

CHARITY NO: 1104951
COMPANY NO: 5176998

ST ANDREW'S HEALTHCARE

BOARD OF DIRECTORS MEETING IN PUBLIC

The Centre for Development & Complex Trauma, Main Building
and Microsoft Teams
St Andrew's Healthcare, Northampton

Friday 21st July 2023 at 09.30 am

Present:

Paul Burstow (PB)	Chair, Non-Executive Director
Ruth Bagley (RB)	Non-Executive Director
Stanton Newman (SN)	Non-Executive Director
Steve Shrubbs (SS)	Non-Executive Director
Rupert Perry (RP)	Non-Executive Director
Dawn Brodrick (DB)	Non-Executive Director
Vivienne McVey (VMc)	Chief Executive Officer
Kevin Mulhearn (KM)	Chief Finance Officer
Dawn Chamberlain (DC)	Chief Operating Officer

In Attendance:

Anna Williams (AW)	Director of Performance
Alex Trigg (AT)	Director of Estates & Facilities
Simon Callow (SC)	Director of IT
Stacey Carter (StC)	Deputy Director HR Operations
Ash Roychowdhury (AR)	Deputy Medical Director
Duncan Long (DL)	Company Secretary
Leanne Clements (LCI) item 11	Head of Allied Health Professionals
Melanie Duncan (MD) Minutes	Board Secretary

Apologies Received:

Andrew Lee (AL)	Non-Executive Director
Karen Turner (KT)	Non-Executive Director
Oliver Mackaness (OM)	Lead Governor
Sanjith Kamath (SK)	Executive Medical Director
Martin Kersey (MK)	Managing Director, ERT
Lara Conway (LC)	Deputy Director of Workforce Planning

Agenda Item No		Owner	Deadline
1.	Welcome and Apologies PB (Chair) welcomed everyone to the first part of the Board of Directors (Board) meeting, which is a meeting open to attendance by the public. Apologies received from Andrew Lee, Karen Turner, Sanjith Kamath, Martin Kersey, Lara Conway and Oliver Mackaness were noted.		
ADMINISTRATION			
2.	Declarations Of Interest Members of the Board present confirmed that they had no direct or indirect interest in any of the matters to be considered at the meeting that they are required by s.177 of the Companies Act 2006 and the Charity's Articles of Association to disclose. The meeting was declared quorate.		

3.	Minutes from the Board Of Directors Meeting, Held in Public, on 18 May 2023 The minutes of the meeting held on the 18 May 2023 were AGREED as an accurate reflection of the discussion and decisions taken.	DECISION	
4.	Action Log & Matters Arising It was agreed to CLOSE the following actions: <ul style="list-style-type: none"> • 26.07.22 06 BAF Finance Risk • 22.11.22 02 ARC Update – Functional Resilience • 24.01.23 01 Strategic Risks and Board risk appetite • 24.01.23 02 ARC programme of assurance activity • 31.03.23 02 CEO Report – Call Bells • 31.03.24 03 ARC Update – Health and Safety Reports • 18.05.23 02 DBT Presentation – One day workshop All other actions on the log remained open, either in line with the agreed target dates or to return at a future Board following further review.	DECISION	
CHAIR'S UPDATE			
5.	Chair Update PB gave a verbal update, highlighting a recent meeting he had attended with the regulator regarding the single assessment process. It was noted from the meeting that in the future, one third of the assessment would focus on co-production and experience. PB noted that consideration would be required as to how the Charity could demonstrate this, as it would signify a challenge for many organisations. PB further added that there was a focus on equality and intersectionality by the regulator which would require consideration, and would impact tertiary suppliers in particular, with an awareness of least restrictive practices to be considered. SS commented on the Government Rapid Review paper and enquiry that had recently been published, noting the correlations with the user environment, and suggested that this be a topic for Board development to gain a clear view of what was required. DL highlighted the areas of the review which were specific to the Board for implementation and noted that all recommendations within the review were to be implemented within 12 months. DL agreed to progress this session for the Board. The Board NOTED the update.	DL	28.09.23
EXECUTIVE UPDATE			
6.	CEO Report VMc presented her report, which was taken as read, and noted the input from the Charity and references to St Andrew's Performance Reporting within the Rapid Review paper. VMc thanked the teams involved for their work on this. VMc highlighted the progression of the Lead the Change programme, noting that the final workshop had taken place. There would now be three Champion roles which would cover communications, innovation and culture. As a result, the programme was being embedded and forming part of the Thrive initiative. Thrive was progressing well, with Quality Matrons and General Managers receiving inductions, and the quality of the appointments of particular note. VMc commented that they represented a strong group which would be central to moving the work forward. VMc highlighted that the snapshot survey had received a good response rate of 52% from permanent staff and 48% from bank staff with good scores across the board, given the current changes being implemented. BAME engagement was particularly high with 78% noted. Essex also returned		

