

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 31st March 2023 at 09.30 am

Present:

Paul Burstow (PB)	Chair, Non-Executive Director
Ruth Bagley (RB)	Non-Executive Director
Karen Turner (KT)	Non-Executive Director
Steve Shrubbs (SS)	Non-Executive Director
Rupert Perry (RP)	Non-Executive Director
Vivienne McVey (VMc)	Chief Executive Officer
Kevin Mulhearn (KM)	Chief Finance Officer
Sanjith Kamath (SK)	Executive Medical Director
Martin Kersey (MK)	Executive HR Director
Andy Brogan (AB)	Chief Nurse
Dawn Chamberlain (DC)	Chief Operating Officer

In Attendance:

John Clarke (JC)	Chief Information Officer
Anna Williams (AW)	Director of Performance
Alex Trigg (AT)	Director of Estates & Facilities
Duncan Long (DL)	Company Secretary
Jo York (JY) Item 13	Recovery College Peer Trainer
Liam Freestone (LF) Item 13	Specialist Practitioner
Melanie Duncan (MD) Minutes	Board Secretary

Apologies Received:

Stanton Newman (SN)	Non-Executive Director
Dawn Brodrick (DB)	Non-Executive Director
Andrew Lee (AL)	Non-Executive Director

Agenda Item No		Owner	Deadline
1.	Welcome 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, Dawn Brodrick and Andrew Lee were noted.		
ADMINISTRATION			
2.	Declarations Of Interest & Quoracy 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 Of The Board Of Directors Meeting, held in public, on 24 January 2023 The minutes of the meeting held on the 24 January 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"> • 26.05.22 06 – Safer Staffing – People Committee Assurance • 22.11.22 01 – QSC Update – Operations Dashboard • 24.01.23 07 – Mental Health Bill - Disproportionality All other actions on the log remained open, either in line with the agreed target dates or to return at a future Board.	DECISION	
CHAIR'S UPDATE			
5.	Chair Update PB gave a verbal update, firstly drawing attention to Appendix B of the pack, the Board Skills Matrix, which was for Board members to complete and would aid in the training and development plans of the Board. PB also updated on items that had been undertaken since the last meeting in January; notably, the evolution of the Thrive programme, along with a visit to Tabard Court in London which had aided in the development of the future business model for the Charity. PB noted that relationships with housing providers would be crucial to the success of this initiative. PB further noted two recent meetings, the first with Chris Dzikiti (CQC Director of Mental Health), with discussions on how the CQC were working with stakeholders and how the focus was on outcomes. With the second meeting with Professor Tim Kendall, NHSE National Clinical Director for Mental Health which gave the opportunity to re-introduce the Charity to him, as well as have discussions covering the landscapes for the future and commissioning. PB also noted his visit to CAMHS, commenting on the changes taking place, with particular note to the work being done by the College. Patients had commented negatively on the food, with PB following the comments up with AT. The ongoing demand and future purpose of CAMHS would be considered in the future. DC commented regarding Sitwell Ward within CAMHS, noting that a paper would be coming to Board. PB concluded that influencing and shaping the future for the Charity would now be key, with local and regional engagement important, along with the strategy regarding community services. AT agreed to address the food comments from the patients in CAMHS. The Board NOTED the update.	DC	28.09.23
EXECUTIVE UPDATE			
6.	CEO's Report VMc presented her report which was taken as read and noted a number of more recent additional items for discussion. The final meeting of the Buddy programme was held last week. It had been commented that this approach was ground-breaking and that the feedback was that all parties concerned found the programme to be useful, with two-way traffic regarding learnings. All workstreams had been supported during the process, however it was noted that two of the agreed exit criteria had not been met; Enhanced Observations and Standards of Care. VMc wished to note her thanks to Angela Hilary of NHFT, and highlighted the positive relationships which had been formed with the partners and that St Andrew's was seen as part of the system. AB added that increased reporting on low risk incidents had been noted from the exit meeting, as well as a full quality impact assessment for safer staffing had also been noted as required. AB confirmed that QIAs were completed and had been done on the staffing changes. AB confirmed that establishment figures had not reduced, however,		

