

CHARITY NO: 1104951  
COMPANY NO: 5176998

**ST ANDREW'S HEALTHCARE**

**BOARD OF DIRECTORS  
MEETING IN PUBLIC**

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

Thursday 27 January 2022 at 09.15 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
Jess Lievesley (JL)	Interim 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
Duncan Long (DL)	Company Secretary
Rupert Perry (RP)	Lead Governor
Anna Williams (AW)	Director of Performance
Alex Trigg (AT)	Director of Estates and Facilities
Oliver Shanley (OS)	Advisor to the Board
Dr Peter McAllister (PMc) Item 7	Assoc. Medical Director for Education
Dr Deborah Morris (DM) Item 7	Director, Centre for Developmental and Complex Trauma
Holly Taylor (HT) Item 7	Director of Learning and Development
Cheryl Smith (CS) Item 7	Head Teacher, St Andrew's College
Dr Muthu Natarajan (MN) Item 15	Clinical Director
Melanie Duncan (Minutes)	Board Secretary

**Apologies Received:**

Andrew Lee (AL)	Non-Executive Director
Elena Lokteva (EL)	Non-Executive Director
David Sallah (DS)	Non-Executive Director

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. Apologies received from Andrew Lee, Elena Lokteva and David Sallah were noted. JL welcomed Oliver Shanley and Alex Trigg to the meeting.</p>		
<b>ADMINISTRATION</b>			
2.	<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>		
3.	<p><b>Minutes Of The Board Of Directors Meeting, held in public, on 25 November 2021</b></p> <p>The minutes of the meeting held on the 25 November 2021 were <b>AGREED</b> as an accurate reflection of the discussion.</p>	<b>DECISION</b>	

<p><b>4.</b></p>	<p><b>Action Log &amp; Matters Arising</b> The following actions were reviewed;</p> <p>27.05.21 <b>02 - NHS Benchmarking Network</b> - Covered as short seminar – <b>CLOSE</b></p> <p>24.08.21 <b>05 - Safer Staffing Report</b> - AB's report will go to the next People Committee. Establishment reviews are ready for sign off. Formal sign off will be done annually at the Board in the future. Report will be presented to Board in March. Remain Open</p> <p>24.08.21 <b>06 - Armed Forces Covenant</b> - <b>CLOSE</b></p> <p>25.11.21 <b>01 - IQPR Disaggregated Data</b> - Remain Open</p> <p>25.11.21 <b>02 – IQPR Staffing and Financial Impacts</b> - Included in the Agenda - <b>CLOSE</b></p> <p>25.11.21 <b>03 - Estates &amp; Facilities Annual Board Update</b> - <b>CLOSE</b></p> <p>25.11.21 <b>04 - CQC Inspection Reports</b> - <b>CLOSE</b></p>	<p><b>DECISION</b></p> <p><b>DECISION</b></p> <p><b>DECISION</b></p> <p><b>DECISION</b></p> <p><b>DECISION</b></p>	
<b>CHAIR'S UPDATE</b>			
<p><b>5.</b></p>	<p><b>Chair Update</b> PB provided a verbal update to the Board, outlining the engagement with the Court of Governors, which was ongoing. There was also work ongoing with the buddy organisations due to the recent CQC reports.</p> <p>PB commented that he hoped that visits to sites would recommence shortly following recent announcements and subject to agreement with AB and SK, and in accordance with IPC guidelines.</p> <p>The Board <b>NOTED</b> the update.</p>		
<b>EXECUTIVE UPDATE</b>			
<p><b>6.</b></p>	<p><b>CEO's Report</b> JL presented his report, which was taken as read. He outlined the major focus on the quality improvement programme and thanked those partner organisations from the East Midlands Alliance who were providing support through the process. Planning was taking place within the work streams, looking at all levels within the Charity.</p> <p>Quality improvement was being approached as a Charity-wide initiative, with some areas being given additional support. Covid had continued to be a focus over the last period between Boards, but there had been less clinical impact than expected, however, the impact on staffing had been profound, further impacted by the recent cyber-attack on Kronos, which had required a manual work around to support the workforce. JL extended thanks to all of those who had supported the additional work until the incident concluded. Work was now ongoing with the legacy issues this has left the Charity with. MHOST would now be implemented on 31<sup>st</sup> January.</p> <p>JL highlighted that engagement was ongoing with those members of staff who remain unvaccinated and a further discussion on this would take part during the confidential part of the Board meeting.</p> <p>The Your Voice staff survey had been completed with a response rate of 57%, with the overall engagement score at 51%. The positives centred around line management and career progression. Those areas which required attention were beginning to be addressed.</p> <p>JL then thanked AO who had recently stepped down as CFO, noting that Kevin Mulhearn would be taking over as interim CFO.</p>		