	<p>excellent scores, whilst the enabling functions scores mirrored the changes taking place. A full staff survey would be initiated in Autumn.</p> <p>VMc reported a busy second phase of the Thrive programme and noted the recently received CQC report on Essex which indicated good improvements. VMc wished to note the excellent work done by the Essex team.</p> <p>SS offered congratulations on the staff snapshot, noting that the results received were excellent, especially considering the recent changes within the Charity. SS noted that honest communications were helping with the process.</p> <p>SN enquired if there had been an impact within the Charity because of the junior doctor's strike action. VMc replied that there had been no impact on the Charity involving staff locally, however, the impact had been felt where patients had been required to attend hospital. SN also wished to update the Board regarding the collaborative study being undertaken with MeOmics and Cardiff University where partnerships and providing equity may be a consideration and noted that the Board should stay aware of this possibility. KM acknowledged that discussions had taken place on this. PB suggested that the Research Committee should continue to monitor this project to ensure the full value from the partnership and that future ERT updates include updates on all research partnerships, clearly outlining the approach by the Charity to ensure full value is received. SN noted that each partnership would require full scrutiny as different approaches would be followed.</p> <p>RB commented that the inclusive approach to cultural change had helped with the quality of engagement and confidence, evident in the scores observed from the snapshot survey.</p> <p>The Board NOTED the update.</p>	KM	28.09.23
COMMITTEE ASSURANCE REPORTS			
7.	<p>People Committee</p> <p>DB presented a written update from the May committee meeting, along with a verbal update from the most recent Committee meeting held on 18 July. DB highlighted that the Committee had looked at the feedback from the snapshot survey and acknowledged the scores attained. The Committee had also considered the long term workforce plan and challenges in light of the Thrive programme, and assured the Board that a vacancy rate had now been implemented and was being reported. Upcoming committee meetings would consider a deep dive into employee relations, targeted areas for pay and internal disproportionality.</p> <p>SN enquired about the level of mandatory training, asking if 89% was indicative of full training, both via eLearning and face-to-face. DC explained that the figure was a combination of both face-to-face and online training, with the face to face rate requiring further improvement, and this would be done with involvement from L&D.</p> <p>The Board were asked to consider for approval:</p> <ul style="list-style-type: none"> • The Modern Slavery Statement • Terms of Reference for the People Committee. <p>The Board APPROVED the Modern Slavery Statement and the revised Terms of Reference for the Committee (subject to the updating of several roles recorded within the membership) and NOTED the report and verbal update.</p> <p>Quality & Safety Committee</p> <p>SS presented the update from the Committee which was taken as read, and noted that the Committee had conducted a review of Safeguarding and</p>	DECISION	

