

CHARITY NO: 1104951  
COMPANY NO: 5176998

## ST ANDREW'S HEALTHCARE

### BOARD OF DIRECTORS MEETING IN PUBLIC

Conference Room, Main Building  
and Microsoft Teams  
St Andrew's Healthcare, Northampton

Tuesday 22<sup>nd</sup> November 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
Stanton Newman (SN)	Non-Executive Director
Andrew Lee (AL)	Non-Executive Director
Elena Lokteva (EL)	Non-Executive Director
Dawn Brodrick (DB)	Non-Executive Director
Karen Turner (KT)	Non-Executive Director
Steve Shrubbs (SS)	Non-Executive Director
Vivienne McVey (VMc)	Chief Executive Officer
Kevin Mulhearn (KM)	Chief Finance Officer
Sanjith Kamath (SK)	Executive Medical Director
Andy Brogan (AB)	Chief Nurse
Dawn Chamberlain (DC)	Chief Operating Officer

#### In Attendance:

John Clarke (JC)	Chief Information Officer
Lindsey Holman (LH)	Executive – Organisational Development
Duncan Long (DL)	Company Secretary
Anna Williams (AW)	Director of Performance
Eddie Short (ES)	Director of Strategy & Business Development
Oliver Shanley (OS)	Special Advisor to the Board
Alex Trigg (AT)	Director of Estates & Facilities
Julie Shepherd (JS)	Improvement Director
Antony Miller (AM)	Hospital Director (Essex)
Rupert Perry (RP)	Lead Governor
Melanie Duncan (MD) Minutes	Board Secretary

#### Apologies Received:

Martin Kersey (MK)	Executive HR Director
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Agenda Item No		Owner	Deadline
<b>1.</b>	<b>Welcome</b>  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 Martin Kersey were noted.		
<b>ADMINISTRATION</b>			
<b>2.</b>	<b>Declarations Of Interest &amp; Quoracy</b>  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.  Julie Shepherd declared her position with NHFT. The meeting was declared quorate.		

3.	<b>Minutes Of The Board Of Directors Meeting, held in public, on 29 September 2022</b>  The minutes of the meeting held on the 26 July 2022 were <b>AGREED</b> as an accurate reflection of the discussion.	<b>DECISION</b>	
4.	<b>Action Log &amp; Matters Arising</b>  It was agreed to <b>CLOSE</b> the following actions: <ul style="list-style-type: none"> <li>26.05.22 <b>04 Safer Staffing – Refusals Data.</b> This item to be discussed further at People Committee.</li> <li>26.07.22 <b>01 QSC – Smoking Cessation.</b> SK updated that the Charity was now part of a Royal College of Psychiatrists Smoking Cessation Group. KT noted that there were funds available to aid in the promotion of smoking cessation. SK agreed to investigate as local funds were no longer available. AT updated that Communications also had a plan for rolling out to staff in the New Year.</li> <li>29.09.22 <b>03 CEO's Report – Staff Turnover.</b> LH added that further data analysis was currently being undertaken.</li> </ul> All other actions on the log remained open, either in line with the agreed target dates or to return at a future Board.	<b>DECISION</b>	
<b>CHAIR'S UPDATE</b>			
5.	<b>Chair Update</b>  PB gave a verbal update, noting his recent 1:1 conversations with the Non-Executive Directors, and highlighting the importance of undertaking mandatory training.  PB then welcomed Rupert Perry to the Board, who would take up his position as Non-Executive Director as of 1 <sup>st</sup> December, making this his last Board meeting as Lead Governor. PB also noted that it was SRW's last meeting as a Non-Executive Director as he would be stepping down at the AGM on 25 November. PB thanked SRW for his tenure of 18 years as a Non-Executive Director of the Charity and welcomed his continued support as a Governor.  PB outlined the recent engagement with Deloitte during the business review commissioned by NHSE and the Board Strategy Day which fostered many discussions and formed the basis for the coming months and years.  PB then gave an update on the recent LDA Summit, which had been held at the Charity along with NHS colleagues from the East Midlands Provider Collaborative, which saw Tom Cahill, NHS National Clinical Director in attendance along with Baroness Hollins. The importance of context and personal narrative were highlighted with the power of relationships being noted. A presentation by Alexis Glennis proved particularly insightful from a lived experience perspective. Dr Paul Stankard's session on Clinical Bravery was also of note. Trauma was also discussed at the Summit with 'Keeping people in their lives' being the key to recovery. PB noted these important principles and how they should be considered for what the Charity should be considering as a contemporary offering. PB concluded that as a Charity we should look up and look out to other partners to signal that St Andrew's has changed, is changing and wants to change.  AB added that the introduction of the term 'policy leader' with service users was important along with the type of language used. VMc also noted that the first round of co-production awards had been held within the Charity the previous week, and was eager to co-produce the Strategy and discuss the use of language further with patients. OS commented that it had been an excellent event and that it provided a great opportunity to build further on the work already being done, making it a pivotal point for the Charity. He further		