	<p>PB reiterated JL's thanks to AO and noted that the People Committee would be considering the detail of the staff survey at its next meeting. PB would also be circulating more details to Board members from the Your Voice staff survey.</p> <p>PB noted that a member of staff had contacted him raising a concern regarding mandatory vaccination and how the Charity was approaching the subject.</p> <p>JL replied that significant amount of work had already been undertaken, and noted that the numbers were low, however, the approach being taken was in line with NHS provider organisations within the East Midlands Alliance.</p> <p>SN wished AO well in her future, and asked JL if the numbers of non-vaccinated staff could be split into patient facing and non-patient facing. JL replied that the information would be shared within the confidential part of the meeting. He added that mask wearing, and social distancing measures remained within the Charity for the foreseeable future.</p> <p>SN also wanted to know what the overall effect on staffing would be with the introduction of MHOST and asked if a direct comparison would be done post implementation to ascertain the effect that the project had had. AB replied that formal evaluation was planned.</p> <p>SN asked about the timeline regarding the integrated strategy development. JL replied that a report would be presented to the Board in March.</p> <p>AO noted the financial impact of MHOST and anticipated that costs would not reduce dramatically to give a buffer, however, as of April, MHOST would be used to determine establishment figures.</p> <p>SRW wanted to thank all staff for their hard work in recent weeks, particularly over the Christmas period.</p> <p>PB added that recruitment was underway for a new CEO, with the process concluding in March.</p> <p>RB commented that there had been a huge effort made by senior managers during the recent Kronos outage and wanted to compliment the Executive on the handling of the incident, adding that early flagging of concerns at that level would be helpful. PB wished to note how well senior management had dealt with the Kronos incident.</p> <p>The Board <b>NOTED</b> the update</p>		
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## MATTERS ARISING / DISCUSSION TOPICS

