

CHARITY NO: 1104951  
 COMPANY NO: 5176998

**ST ANDREW'S HEALTHCARE**

**BOARD OF DIRECTORS  
 MEETING IN PUBLIC**

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

Tuesday 24 August 2021 at 09.00 am

Present:	
Paul Burstow (PB)	Chair, Non-Executive Director
Andrew Lee (AL)	Non-Executive Director
Elena Lokteva (EL)	Non-Executive Director
Stuart Richmond-Watson (SRW)	Non-Executive Director
Ruth Bagley (RB)	Non-Executive Director
Stanton Newman (SN)	Non-Executive Director
David Sallah (DS)	Non-Executive Director
Katie Fisher (KF)	Chief Executive Officer
Alex Owen (AO)	Chief Finance Officer
Andy Brogan (AB)	Chief Nurse
Sanjith Kamath (SK)	Executive Medical Director
Martin Kersey (MK)	Executive HR Director
In Attendance:	
John Clarke (JC)	Chief Information Officer
Alastair Clegg (AC)	Chief Operating Officer
Duncan Long (DL)	Company Secretary
Farshad Shaddel(FS) Item 1	Consultant Psychiatrist
Catherine Vichare (CV) Item 11	Clinical Director
Anne Utley (AU) Item 15	NHS Providers
Melanie Duncan (Minutes)	Board Secretary
Apologies Received:	
Jess Lievesley (JL)	Deputy Chief Executive Officer

Agenda Item No		Owner	Deadline
1.	<p><b>Welcome</b></p> <p>PB (Chair) welcomed everyone to the first part of the Board of Directors (Board) meeting, which is a meeting held in public.</p>		
<b>DIVISIONAL UPDATE</b>			
2.	<p><b>Divisional Presentation (including Patient Voice): Sycamore Service</b></p> <p>AC and FS presented the session, outlining the challenges that have been faced in bringing this presentation to the Board. FS outlined the Model of Care within Sycamore, and explained that unfortunately the patient could not be interviewed directly ahead of this morning, but that he hoped that the patient's voice could still be heard via the presentation slides.</p> <p>FS gave a background to Sycamore and the enhanced medium secure unit run for patients with a primary diagnosis of Intellectual Disability and or Autistic Spectrum Disorder. FS explained the mission and vision for the service, which was to become one of the best specialist services in the field, as confirmed by external recognition. He then presented the Individualised Model of Care, which supported the discharge to 'best fit' approach. He further explained the difference that Sycamore gave; in that it developed the care requirements</p>		