	<p>the impact of increase has been assessed, with no significant impact on quality had observed for those areas where establishment has been reduced. AB wished to note that there were no immediate concerns.</p> <p>VMc then noted her comments with regard to Operations, with DC updating the Board on the interim steps being taken with regard to management on night shifts. In the new operating model, the General Managers and Quality Matrons would be the out-of-hours managers on site. This would ensure 24/7 cover as opposed to being on-call. In addition to this, night visits by Executive would increase and the night culture would be addressed. KT asked if new staff would be rostered for both days and nights. DC confirmed that this would be the case.</p> <p>VMc then noted the upcoming Annual Awards which would be a bigger event than previously seen. Over 1,000 nominations had been received, with some also from patients and carers, this is a greater number than seen previously. VMc also highlighted that the final strategy workshop had been held in the previous week, with the MBA students now collating the information which would be received by Executives on the 19th April, and presented to Board in May, with many of the MBA students and staff involved in the co-production in attendance.</p> <p>SS asked about the call bells being installed, following the Essex CQC report, asking how compliant the solution was and if a permanent solution was being discussed. JC updated SS noting that he was the Executive accountable for the work and that Essex had now received the permanent solution for call bells. Further discussions covered other sites such as Birmingham (with a compliant temporary solution now in place), Broome Cottage and the timeframe for finalising the remaining Northampton wards. It was confirmed that further clarity over the compliance of the solutions as well as the need for them within Broome would be sought from the regulator prior to future work being carried out. JC would also furnish SS with a copy of the programme.</p> <p>Further discussions covered the recent reports from the regulator, along with how the strategy had been received by the staff across the three main hospital sites.</p> <p>The Board NOTED the update.</p>	JC	18.05.23
COMMITTEE ASSURANCE REPORTS			
7.	<p>Audit & Risk Committee</p> <p>RP introduced the report, which was taken as read, with PB enquiring regarding visibility of engagement with HSE. AT replied that close liaison was kept with HSE, with a good relationship in place and that nothing was expected at this stage. It was agreed that Health & Safety updates be given to the Chair of Quality & Safety Committee also. DL confirmed that following the committee wide review of Terms of References, Health and Safety oversight was returning to the QSC.</p> <p>The Board NOTED the report</p> <p>People Committee</p> <p>In DBs absence, SS introduced the report, which was taken as read with SS updating that the Lead the Change programme had now moved from the design phase to implementation. SS thanked everyone for their hard work on the programme. Items for escalation to the Board covered risks relating to the nursing fill rate and mandatory training completion rates.</p> <p>AW update that training figures had been observed as being far better in February, with the focus on non-nursing staff initially with plans for addressing training levels in nursing staff to be released. DC added that it was good to see the improvement in non-nursing completion, however the focus was on those need to be released from their rosters to enable them to</p>	AT	18.05.23