<p><b>7.</b></p>	<p><b>Education Update</b></p> <p>PMc, HT and CS joined the meeting and presented an education update.</p> <p>PMc gave a presentation on the medical education department, outlining the existing and future initiatives being undertaken.</p> <p>SN thanked PMc for the presentation and asked how many medical students were at the Charity and where they were from. He also asked if there was a limit and what was the financial return of having the students. PMc replied that there were 280 from Buckingham and 100 from Cambridge Universities, giving a total return in the region of £500k. The number of placements has reduced recently, however, the quality has increased, with no increase in safety incidents. There was still some capacity however, coupled with the fact that NHFT were now also taking students. SN asked if this was for both in and outpatient activity. PMc confirmed that this was the case.</p> <p>HT then gave a presentation on Learning &amp; Development, which was also taken as read. HT noted 180 individuals from within the Charity who had qualified in a variety of areas in the previous year, including the Charity's first MBA students and the first Associate Nurses. In addition, those students who</p>		
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	<p>were studying English and Maths had also attained qualifications. The future Directors programme was also progressing, with 3 more joining the cohort this year. HT and her team were looking forward to a review of learning and development in the coming year.</p> <p>OS thanked HT for her presentation and asked what the vehicle was for ensuring staff diversity and inclusion into the development programmes, and how was the patient voice included within the programmes. HT noted that diversity and inclusion was forefront in talent development. Those staff who required additional support were given it to ensure that they performed to their best ability. HT also outlined the patients who helped with the production of learning material and leant their experiences accordingly.</p> <p>RB noted that the amount of training delivered in previous years within the Charity was much higher than seen in other organisations. HT confirmed that this was the case and that it was testament to the students. She also acknowledged that the baseline training data compared well against other organisations, which was because of being creative in delivery especially during the pandemic. RB thanked HT.</p> <p>SN acknowledged the achievements to date and asked about career development coupled with MBAs and if those people left or stayed within the Charity. HT confirmed that she kept a close eye on this group from a retention viewpoint, as well as checking if the qualifications were fit for purpose. SN explained that he wanted to gain a sense of who was staying and who was moving on. HT acknowledged that not everyone would be able to stay within the Charity, but that the skills offered would be beneficial to the healthcare sector in general.</p> <p>PB asked how the Board and the People Committee could gain assurance that investment in learning and development was translating into improved outcomes and quality. HT outlined 'practice education', which was being introduced and how it would be rolled out across wards, and in turn, correlate to an increase in quality. PB felt that continued focus on this question would be necessary.</p> <p>CS presented the slides relating to St Andrew's College and patient education, noting that it had been a challenging environment over the last couple of years. There had been an OFSTED inspection in June 2021, with an overall rating of Good, with Outstanding for behaviour and attitudes. CS also highlighted a range of initiatives being undertaken by the education department, as well as support for careers within secondary schools. The Lightbulb rollout was increasing from local to regional and hopefully national in due course.</p> <p>JC wanted to thank both CS and HT regarding their hard work and support in the recent weeks.</p> <p>PB thanked all for their presentations, in particular for how they illustrated the differing aspects of the Charity.</p> <p>The Board <b>NOTED</b> the presentations</p>		
<p><b>8.</b></p>	<p><b>Trauma Presentation</b></p> <p>DM presented her slides on Trauma, highlighting the research behind the work being done.</p> <p>PB acknowledged the learning around burnout and the impact of trauma on staff, and asked DM how the learning had translated into practice. DM outlined a survey that had been done in December 2020, which covered moral injury as well as other aspects of wellbeing, noting that there had not been an overall decline seen in staff wellbeing, however, there had been peaks and troughs observed. DM also noted two conferences held on staff well-being, which give the opportunity to look at evidence based work. PB asked what impact this would have on the quality improvement programme. DM replied that moving</p>		

	<p>staff between wards would have an impact on wellbeing, and that a secure base was highly important to them. AB was supportive of the work, and wanted to highlight the term trauma, and the emotive aspects attached to it. DM agreed.</p> <p>SN was impressed by the formal publications and conference presentations, and asked how DM's time was divided between education, clinical and research. DM noted that 2 days per week were spent on research. SN asked how income generation was progressing, and what courses were being offered. DM outlined the potential courses on offer, and how they would be income generators. DM also highlighted the online conference which had become very successful over the period of the pandemic.</p> <p>PB acknowledged the work done by the centre and noted the opportunities that this work could offer, adding that there was more that could be done by way of policy influencing. PB wished the Board to keep a line of sight on this work.</p> <p>The Board <b>NOTED</b> the presentation.</p>		
<p><b>9.</b></p>	<p><b>Pensions Scheme Act 2021 Update</b></p> <p>AO presented the paper which was taken as read, and noted the changes to the Act which would apply to St Andrews, along with the aspects that the Board should to be aware of.</p> <p>SRW noted that the pension scheme was 100% funded and that the reliance on the Charity covenant would be minimal, with the buy-out deficit being lower since the last valuation in 2019.</p> <p>PB noted how helpful this was from a trustee perspective. PB wanted to make sure that this would be built in to the decision making process in the future. AO agreed and would consider and report back to Board.</p> <p>The Board <b>NOTED</b> the update</p>	<p><b>AO</b></p>	<p><b>24.03.22</b></p>
<b>QUALITY</b>			
<p><b>10.</b></p>	<p><b>CQC Report and Action – Progress Update</b></p> <p>AB presented the update which was taken as read and reiterated to the Board that the Quality Improvement Plan (QIP) was the immediate response to the improvement notices from the CQC, and was progressing well, with timescales being met on all actions. This was overseen by a weekly meeting, chaired by JL where the individual team reports were considered. Women's Services were also being supported by Dr Vishelle Kamath, along with a series of specific targeted training sessions being undertaken and supported by the CEC both on a day and night shift basis.</p> <p>AB highlighted some aspects that were outside of the Charity's control, the Kronos outage being one of them, along with the national shortage of registered nurses. The work undertaken on monitoring and allocation of staff was now beginning to show results. There had been a meeting with the CQC the previous week, which centred on what they were looking for and how the regulations would be applied. The nine Buddy Work streams were progressing well, with Julie Shepherd, NHFT Director of Nursing (Quality Improvement Director) meeting with everyone fortnightly, and then reporting directly to the Buddy Forum.</p> <p>SK added further information to the challenges experienced with Covid and Kronos. At the peak, of the recent wave, there were 900 staff absent, as opposed to approximately 300 as of the date of this meeting. There had been no clinical impact to the patients and there was a significant demonstrable improvement in quality despite the challenges.</p> <p>SN asked how far along the timeline for the re-inspection was the Charity. AB replied that the QIP was designed to respond to the CQCs findings in the</p>		



