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 28 January 2021 at 10.25 am

Present:	
Paul Burstow (PB)	Chair, Non-Executive Director
Tansi Harper (TH)	Non-Executive Director
Elena Lokteva (EL)	Non-Executive Director
Stanton Newman (SN)	Non-Executive Director
Stuart Richmond-Watson (SRW)	Non-Executive Director
Katie Fisher (KF)	Chief Executive Officer
Jess Lievesley (JL)	Deputy Chief Executive Officer
Alex Owen (AO)	Chief Finance Officer
Sanjith Kamath (SK)	Executive Medical Director
Martin Kersey (MK)	Executive HR Director
Andy Brogan (AB)	Chief Nurse

In Attendance:	
Alastair Clegg (AC)	Chief Operating Officer
Duncan Long (DL)	Company Secretary
John Clarke (JC)	Chief Information Officer
Alison Smith (AS)	Committee Secretary
Melanie Coxall (MC) (Agenda Item 9)	Clinical Lead, East Midlands & East of England Complex Treatment Service

Apologies Received:	
David Sallah (DS)	Non-Executive Director
Paul Parsons (PP)	Non-Executive Director
Andrew Lee (AL)	Non-Executive Director

Agenda Item No		Owner	Deadline
1.	**Welcome** PB welcomed colleagues to the second part of the Board of Directors (Board) meeting, the part being presented as a further trial of future meetings in public. PB noted the apologies received and confirmed that the meeting was still quorate.		
ADMINISTRATION			
2.	**Declarations of Interest** 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.		
3.	**Minutes from Part Two, Board of Directors Meeting on 26 November 2020** The minutes captured at the meeting held on the 26 November 2020 were **AGREED** as an accurate reflection of the discussion subject to the addition of AB to the attendee list for the Board Meeting held in public.	**DECISION**	

4.	**Action Log and Matters Arising** The Board moved on to review the action log and matters arising as follows: **24.09.20 / 01 - Board Development Plans** This remains in line with discussions in November confirming that further discussions are needed as part of the Governance Review to agree the Board development programme content and then schedule appropriately throughout the year. It was **AGREED** this action will remain **OPEN.** **26.11.20 / 01 - Board Seminars** PB advised that he will explore the role of Board seminars as a means by which the Board can regularly discuss the strategic aspects of the Charity's work and feedback after the Strategy Day on 1st February 2021. It was **AGREED** this action will remain **OPEN.** **26.11.20 / 02 - Patient access to Technology –** Access to the Wi-Fi for connecting patient's devices has started with pilots in Malcolm Arnold House. As soon as this is deemed successful it will be rolled out to other units. Each ward has specific devices for providing access to applications such as Skype for communications with patient families. Where this is insufficient, wards are requesting new additional devices funded from their ward budgets. It was **AGREED** to close this action and to note there will be updating reports to the People's Committee. **26.11.20 / 03 - Divisional Presentations – Mansfield** AC confirmed he is happy to bring this back as a Board update and he gave assurance that work is being done around the issues previously raised. PB suggested that a comprehensive wash up be held at the end of the ward move with lines of sight in the interim. SN advised that the Board is looking for lessons learned across the Charity and not just Mansfield. It was **AGREED** to close this action provided there are lines of sight to Quality Safety Committee (QSC) for future reporting to the Board. **26.11.20 / 04 – Non-Executive Director (NED) Ward Visits** Due to the pandemic, site visits are currently not possible. PB asked that, outside of the meeting, Executives give thought to how visits in person can resume (when possible) to provide Non-Executive Director (NED) colleagues with visual and personal insight and experience of various services. It was **AGREED** this action will remain **OPEN.** **26.11.20 / 05 - Quality Accounts** EL advised that, following discussions with DS about how the Audit and Risk Committee (ARC) and Quality Safety Committee (QSC) share their accounts, the Quality account will be included within the ARC work plan ensuring a line of sight to the Board. It was **AGREED** to close this action. These actions were all noted by the Board.	**DECISION** **DECISION** **DECISION** **DECISION** **DECISION**	
EXECUTIVE UPDATE			
5.	**CEO Report** The report, presented by KF, was taken as read. The purpose of the report was to provide information and assurance on the key areas of focus for the Charity Executive Committee (CEC) over the last reporting period that are not dealt with under other agenda items. EL asked whether the Charity has a comprehensive plan of going for good across all functions and divisions. KF advised that quality benchmarks and standards are not just a response to the regulator's current approach. The Care Quality Commission (CQC) is consulting on a fundamental change to its strategy and approach to regulation. KF advised that St Andrew's has a comprehensive plan, overseen by AB, to ensure that standards are consistent and good based on clinical evidence and patients' feedback as well as other metrics.		