<p>within the hospital environment which would then translate to a community environment in order to foster confidence within the patient.</p> <p>FS outlined the criteria for admission to Sycamore, highlighting it was for patients who were unlikely to improve further by staying within a hospital setting, and where clear rehabilitation potential and the prospect of living in a bespoke community environment would be beneficial. The admission process was outlined to show the bespoke process of admission the patient is taken through, noting that the unanimous agreement of the team was required. FS outlined how the patient had been able to spend time within the grounds and with her family in recent days despite a period of seclusion prior to this. The social aspects highlighted that whatever was done within the hospital setting was able to be replicated within the community. The Intelligent Kindness Model noted the cycle which aided in ceasing bad experiences and building trust. FS noted that the Patient's Voice was quoted in the presentation, and she was aware of that.</p> <p>FS presented data which supported the service where the patient was admitted in March, and showed a spike in incidents, violence, self-harm and restraint. There were still one or two incidents per day, however, the level of aggression had fallen, and periods of seclusion were reduced. These factors demonstrated a significant change. There was now proactivity in the rehabilitation stage of the process. The therapeutic interventions that Sycamore would like to use were listed, however, it was noted that the patient would not have access to the MDT in the community. It was therefore hoped that HCAs could be trained to deliver a therapeutic environment within the community.</p> <p>FS then showed a SWOT analysis of the service and welcomed questions from the Board.</p> <p>PB thanked FS, and enquired regarding the model that identified when patients were ready to move onwards, and asked if there were any key markers which are looked for specifically. FS explained that within Sycamore they concentrated on why the patient was not improving within the hospital environment, and used that information.</p> <p>SN said that he would be interested to see the data in the coming years regarding length of stay and destinations. He also asked if the community resources were being developed, and were we involved in helping to develop that service. FS explained that the first patient was admitted 5 months ago, with an 18 month anticipated stay within the service. The patient's journey had showed that it should be achieved. The ongoing placement would be a bespoke situation which would replicate the hospital environment. The Commissioners and the team were working on the development of this from the start, making it specific to the patient.</p> <p>DS thanked FS, noting that he had experience of this group of patients. DS commented on the fact that one seclusion room was seen as a weakness, as he felt that seclusion should not be used any more. FS agreed with DS and was hoping not to use seclusion, however, due to the acuity of this patient, seclusion was required and it had a further impact whereby another patient could not be admitted to the service as a result. DS asked where the team were with regard to the overall vision. FS replied that this was a rare service, there had already been an inspection, and other external agencies had been involved with the development of the service.</p> <p>EL wanted to know about the levels of sickness with staff compared with the rest of the Charity and how staff were supported within this challenging environment. FS noted that sickness was slightly higher due to Covid and injuries received. He added that staff were supported and steps were taken to motivate staff via regular team days. He noted that there had been a lot of interest from staff regarding working within the service, however, the issue lay with retention of staff due to the patient. EL asked if staff turnover was higher than average compared to the rest of the Charity. FS replied that it was when</p>		
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	<p>the service began, however, staff turnover was beginning to decrease. EL commented that she understood that stability of staff was required within this environment.</p> <p>AL asked how conflicts of objective between the patient, family and staff were dealt with. AL also noted that the data presented referred to just one patient, and asked if commissioners reflected in a monetary way the acuity of the patients who required specialist care within St Andrew's. AO responded that a different day rate was in place for these patients, and the ward was based on single occupancy. As more patients would be admitted, the day rate would drop accordingly.</p> <p>RB appreciates the service was relatively new, and asked if it could be replicated for more patients and for differing reasons. FS explained that the model showed that it was possible to roll out this type of service for other patients, and that it was hoped to expand it as there were other patients within this area who were still in hospital but had rehabilitation potential. FS agreed that there was demand and huge potential for this type of treatment.</p> <p>PB noted the valuable learning from this work, involving discharge into the community, and thanked FS and the patient for the presentation.</p>		
<b>ADMINISTRATION</b>			
<p><b>3.</b></p>	<p><b>Declarations Of Interest</b></p> <p>All members of the Board present confirmed that they had no direct or indirect interest in any of the matters to be considered at the meeting that they are required by s.177 of the Companies Act 2006 and the Charity's Articles of Association to disclose.</p>		
<p><b>4.</b></p>	<p><b>Minutes Of The Board Of Directors Meeting, Part Two, on 27 May 2021</b></p> <p>The minutes of the meeting held on the 27 May 2021 were <b>AGREED</b> as an accurate reflection of the discussion.</p> <ul style="list-style-type: none"> <li>EL noted two points of clarity via email in advance of the meeting regarding the financial years noted within the ARC Chair report. DL confirmed that the changes had been made.</li> </ul>	<p><b>DECISION</b></p>	
<p><b>5.</b></p>	<p><b>Action Log &amp; Matters Arising</b></p> <p>24.09.20 <b>01</b> Board Development Plan - PB confirmed that a meeting was to be held later that day in order to address Board development. Action <b>CLOSED</b></p> <p>26.11.20 <b>04</b> NED Ward Visits - Action <b>CLOSED</b></p> <p>25.03.21 <b>02</b> Transformation Programme Update - It was <b>AGREED</b> to merge this action with the 28.01.21 <b>01</b> Division Lessons Learned action.</p> <p>27.05.21 <b>02</b> NHS Benchmarking Network - SK will present to Board in November. PB suggested a Board seminar to discuss this further.</p> <p>27.05.21 <b>04</b> Data Security - AL commented that JC attended the last Finance Committee, and that this work needed to be dealt with as part of the Governance Review, as the Board will require assurance that the risks are acceptable. JC added that part of this action involved reporting on the data security area within the IPR, which will be done for the September meeting. PB agreed that this would be resolved as part of Governance review implementation. Action to remain open.</p> <p>27.05.21 <b>05</b> DBT Patient Video - Action <b>CLOSED</b></p> <p>All other actions were <b>NOTED</b>.</p>	<p><b>DECISION</b></p> <p><b>DECISION</b></p> <p><b>DECISION</b></p> <p><b>DECISION</b></p>	

