	14	2	23
Birmingham	0	1	2
CAMHS	26	4	15
Essex	2	0	4
LSSR	4	2	4
MSU	5	2	10
Neuro	12	29	60

From the 118 total incidents reported in July, 60 of these were for Neuropsychiatry, and were either level 1 or 2. On further review of these incidents, most of them fell under the category of ‘missed patient observation’, and covered incidents whereby for short periods enhanced support levels were reduced, however clinically manageable. No clinical harm was recorded as a direct result of these, and as such explains why no action cards were raised for this period. After discussion with the division, it is felt that reporting levels are good, with staff able to recognise when tasks have not been completed, and report to ensure openness and transparency, despite no clinical harm being caused. It has also already been identified within the division as a ‘Lessons Learnt’, to ensure and support staff to follow our staffing escalation process and ensure ward teams raise any inability to complete tasks or intermittent checks immediately with the bleep holder, in order to seek redeployment.

July saw a significant increase in staffing related incidents for MSU, totalling 10. This correlates with the division reporting a rising acuity and ES levels, combined with an increasing staffing requirement and a difficulty in filling shifts with WorkChoice or agency. One of these was reported as a level 3 moderate incident – for Mackaness. This was due to a shortage of staff on the ward at the start of shift, allowing only for ES levels to be covered. This was rectified after escalating to the bleep holder and redeployments being made. No clinical harm was reported as a direct result of this. Three of these 10 incidents were for Rose, and although recorded as low level, all three highlighted the need to escalate in a timely manner to the bleep holder, and again to the SMOs, should redeployment from within the division not be possible.

For ASD/LD, the highest number of incidents were reported on Sycamore, totalling eight – none of which were moderate. They all refer to occasions whereby enhanced support levels were temporarily reduced due to staffing resource availability.

On detailed review of all staffing incidents, it is clear that some of the staffing challenges have impacted wards and division’s ability to meet ES support levels at all times. Independent weekly ES panels have been introduced across some divisions to ensure that these are being reviewed regularly and remain clinically appropriate. Wards must continue to ensure any temporary reduction in ES is being escalated appropriately and in a timely manner to both the bleep holder and the SMOs. Divisions must continue to review wards and make deployment decisions based on the immediate clinical acuity, and not just numbers. Wards must continue to review and evaluate skill mix on the wards, including Q to HCA ratio, permanent and training status. Allocate will help with this, as it allows for the ability to add ‘skills’ against staff profiles, and review the status of qualified nurses (e.g. newly Q, post preceptorship, SSN). Active recruitment continues across all divisions. In addition, a full MHOST establishment review is currently underway for all wards to ensure that establishments meet the current acuity levels, ES levels and occupancy that the ward is experiencing.

Risks for the Board to Consider

- Increased establishment gap across the Charity for both qualified and unqualified staff, as we move to increase our proportion of regular staff and reduce our reliance on WorkChoice and agency.
- Inconsistencies with rostering and scheduling at both ward and divisional level are impacting on our ability to deploy our regular substantive staff most effectively and seeing an increased need for overtime and WorkChoice shifts (where not always required).
- Recruitment remains ongoing across all divisions, however, is currently unable to keep up with attrition.
- Challenging ward staffing levels is hindering ability to keep up with mandatory training completion.
- There remains an increased reliance on WorkChoice and agency. This is due to continued absence levels, our current establishment gap, and the need to support temporary flex uplifts, which is seeing wards needing to work above their planned number. Our pool of WorkChoice and agency staff however, is currently not sufficient to meet demand, which means there is a high risk of shifts remaining unfilled.

Proposal

- The Deputy Director of Nursing (*for Workforce Safeguards*) will continue to support the established Developing Workforce Safeguards work to provide assurance of safe staffing across the Charity.
- A full staffing compliance review – reviewing our current processes, policies & practices, has been completed independently. An action plan will be formulated and presented to the next Board.
- A full establishment review using the MHOST tool, is scheduled to be completed by December 22, and will help ensure establishments are set based on current acuity, occupancy, and ES levels.

Paper for Board of Directors

Topic	Responsible Officer Regulations – annual report on Appraisal and Revalidation
Date of Meeting	Thursday, 29 September 2022
Agenda Item	10
Author	Dr Shubhinder Shergill, Medical Appraisal Lead
Responsible Executive	Dr Sanjith Kamath, Executive Medical Director
Discussed at Previous Board Meeting	Annual report – last discussed August 2021
Patient and Carer Involvement	It would not be appropriate to involve patients and carers in the preparation of this report.
Staff Involvement	This is a statutory report that collates information regarding appraisal and revalidation and as such does not require staff involvement.
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 type="checkbox"/> E <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> W <input checked="" type="checkbox"/>
Strategic Priority Area	<div>Education and Training <input checked="" type="checkbox"/></div> <div>Finance & Sustainability <input type="checkbox"/></div> <div>Service Innovation <input type="checkbox"/></div> <div>Quality <input type="checkbox"/></div> <div>Research & Innovation <input type="checkbox"/></div> <div>Workforce, Resilience & Agility <input type="checkbox"/></div> <div>Partnerships & Promotion <input type="checkbox"/></div>
Committee meetings where this item has been considered	

Report Summary and Key Points to Note

The annual report on Appraisal and Revalidation is submitted in a prescribed format introduced by NHS England and NHS Improvement (NHSE/I) in 2019 and updated in 2021.

In the 2021-2022 appraisal cycle (1 April 2021 – 31 March 2022), despite the challenges presented by the ongoing Covid pandemic, it was possible to continue to appraise all doctors effectively. Doctors have been able to continue to pursue CPD activities remotely, both externally and internally, through an

effective weekly CPD programme and the availability of online modules and conferences provided by the Royal College of Psychiatrists and other organisations.

Four cycles of the peer review process have now been completed with actions identified for individual doctors to follow up on.

No doctors were referred to the GMC during the 2021-22 appraisal year.

The Board are asked to consider the report and for the Chief Executive or Chair to sign the Statement of Compliance at Section 7. This will then be submitted to NHSE/I prior to their deadline of 30 September 2022

Appendices -

A framework of quality assurance for responsible officers and revalidation

Annex D – annual board report and statement of compliance

Version 1, July 2022

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Introduction:

The Framework of Quality Assurance (FQA) for Responsible Officers and Revalidation was first published in April 2014 and comprised of the main FQA document and seven annexes A – G.

In 2019 a review of the Annual Organisational Audit (AOA), Board Report template and the Statement of Compliance concluded with a slimmed down version of the AOA (Annex C) and a revised Board Report template (Annex D), which was combined with the Statement of Compliance (previously listed as Annex E) for efficiency and simplicity.

The AOA exercise has been stood down since 2020, but has been adapted so that organisations have still been able to report on their appraisal rates.

Whilst a designated body with significant groups of doctors (e.g. consultants, SAS and locum doctors) will find it useful to maintain internal audit data of the appraisal rates in each group, the high-level overall rate requested in the table provided is enough information to demonstrate compliance.

The purpose of this Board Report template is to guide organisations by setting out the key requirements for compliance with regulations and key national guidance, and provides a format to review these requirements, so that the designated body can demonstrate not only basic compliance but continued improvement over time. Completion of the template will therefore:

- a) help the designated body in its pursuit of quality improvement,
- b) provide the necessary assurance to the higher-level responsible officer,
- c) act as evidence for CQC inspections.

Designated Body Annual Board Report

Section 1 – General:

The Board of St Andrew's Healthcare can confirm that:

1. An appropriately trained licensed medical practitioner is nominated or appointed as a Responsible Officer. Dr Sanjith Kamath was appointed Responsible Officer (RO) on 1 May 2018.

Action from last year: Nil

Comments: Nothing further to add

Action for next year: No current actions

2. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Yes/~~No~~ [delete as applicable]

Action from last year: Nil

Comments: Nothing further to add

Action for next year: No current actions

3. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.

Action from last year: Nil

Comments: All new starters continue to be added to GMC Connect and a local database is also maintained

Action for next year: No current actions

4. All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Action from last year: The organisation's Medical Appraisal and Revalidation policy and the Responding to Concerns policy was updated in September 2021 following an update on the MAG (Medical Appraisal Guide) triggered by the Covid pandemic.

Comments: The policy is next due for renewal in September 2024, but any updates in the interim are presented to the medical body through the quarterly peer group and relevant training. More significant updates will be communicated directly through the weekly medics meeting and monthly Medical Advisory Committee (MAC).