	<p>considered the resultant data. SS recommended that the Board consider holding a seminar on Safeguarding responsibilities from its perspective. SS noted that significant progress had been made on safer staffing which would accelerate with the commencement of the new shift patterns. Night staffing was also considered, with a focus on those wards experiencing difficulties. The Committee had received a presentation on the new HeatMap, which gave the committee assurance over the effectiveness of the approach being taken operationally.</p> <p>The Board were asked to consider for approval the following documents:</p> <ul style="list-style-type: none"> • Infection Prevention and Control Annual Report • Complaints and Compliments Annual Report • Mortality Surveillance Annual Report (Learning from Deaths) • Terms of Reference for the Committee <p>SN inquired if the Learning from Deaths Report would receive further focus from the QSC. SS confirmed that the QSC had added more detailed reviews of reports from the Mortality Surveillance Group to forthcoming agendas.</p> <p>The Board APPROVED the four documents highlighted and NOTED the report.</p> <p>Audit and Risk Committee</p> <p>RP gave the Committee update and noted the committee's concern regarding resourcing of Internal Audit and Risk, however, the committee was assured that the reduction in resource was acceptable as it was seen as an appropriate level by the external auditors. RP added that the new Integrated Assurance Framework (IAF) would have an impact on the 1st and 2nd lines of assurance and that complying with policies and procedures would help with overall compliance. The Committee agreed that resourcing would be revisited at the end of the current reporting year, considering that less clinical audit work would be undertaken by the function as this was being picked up by the Quality and Clinical Audit teams.</p> <p>RB noted the report from the Medicines Management audit and indicated concern at the findings. VMc agreed with RB, and added that work was ongoing to address the recommendations, however, focus had moved in order to progress the improvements via the quality route. DL added that Medicines Management is one of the first areas being looked at as part of the IAF, RP concurred, adding that associated clinical risks would be considered by QSC.</p> <p>The Board were asked to consider for approval:</p> <ul style="list-style-type: none"> • The six new Strategic Risks • SIRO and Caldicott Guardian Annual Report • Counter Fraud Functional Standards Return <p>The Board APPROVED the new six Strategic Risks, the SIRO and Caldicott Guardian Annual Report and the Counter Fraud Functional Standards Return and NOTED the report.</p>	<p>DECISION</p>	
QUALITY			
<p>8.</p>	<p>CQC Inspection, Report and Actions Update</p> <p>AR presented the update which was taken as read and gave highlights from the report which included an update on the current status of CQC inspection ratings for the Charity's services, along with an update on the actions within the Charity QIP, including those items subject to CQI which could be closed once the findings were implemented, and those actions being progressed by the Divisions.</p>		

	<p>AR gave an update on the internal inspection process, noting that 5 had been completed out of 6 planned. The process involved a wide team including representatives from many functions, with Quality Matrons and General Managers also now involved, with a ratings model being used to focus on improvement. Items from the buddying workstreams continued to be addressed, including fundamentals of care, with a refreshed QIP to be presented to Quality Safety Committee in August.</p> <p>SN offered congratulations on the progress made and suggested that the mock inspection approach would be helpful to the LDA areas prior to any CQC inspections. AR agreed and outlined what had been already planned in this area, including the areas identified for improvement within LDA based upon the division's QIP, adding that a thematic view would be taken.</p> <p>PB noted that in the future, the Charity's quality processes would be even more important with the focus on assurance and that the internally driven quality agenda should improve the Quality Account review and approval process.</p> <p>The Board NOTED the report.</p>		
9.	<p>Safer Staffing Report</p> <p>DC presented the report which was taken as read, noting that it was a similar paper that had been discussed at QSC during the June meeting, but now included day and night shift comparisons. Good progress was being made, however, there was a challenge regarding quality staffing on both days and nights. Overstaffing was being reduced, and LDA was receiving support on this, including enhanced observations.</p> <p>DC also noted the positive impact of including TIs and Assistant Psychologists into the care hours, along with the additional capacity that Quality Matrons and General Managers have added.</p> <p>RB commented that this was encouraging progress, on appointments, staff cover and how the information was presented and thanked the teams involved.</p> <p>The Board NOTED the report</p>		
OPERATIONS			
10.	<p>Integrated Quality & Performance Report</p> <p>AW presented the report, which was taken as read, highlighting the tangible improvements being seen and several positive trajectories. Strong patient feedback had been received, with three quarters of patients who responded rating their experience as good or very good. We are also seeing strengthened staff engagement, observed through improved sickness levels. Quality tools are being embedded, however, the Divisions are at differing stages of the process. Positive progress is being seen relating to discharges, with 5 of the 33 delayed discharges now completed.</p> <p>AW summarised by confirming the Charity continued to see an improving picture as the Thrive programme is implemented and that we are taking staff along with us through the changes.</p> <p><u>Quality</u> The report was taken as read.</p> <p><u>People</u> The report was taken as read.</p> <p><u>Finance</u> KM presented the Finance Overview which was taken as read.</p>		