	<p>complete the training. DC confirmed that all bar one division had now exceeded 90% completion. RB asked if it was known which roles were more affected by mandatory training and which ones should be expected to be at 100%. DC replied that this was now known down to an individual level, with approaches to achieving compliance refined in order to gain better completion rates.</p> <p>PB indicated that a review of Charity trustee training would be welcome, with the involvement of Nominations & Remunerations Committee. MK suggested a trustee training passport approach using comparable training completed within the NHS. DL confirmed that this approach had commenced and had been used with a number of Non-Executives.</p> <p>The Board NOTED the update</p> <p>Quality & Safety Committee</p> <p>SS introduced the report, which was taken as read with SS noting the continued narrower and detailed focus for the Committee was working well. This approach would be continued for another 6 months, with a review on the approach completed at each future meeting. PB asked if risks were being reviewed as part of the revised focus and SS confirmed that they were being reviewed and highlighted that the Committee, and the Board should take a balanced and calculated risk approach whilst the Executive deal with the current challenges. RB agreed and noted the early warning benefits of the new Heatmap.</p> <p>The Board NOTED the update and the Quality Strategy Plan.</p>	<p>RB, DL & SC</p>	<p>21.07.23</p>
QUALITY			
<p>8.</p>	<p>Safer Staffing Report</p> <p>AB presented the report which was taken as read, and noted that Establishment would be subject to an annual review process in the future. The risks had been noted, particularly with regard to the reliance on Bank and Agency staff. AB highlighted that fill rates in the previous 6 months had improved with fewer issues being observed. AB also proposed that the detail from the report should be presented to Quality & Safety Committee in future, for assurance purposes ahead of providing the overview Safer Staffing Report to Board.</p> <p>RP noted that 31% of staff were leaving within 12 months, and asked how this was being managed. AB replied that nursing recruitment and retention was a national problem and that a quarter of qualified nurses do not go on to work within healthcare. AB added that preparing staff was important, along with retention. The St Andrew's 6 month preceptorship was low compared to the 2 years offered by other organisations. DC added that communication and retention was improving, with feedback indicating that staff were excited about the future. Further analysis would be done with regard to the permanent shifts on offer.</p> <p>KT asked if CAMHS should be considered separately in order to attract staff and therefore have more beds to offer. PB agreed and DC confirmed that the strategy for CAMHS would be to move away from a secure setting, and would be looked at separately.</p> <p>RB asked about the red and yellow categorisation within the report and asked AB to confirm the categorisations. AB confirmed, and added that there were extenuating circumstances. RB suggested that further narrative would be beneficial. Further discussion regarding the report format and content covered correlations with quality, and the inclusion of trend graphs on the use of action cards. AB agreed to include the suggestions.</p> <p>The Board NOTED the report</p>	<p>AB</p>	<p>18.05.23</p>

9.	Quality Workstreams Update	<p>AB presented the paper which was taken as read and outlined that the buddy workstream work had now concluded, with remarkable progress, some of which was still to be recognised. There were two areas which required further work, however, they did not present themselves as of concern. AB wished to formally thank Julie Shepherd and Angela Hilary for their support during the process, which transpired to be a successful piece of work for all concerned.</p> <p>SS congratulated AB and noted that embedding and sustainability would be key for continued success. He cautioned that those exit criteria which had not been met did correlate with the recent report on Essex. AB acknowledged that there were areas of challenge, and that it was planned to address them.</p> <p>VMc noted that sustainability had been discussed extensively with Angela Hilary, and that changes at ward level would help a great deal. DC added that the e-observation work being done by Ash Roychowdhury would be key to this.</p> <p>The Board NOTED the report.</p>		
OPERATIONS				
10.	Integrated Quality & Performance Report	<p>AW presented the report which was taken as read and each of the main topics were discussed:</p> <p><u>Quality</u></p> <p>AW noted that the Quality data indicated that improvements continued, with 69% of non-PICU patients transitioning to a lower level of security and just under half returning to their usual place of residence. My Voice positive responses were now at 72%, and the Quality strategy and framework continued to be implemented.</p> <p>Note: Post meeting it was confirmed that the My Voice figures were incorrect and should have read 76%, a further improvement on previous reported percentages.</p> <p><u>People</u></p> <p>AW highlighted that positive trends were being seen, with a vacancy rate of 15.4% which benchmarks favourably against peers. Turnover and sickness improvements were also being seen across all divisions and functions.</p> <p>PB acknowledged and welcomed the discharge information now included within the report. PB enquired if an indication on whether the process highlighted within the report required further review itself and whether an appropriate symbol could be added that highlighted where only a change in process would initiate an improvement in the reported metric. PB also asked what action was being taken to address the low levels of participation in the My Voice feedback. AW agreed to address the comments and suggested reporting updates. AW responded that a range of options regarding the My Voice submissions would be offered in order to increase uptake and engagement.</p> <p>SS suggested that Quality & Safety Committee could consider the My Voice submissions and process and that this was being arranged. KT asked if further information could be gained from looking at the discharges from ASD/LD as to where the patients went when they left the Charity. RB asked if there could be a reduction in inappropriately placed patients. SK responded that this was a good point to raise and the placements could be due to length of stay and the patient has completed their treatment, or due to no follow-on placement being available, with the vast majority relating to patients who should be leaving. PB suggested that it would be beneficial for the Board to</p>	AW	21.07.23
			DL	21.07.23