Action for next year: No specific actions, but any pressing updates will be communicated prior to the next policy update as described above

5. A peer review has been undertaken (where possible) of this organisation's appraisal and revalidation processes.

Actions from last year: To consider repeating the benchmarking audit with Northampton General Hospital as completed last year

Comments: This has not been completed for the subsequent year due to other priorities and gradual return to pre-pandemic functioning.

Action for next year: To consider repeating the audit subject to capacity of NGH staff.

6. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

Action from last year: All locum and fixed term contract doctors continue to be able to access the weekly CPD and case presentation programmes. Locum doctors continue to be provided with supporting information if requested for their own appraisals, which are organised through external Designated Bodies under their individual Responsible Officers.

Action for next year: To continue current processes

Section 2a – Effective Appraisal

All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.¹

Action from last year: To continue to maintain no missed appraisals in the upcoming appraisal cycle

Comments: The target of no missed appraisals has been achieved in this appraisal cycle

Action for next year: To continue to maintain no missed appraisals in the upcoming appraisal cycle

7. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

Action from last year: Not applicable

Comments: Not applicable

¹ For organisations that have adopted the Appraisal 2020 model (recently updated by the Academy of Medical Royal Colleges as the Medical Appraisal Guide 2022), there is a reduced requirement for preparation by the doctor and a greater emphasis on verbal reflection and discussion in appraisal meetings. Organisations might therefore choose to reflect on the impact of this change. Those organisations that have not yet moved to the revised model may want to describe their plans in this respect.

Action for next year: Not applicable

8. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Action from last year: To update the Medical Appraisal and Revalidation policy

Comments: This policy along with the Responding to Concerns policy was updated in September 2021

Action for next year: No current action as policy will be next updated in September 2024

Comments: Any significant changes prior to September 2024 will be communicated directly to the medical body through the weekly medical meetings and MAC

Action for next year: Nil

9. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

Action from last year: To maintain appraiser numbers

Comments: Four new appraisers were trained during the year, however four appraisers left the organisation during the same period

Action for next year: To increase / maintain appraiser numbers, particularly for non-Consultant doctors. There is currently only one non-Consultant appraiser. Efforts have been made to recruit further non-Consultant appraisers, but without success.

Comments: The current appraiser to appraisee ratio is relatively favourable, but is challenged by the lack of non-Consultant doctors interested in the appraiser role.

Action for next year: To monitor appraiser numbers carefully in order to increase or maintain the current numbers of appraisers, noting the dependency on retention and recruitment factors

10. Medical appraisers participate in ongoing performance review and training/development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers² or equivalent).

Action from last year: To maintain the current appraiser network meetings and feedback collation and to consider the wider impact of the pandemic on appraisees.

Comments: The quarterly appraiser peer network meetings have been maintained remotely. Appraisers have focused more on the impact on appraisee well-being in line with the changes made on the Clarity toolkit

Appraisal feedback continues to be collected from appraisers and appraisees via the Clarity appraisal toolkit and is reported as appropriate.

² <http://www.england.nhs.uk/revalidation/ro/app-syst/>

Action for next year: To maintain appraiser peer network meetings in their current remote form with a focus on encouraging appraisers to improve quality in line with the current medical appraisal guidelines.

Comments: Quality improvement will be driven through enhanced self reflection and learning to generate higher quality Personal Development Plans (PDPs) and support leadership development where needed. The latter is also being driven through the new job planning process which includes a career development section and framework for achieving short, medium and long-term goals

Action for next year: To focus on quality improvement and leadership development of doctors.

11. The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Action from last year: To continue to report to the Board on an annual basis through the relevant process

Comments:

Action for next year: To continue to report to the Board on an annual basis through the relevant process

Section 2b – Appraisal Data

1. The numbers of appraisals undertaken, not undertaken and the total number of agreed exceptions can be recorded in the table below.

Name of organisation: St Andrew's Healthcare	
Total number of doctors with a prescribed connection as at 31 March 2022	67
Total number of appraisals undertaken between 1 April 2021 and 31 March 2022	64
Total number of appraisals not undertaken between 1 April 2021 and 31 March 2022	3
Total number of agreed exceptions	3

The three approved appraisals not undertaken during the year related to three doctors who joined St Andrew's shortly before the year end (two of whom had only recently re-located to the UK) and who did not have sufficient evidence to undertake an appraisal by 31 March. All three doctors will undertake an appraisal in 2022/23.

Section 3 – Recommendations to the GMC

1. Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

Action from last year: Concerns with the practice of any doctors continue to be monitored as per the policy

Action for next year: To continue to make any recommendations to the GMC as appropriate, with the goal of protecting patient safety and supporting the remediation of doctors, as appropriate

Comments: The policy prescribes the intervention of a Decision Making Group (DMG) chaired by the Medical Appraisal Lead and discussion between the RO and the Employer Liaison Advisor (ELA) as necessary

Action for next year: To continue to make any recommendations to the GMC as appropriate, with the goal of protecting patient safety and supporting the remediation of doctors, as appropriate

2. Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

Action from last year: Nil

Comments: Doctors continue to be notified promptly by the RO when a recommendation is made

Action for next year: To continue to notify doctors promptly of revalidation recommendations

Section 4 – Medical governance

1. This organisation creates an environment which delivers effective clinical governance for doctors.

Action from last year: Nil

Comments: The organisation continues to operate a ward to board clinical governance framework, led on by doctors on individual wards which is reported up through the divisional structures via the Clinical Director and Deputy Medical Director

Action for next year: To continue current reporting processes and to support doctors in their use of data

Comments: Improved data reporting technologies and dashboards have enhanced the degree to which doctors can lead on clinical governance activities on their wards. Doctors receive regular feedback through the medics meeting and MAC on these updates in order to encourage doctors to use data to support clinical decision making. This includes patient feedback data collected through the MyVoice (a Patient Reported Experience Measure) portal, which doctors are encouraged to review to support ward community meetings.

Action for next year: To continue current reporting processes and to support doctors in their use of data

2. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

Action from last year: Nil

Comments: In addition to the processes of last year, the Medical Appraisal Lead continues to monitor any complaints (as well as compliments) received about doctors and will organise a DMG (Decision Making Group), as appropriate, in order to determine any further necessary actions to maintain patient safety.

Actions for next year: To continue the current process of issuing line manager statements, monitoring complaints and soft intelligence on doctors' conduct and performance which are also presented at the appraisal meeting

Comments: The new job planning process will potentially enhance the ability of the line manager to monitor their Doctor's activities, both within and outside the Charity in order to ensure a fair contribution

Action for next year: To maintain current processes and assess the impact of job planning

3. There is a process established for responding to concerns about any licensed medical practitioner's¹ fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

Action from last year: To continue to use current processes following the update to the Responding to Concerns in Doctors policy last year.

Comments: The current process involves monitoring any concerns about doctors' conduct and performance on an ongoing basis and where required, using a Decision Making Group to review incidents of concern and determine any further action necessary.

Action for next year: To maintain current processes and update subject to any wider national changes

Comments: The Good Medical Practice criteria are currently being updated following a consultation period and are expected to be finalised in early 2023. St

Andrew's doctors have already been notified of this in order for them to take part in the consultation. Any changes to dealing with concerns in doctors based on the new GMP criteria will be communicated to the medical body and updated in the policy

Action for next year: To review the impact of updating GMP criteria and communicate to the medical body and update policy, as necessary

4. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors.³

Action from last year: To continue current reporting processes

Comments: Relevant information is now presented through the appropriate Board process

Action for next year: To continue current reporting processes

5. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation.⁴

Action from last year: To continue current process

Comments: Current process involves requesting a Medical Practice Information Transfer (MPiT) form from a doctor's previous employer as soon as their prescribed connection to our Designated Body is in place. This form allows transfer of relevant information from one RO to another RO and to act on any relevant concerns in a prompt fashion.

Action for next year: To continue current processes, including those described in the comments below

Comments: Doctors' connections are also reviewed using the GMC Connect online dashboard. Any concerns about a doctor's fitness to practice (FTP) and / or restrictions on practice, are reviewed on the GMC website, which has access to minutes of FTP meetings.

³ This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.

