

CHARITY NO: 1104951  
COMPANY NO: 5176998

**ST ANDREW'S HEALTHCARE**

**BOARD OF DIRECTORS  
MEETING IN PUBLIC**

Great Hall, Main Building,  
St Andrew's Healthcare, Northampton

Thursday 24 March 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
Andrew Lee (AL)	Non-Executive Director
Elena Lokteva (EL)	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
Rupert Perry (RP)	Lead Governor
Kevin Mulhearn (KM)	Finance Director
Alex Trigg (AT)	Director of Estates and Facilities
Oliver Shanley (OS)	Advisor to the Board
Anna Williams (AW)	Director of Performance
Holly Taylor (HT) Item 12	Director of Learning & Development
Laura Agnew (LA) Item 12	Deputy Director of Estates & Facilities
Rutendo M'tumbi (RM) Item 16	Nurse Manager, Bracken Ward
Tom Bingham (TB) Item 17	Director of Communications
Melanie Duncan (Minutes)	Board Secretary

**Apologies Received:**

Stanton Newman (SN)	Non-Executive Director
David Sallah (DS)	Non-Executive Director
Duncan Long (DL)	Company Secretary

Agenda Item No		Owner	Deadline
1.	<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 Stanton Newman, David Sallah and Duncan Long were noted.		
<b>ADMINISTRATION</b>			
2.	<b>Declarations Of Interest &amp; Quoracy</b> 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.  The meeting was declared quorate.		
3.	<b>Minutes Of The Board Of Directors Meeting, held in public, on 25 January 2022</b> The minutes of the meeting held on the 25 November 2021 were <b>AGREED</b> as an accurate reflection of the discussion.	<b>DECISION</b>	

<p><b>4. Action Log &amp; Matters Arising</b> The following actions were reviewed;</p> <p>24.08.21 <b>05</b> – Safe Staffing Report                      CLOSED 25.11.21 <b>01</b> – Integrated Quality &amp; Performance Report    CLOSED 27.01.22 <b>01</b> – Pensions Scheme Act 2021                    CLOSED</p>	<p><b>DECISION</b> <b>DECISION</b> <b>DECISION</b></p>	
<b>CHAIR'S UPDATE</b>		
<p><b>5. Chair Update</b> PB provided a verbal update to the Board, expressing his thanks to JL for his time as Interim CEO for the Charity, and noting that OS would be taking over as the next Interim CEO in June. Meanwhile, the recruitment process for the new CEO continued, with interviews being held the following day.</p> <p>PB further outlined the work on culture which the Board would be focussing on in the coming months, noting that the culture shift would need to be Charity-wide, with support from the buddying organisations critical to its success.</p> <p>The recent joint Board and Court meeting proved to be a valuable session, with the discussions about the implications of the changing mental health landscape being a useful exploration of risk appetite within the Charity.</p> <p>Thanks were also extended to AO, with appreciation from the Board, and good wishes for the future in her new role.</p> <p>The Board <b>NOTED</b> the update.</p>		
<b>EXECUTIVE UPDATE</b>		
<p><b>6. CEO's Report</b> JL presented his report, which was taken as read, and highlighted the improvement work being undertaken within Women's Services. There were ongoing challenges, however, the shift in culture and staff engagement was evident. A re-inspection was anticipated in the coming weeks, with the wider Charity culture work and approaches to change also being addressed.</p> <p>JL acknowledged the recent Good rating from the CQC for Community Partnerships. JL extended thanks to the team and noted the excellent feedback from the service users and carers.</p> <p>JL further outlined support being offered to a local lottery funded dementia charity, Pink Rooster, with St Andrew's looking forward to working with them.</p> <p>EL enquired regarding the retention rates of staff and timescales for outcomes as a result of culture work being done in NHS Trusts, and wanted to know how the learning from this could be assimilated by the Charity. JL replied that there were no figures released regarding staff retention. He added that NHFT were also progressing along the same process, and that the model had proven impact as a ground up approach was adopted, with support for change leaders. JL agreed to speak to Julie Shepherd, Improvement Director with regard to metrics and would share accordingly. PB noted that People Committee would also look at the data on staff turnover and retention.</p> <p>RB raised a question regarding the risk of delay in transfers of care. She also asked about the programme of culture change. JL replied that the Charity has been in discussions with commissioners about delayed transfers of care and that our regulators were also sighted. He added that the Executive team had spent time on the wards, helping to address the challenges which required targeted work.</p> <p>PB noted the recent rating for Community Partnerships and commented that learning could be taken from this, especially the way in which new service models developed by the Charity had been adopted by commissioners. He added that there were changes anticipated in 2023 with regard to CQC</p>	<p><b>JL</b></p>	<p><b>27.05.22</b></p>