	KF further explained that the CQC are moving towards a Transitional Monitoring Approach (TMA) and that we are in the process of working this through with CQC colleagues who have indicated they will review all our services between now and the end of March 2021 and provide feedback on their assurance gained. PB commented that it would be helpful for the Board to have the opportunity to feed into this CQC Strategy consultation. He stated that, if TMA processes are being applied to us, which will not materially change our current ratings, it poses a question about how the Charity can demonstrate its progress across the CQC domains to the external world. PB also highlighted that National Health Service (NHS) organisations can be rated as a whole, as well as for individual services. We need to consider whether, in response to the consultation, whether we should seek for this option to be available for the Charity, particularly if we are acting in partnership with NHS organisations and in a way that is not typical of the private providers system. PB suggested that this is worth raising with the CQC. There were no further comments or questions.	**AB** **AB/KF**	**25.03.21** **25.03.21**
OPERATIONS			
6.	**Performance Report** The paper was taken as read. The paper provided the Board with a high-level overview of the Charity's performance across four key areas namely safety, patient experience, workforce and finance. AC highlighted that the points of focus are linked to the people elements of the report, including the extent to which the pandemic has affected the Charity. He advised that we are able to staff the wards at close to planned levels every day, but it is difficult to estimate the effect of the pandemic. SN commented that, whilst it is important for the Board to have awareness of targets in order to understand what the CEC is trying to do achieve, monthly figures are not always meaningful. He would like to see another dotted line indicating the proposed outcomes and timescales so that the Board has a sense of the trajectory being followed. SK concurred with SN and advised that, as soon as this quality of data is available, it will be included in the Board report. SN felt that a rolling average report of Covid-19 cases would provide more clarity about the direction we are going in. AC agreed with SN and will look at trends. EL would also like to see cause analysis and action plans to correct the trajectory if it is in a negative zone. PB felt that more commentary would be helpful, as well as a description of the mitigation and where there is not any, this should be noted. SK asked the Board to note that, whilst the workforce data is concerning, given the challenges we are facing with Covid-19, this is not accompanied by an increase in violence and this is due to the hard work being undertaken by our staff who are keeping patients well and safe within our wards. The Board acknowledged this. AO advised that the 2021 budget assumptions had been delayed to quarter one so we are not in a positon to know what the fee uplift is. AO requested to delegate this review to Finance Committee on 1st March 2021. This was **AGREED** by the Board PB commented that it would be useful to have line of sight to patient's complaints, compliments and their reflections. KF advised that, with the support of the QSC, the Charity is moving towards a metric that focusses on the proportion of complaints that are reopened because this gives a better indication that the patient is satisfied that their complaint has been dealt with appropriately or not. This is much more of a quality measure in terms of responding to patients' feedback. There were no further comments or questions.	**AC** **DECISION**	**25.03.21**