	<p>extended thanks to ES and the Communications Team for organising the event.</p> <p>The Board <b>NOTED</b> the update.</p>		
<b>EXECUTIVE UPDATE</b>			
<b>6. CEO's Report</b>	<p>VMc presented her report which was taken as read, adding that more would be presented later in the meeting on the Charity response to Panorama, and highlighted the work being undertaken with the Freedom to Speak Up leads and Guardian had commenced to look at further strengthening the work they do and on the Freedom to Speak Up policy review. New guidance from the NHS in this area would be adopted immediately rather than wait until it comes into effect in 2024, with further training taking place including Executives, on how to receive information.</p> <p>The recent inspection results released for Men's Services had shown good progression which now required to be sustained in order to retain the ratings. With regard to culture, VMc noted that an adequate spread of staff across shifts, across the week was key and the operational staffing board, led by DC would be key in attaining this.</p> <p>The Long Service awards had recently undergone a refresh, with VMc urging the Board to attend the ceremonies if at all possible.</p> <p>The Board <b>NOTED</b> the update.</p>		
<b>COMMITTEE ASSURANCE REPORTS</b>			
<b>7. Research Committee</b>	<p>SN gave a verbal update and highlighted the work being done by the governance group and research team on the new Research Operational Group and Research Assurance Committee terms of reference. The links to Universities had been discussed, with work in this area ongoing, along with fund raising for special projects. SN also highlighted the decision to hold a Research Day in 2023 for consumers and producers, both internal and external, of research to attend. The Research Newsletter was also agreed by the Committee.</p> <p>RB asked if there were any targets for growth with universities. SN replied that conversations were being conducted however, capacity to deliver would receive consideration prior to decisions being made.</p> <p>The Board <b>NOTED</b> the update</p>		
<b>People Committee</b>	<p>DB presented the report which was taken as read and highlighted the approvals of the People Plan and Diversity and Inclusion Plan, noting that the Executive would be key in the delivery of them. The Retention Plan and actions had been presented by LH, and would receive regular focus by the Committee.</p> <p>Charity resourcing was discussed in detail and new people metrics had been considered with a new dashboard in production. DB added that she was confident that ongoing review would provide assurance in this area. DB noted that one of the Change Leaders had attended the last meeting, resulting in a very open conversation which would feed into the broader cultural work being undertaken. AL asked if retention targets were in place, which DB confirmed were, in specific areas.</p> <p>RB asked about leaver's feedback and if there was confidence that it was open and honest, and how was training compliance being addressed. LH</p>		