⁴ The Medical Profession (Responsible Officers) Regulations 2011, regulation 11:
<http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents>

6. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

Action from last year: To continue current processes

Comments: The current process involves informing a doctor of any allegation or complaint at the earliest opportunity and offering them the opportunity to bring a representative with them to any HR meetings if they wish. The DMG includes representatives from clinical and non-clinical fields aimed at ensuring the greatest possible degree of impartiality

Action for next year: To continue current processes, subject to any national updates.

Section 5 – Employment Checks

1. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

Action from last year: To continue current process.

Comments: All checks are undertaken prior to employment and for locum doctors involves checks completed by their agency.

Action for next year: To continue current process.

Section 6 – Summary of comments, and overall conclusion

Please use the Comments Box to detail the following:

General review of actions since last Board report

The Medical Appraisal and Responding to Concerns in Doctors policies were updated in September 2021.

Efforts to increase non-Consultant Doctor appraisers continue.

Actions still outstanding

Re-audit of appraisals against the benchmark of doctors at Northampton General Hospital is to be considered in the upcoming year. This will be dependent on the capacity of both organisations to be able to undertake this.

Current Issues

There is now an increased focus in appraisal meetings on exploring the impact of the pandemic on appraisee's well-being, which is reflected in changes made on the Clarity toolkit. Appraisers are also encouraged to increase focus on quality improvement and

leadership development in doctors via the generation of higher quality PDPs and the upcoming job planning process.

Improved data reporting technologies and dashboards have enhanced the capacity for doctors to lead on Clinical Governance activities.

New Actions:

Assessing the impact of the new job planning process and future revised Good Medical Practice criteria on Doctors' conduct and performance

Overall conclusion:

In the 2021-2022 appraisal cycle, the challenges of the Covid pandemic have reduced, although they persist. There has been no further delay in the completion of appraisals and revalidation, which are now back on scheduled track. CPD courses and conferences, including section 12 approval courses are now increasingly being held face-to-face, although a hybrid process is in operation. The latter entails remote CPD activities, which continues to be the prevailing mode by which the internal CPD programme is delivered. There has been no detrimental impact in terms of doctors achieving their CPD hours and remaining up-to-date.

Three cycles of the peer review process have now been completed which shows an incremental improvement in meeting key quality ward metric criteria.

Future areas to review will be the impact of the new job planning process and revised GMP criteria.

No doctors have been referred to the GMC.

Section 7 – Statement of Compliance:

The Board of St Andrew's Healthcare has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

[(Chief executive or chairman (or executive if no board exists))]

Official name of designated body: St Andrew's Healthcare

Name: Dr Vivienne McVey Signed: _____

Role: Chief Executive Officer

Date: 29 September 2022

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Paper for Board of Directors

Topic	Integrated Quality & Performance Report
Date of Meeting	Thursday, 29 September 2022
Agenda Item	11
Author	Anna Williams, Director of Performance
Responsible Executive	Dr Vivienne McVey, CEO
Discussed at Previous Board Meeting	Routine Board paper
Patient and Carer Involvement	Patient and Carer voice is captured via My Voice inclusion
Staff Involvement	Staff are involved in the performance processes that feed the analysis and actions
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 type="checkbox"/> E <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> W <input type="checkbox"/>
Strategic Priority Area	<div>Education and Training <input type="checkbox"/></div> <div>Finance & Sustainability <input checked="" type="checkbox"/></div> <div>Service Innovation <input type="checkbox"/></div> <div>Quality <input checked="" type="checkbox"/></div> <div>Research & Innovation <input type="checkbox"/></div> <div>Workforce, Resilience & Agility <input checked="" type="checkbox"/></div> <div>Partnerships & Promotion <input type="checkbox"/></div>
Committee meetings where this item has been considered	Quality, Workforce and Finance metrics are considered at their associated committees.

Report Summary and Key Points to Note

July data has been presented for Quality and People – as the performance and governance processes for August were on going at the point papers were required for September Board. New exceptions for August have been shared.

A more succinct approach has been taken to this paper. The KPIs included are unchanged. The presentation and narrative are more concise. Should members of the Board wish to view IPR graphs for individual metrics, they can be accessed here -> [Integrated Performance Report - Power BI Report Server](#)

Review of the period ending July 22

Quality

- Division level SPCs show 22 improvements and 7 concerns, explanation of the concerns is shared. At ward level 3% of the metrics show concern and 5% show improvement, with the remaining 92% in control, having little or no data or showing a statistically insignificant trend.
- Assurance is provided through the performance and governance processes.
- The quality scorecards for each division and ward are routinely shared with Quality & Safety Committee.
- My Voice response rate improvement remain a focus.
- Clinical targets will be reviewed in the March paper, in line with the 6 month review period.
- The work on Quality strategy and framework continues to progress.

People

- Consistent with the nation context of workforce shortages, performance across the people metrics remains highly challenged. Consequently ward based staffing is suboptimal (see staffing paper).
- Divisional level (aggregated), with the exception of agency spend, all KPIs are adverse to target.
- Plans and mitigations have been shared with People Committee.

Review of the period ending August 22

Finance

- Net deficit £2.4m - £0.8m lower than budget. Operating Deficit in line with budget
- 97% achievement of budgeted income.
- Offset by positive movement in costs of £2m and cash held being £1.2m more than budget

Addressing areas of underperformance

The Performance function continues to support the wider organisation with the development and deployment of plans that will bring deviated performance into line with target. We continue to increase the sophistication of root cause analysis and informed SMART action setting, alongside monitoring progression and undertaking course redirection where necessary. At all times ensuring there is a focus on sustainability of the improvement. The Executive team are in the process of confirming the performance improvement areas that will be given primacy over the next three months and the three months following.

Appendices -

St Andrew's Healthcare Integrated Quality Performance Report

reviewing the period ending July 2022 for Quality & People, ending August 2022 for Finance & IT



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

Concerns



Improvements



In Control



116

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

Concerns



Improvements



Quality

Measure	Incident		Violence		Incident L1		Incident L2		Incident L3		SI		Restraint		Seclusion		Seclusion Hours		LTS		LTS Days		Rapid Tranq		ES Episodes		ES WTE	
-	SPC	Target	SPC	Target	SPC	Target	SPC	Target	SPC	Target	SPC	Target	SPC	Target	SPC	Target	SPC	Target	SPC	Target	SPC	Target	SPC	Target	SPC	Target	SPC	Target
ASD & LD																												
Birmingham																												
CAMHS																												
Community Partnerships																												
Community Services																												
Essex																												
Low Secure & Specialist Rehab																												
Medium Secure																												
Neuro																												

Division	Wards	SPC Concern	SPC Improvement	SPC Common Cause
ASD & LD	14	3 %	7 %	28 %
Birmingham	8	4 %	2 %	8 %
CAMHS	4	13 %	4 %	25 %
Community Services	2	7 %	0 %	18 %
Essex	6	0 %	1 %	23 %
Low Secure & Specialist Rehab	9	1 %	7 %	14 %
Medium Secure	12	1 %	5 %	21 %
Neuro	12	1 %	8 %	26 %
Totals	67	3 %	5 %	21 %

The remaining % is metrics with little or no data or trends with too little data for statistical significance

Exceptions – 22 improvements, 6 for both LSSR and Neuro. 7 concern – performance & governance processes confirm clinically appropriate management:

- **ASDLD** – consistent LTS concern, due to inappropriately placed patients (a challenge that remains across the Charity) – independent external reviews completed in line with policy. Every effort made to secure suitable next placement.
- **Birmingham** – increased scrutiny ensuring all incidents are recorded, combined with increased acuity (Covid outbreaks and impending ward moves) triggered the concern.
- **CAMHS** – increased violence in Seacole, chiefly from one patient, during establishment of a new medication regime. Sitwell's level remains above the mean, although reduced in July.
- **MS** – concern driven by a new admission (progressing well).