	<p><u>IT</u> The report was taken as read.</p> <p>SN enquired about discharge rates and asked how many patients could not be discharged due to requiring more care or differing care. AR explained the categorisations and that long stay patients would be looked at separately.</p> <p>SN then asked if the Opex and Capex figures were as expected. KM replied that they were, with Phase 1 of Thrive £200k better than plan. SN asked if the following year's financial pressures would be larger, with KM replying that this was not expected, as costs were not recurrent. In response to the costs of beds, KM replied noting that flexing of staffing costs had an impact.</p> <p>RB asked what the main reasons were for unoccupied beds. KM noted the occupancy figures and what was impacting them, including the proactive decision to reduce occupancy within CAMHS to ensure quality, and the impact of the Essex CQC inspection. VMc added that building and maintaining occupancy was difficult and there were many activities being balanced to manage the levels required. More work was being done by SK to develop model to assist in sustaining the occupancy taking into consideration the multiple balancing factors involved.</p> <p>RB also wanted to know how managers were being encouraged to follow policy on staffing and adhere to the new processes. DC replied that it was a complex picture with commissioning requirements, enhanced observations, and packages of care all being contributory factors, along with addressing the historic issue of wards scheduling unnecessary additional shifts. The new QMs and GMs provide greater capacity to manage these issues and ensure ward staff work within the processes. Work was continuing with the development of the new algorithm that would take into account all these factors and ensure the scheduling was as automated as possible.</p> <p>RB asked about the impact of this within LDA. DC noted that as the largest division, there had been historic capacity issues which were now being addressed. Capability was not an issue and morale had increased with sickness reduced, however challenges had been observed with regard to levels of acuity. AR clarified that a cohort of delayed discharges within the division were being looked at weekly, with support to wards that required it.</p> <p>SN wanted to note that the quality of data provided to the Board was excellent and wanted to thank the teams involved.</p> <p>RP noted that bed and occupancy projections affected budgeting, and wanted further assurance on how this was being addressed, asking if budgets should be lowered in order to address this, noting Essex LDA as an example. DC agreed with the observation on the impact of occupancy, along with the impact of staffing. KM confirmed that Essex had been primarily impacted by reduced occupancy levels, with LDA impacted by a combination of occupancy and staffing, KM added a contingency had been built in to accommodate the fluctuation in occupancy.</p> <p>PB noted the good progress being made regarding the proportion of Non-Patient Facing time, and asked if there was any materiality to the figures if Community Services had not been included. KM replied that Community Services would be reported separately in the future to give greater clarity.</p> <p>The Board NOTED the reports.</p>		
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SERVICE & PATIENT STORY			
11.	Occupational Therapy DC introduced the presentation, along with introducing Leanne Clements and Malcolm, noting the value of Occupational Therapy and the meaningful activity undertaken as a result. LCI and Malcolm then presented, covering OT structure, what OT's do, the top 5 accountabilities for OTs, treatment pathways and meaningful activity. With Malcom highlighting a number of examples of activities undertaken recently. Board members asked questions of both LCI and Malcolm regarding the activities undertaken. Malcolm outlined how he enjoyed bee-keeping, art, music and physical activities as a way of aiding concentration, keeping busy and giving a change of surroundings. Malcolm was asked what could be done to improve meaningful activity. He replied that having more Occupational Therapists on the wards would help a great deal. DC noted that in the future there would be a better balance of professions on the wards. LCI also noted that community based occupational therapy was currently being considered. AR added that the new model of care would give opportunity for more Occupational Therapy input and involvement. Data would also be collated which would indicate the value of the meaningful activity undertaken. PB thanked Malcolm on behalf of the Board and wished him well with his recovery and activities. Malcolm had written a statement for the Board and it was agreed that this would be distributed on his behalf after the meeting.	DL	28.09.23
ANY OTHER BUSINESS			
12.	Questions from the Public for the Board No questions were received for the Board.		
13.	Any Other Urgent Business (notified to the Chair prior to the meeting) No items were received for the Board.		
14.	What would our Patients and Staff think about Our Discussions Today? PB reflected that discussions had centred on interest in people and quality, with a shift within the Charity to being self-directing regarding quality improvement. With the work being done bringing the dashboards to life, and as a result. the Charity was an organisation which was striving to be a learning organisation.		
15.	Date of Next Meeting: Board of Directors, Meeting in Public – Thursday 28 th September 2023		

Approved – 28 September 2023

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Paul Burstow
Chair