	<p>replied that exit interviews and turnover data were being triangulated in order to give a more holistic view and that T block training would be adopted in order to ensure training compliance was achieved.</p> <p>The Board <b>NOTED</b> the report</p> <p><b>Quality &amp; Safety Committee</b></p> <p>SS presented the report which was taken as read and noted that his first meeting as Chair had been a positive one, with the December meeting covering a narrower focus on four key areas of risk, namely CAMHS; the new operating model, safer staffing and quality risk management with further reviews in 6 months' time. SS and the committee were confident of the resultant assurance. PB noted that the Board would look forward to an update at the next meeting.</p> <p>KT reflected on the discussion regarding CAMHS during the recent meeting and felt that keeping people "in their lives" should be borne in mind during future discussions within the Committee and that it was important to consider this with input from staff. AB commented that he was happy for the focus to be more considered on significant issues in future meetings.</p> <p>SS noted that those challenges that covered all services would be considered in order to give greater change in conjunction with the revised operating model. DC suggested bringing the new operations heatmap to a future Board in order to illustrate further the operating model, with VMc noting the improvement in data quality with new metrics being the next steps.</p> <p>The Board <b>NOTED</b> the report</p> <p><b>Audit &amp; Risk Committee</b></p> <p>EL presented the report which was taken as read and noted that at the previous committee meeting the Annual Report and Accounts had been approved, in line with the delegated authority from the Board, along with a recommendation to re-appoint the Auditors, Grant Thornton. Assurance had also been given regarding Local Counter Fraud work and Internal Audit.</p> <p>The Committee wished to escalate to the Board concerns regarding the control environment at operational level, specifically at the 2<sup>nd</sup> line of defence. ARC accepted adequate assurance for Internal Audit with partial assurance offered for Risk Management. EL noted the fragility of the risk management and internal audit function with only 2.8 FTE members of staff.</p> <p>Partial assurance had been noted regarding EPRR and of the 48 standards, full compliance had been achieved on 41, with evidence of compliance being submitted to NHSE for the first time. DC wished to note that she did not attend the meeting but wished to highlight the work being done on operational risk management, and thanked Claire Jones for her work on EPRR, with the non-compliance aspects possibly having occurred due to the lack of desktop testing. NHSE decisions were expected by the end of the month.</p> <p>SS noted that the limited assurance reported on the IA audit of safeguarding would require attention between the Committees, with EL agreeing that the horizontal links with other Committees via internal audits would be beneficial. Resourcing within the risk and IA functions was noted, with DL updating that the new position within risk management had been put on hold. VMc commented that the independent business review had noted a lack of resilience within some functions, with outsourcing possible being considered in order to alleviate this. AL asked for clarity on what resilience meant for the function, with VMc explaining that resilience was of more importance than the function size. AL suggested that merging of responsibilities could be considered. EL added that a more unified approach to the Charity's 2<sup>nd</sup> line of defence was required to promote resilience. SS added that business models</p>	<p><b>DC</b></p> <p><b>VMc &amp; DL</b></p>	<p><b>31.03.23</b></p> <p><b>17.04.23</b></p>
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	<p>were difficult, and the skill would be required in assessing what could be contracted out. Other large organisations and charities were also experiencing the same challenges. PB agreed and that seeking views from other organisations could be helpful.</p> <p>The Board <b>NOTED</b> the report</p> <p><b>Nomination &amp; Remuneration Committee</b></p> <p>SRW presented the report which was taken as read, and noted that the Committee had agreed the Gender Pay Gap and Ethnicity Pay reports ahead of Board approval.</p> <p>The Board <b>NOTED</b> the report and <b>APPROVED</b> the Gender and Ethnicity Pay Reports</p>		
<b>QUALITY</b>			
<b>8.</b>	<p><b>CQC Inspection, Report and Actions Update</b></p> <p>AB presented the report which was taken as read, noting that the reports had now been received for both Men's and Women's Services, with the work required to attain the standards substantial. There was one amendment for the Men's report, where the LD rating had been taken out, however, generally, the results were very good. In response a charity-wide QIP had been produced which included the must-dos and would be concluded by the end of the financial year, at which point it is planned to be signed off at a meeting with the regulator. The Divisions were also submitting detailed QIPs which would feed into the overarching document, enabling quicker resolution.</p> <p>LH highlighted that the table within the pack rating to the Men's June 2022 inspection was showing the Safe domain as inadequate, when it should be Requires Improvement. AB noted the error and confirmed the Safe domain was rated Requires Improvement.</p> <p>SRW asked what was being done within the Women's service to remove the red ratings. AB replied that reducing restrictive practices was the main driver, which has now been addressed. OS commented that the results were a great achievement, with greater confidence being attained. The next phase would cover further embedding with learning. SN asked if there was cross learning between the divisions as a result. AB confirmed that this was the case and was being done via bi-monthly sharing meetings covering learning and corrective actions. Buddy workstreams were also helping. AB added that challenges remained, however, the work to address them continued. SK added that the inspection of Women's Services resulted in immediate feedback, allowing actions to be undertaken promptly. It was worthy of note however, that inspections were a snapshot in time, but that all areas were showing trends in the right direction, with consistency being tackled. A new forensic Psychiatrist has been appointed, specialising in Women's services.</p> <p>PB extended thanks to all staff involved, noting the achievement but with work continuing to be done.</p> <p>The Board <b>NOTED</b> the report</p>		
<b>9.</b>	<p><b>Safer Staffing Report</b></p> <p>AB presented the report which was taken as read, noting that on this occasion the report did not include fill rates due to the transfer over to Allocate. AB highlighted that staffing had been challenged due to a high number of vacancies during the holiday period, which was comparable to other organisations within the sector. Night shifts were now receiving increased focus, with establishment reviews also being undertaken. These reviews would be done annually in the future and signed off by the Executive. Registered nurse cover was currently lower, however, establishment was more than nursing cover, with utilisation of the MDT being looked at. AB</p>		