	<p>inspections as both adult social care and integrated care systems will be in scope.</p> <p>The Board <b>NOTED</b> the update</p>		
7.	<p><b>East Midlands Board Paper in Common</b></p> <p>JL presented the paper which was taken as read, noting that it was the latest Board Paper in Common which set out the areas of progression within the Alliance. JL further commented that the Board would now draw down investment opportunities, and that focus was on workforce issues, with CAMHS being a challenge nationally. He added that there were plans for a further joint Board development session soon. JL noted the inclusion of the Partnership Agreement, with the recommendation being to adopt and sign.</p> <p>There was a detailed discussion regarding the partner organisations, potential investment opportunities and the due diligence undertaken. JL commented that the Charity's legal team had reviewed the document, noting that the agreement addressed strategic concerns and working collaboratively and that the investment opportunities would not have been observed without the partnership being in place. There were further discussions regarding competition law and the implications. MK updated that training within this area was currently being undertaken. PB commented that the Health and Social Care Act also noted this, and that there were amendments expected regarding this in the health Bill currently before Parliament, and that further advice would be sought as time progressed.</p> <p>The Board <b>AGREED</b> to enter into the Partnership Agreement</p>	<b>DECISION</b>	
<b>Finance</b>			
8.	<p><b>NHS Improvement Annual Solvency Commitment</b></p> <p>AO presented the paper which was taken as read, noting that these were a series of self-declarations which the Charity were required to make, with a deadline of 31<sup>st</sup> March. The declarations required were identical to the previous year. AO noted particular attention to the continuation of services element, elaborating that this had proved more challenging than in previous years, but that the sign off by the Auditors of the going concern had helped greatly.</p> <p>AO further updated that the Director's Self Declaration and Fit and Proper processes were currently being undertaken.</p> <p>AL observed that in future, being furnished with an outline of the financials would give further assurance in order to facilitate sign off. KM agreed with this.</p> <p>The Board <b>AGREED</b> to the sign off of the Commitment</p>	<b>DECISION</b>	
<b>QUALITY</b>			
9.	<p><b>Quality Improvement System Support and Buddying Workstreams Update.</b></p> <p>AB gave a verbal update, noting that due to illness, Julie Shepherd was unable to attend the meeting.</p> <p>The progress of the Workstreams was noted with particular highlight given to the progression of reduced observations and CQI. Lessons learned continued to receive focus. AB commented that sustainability would be key over the coming year, with the progress in Women's Services being well received.</p> <p>PB thanked AB for the update and noted that forward plans were key to success and looked forward to receiving assurance reports from the Quality and Safety Committee.</p> <p>The Board <b>NOTED</b> the update.</p>		

<p><b>10.</b></p>	<p><b>CQC Report and Actions – Progress Update</b></p> <p>AB presented the update which was taken as read. He noted that the rating received by Community Partnerships reflected the leadership in situ, and that the additional reporting requirements had been a challenge at all levels within the Charity. AB then outlined the format of the QIP (Quality Improvement Plan) meetings, and noted that there were 5 actions from the plan due for closure, with the plan currently on target.</p> <p>PB noted that there were 97 open actions within the plan, and asked AB for a sense of progress against the actions. AB replied that the plan was working to target, and that actions were not closed without evidence of completing being observed.</p> <p>AL enquired if the timeline aligned with the budget, which KM confirmed that it did.</p> <p>SK added that the regulator required evidence as assurance regarding the closing of actions on the plan. He also noted that admissions were now being undertaken, with assurances being extended to partners.</p> <p>PB asked if any actions were of concern, with AB replying that staffing was the main one, but would be addressed in detail further within the Agenda.</p> <p>The Board <b>NOTED</b> the update</p>		
<p><b>11.</b></p>	<p><b>Safer Staffing Report</b></p> <p>AB presented the report which was taken as read, noting that the format and content was consistent with NHS reporting. AB added that the report included details of fill rates, correlations of staffing levels to incidents, and was formulated for all audiences. As a result of the report, no immediate concerns were noted.</p> <p>AB explained to the Board how staff levels were calculated, along with skill placement and safeguarding training. Other highlights included action cards on the wards, a consistent reduction in incidents and the delivery of e-rostering.</p> <p>EL thanked AB and asked questions regarding the challenging shifts and what, if any elements were missing from the report, in order for it to become an assurance report. AB replied that there continued to be significant challenges around staffing, with those wards categorised as red, triggering the action card protocols, which gave clear indications on what steps to take in those incidences. With regard to assurance, AB asked the Board what they would like to see in order to gain further assurance. He added that the report would be presented after consideration at QSC in at its next meeting.</p> <p>JL noted that the report gave a good indication of the action card process, along with the Executive review of them; with the Operations Hub enabling a Charity-wide view of staffing. The introduction of Allocate reflected the acuity in relation to staffing. This work would be crucial, hence the deadline being brought forward.</p> <p>RB asked for accompanying commentary against the red rated wards in future reports and wanted to know if the new model would allow for staffing adjustment more quickly. Regarding the overall staffing rate, RB wanted to know if the data had been compared with other comparable organisations. AB replied that the template was an agreed NHS format, and that the fill rate was a crude measure, and that establishment figures should be agreed by the Board with 6 monthly reviews. No comparisons had been made with the data as yet.</p> <p>AL wanted to check if Allocate would mean that staff would move more quickly. AB confirmed that this would be the case, resulting in more flexibility, this had been evident in the previous month. SK added that the Hub also monitored staffing levels, which were communicated to Executives.</p>		