August exceptions – CAMHS & MS increased SPC triggers – focus in place

← Ward level SPC status largely static – small increase in special cause improvements (4% June)

People

Measure	Voluntary Turnover In Year		Voluntary Turnover In Month		RN Establishment Ratio		HCA Establishment Ratio		Mandatory Training		Agency Spend		Sickness % In Month		Non-Patient Facing Shifts	
Target	12%		1%		95%		95%		90%		5%		6%		25%	
	July	Trend	July	Trend	July	Trend	July	Trend	July	Trend	July	Trend	July	Trend	July	Trend
St Andrews	15.3%	↓	1.2%	↓					90.5%	↔			7.1%	↑		
Functions	12.1%	↔	0.9%	↑					93.7%	↓			4.6%	↑		
Divisions	16.7%	↓	1.3%	↓	85.3%	↓	76.8%	↓	89.7%	↓	3.7%	↑	8.3%	↑	42.0%	↑

ASD & LD		↑		↑		↓		↑		↓		↑		↑		↑
Birmingham		↓		↓		↓		↑		↓		↑		↑		↑
CAMHS		↓		↓		↑		↑		↓		↑		↑		↑
Community Partnerships		↓		↓						↓				↑		
Community Services		↔		↓		↔		↓		↑		↔		↑		
Essex		↓		↑		↓		↓		↓		↑		↑		↓
Low Secure & Specialist Rehab		↑		↑		↑		↑		↓		↓		↑		↑
Medium Secure		↑		↓		↓		↓		↓		↑		↑		↑
Neuro		↓		↓		↓		↓		↓		↑		↑		↑



Exceptions

Voluntary turnover – divisional retention plans have been developed, wider Charity plans link with the People and OD Plan, alongside the work on culture. Monthly fluctuations with positive short term trend.

RN & HCA establishment – marginal reduction from prior period, recruitment unable to keep pace with attrition. The establishment projections have been refreshed based on learnings, with a continual assessment of additional pipeline options. Threshold achievement projected for Autumn 2023. The current establishment level, plus the above model non-patient facing shifts and declining WorkChoice uptake, results in a challenging nursing staffing position.

Mandatory training – challenging ward staffing levels have hindered divisional training completion. Focus is on improving; BLS 70%, SIT (formally MAPA) 72% and Safeguarding Level 3 87%. August adverse.

Sickness – increase in line with expectation due to the rise in Covid in the population (now reducing).

Non-Patient facing shifts – Allocate is a key enabler for increased visibility & management (live 12th Sept)

Waterfall – majority of growth is in enabling functions, with increased servery staff enabling nursing time to be focused on nursing activities.

*improvements in people data quality and presentation have been impacted by Allocate preparations and have been given a high priority following go live. *trend is to the prior reporting period.

Finance Board Report 29th September 2022

Financial Performance 2022/23



August 2022 Actual Performance v Budget

- **Net deficit £2.4m - £0.8m lower than budget. Operating Deficit inline with budget**
- Occupancy is slightly behind plan (mainly due to external factors and self-imposed admissions to the CAHMS Division) **with 97% achievement of budgeted income.**
- **Offset by positive movement in costs of £2m** (£1.8m Operational & £0.2m Overheads)
- Additional £0.8m of lower project costs due to timing of actual expenditure compared to budget assumption.
- At September 2022 cash held was £4.9m (**£1.2m more than budget**) and no covenant risk existed

Full Year Outlook Performance v Budget

- Exec expect similar trends to continue. **Shortfall in income but offset by costs and budgeted net deficit achieved.**
- Occupancy growth, controlling ward staffing costs inline with budget, inflation/cost of living pressures and reduction in investment portfolio valuation (linked to stock markets) remain the main risks to achieving the 2022/23 budget.
- Cash and covenants are expected to track in line with budget.
- More detail within Private Board Reports

	August 22 YTD			Full Year
Financial Performance - £m	Actual	Budget	Variance	Budget
Income	69.34	71.54	(2.20)	176.08
Direct & Indirect Costs	(52.16)	(53.98)	1.82	(130.41)
Net Contribution	17.17	17.55	(0.38)	45.67
Enabling Services	(13.66)	(13.85)	0.19	(31.88)
Depreciation	(4.63)	(4.86)	0.22	(11.26)
Operating Surplus/(Deficit)	(1.12)	(1.16)	0.04	2.53
Non Operating Costs	(0.20)	(0.16)	(0.05)	(0.37)
Exceptional Costs	(0.48)	(0.54)	0.06	(1.00)
Disposal of Fixed Assets & Impairment	0.00	0.00	0.00	(0.25)
Project Costs - OPEX	(0.64)	(1.40)	0.76	(3.33)
Investment Gains/Losses	0.00	0.00	0.00	0.00
Net Surplus/(Deficit)	(2.44)	(3.24)	0.80	(2.42)