CHAIR'S UPDATE		
<b>6.</b>	<p><b>Chair Update</b></p> <p>PB gave a verbal update, noting that there had been a number of Extra-Ordinary Board meetings recently, covering the Quality Account and the CQC inspection. PB also noted that he had visited the Essex service and met with patients and staff. He also visited the gardens that had been highlighted during the Divisional Presentation to the May Board.</p> <p>PB also reported that he was also about to begin appraisal conversations with NED colleagues.</p> <p>The Board <b>NOTED</b> the update.</p>	
EXECUTIVE UPDATE		
<b>7.</b>	<p><b>CEO's Report</b></p> <p>KF presented the report which was taken as read. She updated on the recent CQC inspection where 25 wards were inspected, with further work being carried out with the CQC on 17 wards. KF was also delighted to report that as a result of a recent Ofsted inspection the St Andrew's College had achieved an overall rating of Good with Outstanding elements within the new framework.</p> <p>DS asked regarding the CQC report with regard to issues being fed through a Patient Safety Group, ensuring the group was separate and led by the CEO. DS was interested to hear KF's views on this. KF replied that she would address this further in part two of the Board meeting, however she agreed that the quality improvement programme would have dedicated focus. KF noted that no report had been received as yet, and may not be for a while.</p> <p>PB asked if a draft report would be available before the CQC report was published. KF confirmed that a draft would be available, with a formal factual accuracy process, noting that there would be 10 days for us to comment and that there would be 10 days after that for the CQC to respond to our factual accuracy check before the report was formally issued and published.</p> <p>The Board <b>NOTED</b> the update</p>	
<b>8.</b>	<p><b>Performance Report (including Finance)</b></p> <p>AC presented the report which was taken as read and noted that there had been a number of changes to the report, namely the inclusion of a target lines, and that the summary captured accurately the challenges that the charity was experiencing in Northampton in particular. He added that Covid had impacted most areas, including staffing and finances, with the ability to move patients onwards being affected as a result. He concluded that staff continued to do a wonderful job looking after patients under these circumstances and the safety data reflected that. SK further added outlines of the rationales behind the target lines.</p> <p>AL noted that the registered nurse fill ratio seemed specific and asked if the Board had been looking at these staff graphs for the previous 6 months, would they have clearly shown that something needed to have been done sooner. AC replied that registered nurses were highlighted as a statutory requirement. He added that other data was also looked at, and this indicated that historically, establishment figures had been taken against our base ward figures, which were then flexed against our bureau staff. This was now being looked at with HR. KF noted that the CQC had been made aware that we had staffing challenges, and have been doing so since before the pandemic. As well as flagging the challenge the CQC had also been kept informed about the steps being taken to address the situation. AB responded to AL, noting that the Charity did have early warning regarding this, however, further steps would be taken to provide the Board with the clearest possible line of sight.</p> <p>SN noted that he was glad to see the targets within the reporting and to hear that there would be further discussions at the Quality &amp; Safety Committee. SN</p>	