7.	**COVID-19 Response** The report, presented by AC, was taken as read. The report outlined the Charity's ongoing response to the Covid-19 pandemic and the Board was asked to consider and approve the Covid-19 Board Assurance Framework (BAF) document within Appendix B. AC advised that managing the Covid-19 risk is not like managing normal Charity risks as everything constantly moves and rapidly changes therefore the report and some detail with in the Covid-19 BAF are already slightly out of date. EL asked how Covid-19 has affected the support we offer our outpatients. JL confirmed that this is done via online support, however we do not have the same statutory engagement so we cannot force patients to engage with us. He also advised that, even though we are providing the service virtually, the impact and pressure on staff remains the same. SN acknowledged the outstanding work of Charity staff in such difficult conditions. He confirmed that the figures in Appendix A were helpful and noted the earlier spike at Birmingham and Northampton and latterly at Essex and he wondered if there was any indication why this had happened. AC explained that the data from March and April does not show what was happening nationally and regionally, so it looks like St Andrew's had a spike, whilst no-one else did, because wide spread community testing was not happening. AC further explained that the data for the positive Essex results is going against the trend in the community due to three ward outbreaks. These are being directly managed and AC is expecting to see a reduction in numbers in Essex. PB raised concerns around access to testing for staff and patients and the systematic approach to vaccinations for staff. SK advised the Board that we want to carry out the vaccinations on site due to the challenges faced in taking our patients and staff out of the hospital, and that we have the workface in place to do this. He confirmed that this has been well received and supported by our local partners however, because we are not an NHS provider, it has stalled at a national level due to a reluctance to give us access to the vaccines. This has been escalated but we have as yet not received a positive response. We have been given slots at Northampton General Hospital, who have given us outstanding support, and we also have access to the Moulton Park mass vaccination site. It is not ideal and we are struggling with the morale of some of our staff who are not receiving the vaccine when their colleagues in NHS organisations are. SK confirmed he is confident that, with access to the mass vaccination site, we can roll this out, but it is right for the Board to be aware of the lack of support we have received centrally. SRW asked whether PB could follow this up with his NHS contacts. These points had already been made by KF and SK with Claire Murdoch at NHS England and with others leading the vaccination programme. PB reported that he had followed this up with Claire Murdoch at the beginning of the week and he will continue to pursue this. SN asked if any staff were unwilling to take the vaccine and SK advised that the majority of staff want to be vaccinated and that Northampton site is over booked, which is good news. He advised of a mixed response for Essex, which is being reviewed to ascertain why, and there are plans for a specific team call to Essex and Birmingham because Black, Asian and Minority Ethnic (BAME) staff appear reluctant to take up the vaccine. SK outlined that a discussion had already taken place with BAME staff with positive outcomes. SK advised that lateral flow test kits were rolled out to staff in December and response rates are comparable with NHS colleagues. The challenge is access to surveillance testing which we do not have. SK advised that NHS colleagues have a daily two hour slot at Kettering Hospital that they can call on, but we do not have this equity so, following an outbreak, our staff have to book individually through the national system meaning our ability to shut down		

	following an outbreak is impaired. AC has reached out to colleagues in NHSE to ask for support. PB acknowledged the useful set of assurances provided by this report to the Board. The Board **APPROVED** the Board Assurance Framework as presented in Appendix B. There were no further comments or questions.	**DECISION**	
8.	**East Midlands Alliance – Common Board Paper** The report, presented by JL, was taken as read. JL advised the Board that, as on previous occasions, the report has been prepared by the East Midlands Mental Health & Learning Disability Alliance, which comprises of the five NHS Foundation Trusts in the region and St Andrew's Healthcare. He outlined that the paper provides an update on the continued work of the alliance and contains feedback from each partner in the alliance following the last board paper in common from the Summer of 2020. PB drew the Board's attention to page 49 of the meeting pack and Claire Murdoch's encouragement of the alliance in developing a population health approach. PB believes this is an interesting area of development to be involved with so it will be interesting to see how close we are able to work in this regard. KF outlined the work being done around developing a population health approach as well as demand and capacity modelling for the East Midlands population. St Andrew's is involved in this piece of work from an inpatient perspective and the expectation is for the model to be handed over to us in the first week of February. JL will want to include this within the ongoing Board strategy development discussions to see how we can best support and compliment the service offering. PB referenced the use of body worn cameras and Virtual Reality (VR) as discussed on page 50 of the meeting pack and he would be interested to hear the Board's comments on this. KF advised that we are trialling this in some of our service areas and we are leading the work around the use of VR in terms of practical application for dementia patients as well as those with personality disorders and social anxiety to support their recovery. KF confirmed that there has been extensive use of VR in the Charity's patient population and there are opportunities for shared learning across the partnership. PB noted that the CQC is interested in reporting on examples of good practice in the use of technology within a variety of settings; it is therefore worth thinking about how we feedback to them on our work as part of their new Transitional Monitoring Approach. He also feels that we need to identify the right place for introducing the outcome of the demand and capacity analysis because everyone is anticipating a significant increase in presentations on community based mental health services; there will be an impact that has not yet been quantified so it will be interesting to see this work. There were no further comments or questions.		
PATIENTS AND QUALITY			
9.	**Community Partnerships – Complex Treatment Services (CTS)** PB advised the Board that it was not possible for the Patient and Divisional Presentation on the Women's Blended Pilot to be delivered today due to the impact of Covid-19. He welcomed MC to the meeting and thanked her for joining and preparing the presentation at short notice. MC outlined the work of the Veterans' Service and the referral pathway by which patients are directed to the most appropriate service for their needs. The Complex Treatment Service (CTS) focuses on those patients with more intensive needs. MC explained that CTS offers specialised services for those with complex mental health needs and it is designed to be added on to existing services rather than being a separate pathway. However, there may be occasions when individuals have not been able to engage with existing services, for example, psychological waiting lists are high with waiting times up		