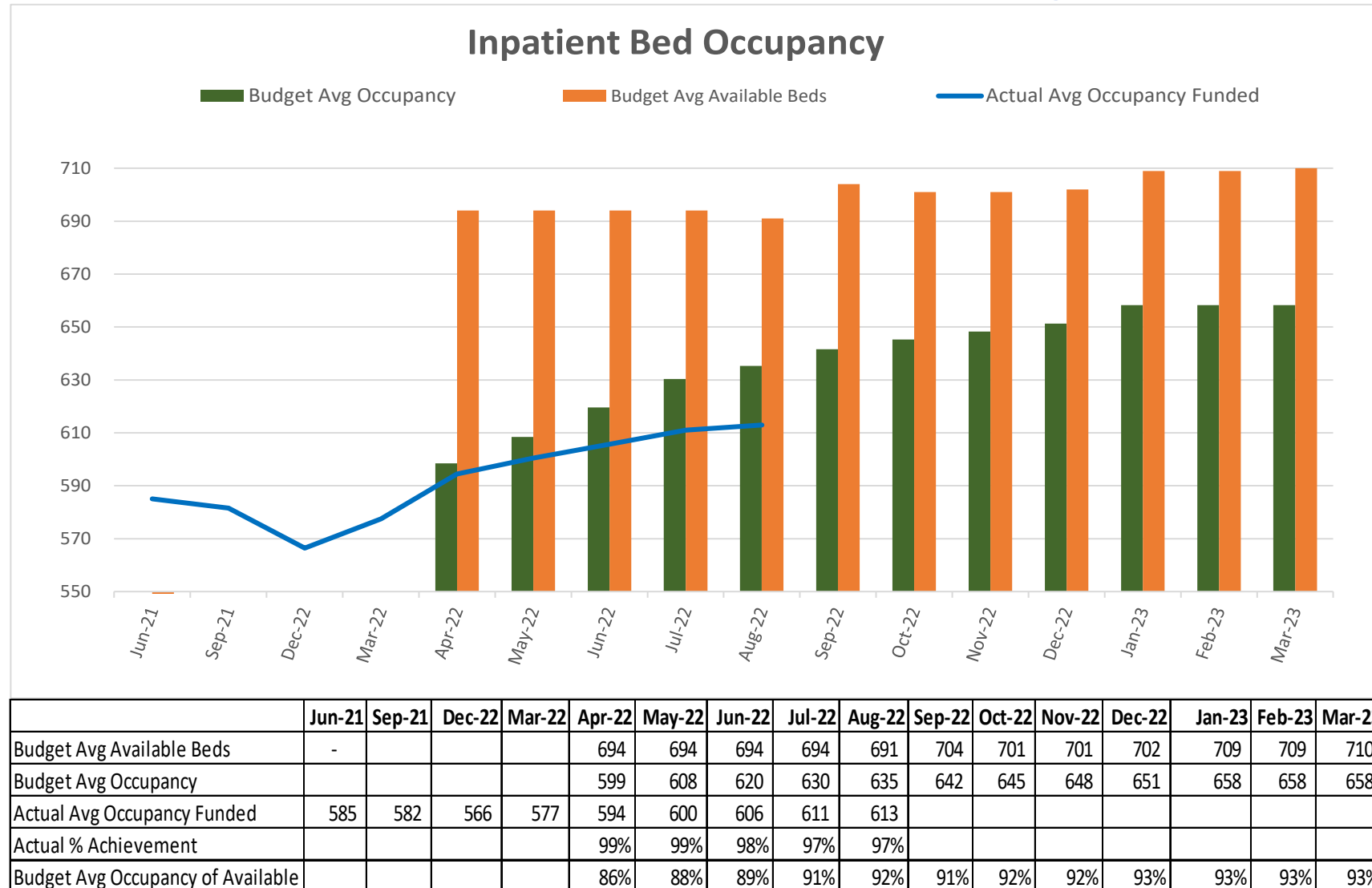
Balance Sheet & Cashflow

St Andrew's Consolidated Balance	Mar-21 Audited	Jun-21 Actual	Sep-21 Actual	Dec-21 Actual	Mar-22 Actual	Jun-22 Actual	Aug-22 Actual
	£M	£M	£M	£M	£M	£M	£M
Intangible and tangible fixed assets	209.0	205.9	203.3	198.2	196.6	193.9	192.7
Investments							
Stock Market Investments	15.7	15.8	15.9	17.6	11.6	11.7	11.7
Investment Properties	5.7	5.7	5.7	5.7	5.7	5.7	5.7
Current Assets							
Stock	0.6	0.5	0.4	0.5	0.4	0.5	0.6
Trade debtors	7.3	10.4	9.0	9.6	8.2	9.4	9.5
Other Debtors & Accrued Income	5.2	5.6	6.1	4.4	4.1	4.4	4.9
Prepayments	1.7	1.3	1.6	2.0	1.8	1.2	1.0
Cash	5.8	4.1	4.5	5.8	6.0	5.1	4.9
	20.6	21.9	21.6	22.3	20.5	20.6	20.8
Current Liabilities							
Trade Creditors	(7.6)	(4.9)	(3.8)	(2.8)	(3.3)	(3.7)	(3.7)
Taxation and Social Security	(3.1)	(3.4)	(3.6)	(2.8)	(2.8)	(3.3)	(2.8)
Other Creditors & Accruals	(8.5)	(8.6)	(9.0)	(8.6)	(8.3)	(8.3)	(8.4)
Staff Accruals	(4.0)	(3.3)	(3.6)	(4.4)	(4.4)	(3.5)	(3.5)
Deferred Income	(2.5)	(2.7)	(3.5)	(4.3)	(2.5)	(2.3)	(2.0)
	(25.7)	(22.9)	(23.5)	(22.9)	(21.4)	(21.0)	(20.3)
Net Current Assets/(Liabilities)	(5.2)	(1.0)	(2.0)	(0.5)	(0.8)	(0.4)	0.5
Total Assets Less Current Liabilities	225.2	226.4	223.0	221.0	213.1	210.9	210.7
Bank Loans (between 1 and 5 years)	(19.8)	(24.8)	(24.9)	(24.9)	(20.0)	(20.0)	(20.0)
Pension Scheme Liability	(0.7)	(0.7)	(0.7)	(0.7)	(0.7)	(0.7)	(0.7)
Total Assets Employed	204.7	200.9	197.4	195.4	192.4	190.2	190.0
Reserves	204.7	200.9	197.4	195.4	192.4	190.2	190.0

Cashflow Summary - £m	August 22 YTD			Full Year
	Actual	Budget	Variance	Budget
Net Surplus/(Deficit)	(2.4)	(3.2)	0.8	(2.4)
Add Back Non Cash Items				
Depreciation	4.6	4.9	(0.2)	11.3
Fixed Asset Impairment/(Profit on Disposal)	0.0	0.0	0.0	0.3
Investment Portfolio Valuation Movement	(0.1)	0.0	(0.1)	0.0
Net inflow/(outflow) from Operations	2.1	1.6	0.5	9.1
Total inflow/(outflow) - Working Capital	(2.5)	(0.9)	(1.5)	(0.4)
Total inflow/(outflow) - Capital Expenditure	(0.8)	(3.1)	2.3	(5.9)
Total inflow/(outflow) - Asset Disposal	0.0	0.0	0.0	0.6
Total inflow/(outflow) - Investment Portfolio	0.0	0.0	0.0	0.0
Total inflow/(outflow) - Loan Facility	0.0	0.0	0.0	(5.5)
Net Cash (Outflows) / Inflow	(1.1)	(2.4)	1.3	(2.1)
Cash at the 31.3.2022	6.0	6.0	0.0	6.0
Total Cashflow Movement	(1.1)	(2.4)	1.3	(2.1)
Cash at the end of the period	4.9	3.6	1.3	3.9
Net Debt - £m	August 22 YTD			Full Year
	Actual	Budget	Variance	Budget
Cash Held	4.9	3.6	1.3	3.9
Bank Loan Balance	(20.0)	(20.0)	0.0	(20.0)
Investment Balance	11.7	11.6	0.1	11.6
Net Debt	(3.4)	(4.8)	1.4	(4.5)
Credit Facility	27.0	27.0	0.0	27.0
Credit Facility Headroom	7.0	7.0	0.0	7.0

CAPEX & Working Capital movement are timing variations compared to budget assumptions & not an area of concern.

Occupancy



IT Security Metrics (Jun – Aug 2022)

					Legend	No Change	Trending Down	Trending Up
					August			
					Causal	Remediation		
Vulnerabilities not fixed within SLA Highlights the amount of infrastructure vulnerabilities that haven't been fixed within the agreed timescales	 0	 7	 0		Causal Analysis: Vulnerabilities are actively tracked to ensure compliance, any breaches in terms of SLA's are either presented for risk acceptance or dispensed to investigate a fix.	Remedial Actions: IT Security and Advanced will continue to monitor and track SLA breaches and raise any Non-Conformances if required.		
Overdue Penetration Test Remediation The last Pen test for the Charity was in July 2021. This highlights how many findings are overdue.	 0	 0	 0		Causal Analysis: No overdue actions again this month. Network Segregation Penetration Test currently in scope, to be conducted by Bulletproof in June.	Remedial Actions: None		
Security Incidents Trend of Priority 1, Priority 2 and Priority 3 incidents	<div><div>P 1</div><div>1</div><div>P 2</div><div>1</div><div>P 3</div><div>2</div></div>	<div><div>P 1</div><div>0</div><div>P 2</div><div>3</div><div>P 3</div><div>8</div></div>	<div><div>P 1</div><div>0</div><div>P 2</div><div>2</div><div>P 3</div><div>3</div></div>		Causal Analysis: All incidents are relating to phishing and have been contained and responded to followed our internal incident response procedures.	Remedial Actions: IT Security are reviewing the current phishing awareness methods as a multi-pronged approach is required. 1:1 conversations with staff who click on links have been implemented to provide more targeted awareness as well.		
Blocked Network Attacks These are blocked network attacks directed at our external network edge	 22825	 16508	 33724		Causal Analysis: We are constantly being port scanned and probed by external threat actors. Our firewall is configured to block this traffic. Russian IPs are automatically dropped and blocked at the firewall.	Remedial Actions: Enhanced monitoring owing to the ongoing war in Ukraine and the increased cyber risk to the west.		
Overdue IT Sec Audit Actions Number audit actions and their rating from scheduled internal and external audits.	 0	 2	 2		Causal Analysis: Updates have been provided with some actions closed.	Remedial Actions: Regular catch ups are conducted with action owners. ISO27001 meetings are conducted on a weekly basis with all Managers to track actions. 2 actions overdue with Physical Security. No reply from PS. Actions will need to be escalated.		
Outstanding Operating System Patches % of devices patched across the infrastructure. Separated into server and endpoint estate	Servers = 93.39% Client = 96.25% 	Servers = 93.39% Client = 96.25% 	Servers = 89.96% Client = 94.08% 		Causal Analysis: An average tolerance of 16% each month is expected as ~300 devices take longer to check in & update during the 4-week patching window (holiday, sickness, network speed, etc). Client devices are all built to a government secure industry standard, have anti-malware installed, are protected by the web filter even off the network and have firewalls enabled	Remedial Actions: The patching process for client devices is due to be reviewed with more staff working remotely or not being based in an office which causes some delays e.g. Community Partnerships.		
Anti-Malware Installation Compliance % of machines on the network that have anti-malware protection installed and enabled	 100%	 100%	 97%		Causal Analysis: None	Remedial Actions: None		
Blocked Attacks on Staff Accounts Attempted logins from malicious actors to staff accounts. These aren't successful and are flagged by our SIEM tool	Due to the recent SIEM upgrade, the collection of these statistics is on hold until the new setup is complete.	The collection of these statistics will resume at the end of the month when a full overview can be obtained.	 97		Causal Analysis: Attackers perform password attacks against accounts they find on LinkedIn or through other means. They will use 1000s of common passwords through automated tools. Finance is the most targeted department per ratio of 100 staff	Remedial Actions: IT Security monitor these on a daily basis and will investigate to ensure they are not successful. High risk departments have Multi-Factor Authentication enabled e.g. Finance, HR, IT, Estates.		
Security Awareness % of applicable staff who have completed their e-learning module on cyber security & information governance	 89%	 88%	 88%	123	Causal Analysis: L&D are seeing challenges in staff booking and being released to attend training with the current staffing challenges. Not at the required level of 95% for the Data Security & Protection Toolkit.	Remedial Actions: IT Sec have revised the training. L&D are reviewing with Info Gov.		