	<p>AT asked if there was any support that could be given by the enabling functions. AB replied that there were systems in place for all teams to work together.</p> <p>SRW enquired if the staff were engaged with the initiative. AB replied that this was as yet not a universal engagement. 3 of the Neuro wards however, were completely engaged in the process. It had been observed that the language used was beginning to change, indicating the right trajectory.</p> <p>PB summarised and thanked AB and Chloe Annan, welcoming the level of candour within the report, and noting that mitigations and actions needed to be specific, with the QSC providing assurance in future. He added that improving staff retention rates would be important in the coming months.</p> <p>The Board <b>NOTED</b> the update</p>		
<b>MATTERS ARISING / DISCUSSION TOPIC</b>			
<p><b>12. Workbridge Strategy</b></p>	<p>HT and LA joined the meeting and presented the report which was taken as read. HT gave the background to the project and outlined the benefits that the service users gained from attending Workbridge. LA gave background from an Estates and Facilities perspective, highlighting the work that had been done to improve the surroundings. The café had recently been awarded an environmental health 5 star rating, whilst priorities had been addressed, resulting in the project anticipating increased profitability.</p> <p>AO noted the break-even point in what had been a challenging 3 – 5 years. HT responded by noting that 50 learners were making use of the service, which in turn resulted in a degree of caution regarding timeframes.</p> <p>AL asked to what extent was Workbridge marketed to the public. LA replied that plans were in place to increase marketing. Social media was currently being used, but it was evident that the service required further input. Signage had been refreshed along with promotions with Daily Bread. AL also asked about the income generated by the service. HT replied that at the moment, the service was self-funding, however, grants were being considered, and it was hoped that a re-launch would help to facilitate these.</p> <p>AB commented on the mixed use of the function currently, with some service users attending over many years. HT replied that this was being addressed and that it would not be considered a respite service, but a stepping stone for work for users. JL added that the system had progressed and Workbridge needed to do so in tandem with those changes, but in a sustainable fashion.</p> <p>RB noted the better outcomes required from the service and asked how the process had progressed. HT replied that consultation was now in week 7, and had generally been well received with each individual being taken into account.</p> <p>PB thanked both HT and LA and noted the recovery principles of the service, concluding that an update should be given to the Board via the QSC in future.</p> <p>The Board <b>NOTED</b> the update</p>		
<b>ASSURANCE</b>			
<p><b>13. Committee Updates</b></p>	<p><u>Pension Trustees</u></p> <p>MK presented the update, which was taken as read. AL asked if any impact had been seen on the financials as a result of the Ukraine conflict. MK replied that the number of investments which could be affected were small, with a short term impact felt in the markets. SRW added that the inflationary risk had previously been hedged resulting in no obvious effect.</p>		

	<p>The Board <b>NOTED</b> the update</p> <p><u>Quality Safety Committee</u> The update was taken as read with no further questions.</p> <p>The Board <b>NOTED</b> the update</p> <p><u>People Committee</u> EL asked about the limited assurance level noted in the report with regard to culture. PB replied that this was a borderline assessment, and that the next meeting would address the wider programme with regard to the soft aspects of culture.</p> <p>AL asked if the 51% engagement score was at the right level. MK replied that an average score was between 55% and 60%, however, engagement scores had reduced globally. Plans were in place to address this. JL added that it was easy to attribute the score to the impact of Covid, however, the challenges were sector wide.</p> <p>The Board <b>NOTED</b> the update</p>		
14.	<p><b>Governance Oversight Group Update</b> AO presented the update, outlining the work done to date. AO also presented the Authority Matrix and outlined the underlying principles. It was agreed to circulate the Matrix to the Board for further consideration.</p> <p>AL commented on the delineation of committee roles of receiving and giving assurances to the Board as opposed to executive decisions.</p> <p>AT noted the ward to Board assurance process and asked what the route of dissemination back to wards was. AO explained that this was now demonstrated in a revised structure diagram.</p> <p>PB noted that the Authority Matrix would be returned to Board for decision and approval.</p> <p>The Board <b>NOTED</b> the update</p>	KM	27.05.22
<b>OPERATIONS</b>			
15.	<p><b>Integrated Quality &amp; Performance Report</b> AW presented the report which was taken as read and highlighted those areas of note.</p> <p>AL asked why the statement of little or no data was used in some instances of ward level data. AW explained that certain levels were so low that they did not present concern.</p> <p>JC asked about the Covid data and if Covid sickness had reduced. AW confirmed that it had, and that that dis-aggregation of data was now showing this.</p> <p>AB asked if there was any data regarding attrition versus new starters. AW agreed to look into the measure. MK commented that the voluntary turnover figures showed that staff were moving to WorkChoice, which has resulted in consideration being given to a more flexible option on substantive roles.</p> <p>EL asked how the upper and lower control limits were established. AW replied that they mirrored those within the NHS, as well as looking at mean averages from the previous 18 months. EL enquired further as to whether they were at an acceptable level. AW commented that comparators to the previous 6 months did show this, and would be underpinned by the current analysis on Model Hospital data being undertaken. AB added that sickness levels would also be benchmarked as the Model Hospital data allowed for a more</p>		