	to two and a half years across the area whereas CTS can offer an appointment within two weeks of the referral being accepted. MC outlined the staffing arrangements across the two hubs and how they support the veterans depending on their needs, including the option to work with families. She explained that the model is based on evidence around trauma, therapy and relevant guidelines including coping with stress, managing medication, trauma focussed therapy, building links with the community and social networks. MC also outlined some of the challenges facing the team whilst working virtually with a complex client group who are often involved with criminal justice issues and substance abuse. She highlighted the huge demand, both within the team and more widely, for mental health services, the impact of which is being seen in terms of the number of referrals coming to CTS. MC also referenced the Armed Forces Covenant, which is an agreement between our Armed Forces, the Government and the nation outlining that veterans must not be disadvantaged in accessing mental and physical healthcare due to their military service. She highlighted that the CTS takes this on board when supporting veterans to access services, and suggested that the Charity considers tis further as the services develop. Discussions also took place on whether St Andrew's could offer further support to veterans by including veteran's working within the staff group. PB picked up on this point as being something for the People Committee to consider and advise the Board of their view and recommendations. He felt that, given the direction the Charity is taking and its wider objectives, and the way it is aligning and working with the NHS, we need to look at the totality of the potential implications. JL drew the Board's attention to the need for this to be risk assessed and managed appropriately with the other healthcare agencies involved. PB asked MC how the service is benchmarked and she explained that a pilot scheme is being introduced for self-evaluation and peer review of the service, to set the standards for veteran mental health. She advised this links in with other complex treatment services which will provide opportunity for learning and the data from this initial period will be interesting. A discussion then took place over how the CTS service was funded and the standards the CTS works within, including the number of cases they have to focus on. The Board requested to have more information about the community services and for this to form part of the Board development sessions or the working plan, which will assist the Board in shaping a programme that will genuinely reflect and balance what we do. KF acknowledged the huge level of expertise within the CTS team and she felt that supporting this work, and providing the Board with lines of sight from the learning across the charity, should be discussed within the strategy day. There were no further comments or questions.	**TH/MK/JL** **JL/DL**	**27.05.21** **27.05.21**
WORKFORCE			
10.	**Your Voice Update** The paper, presented by TB, was taken as read. TB advised the Board that the report provides an update on this year's Your Voice Survey results. PB noted the survey is run in November, by which time the action plans are already implemented and he asked whether the plans should therefore be reviewed multiyear rather than single year in order to achieve meaningful long term change? TB is hoping that some of the local plans will address the issues before November however, sharing the commercial plans or the Charity-wide structural changes will take time and this is one of the reasons why TB does not want to lose access to the historical results. SN felt it would be helpful for the Board to have sight of the data trends for the past two or three years, linked to NHS comparable data, in order to get a sense		