Paper for Board of Directors

Topic	REDS – Recovery College & Peer Support
Date of Meeting	Thursday, 29 September 2022
Agenda Item	12
Author	Donna Walker, Holly Taylor
Responsible Executive	Martin Kersey, Executive HR Director
Discussed at Previous Board Meeting	Not previously discussed by the Board
Patient and Carer Involvement	Patients/individuals with lived experience help co-produce and attend REDS Recovery College courses. Patients have been directly involved in the service evaluation of peer support.
Staff Involvement	Peer Support Workers (PSWs), REDS team members and subject matter experts help co-produce REDS Recovery College courses. Ward staff have been involved in the service evaluation of peer support.
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 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 type="checkbox"/>
Strategic Priority Area	<div>Education and Training <input checked="" type="checkbox"/></div> <div>Finance & Sustainability <input type="checkbox"/></div> <div>Service Innovation <input type="checkbox"/></div> <div>Quality <input checked="" type="checkbox"/></div> <div>Research & Innovation <input type="checkbox"/></div> <div>Workforce, Resilience & Agility <input type="checkbox"/></div> <div>Partnerships & Promotion <input type="checkbox"/></div>
Committee meetings where this item has been considered	L&D Management Meeting, People Committee

Report Summary and Key Points to Note

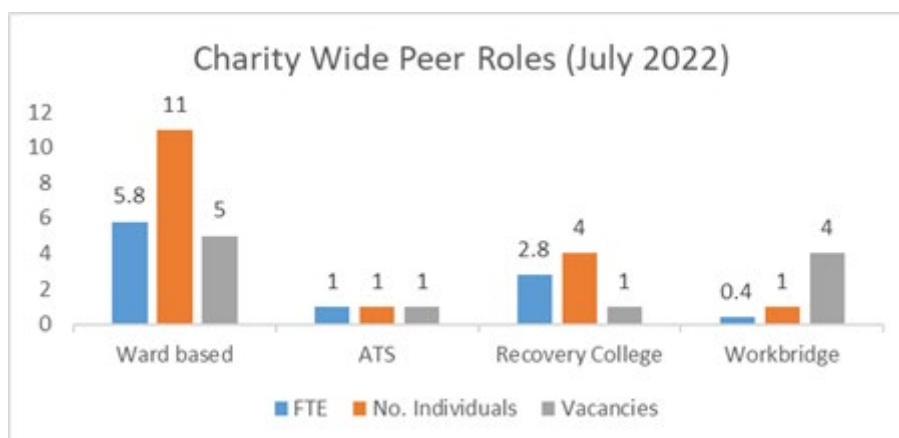
- The REDS team supports the Charity achieve its strategic aims, particularly in relation to the Quality priority, by embedding a culture of co-production across the Charity.
- Our aim is to continue to extend our internal 'reach' and, over time, to enable all patient groups equal opportunity to experience and benefit from peer support and recovery focused education.
- Two short one page updates are included herein to provide context on each of the two teams in REDS, ahead of a presentation as part of the meeting agenda.

- Our vision is to have Peer Support Workers enriching and working within every care team by 2025.
- Peers with lived experience provide a unique and impactful resource to support people during their Mental Health Recovery.
- Charity wide we have 11 ward-based Peer Support Workers (PSWs) equivalent to 5.8FTE, providing 29 days of peer support to patients across 11 wards and 4 Northampton based Divisions.
- We have introduced a robust evaluation process and received consistently positive feedback about the impact of peer presence from patients and ward staff, including some transformational journeys.
- We have 5 new PSWs joining us this Autumn (increase of 2.0FTE).
- The team have enabled the re-opening of the extremely popular Patient Recreation Club providing a vital social space for people to experience and learn.

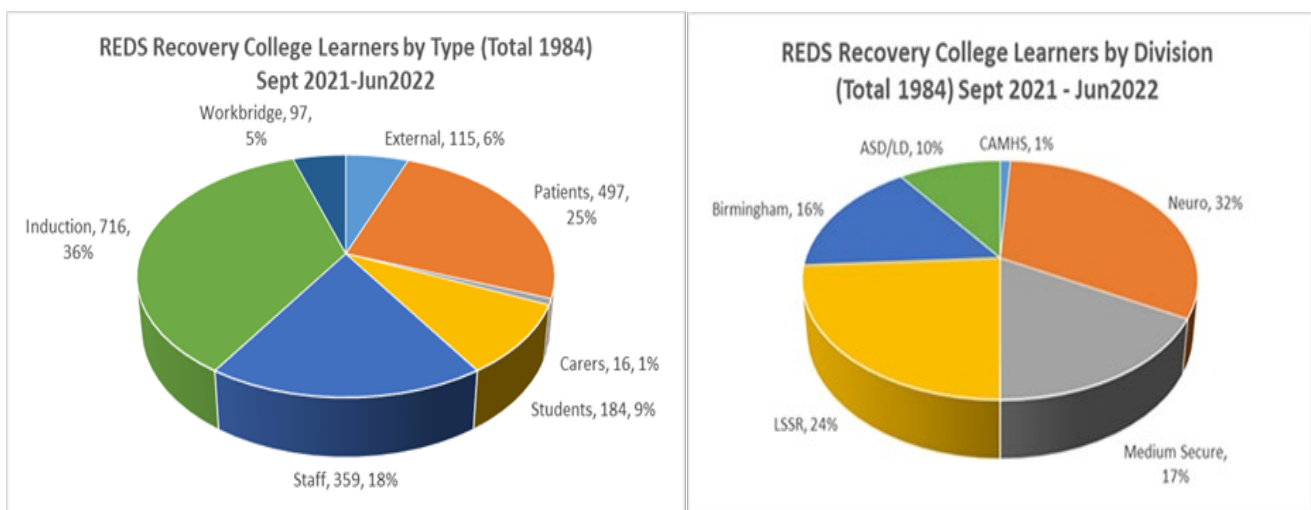
Ward based Peer Support Provision as at July 2022

Division	Ward	Peer Gender	Hours Peer Support per week	Days Peer Support per week	Total Peer Support days per Division per week
Medium	Rose	Male	15	2	
Medium	Maple	Female	7.5	1	
Medium	Willow	Female	38	5	8
LD/ASD	Fern	Male	15	2	
LD/ASD	Hawkins	Male	15	2	
LD/ASD	Sunley	Male	15	2	
LD/ASD	Oak	Female	15	2	
LD/ASD	Church	Female	23	3	11
LSSR	Naseby	Female	15	2	2
Neuro	Elgar	Female	30	4	
Neuro	Taverner	Male	30	4	8
4	11		218.5	29	29

Additionally, St Andrew's employs individuals with lived experience in other peer roles across the Charity:



- The Recovery College, launched in 2018, has supported **3939** learners.
- This has increased rapidly over the last year with nearly **2,000** learners attended college courses.
- 'Learners' are a mix of patients, staff, academic students, carers and external
- Since February 2022 we have commenced external course delivery to the local community (115 learners).
- We have 40 courses available on our prospectus which is an increase of 13 this year - all are co-produced with input from clinicians, individuals with lived experience and Recovery College trainers.
- Channels of delivery include face to face classroom based (collaborative learning), on ward delivery (REDS InReach), online digital dial in (REDS Live), short taster courses (REDS Bitesize), distance learning workbooks options (REDS @Your Pace), 121 sessions.



Key developments:

- A new 5 day **'Focus on Recovery' course** aimed at **student nurses**, which is designed to give an in-depth insight into personal recovery and a solid foundation in recovery focused practice that will underpin their future careers. This is now part of the Healthcare Landscape placement for student nurses.
- **Wellbeing developments** - we have co-produced a new flagship course entitled **'Managing My Wellness, REDS Road to Recovery'**, with an associated workbook, focused on supporting individuals to manage and maintain their personal wellness, identify useful strategies and overcome a variety of barriers. This has been adapted and developed into a workplace Team Wellness action plan tool for staff.
- We have developed a fantastic **REDS Wellness Walk** resource enabling patients and staff to take full advantage of the wonderful Northampton grounds.
- Development of a variety of **external partnerships** locally and nationally and many **internal collaborations**.
- **We have co-produced** an 8 week modular **'Co-production Skills Training'** course to help build patients confidence and competence to be meaningfully engaged in co-production activities.
- We have developed **Learning & Development Co-production Standards** to support the L&D team objective to ensure all learning programmes are developed/delivered in a co-produced way.