	<p>also noted within Patient experience that there were a number of patients ready for next steps. He asked how many exactly were ready for this. KF confirmed that the figures were between 5 and 50 and SK confirmed that regular patient reviews are undertaken with approximately 30 at any one time. SN said he would be looking for successful discharges and KF responded that it was a high number who moved on to a less restrictive environment.</p> <p>EL wanted to know why there were differing dates for differing metrics. She noted that the numbers for mandatory training were good, and asked what the training budget was, noting that if the ratios were so high why are there challenges with record keeping for example. MK replied that training budget was approximately £2m and covered all training not just clinical training. He added that there had not been as much face to face training as a result of Covid. KF added that training was one aspect; random sampling and auditing of all ward areas were also being undertaken, along with random checks of CCTV with robust action being taken accordingly. AB confirmed and also shared his concerns regarding the basics. He noted that it was not a problem just for St Andrew's. He added that the Nursing Strategy focussed on the basics, and that it would be noted within the Quality Plan in order to indicate how targeted training would help.</p> <p>DS noted that quality needed to be factored into the integrated performance report as well as safety. He asked if the dashboard could show this in a clearer way, and where corrective action would need to be taken. PB suggested that more detailed discussions regarding this would be required outside of Board.</p> <p>EL thanked MK for the data regarding training budget which is approximately £500 per person per annum. She asked if a split between enabling functions and nursing could also be seen, and if AB was responsible for the Nursing Strategy would he also be responsible for the nursing training budget. MK confirmed that he had a training budget breakdown which could be shared. KF clarified that responsibility sat operationally with AC, working with AB and SK to ensure that standards were set and met. PB asked for a paper on the charity's training budget and how the impact of training was assessed to be submitted to the People Committee for consideration.</p> <p>PB thanked colleagues for the production of the report</p> <p>The Board <b>NOTED</b> the report</p>	<p><b>AB, JL &amp; DS</b></p> <p><b>MK</b></p>	<p><b>25.11.21</b></p> <p><b>30.09.21</b></p>
<b>OPERATIONS</b>			
<p><b>9.</b></p>	<p><b>Staffing Action Plan</b></p> <p>AB presented the paper which was taken as read, and highlighted where progress was being made and what was planned for the future. The paper set out the key principles of the right staff in the right place at the right time. It was stressed that it was not just about numbers of staff, but the skill sets required and deployed appropriately. The current model used by the Charity was no longer fit for purpose, and was confusing to everyone. The requirements for NHS Trusts showed that Boards were expected to receive an annual review of staffing and sign off of the establishment.</p> <p>At the beginning of 2021 the Charity moved to new staffing terminology and measures, in-line with the approach widely adopted in the NHS. The charity is adopting the staffing model used by the majority of Mental Health Trusts known as MHOST. Also a new e-rostering tool, Allocate, which is very widely used by NHS Trusts and Mental Health trusts was being adopted. The business case was under development with preparatory work underway to facilitate a swift roll out, division by division.</p> <p>AB was seeking Board agreement that in future the staffing established would be signed off by the Board, with an update to each meeting of the Board.</p>		



	<p>AC presented the draft action plan which drew together all the projects which were being undertaken to address the staffing challenges. AL asked if the actual outcomes could be recorded alongside the actions and proposed outcomes. AC agreed with this addition. RB also suggested the addition of a communications line to the action plan.</p> <p>RB asked if the data would be available which would allow the profiling of sickness absences against other events. With regard to staggered pay progression, RB also asked if all approaches had been considered in order to gain retention of staff. AC responded yes to both questions; data on absences was being triangulated and with regard to pay, AC was working with AO regarding retention payments.</p> <p>SN noted the lack of an objective measure, and asked if dissatisfaction within nursing was being addressed. AB explained that there was an evidence based tool which looked at a range of issues, however, the base establishment was being set using MHOST which would allow visibility of the needs on the day, and would flex and give the planned level of care and planned hours of care per profession per day. SN noted that he was hoping to see how the dissatisfaction of the staff with staffing levels would be dealt with. AB replied that staffing boards outside wards would help as they gave transparency as to what staffing levels were planned.</p> <p>PB noted that People Committee had asked for all the projects be reported in one place to provide a clear line of sight. He noted that The QSC had also discussed the staffing pressures. AB stated that the Safer Staffing report should be presented to QSC, with training and recruitment presented to People Committee. DS agreed that it was important to agree what should be covered within People Committee, with the Safer Staffing Report coming to QSC. PB proposed that the recommendation be agreed to and that all matters be reported to both committees, with the draft Staff Action Plan being presented to both Committees for reporting, progress and assurance purposes.</p> <p>DL asked for clarity on reporting periods. AB confirmed that the two monthly reports would be combined for each bi-monthly Board meeting. DS felt that it was important that the information was dealt with at Committee level first and not at Board.</p> <p>PB noted that given how important HCAs were to the Charity, a lot of this work was going to be directed toward them. He asked that, that part be clearly broken out and shown on the action plan. He also asked how the strategy could be adapted in order to attract HCAs, adding that good reasons to work at St Andrew's needed to be highlighted.</p> <p>PB suggested agreement to each part and noted the involvement of QSC and the People Committee.</p> <p>The Board <b>APPROVED</b> the recommendations and <b>NOTED</b> the report</p>	<p><b>JL</b></p> <p><b>AB</b></p> <p><b>DECISION</b></p>	<p><b>25.11.21</b></p> <p><b>25.11.21</b></p>
<b>QUALITY</b>			
<p><b>10.</b></p>	<p><b>Mortality Surveillance Report</b></p> <p>SK presented the report which was taken as read, He noted that there had unfortunately been 27 deaths in the past year, which showed how challenging the year had been. He further noted, that there had been no in-patient suicides in the year.</p> <p>PB asked about patient and carer involvement, asking if the Charity should be having conversations with carers and patients with regards to reports such as these. SK replied that we always involve the family when reviewing and reporting a patient death. Furthermore we also engage with the patients on the applicable ward, along with the staff.</p> <p>DS asked if it could be noted on future reports that cases have been discussed on an individual level with patients, carers and staff and added that he thought</p>		