	<p>necessary timescales, however, addressing cultural challenges would remain a focus for the Charity after any inspection. SN asked if it was possible for the CQC to re-inspect prior to the 6 month timeline. AB replied that they could. He further added that an inspection would be unannounced.</p> <p>JL noted that the update sessions with the CQC had lessened in frequency to monthly meetings, suggesting a recognition of the work being undertaken. The training being delivered by Learning and Development, gave a level a comfort that the right trajectory was being followed for improving quality and care.</p> <p>SN asked how the staff replied to questions from the regulator. AB replied that this was an area of focus and that the training on offer would help with this. Previous CQC interactions with staff during inspections had clearly impacted the outcome. SN commented that in other inspections, trauma and research being mentioned had helped, and felt that the long-term cultural change and staff turnover should be reported to QSC and People Committee in order to show improvement. SN complimented the staff on how they were working on quality aspects.</p> <p>RB commented on building confidence with the regulator and asked how achievable the actions would be. RB also noted that in previous reports there had been 4 wards which were the focus and asked if this number had reduced at all. She also asked for an update on the partial assurance given in an audit of Long-Term Segregation (LTS) recently considered at ARC. AB replied that the 4 wards were still being supported, however, the Charity needed to be looked at as a whole. SK responded to the LTS question, by outlining the reasons for LTS, and the challenges experienced in moving patients out of it.</p> <p>PB concluded that QSC would consider this item in more detail at its meeting the following week. He noted AB comments that past compliance had been taken by the CQC as a guide to future compliance, and that legacy issues including cultural challenges, meant that the work of improving quality and the experience of patients and staff would remain a focus for the Charity after the Buddying support came to an end.</p> <p>AB noted that continuous improvement was an integral part of the process along with how the board monitored and offered challenge.</p> <p>The Board <b>NOTED</b> the update</p>		
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<b>ASSURANCE</b>			
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<p><b>11. Committee Updates</b></p>	<p><u>Audit and Risk Committee</u>          RB presented the update which was taken as read and noted that the Committee had been impressed by the systems and work undertaken within the Risk Management function. There had also been two internal audits conducted and reported in the period, which gave partial assurance. The Committee considered various options about how Internal Audit would be resourced in the future, with a hybrid option incorporating co-sourcing being decided upon. The timeline for the review of the Charity's annual report and accounts was also considered by the Committee.</p> <p>The Board <b>NOTED</b> the update</p> <p><u>Quality Safety Committee</u>          SN presented the update which was taken as read. The committee had continued to monitor the development of IT systems within Community Partnerships, as well as reviewing the 9 Buddy Workstreams for improvement and benchmarking.          Deep Dives were received from the Birmingham and Essex sites with follow up presentations scheduled. Serious Incidents were looked at with benchmarking data also requested. The IQPR was discussed further, and it was agreed that a revised dashboard would be presented to the Committee.</p>		
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	<p>PB noted the clinical models work and asked when it would be ready for review by the Board prior to taking to the Court of Governors. SK outlined what was currently in place and how they would be addressed in order to present more robust models.</p> <p>The Board <b>NOTED</b> the update</p>		
12.	<p><b>Governance Oversight Group Update and Decisions for the Board</b>          AO presented the update to the Board which was taken as read, and noted that Sally MacIntyre, Programme Director, had tendered her resignation. AO explained that she would be taking over the project until her leave date at the end of March.</p> <p>RB wanted to note that this project required a single focus, and wanted to know how far the project would get before AO would leave. AO noted that by 31<sup>st</sup> March a clear action plan would be in place, with timelines for completion.</p> <p>The Board extended best wishes to Sally for the future.</p> <p>The Board <b>NOTED</b> the update</p>		
<b>GOVERNANCE</b>			
13.	<p><b>Court, Board of Directors and Committee Calendar and Board of Directors Annual Work Plan – resubmission</b>          PB and DL presented the revised calendar to the Board.</p> <p>SRW noted that Investment Committee dates were now confirmed, along with a slight amendment to one ARC meeting and one Research Committee meeting.</p> <p>The Board <b>NOTED</b> and <b>AGREED</b> the revised calendar</p>	<b>DECISION</b>	
14.	<p><b>Integrated Quality &amp; Performance Report</b>          JC and AW presented the report which was taken as read, and explained that as a result of the Kronos outage, resource had been diverted from this initiative for the short term.</p> <p>AW noted that at divisional level, there was only one area of concern which had now been dealt with. At ward level, and across the 11 measures, there was a low level of concern seen. AW also noted the PREMS data presented for the first time, along with people and training being focus areas.</p> <p>JL wanted to reference the safety framework and noted that within the context of the buddying network, the work was seen as of a very high quality, in addition, the PREMS data being seen for the first time was a highlight.</p> <p>PB asked what the little or no data comment meant in the context of the 92% mentioned. JC replied that this related to areas that had no statistically relevant data which was classed as a positive.</p> <p>SN had concerns regarding statistically significant comments and suggested qualification of using these terms would be helpful, and further asked if benchmarking was being used in relation to PREMS. AW replied that none of the statistics were clinical and would be happy to look at the data from that perspective in the future, and that benchmarking would be done accordingly. SK gave assurance to SN regarding statistics, stating that individual trends were looked at. SN suggested looking at a comparable trust with regard to benchmarking the PREMS data.</p> <p><u>Finance</u>          AO reported that the financial performance was in line with expectations from the re-forecast and reiterated the risks with regard to occupancy levels along with the staffing models being introduced.</p>		