Questions from the Public for the Board

(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 -**

**Tuesday 22nd November
2022**

9.00am

(Paul Burstow - Verbal)

**StAH Board of Directors
– Part 1
Annex A
Governance Project
Update
(John Clarke)**

Governance & Risk Project

Board Update Sept 2022



Project Headlines

- There is now full time project oversight being maintained, with the previous slippage being addressed.
- Terms of Reference are currently a priority along with a review of Matters Reserved and the Governance structure
- Initial meeting attended facilitated by Jenny Kirkland in order to align project with the Quality Strategy work surrounding clinical governance.
- Draft layout of the Governance Framework has been developed
- The Authority Matrix is now ready for Board agreement
- Updates given to Vivienne McVey on previous work, current tasks and timelines

Timeline Summary & Milestones

Due to recent slippage in the Timeline, adjustments have been made, which have ensured that the original project end date of July 2023 has been maintained.

- Review Matters Reserved to ensure reflected in Draft ToRs
- Develop Standing Agendas
- Finance Committee ToR has been discussed at Committee
- ARC ToR is being finalised for discussion at Committee
- QSC ToR to be reviewed by new Chair of Committee
- People Committee ToR to be reviewed prior to presentation by new Chair of Committee
- Board Code of Conduct is due for Oversight Review and Comment prior to submission for adoption

Other Information

A review of the project milestones and deliverables has been done against Well-Led in order to ensure that all aspects of Well-Led expectations have been considered.

A full review exercise of Matters Reserved for the Board and Committees versus Terms of Reference is also being undertaken.

Risk Summary

Risk Register										
Risk ID	Risk Title	Brief Risk Description	Initial Risk Ratings			Existing Controls	Current Risk Ratings			Current Risk Trajectory
			Impact	Likelihood	Risk Rating		Impact	Likelihood	Risk Rating	
April001	Project Scope	The project scope may not be well defined or incomplete resulting in poor effectiveness and potential project failure	Moderate	Possible	High	Development of Project Initiation Document outlining full scope of project taking into account E&Y review, and additional Charity requirements. [PE]	Insignificant	Rare	Low	↓
April002	Priorities	Lack of control of staff or charity priorities or unanticipated events may lead to project disruption, delay or non-delivery	Moderate	Possible	High	Clear communication with GOG and key stakeholders in order to mitigate any potential adverse occurrences [PE]	Minor	Possible	Medium	↓
April003	Communication	Lack of effective communication and oversight could result in lack of confidence in the project by the Board and the Charity	Moderate	Possible	High	Regular project reporting and 1:1 meetings with key stakeholders. Regular GOG meetings [E]	Minor	Possible	Medium	↓
April004	Dependencies	Key person dependencies being compromised may lead to project slippage	Major	Possible	High	1:1 meetings with stakeholders and GOG meetings in order to provide forum for discussion and mitigation if necessary [E]	Insignificant	Possible	Low	↓
April005	Project Resourcing	Insufficient resources and bandwidth due to recruitment issues, lack of applicants, lack of experience or market forces could result in poor delivery of objectives and project slippage	Major	Possible	High	Regular communication with HR and Recruitment in order to ensure that effective resourcing is in place. [PE]	Minor	Possible	Medium	↓
April006	Sustainability	Failure to adopt the framework and sustain the principles across the Charity	Moderate	Possible	High	Embedding and monitoring phase of project will utilise effectiveness reviews and internal audit to ascertain progress and level of adoption and understanding [E]	Insignificant	Unlikely	Low	↓
April007	Timeline	Additional and unprecedented risks being identified thereby adversely affecting the length of the project	Moderate	Possible	High	Clear communication of potential slippage to stakeholders and GOG in order to mitigate as quickly as possible. [E]	Major	Rare	Medium	↓

**StAH Board of Directors
– Part 1
Annex B
Research and Innovation
Annual Report 2021/22
(Professor Stanton
Newman)**



**Research
& Innovation**

Part of St Andrew's Healthcare

Research & Innovation 2021/22



Transforming lives through research

Chair's introduction

As Chair of the Research Committee, I am delighted to present the research and innovation annual report 2021/22. This has been an exciting year, with significant changes for research and innovation across the charity. Our strategy to develop a world-class research capability to benefit our patients has been refreshed, with increased focus on the further development of strong external partnerships, nurturing cultural change and encouraging sustainability. I hope you enjoy the selection of high quality projects detailed in this report, which typify the excellent work being done.



Stanton Newman
Research Committee Chair

Our mission

We will grow and manage a carefully selected portfolio of research and innovation projects to improve the overall care we provide and deliver maximum benefit to patients, with a particular focus on enabling them to recover, and return to the community as quickly as possible to lead fulfilling and rewarding lives.



Jess Lievesley
Chief Executive (interim)

I welcome the opportunity to pay tribute to the work that takes place within the charity to progress research and innovation. We know that the best outcomes and opportunities for those in our care come from a culture of continuous quality improvements and a restlessness and desire to seek to learn.

We know historically that mental health research has not received the funding or prominence that it deserves and our strategy is aimed to redress the balance. I was therefore delighted when our board of trustees placed research and innovation as one of seven strategic priorities for the charity and I know that we will go from strength to strength, as our expertise and collaborations in this area continue to develop and expand.

Inequalities

Inequality can be defined as unfair and unjust differences between people that has a negative effect on their lives, including their mental health. Previous studies have suggested that inequalities may play a role in the development of mental ill-health and the aim of the study at St Andrew's, funded by NHS England, was to identify some of the key inequalities experienced by our patients.

Our study involved talking with patients, staff and peer support workers, and then analysing what they said in detail. While individual factors were identified, one of the key elements that emerged was that patients often experience multiple inequalities across a variety of areas. This is referred to as intersectionality and needs to be considered when exploring inequality. The factors underlying inequality can be grouped into three main themes: a disrupted living environment, a disturbed childhood and a lack of emotional support. It is important for both staff and patients to be able to recognise and challenge inequality, as well as understand how these factors may contribute to the development of mental ill health. The findings from the study informed the content of an interactive workshop, which was developed by the REDS Recovery College at St Andrew's. Delivery of and learning from the session is most beneficial when attended by both staff and patients, as it provides an excellent opportunity for a joint exploration that can lead to meaningful culture change. As part of the promotion of study outputs, the session was run especially for staff in the East Midlands region (see below) and is also available for delivery at individual organisations (**contact: redsrecoverycollege@standrew.co.uk**).



Kristina Brenisin

Research Assistant working on the inequalities project

"It was very rewarding being part of the inequality project. We were dealing with issues that are very important to address in regards to mental wellbeing, so it was amazing to see so many people, including patients and staff, come together to raise awareness of inequalities."

In March 2022, delegates from the East Midlands Collaborative were invited to attend an interactive workshop entitled, **Inequality, Mental Health & Recovery**, developed and hosted by the REDS Recovery College.

"The aim of the workshop was to encourage attendees explore and discuss how disadvantage can lead to mental ill health and to identify ways to tackle inequalities within mental health services. We also wanted to showcase our workshop, which was specifically designed for co-attendance by staff and patients from mental healthcare settings.

"This was a hugely successful course and all delegates took away a better understanding of the depth and breadth of health inequalities inherent in society and care settings."

Donna Walker

REDS Recovery College and Peer Support Manager



Clinical Research Secondments

The Research and Innovation Team have been joined by Consultant Clinical Psychologists, Dr Inga Stewart and Dr Charlie Staniforth, who are on a two-year Clinical Research Fellow secondment. These secondments have allowed both of them to dedicate two days a week to research, while continuing with their 'day job' for the rest of the time.

Research secondments 'inject new interest' into work, St Andrew's Healthcare (stah.org)



Dr Charlie Staniforth

Consultant Clinical Psychologist and Clinical Research Fellow

"Being able to break up my week and combine my day job with my research work has completely rejuvenated me. The secondment is a powerful tool as it is providing me with tacit knowledge and experience, which will also benefit my practical work."

Charlie is working on a tool to identify preventative and treatment interventions to reduce poor sexual health outcomes and vulnerability to sexual exploitation for adolescent inpatients.



Dr Inga Stewart

Consultant Clinical Psychologist and Clinical Research Fellow

"Being able to combine research with a job I already loved doing has injected new interest into what I do. The research secondments were open to all clinicians and applying was the best thing I could have done."