	<p>this was a very good assurance report. PB further added that these reports could be further explored within the BENS group.</p> <p>The Board <b>APPROVED</b> and <b>NOTED</b> the report</p>	<b>DECISION</b>	
<b>PEOPLE</b>			
<p><b>11. Armed Forces Covenant</b></p>	<p>CV presented the Covenant, which was taken as read and asked the Board to consider the wording of the Covenant. CV explained that this was a pledge that we made to support the armed services both serving and veteran. This would be signed by the CEO and re-visited every 5 years, with some administrative areas which would have to be addressed.</p> <p>SRW asked how many veterans were in the Charity's care. CV replied that there were 350 currently with 8-15 referrals per month. She added that those levels were expected to increase, as the Charity covered East Midlands and East of England. SRW asked if they were all new referrals. CV confirmed that they were.</p> <p>PB commented that some veterans could be re-traumatised bearing in mind the current circumstances in Afghanistan. CV also added that the Charity should identify veteran ambassadors within the organisation and explained that within the current caseload she was starting to see changes in referrals.</p> <p>AO commented that if the Charity was looking at special paid leave, the impact of it would need to be understood. She also asked if there would be a risk if we were found to not be adhering to the principles. CV replied that the Charity would be taken off the register. However, there was an alliance which we could consider being a part of.</p> <p>RB asked if it was known how many staff would need to be released into serving if required. RB noted that she endorsed employing veterans, and the additional opportunities that arose from signing up to this. CV replied that it was not currently known who are veterans within staff, but it would be useful to know. MK added that there were a number of staff, but it was not recorded.</p> <p>AL asked regarding clinical admissions, and if the Covenant would affect these. CV confirmed that admissions would be on clinical need, not just the status of veteran.</p> <p>It was <b>AGREED</b> that People Committee would receive a report from MK regarding veterans with the Charity's workforce.</p> <p>The Board <b>APPROVED</b> the pledge and <b>NOTED</b> the Covenant</p>	<p><b>MK</b></p> <p><b>DECISION</b></p>	<p><b>25.11.21</b></p>
<b>REGULATORY</b>			
<p><b>12. Responsible Officer Regulations – Appraisal and Validation</b></p>	<p>SK presented the annual report which was taken as read, with all items having been completed. There had been an extension on validations due to Covid-19, and no doctors had been reported to the GMC within the reporting period. SK added that due to timing this report had been presented directly to the Board and will be further discussed at the People Committee. PB reiterated that the overall conclusion highlighted the positive way in which this activity is addressed and how well it is managed within the Charity.</p> <p>The Board <b>APPROVED</b> and <b>NOTED</b> the report</p>	<b>DECISION</b>	