	<p>considered approach. AW noted that targets were being set in order to be challenging. SK added that the data was being looked at for incidence reporting in particular; analysis together with the wider Charity view would give a whole picture and wider intelligence.</p> <p>PB noted that People Committee would benefit from receiving the data on staff turnover, along with information on the targets being set. A waterfall chart showing how the turnover impacts on staff would be helpful.</p> <p>KM presented the Finance section of the report which was taken as read. He reported that the budget had been achieved on 6 consecutive months, giving a positive position. February occupancy was below expected levels, however, the cash balances were better than forecasted. As a result the year end levels would be as expected. KM updated that the budget process would begin in April in order to be ready for ratification by the Board in July, with support from Ernst and Young on the refinancing project.</p> <p>AL asked what levels of security were in place for IT especially with the heightened risk of cyber activity as per advice from GCHQ. JC confirmed that security was in place and was adequate.</p> <p>The Board <b>NOTED</b> the report</p>		
<b>PATIENT/CARER VOICE</b>			
<p><b>16.</b></p>	<p><b>Divisional Presentation</b></p> <p>RM gave a presentation on how blanket restrictions on Bracken ward had been addressed within a co-productive environment, including feedback from the patients involved. SK gave wider context, noting that there were no increases in violence, Serious Incidents or Safeguarding incidents since the beginning of the project.</p> <p>AB asked what the staff feedback was, and how did they feel with blanket restrictions in place. RM replied that it was a case of assessing the risk of each restriction and considering individual cases if required. Staff had found it to be a challenge initially, however, now that it is apparent that removing them works, there is wider acceptance.</p> <p>JL thanked RM and noted the trauma informed care session recently run on the ward, and the cultural challenges which resulted in the blanked restrictions being in place initially. This was an example of therapeutic care demonstrating recovery.</p> <p>PB asked what needed to be done to stop the restrictions from returning. RM replied that regular team review would help, along with the inclusion of the patients' views.</p> <p>EL asked the Executives if this was a one ward initiative. SK replied that this was a Charity-wide programme of restriction reduction. A focussed approach was required on Bracken in particular, however, this was being adopted across all wards.</p> <p>The Board <b>NOTED</b> the presentation</p>		
<b>PEOPLE</b>			
<p><b>17.</b></p>	<p><b>Lead the Change</b></p> <p>MK presented the background to the programme, highlighting the behavioural drivers and the role of the Board in ensuring its success.</p> <p>TB gave a presentation noting that the initiative supported the Charity strategy and interlinked with other projects.</p>		

	<p>OS stressed the need for co-production, encouraged by Board involvement, and asked what the target organisation type was. TB agreed noting that this work would be part of the second phase.</p> <p>JC asked if the group of change leaders reflected the organisation. TB replied that the BAME community was not represented, but that it was anticipated that active recruitment would mitigate this. AB commented that it was important as the majority of night staff were from the BAME community.</p> <p>PB noted that People Committee would retain a line of sight on the programme.</p> <p>The Board <b>NOTED</b> the presentation</p>		
<b>ANY OTHER BUSINESS</b>			
18.	<p><b>Questions from the Public for the Board</b>          No questions were received for the Board.</p>		
19.	<p><b>Any Other Urgent Business (notified to the Chair prior to the meeting)</b>          There was no other Business notified.</p>		
20.	<p><b>Date of Next Meeting :</b>          Board of Directors, Meeting in Public – Friday 27<sup>th</sup> May 2022</p>		

Approved – 27<sup>th</sup> May 2022

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**Paul Burstow**  
 Chair