Inga is working on a toolkit, with the aim of helping care staff become better at involving people with dementia in writing their own care plans. Co-production has become an important part of people's care, with government guidelines also recommending that people are involved in their own care planning; however, there is little guidance available on how to do this well. Inga hopes her toolkit will help give a voice to people living with dementia and their carers who can act as partners in care.



Data and Technology



Data, data everywhere... but there are challenges to making use of it for research. The “rich” health data held by the NHS and the likes of St Andrew’s can be used to powerful effect, both at individual and population level. However, with great power comes great responsibility; only information that is relevant should be extracted and patient confidentiality must be protected. The former requires an understanding of the medical records and the latter requires the removal of identifiable information. The processing required for a large number of health records can be so time-consuming as to render them unusable.

We believe the answer lies in technology and we have joined a consortium of mental healthcare organisations

who are working with Akrivia Health to refine and implement the case record interactive search platform. Their intelligent system is able to learn what is relevant from human annotators, and can mask personally identifiable information during the extraction process, resulting in a deidentified and structured dataset. There are additional advantages to this technology-based, consortium approach: high quality, research-ready datasets are produced at speed, to a greater degree of accuracy than could otherwise be achieved; datasets can be combined from across trusts to increase statistical power; human input is minimised: a bonus for busy clinical teams and helping to maintain patient confidentiality.

Transparency is vital and a communications plan is intended before the system goes live. There is still a way to go, but with a fair headwind, we think 2022 is looking good.

**AKRIVIA
HEALTH**

Personalised medicine

Personalised medicine refers to treatment that is customised for individual patients. We all have a different genetic make-up and this suggests that people with the same condition may require different therapies. St Andrew’s Healthcare is teaming up with two external organisations to investigate how we can use emerging technology to be more precise in the medication that is prescribed for our patients.

Clozapine is a drug commonly used to treat psychotic disorders. It can be very effective; however, patients may experience severe side effects. In addition, the rate at which the drug is broken down by the body will affect the dose that is required. David Taylor, Professor of Psychopharmacology at King’s College London and Director of Pharmacy and Pathology at the Maudsley Hospital, has developed a genetic test. The Clozapine Test (Psychiatric Genetic Testing Limited), will predict potential side effects of the drug, as well as indicating the dosage needed for the drug to be effective. We plan to assess this test in a St Andrew’s setting and if successful, it would be another instrument in the clinician’s toolkit to give our patients the best care possible, with potential to speed up the recovery journey, leading to their earlier discharge.



We are also working with a Cardiff University spin-off company, MeOmics, who aim to convert blood cells to nerve cells, which can then be used to assess which drugs will be most appropriate for individual patients, all within a lab setting and without using “real” patients. “What’s more, the cells could be used to screen new compounds, which will speed up and reduce the costs of progressing new drugs from discovery to treatment. Although this project is at an early stage, it demonstrates that we are developing partnerships with collaborators that put St Andrew’s at the cutting edge of research for the benefit of our patients. Not only will this contribute to improved outcomes now, but it will ensure that state of the art therapies are available for our patients as soon as they become available.”



Physical Health

1214
staff members have
completed the Physical
Activity e-learning
since Feb 2020

We continue to build on our five-year relationship with Loughborough University, with physical health remaining a core strand of our research strategy. This year, we are working with three students on collaborative projects, two of which are well underway and third in development.

Justine Anthony has recently completed a PhD within CAMHS. This body of work comprised a series of studies exploring the physical activity and physical health of adolescents in secure care. In one of these studies, Justine interviewed staff and patients about their experiences of physical activity provision and promotion within secure psychiatric care. In another study, Justine conducted secondary data analysis on anonymised patient data to explore longitudinal weight change for adolescents in CAMHS.

Findings revealed that young people who are admitted to secure care have a greater tendency to gain weight. There are many factors which contribute to this including diet, physical activity and the side effects of medication.

Since completing her PhD, Justine has started a post-doctoral research project within the adult services at St Andrew's. This project aims to build on previous work from a Loughborough collaboration that produced an e-learning module for staff on the importance of physical activity. This project will use co-creation methodologies to produce a 'Physical Activity Toolkit', which will include practical resources to support staff in physical activity promotion, and patients in physical activity engagement.

We will undertake an evaluation of the toolkit later in the year.

[CAMHS collaboration continues despite Covid chaos, St Andrew's Healthcare \(stah.org\)](#)



Dr Justine Anthony
Research Associate,
Loughborough University

Poppy Gardiner's project is focussed on improving the quality of sleep for the patients at St Andrew's, as poor sleep has been identified as a significant clinical issue in secure psychiatric care. Within this population, sleep disorders can relate to delayed recovery, reduced engagement with treatment and daytime activities, and poorer overall wellbeing. Despite the known health benefits of physical activity, individuals with severe mental illness have been identified as one of the most inactive populations. Research also states that engaging in physical activity across the day can help individuals to sleep better at night. This project aims to increase daytime physical activity by way of an intervention that is encouraging patients to take part in small bouts of activity across the day, at a self-selected intensity. By engaging in more physical activity and being less sedentary, the intention is that patients will stay awake during the day and that daytime napping will be reduced. The anticipated outcome of this combination is that night time sleep quality and overall wellbeing will be improved.

The intervention is underway across our Northampton site and has been well received by patients and staff in both our men's and women's adult services.



Poppy Gardiner
Doctoral Researcher,
Loughborough University

External Collaborations



UNIVERSITY OF
BIRMINGHAM



Why are we stuck in hospital?

Understanding service user, family and staff perspectives when transforming care for people with learning disabilities and/or autism

By **Professor Jon Glasby**

Chief Investigator for this NIHR-funded study

In recent years, there has been growing concern about the number of people with learning disabilities and/or autism living in long-stay hospitals, and concerted policy efforts to help people lead more ordinary lives in the community. Despite this, there has been little research on why people with learning disabilities are delayed in hospital, and virtually no research that has tried to ask people with learning disabilities, their families and front-line staff about what they see as the main barriers and what would help more people to leave hospital from their point of view.

Against this background, the University of Birmingham and Changing Our Lives are conducting a national study – some of which involves research with St Andrew's – to better

understand the experiences of people with learning disabilities who have been stuck in long-stay hospital settings, their families and front-line staff. This knowledge will then be used to create practice guides and training materials to support new ways of working and to help other people in future.

We are grateful to St Andrew's for supporting the research and helping us to try to develop answers to these important policy and practice questions, especially in such a challenging external environment.



Section 17 Leave: Supporting unpaid carers

By **Dr Nicola Moran**

Research Fellow, University of York

'Section 17' (s.17) leave allows patients detained in hospital under the Mental Health Act 1983 (MHA) to take increasing amounts of therapeutic leave; such leave is a vital part of a patient's rehabilitation and mental health recovery. Unpaid carers report being infrequently involved in decisions about leave for people they care for who are detained under the MHA in England and there is little evidence about effective ways to support carers during inpatient stays.

During phase one of this study, completed across a number of sites including St Andrew's, we gathered qualitative data from carers and practitioners through interviews and workshops, in order to explore experiences of s.17 leave and identify how it could be improved. We then

developed a 10-item Standard, which sets out how practitioners can better support carers around s.17 leave.

During phase two, due to complete in 2023, the Standard will be introduced in selected 'intervention wards' in a small number of sites across England and outcomes for carers will be compared with those in 'control wards' using qualitative and quantitative methods. We will interview practitioners from intervention wards to discuss implementation; and we will also consider the cost implications for a wider rollout. If the Standard improves outcomes for carers, it will go to full trial. We anticipate that improved outcomes for carers will also benefit patients and practitioners.

Partnership development and building engagement

The last year has created a strong foundation for the future growth of research and innovation at St Andrew's Healthcare. As we move forward, a major emphasis will be placed on developing innovative partnerships with academia, NHS Trusts, industry and other third sector organisations. The charity already has a large number of collaborations with a diverse range of organisations, however within the refreshed strategy, we are keen to encourage and expand our portfolio, through the refreshed strategy, to drive improved outcomes for our patients. We believe friendly and open collaboration, true co-production based on respect and entrepreneurship can help us to invent the future. We would like to hear from anyone interested in helping us to achieve our goals.



Photographed by **Richard Durham**,
Groundsman at St Andrew's
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