	<p>PB asked AO for an update from Finance Committee.</p> <p>AO updated that KPIs had been discussed along with the new budgets. SN added that bed occupancy rate projections had been reassured due to the opening of new wards.</p> <p>The Board <b>NOTED</b> the report</p>		
<b>15.</b>	<p><b>Divisional Presentation</b></p> <p>SK introduced the Neuropsychiatry service which was set up in the 1970s and had received Headway accreditation.</p> <p>MN introduced himself, Vincent Harding (VH) and Keith Jenkins (KJ), along with the parents of a previous patient. MN presented the slides to the Board which outlined what the service offered. During the presentation VH outlined John's Campaign and how this was used within the division to help the patients. KJ outlined the support which was on offer for the relatives of people living with acquired brain injury.</p> <p>The parents answered a range of questions regarding the background and care received by their daughter.</p> <p>PB asked how prepared the clinical team felt they were for a visit by the regulator. MN replied that work had begun to highlight those areas which required focus in order to achieve outstanding. Further comments were made on how the division had performed so well during recent developments within the Charity.</p> <p>PB thanked everyone for their presentations.</p> <p>The Board <b>NOTED</b> the presentation</p>		
<b>ANY OTHER BUSINESS</b>			
<b>16.</b>	<p><b>Questions from the Public for the Board</b></p> <p>No questions were received for the Board.</p>		
<b>17.</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>18.</b>	<p><b>Date of Next Meeting :</b></p> <p>Board of Directors, Meeting in Public – 24<sup>th</sup> March 2022</p>		

Approved – 27 January 2022

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**Paul Burstow**  
 Chair