	<p>have further discussions regarding tertiary service providers to better understand any inappropriate placements or what may impact the complexity of discharge.</p> <p><u>Finance</u> KM presented the finance section of the IQPR and reported that full year forecast had projected a £5m loss, which was £60k more in February due to increased staff costs, partly due to an increase in acuity and enhanced support. Lower project costs had mitigated this slightly. The forecast however, is expected to be achieved. KM also wished to note that the Berkeley Close disposal would not fall within the current financial year. The impact of this will be offset by the positive movement in pension and investments. Redundancy costs would still have to be considered. KM also confirmed that there was no covenant risk. Occupancy levels sat at 590 in April 2022 with a forecast of 630 for March 2023, indicating a 7% increase which was following forecasted figures. SK added that there had been a lot of hard work spent on occupancy to raise it to these levels.</p> <p>SS noted concern regarding fragile staffing and the increase in acuity, against increasing occupancy. SK agreed that it was a balance, but that if a ward felt unsafe, it would not allow admissions, and outlined how each division mitigated this. KM outlined the growth aspects of occupancy and how staffing could be flexed accordingly, with DC adding that staffing challenges were being mitigated, and that TIs were being recruited to enhance the staffing on the wards. PB asked if the work of TIs could be presented to the next Court of Governors.</p> <p><u>IT Security</u> JC gave the IT update and noted that the ISO Security Audit had been passed which allowed the Charity to maintain accreditation. RP asked about the patches being applied to the servers. JC replied that they were being done manually.</p> <p>The Board NOTED the report.</p>	DC	18.05.23
GOVERNANCE			
11.	<p>Board Code of Conduct</p> <p>PB introduced the Board Code of Conduct, outlining the process of development and requested the approval of the Board to adopt.</p> <p>SS asked if the document contained or referred to the Nolan Principles. DL and MD confirmed that the principles had been taken into consideration, but not explicitly quoted within the document.</p> <p>The Board NOTED the Code of Conduct and AGREED to its adoption.</p>	DECISION	
12.	<p>Revised Charity Governance Structure</p> <p>PB introduced the revised Charity Governance Structure Chart, and requested the approval of the Board to adopt and publish.</p> <p>The Board NOTED the structure and AGREED to its adoption and publication.</p>	DECISION	
SERVICE & PATIENT STORY			
13.	<p>Oliver McGowan Training on Learning Disability & Autism</p> <p>Liam Freestone and Jo York joined the meeting and gave presentations on the Oliver McGowan training and on Learning Disability and Autism. Liam provided further background and context to the Oliver McGowan training as well as the Ask, Listen Do approach and how the Charity was adopting it.</p> <p>Jo, provided a personal reflection on Making Autism Audible by sharing her experiences as a parent with a son who was diagnosed with ASD.</p>		

	<p>PB thanked both Liam and Jo and reflected on the anger felt regarding the system failures that had occurred. SS commented that it was important to hear the stories of what could be achieved and that they were powerful stories. KT added that she felt anger at the waiting times involved and how these affected opportunities. DC reflected on how this learning could be taken into the Charity's services, and how a consistent approach would help.</p> <p>PB commented on the use of psychotic medications and if there were any trends which should be reflected on. SK replied that this was a question which was asked repeatedly, and that the STOMP initiative was key. He suggested that a review be done by the Medicines Management Group and presented to Quality & Safety Committee for further consideration. He added that the use of medications could be beneficial via a collaborative approach and if used appropriately.</p> <p>The Board thanked Liam and Jo for their presentations and for sharing their stories.</p>	SK	21.07.23
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) There was no other business.		
16.	What would our Patients and Staff think about Our Discussions Today? <ul style="list-style-type: none"> • How the presentation on Autism was taken seriously • How frontline staff were being considered and were a main area of focus • How the Board were clear on follow-up and accountability • How the Board positively challenged each other, which indicated a maturity of the Board, and how it accepts that level of challenge. That the questions being asked were the right ones and would make a difference • How the presentation of information could be clearer for the Non-Execs. VMc indicated an appreciation of feedback on this topic. 		
17.	Date of Next Meeting : Board of Directors, Meeting in Public – Thursday 18 th May 2023		

Approved – 18th May 2023

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Paul Burstow
 Chair