	of what is happening. As well as to see the commonalities but this will be difficult to capture if the survey keeps changing. TB advised that there is opportunity to more closely align our questionnaire with the NHS and he can share the comparative data for 2019 with the Board after the meeting. He reassured the Board that the snapshot survey includes the main six engagement questions that are included in the longer survey however, he agrees that there is a balance to be struck with maintaining consistency, which we have done over the last six years, in showing how scores have evolved over time. A discussion took place about whether the patient's survey is reviewed at the same time to identify any shared risks and, whilst this has not been done in the past, there is opportunity for the People's Committee to triangulate the evidence from both surveys once the new survey provider is appointed, which should be in the next couple for weeks. There were no further comments or questions.	**TB**	**25.03.21**
GOVERNANCE AND ASSURANCE			
11.	**External Governance Review Update** The report, presented by KF, was taken as read and the Board noted the progress report and associated key timelines. There were no further comments or questions.		
12.	**Interim Governance and Assurance Map Refresh** The Board were advised that the interim version of the assurance map has been completed ahead of the planned external governance review and ensures we have a map that reflects where we are now. PB noted that there does not appear to be anything within the QSC that directly picks up on responsiveness for the CQC domains and he sought clarification as to why a quality committee, that potentially has a role around integrated governance for the organisation, would not have a line of sight on this. KF and DL will review this outside of the meeting and report back to the Board with a response. TH noted that complaints were not included on the map and KF explained that complaints, themes, trends etc. are considered throughout the Charity's clinical governance framework so complaints would be captured through the Terms of Reference for both the People's Committee and the QSC and KF advised they should be checked and addressed if not. SK confirmed that QSC does consider complaints and compliments from which an escalation report is produced as necessary. PB felt it would be beneficial for SK to report back to DS on this discussion however, we do not need to create a new Board report that circumvents the Committee's responsibility. PB confirmed that the performance report provides the necessary lines of sight but it needs to report on compliments, not just complaints. TH also noted that education and training appear missing from the map and she asked for thought to be given to identifying where this should sit. PB suggested this was an area for consideration in the governance review alongside the range of activities the Charity is responsible for. This will provide the Board with both assurance and recommendations for lines of sight into all areas of the Charity. EL acknowledged that the document is a work in progress but advised that the usual best practice is for audit groups not to have direct reporting groups in order to remain as independent as possible within the structure. PB acknowledged that this was an interesting point and one that links into the relationship between an integrated governance committee and an audit committee which the Board needs to bear in mind. There were no further comments or questions.	**DL / KF** **DL**	**25/03/21** **25.03.21**

13.	**Sub Committee Updates** **People Committee** The paper was taken as read. TH advised that the Committee is soon to hold its fourth meeting and she outlined its key areas of focus as being the issue of RIDDORs (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations), the patient voice report and work led by SK and AB around PREMS (Patient Reported Experience Measures). TH advised that the issue around supporting middle managers within the new structure needs to be looked at and the next focus will be on carers and putting building blocks in place to strengthen their response and give assurance to the Board. There were no further comments or questions. **Quality and Safety Committee** The paper was taken as read. SK advised that the investigation into Hawkins ward is ongoing and the full report will be presented to the QSC who will provide assurance to the Board on the actions that are being taken. SK also drew attention to the medium secure division where a number of challenges have been highlighted. He provided the Board with assurance that these wards are being looked at on a weekly basis, both at clinical and CEC level, with action plans in place for addressing the individual concerns on specific wards. PB noted the decision made by the QSC with regards to Mental Health Managers and the proposal made by JL for the Board to have a line of sight via a NED. PB commended this proposal and advised that DS would be the link to the Board on these matters. There were no further comments or questions. **Audit and Risk Committee** The report was taken as read and the Board **APPROVED** the external auditor's remunerations and **NOTED** the ongoing fees. EL emphasised that the ARC remains conscious of the fact that the current risk management system can only provide the Board with partial assurance. There were no further comments or questions. **Pension Trustees** The paper taken as read and there were no further comments or questions.	**DECISION**	
ANY OTHER BUSINESS			
14.	**Questions from the Public for the Board** No questions were received for the Board.		
15.	**Any Other Urgent Business (notified to the Chair prior to the meeting)** PB noted that the Government had published its White Paper proposals in response to the review of the Mental Health act. It is probable that there will be operational implications for the Charity. The Board should keep close to the issues and be aware of any future changes to models of care and changes to legislation. PB requested that, if a briefing note is produced by the NHS confederation or other parties to help better the Board's understanding of the implications of the MHA changes, that it be circulated to Board colleagues. JL **AGREED** to take this action.	**JL**	**25.03.21**
16.	**Date of Next Meeting:** Board of Directors - Thursday 25th March 2021		
The Meeting Closed at 12.35 pm			

Approved by: **Paul Burstow, Chair**

Date of Approval: **25.03.21**