	<p>further added that clear operational and staffing policies and practise were now in place.</p> <p>EL asked if the ward manager rotas were based on 7 days. AB replied that with DC, they were looking at a 7 day week for senior cover on the wards, with DC confirming that this would be the case.</p> <p>SN asked about the use of agency staff and if this could be shown within the reports in future. AB confirmed that agency staff could be included in future and confirmed how agency staff could be made best use of during shifts and confirmed that adequate ward cover was now being achieved. A balance was to be struck with the level of agency cover versus Charity staff. PB noted that it was important to highlight that the increased agency spend was intentional and was aimed at supporting the current staffing challenges. SS added that many integrated care systems were overspent on agency staff and that patient safety was paramount.</p> <p>PB highlighted the importance of MDTs in the delivery of therapeutic care and looked forward to seeing the hours per patient day reflecting this.</p> <p>The Board <b>NOTED</b> the report</p>		
MATTERS ARISING			
10.	<p><b>National response to Panorama and mental health in-patient services</b></p> <p>VMc presented, giving the background on the letter received from the National Director of Mental Health, Claire Murdoch, which was sent to all organisations providing Mental Healthcare. A response had been worked on, detailing what we were doing for each of the issues highlighted, including the new hotspot tool and heatmap. SK added that the existing process of identification of challenges had been strengthened via soft and hard intelligence and leading and lagging indicators. Regular meetings for assessment of wards against set criteria were also being conducted, with feedback given. This process allowed for quicker alerts to other wards as a result. DC added that the heatmap had been well received by commissioners, noting that this would be owned at ward level and embedded, as well as at a higher charity level and it would help to inform financial and occupancy requirements. AB added that vigilance was important, and that incidents could and would happen.</p> <p>PB commented that the right mechanisms needed to be in place, and that recent events reported in the Kirkup review of Kent maternity services had themes that were relevant in mental health services or any other service within healthcare. Action plans could only go so far, and it was to be noted that incidents were often systemic in nature.</p> <p>RB thanked the Executives, for ensuring that the Board was aware that all areas were working together.</p> <p>KT noted that there had been similar findings in Shrewsbury and Telford and that lack of reporting was a problem in those instances and issues were not escalated as needed. The importance of 24hr rostering and supporting staff across our services should be kept firmly in the Board's sights.</p> <p>SS commented that the Executives were working way beyond what the NHS was implementing and that DC's comments regarding wards owning the heatmap were key. All of the Kirkup reviews had highlighted teamwork as problems. He also noted the work being done by Andy Bell from the Centre for Mental Health and wondered if the work being done by the Charity should be shared with him accordingly.</p> <p>EL commented that she was glad to see a review of training and inductions, and asked how Executives would ensure that training was embedded, along</p>		