13.	<p><b>Caldicott Guardian &amp; Senior Information Risk Owner (SIRO) Annual Report</b></p> <p>JC presented the report for the year and noted the transfer of SIRO to SK from JC, to ensure there was no conflict of interest relating to day-to-day activity. He also noted that training numbers had been secured and that the removal of records which the Charity was no longer entitled to keep had been actioned.</p> <p>The Board <b>APPROVED</b> and <b>NOTED</b> the report</p>	DECISION	
14.	<p><b>Modern Slavery Act Renewal</b></p> <p>MK presented the paper which was taken as read, and noted that it was a requirement for it to be published publicly on the Charity website.</p> <p>The Board <b>APPROVED</b> and <b>NOTED</b> the paper</p>	DECISION	
<b>GOVERNANCE/ASSURANCE</b>			
15.	<p><b>NHS PROVIDERS BOARD DEVELOPMENT PROGRAMME</b></p> <p>Ann Utley (AU) joined the meeting.</p> <p>KF noted that as part of the Governance Review, a Board development programme had been recommended. NHS Providers had agreed to work with the Board, with this being the first session giving a high level overview. KF also confirmed that booking of development days was being undertaken.</p> <p>AU gave a short presentation outlining who NHS Providers were and an outline of the programme. AU further outlined the pre-work that would be required and then went on to show how the programme would develop over the course of 5 workshops.</p> <p>AL commented that the 5 workshops concentrated on skills and processes and noted that one thing that was crucial in order to do that effectively was to understand the person. He asked where understanding each other as people was built into the programme, as this could build trust within the team.</p> <p>AO asked if the workshops would be in person as this would be preferable. AL agreed, with PB endorsing the approach and DL confirmed that he had had prospective dates for workshops sent through. Initially they will be held virtually, moving to face to face when possible.</p> <p>PB noted the positivity within the Board regarding the programme and whilst there would be significant change across the Charity in terms of strategy and governance working through this programme would be very helpful.</p> <p>AU confirmed that the workshops would cover off exercises to get to know each other.</p> <p>AB had a MBTI question. He had done it previously, but found it difficult to remember and asked if there was a simpler model that could be used. AU confirmed that the first workshop highlighted where the MBTI preferences were in the room.</p> <p>PB extended the Board's thanks, and looked forward to the workshops.</p>		
16.	<p><b>Sub Committee Updates</b></p> <p><b>Quality Safety Committee</b></p> <p>DS highlighted that workforce issues and reporting lines had been discussed, and the Quality Account had been approved and submitted. One other area to highlight was the support being needed from IT for Community Services over patient records. The CQC inspection was also discussed.</p> <p>PB asked if the escalation points regarding Community Partnerships from the August meeting would be updated to Board. DS confirmed that an update</p>	DS & SK	25.11.21



	<p>would be presented to Board and that QSC would take responsibility for that item. SK confirmed that work was progressing in this regard.</p> <p>The Board <b>NOTED</b> the update</p> <p><b>Pension Trustees</b>          MK noted that the move to fiduciary management was going well. AL asked what was being hedged. SRW confirmed it was the hedging of interest and inflation rates.</p> <p>The Board <b>NOTED</b> the update</p> <p><b>Audit &amp; Risk Committee</b>          EL highlighted the page turning session for the Annual Report, and noted the risk management portion of the meeting. She updated the Board that approval of the accounts had been postponed.</p> <p>The Board <b>NOTED</b> the update</p> <p><b>Research Committee</b>          SN commented that the work of the Committee was largely operational at this stage, with the key focus being the strategy which would be presented to CEC the following day. Further work on the strategy would progress after that meeting.</p> <p>AL asked if the Research Strategy needed to be independent of the Charity Strategy. SN noted that it needed to be integrated.</p> <p>The Board <b>NOTED</b> the update</p> <p><b>People Committee</b>          PB updated that the Committee had noted the staffing issues.</p> <p>The Board <b>NOTED</b> the update</p>		
<b>ANY OTHER BUSINESS</b>			
17.	<b>Questions from the Public for the Board</b> No questions were received for the Board.		
18.	<b>Any Other Urgent Business (notified to the Chair prior to the meeting)</b> There was no other Business notified.		
19.	<b>Date of Next Meeting :</b> Board of Directors, Meeting in Public – 30 September 2021		

Approved – 30 September 2021

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**Paul Burstow**  
 Chair