	<p>with how they could ensure that bank and agency staff all worked to the Charity's care values. LH responded and said that she had also reflected on this, and it would form part of the wider People Plan, along with an update of the Leadership Programme and appraisals, ensuring a more values and behaviour based process where leadership competences align to the values and expected Charity culture.</p> <p>VMc reiterated one of her observations in that staff were not being managed properly, due to managers not having the time to be able to conduct regular 1:1s or time for reflection. DB added that culture was key with open conversations from the top down. PB agreed, with OS adding that this area would be important to bear in mind with the implementation of the new Quality Strategy next year. SS commented that co-production could result from this, with DC adding that the patient voice would be strengthened as a result.</p> <p>The Board <b>NOTED</b> the report</p>		
<b>OPERATIONS</b>			
<b>11.</b>	<p><b>Integrated Quality &amp; Performance Report.</b></p> <p>AW presented the report which was taken as read and highlighted the progress seen in the quality and safety scorecard, which aligned with comments already made. The people scorecard reflected agency spend and work on retention planning. DC added that the report was based on September data and that the November data was already looking better, moving many of the red blocks seen in the current report. Non-patient facing shifts were receiving focus with Operations and HR working together with a refresh of policies being undertaken, including tightening some of the . management loopholes currently seen within staff management.</p> <p>DB noted a metric of vacancy rates and asked if it could be included in the report, AW confirmed that it was in the plan to include this metric. EL asked how targets or tolerance levels were aligned to risk appetite and AW explained the target setting process and how they aligned to contractual requirements.</p> <p>The Finance portion of the report would be discussed further during the second part of the Board meeting.</p> <p>IT Security was taken as read with AL wishing to note the level of cyber-attacks made against the network and felt that the Board should be made aware of the heightened risk. JC clarified what was being done to mitigate these risks and online security in general, confirming that our people were in reality the weakest point of the network. In response to this, the IT team are meeting with staff that may have clicked on an inappropriate link and coaching them on the correct processes.</p> <p>EL asked about patient use of the internet and what levels of protection they were served. JC explained that there were soft blocks in the background and that access was balanced based on risk assessments. However, a patient's own device, with its own sim card was a lot less monitored. EL asked about patient education with regard to online security. JC replied that patient and corporate networks were separate and currently they do not provide direct patient focussed training.</p> <p>The Board <b>NOTED</b> the report</p>		
<b>12.</b>	<p><b>Court, Board of Directors and Committee Calendar 2023-2024</b></p> <p>DL presented the calendar for the coming financial year requesting that if in agreement the Board approves the proposed calendar of meetings.</p>		

	<p>SN asked that the Research Open Day be added to the calendar. DL confirmed that it would.</p> <p>The Board <b>NOTED</b> and <b>AGREED</b> to adopt the calendar</p>	<b>DECISION</b>	
<b>SERVICE AND PATIENT STORY</b>			
<b>13.</b>	<p><b>Divisional Presentation (Including Patient Voice): Essex: Co-production with Patients and Carers</b></p> <p>AM and Tris joined the meeting from Essex and introduced a presentation on climate based co-production work being done in Essex. Tris gave a presentation that he had produced on climate change and that covered the work he was doing within Essex with fellow patients and staff.</p> <p>PB thanked Tris for his presentation and noted the thought provoking topic covered and how well it was presented. SN also thanked Tris and suggested that indirect behaviour change could be considered whilst imparting the message of climate change, in a similar way to how he had presented some of his messages. With people responding to a “nudge” approach. SN shared a link to a website for Tris to gain more understanding of this approach.</p> <p>AT committed to giving consideration to the recycling bins in Essex and outlined the Charity's new Green Plan which was being presented to the Board, and invited Tris to be an energy champion within the Charity. AT agreed to ask Guy Bowden to speak to Tris and to visit the Essex site to meet him. Tris confirmed that Guy had assisted him with some of his data.</p> <p>EL asked if the section of the Annual Report on energy could be more engaging if co-produced, KM confirmed that we could look at that for next year. DC suggested that Tris link up with other sites in order to gain support and Tris agreed and welcomed the opportunity.</p> <p>PB thanked Tris and AM for their attendance and the discussion it had generated.</p>	<b>AT</b>	<b>24.01.23</b>
<b>ANY OTHER BUSINESS</b>			
<b>14.</b>	<p><b>Questions from the Public for the Board</b></p> <p>No questions were received for the Board.</p>		
<b>15.</b>	<p><b>Any Other Urgent Business (notified to the Chair prior to the meeting)</b></p> <p>There was no other Business notified.</p>		
<b>16.</b>	<p><b>What would our Patients and Staff think about Our Discussions Today?</b></p> <p>The Board agreed to discuss within Part 2 of the meeting.</p>		
<b>17.</b>	<p><b>Date of Next Meeting :</b></p> <p>Board of Directors, Meeting in Public – Tuesday 24<sup>th</sup> January 2023</p>		

Approved – 24<sup>th</sup> January 2023

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**Paul Burstow**  
 Chair