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

Thursday 18th May 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 Shrubb (SS)	Non-Executive Director
Rupert Perry (RP)	Non-Executive Director
Andrew Lee (AL)	Non-Executive Director
Vivienne McVey (VMc)	Chief Executive Officer
Kevin Mulhearn (KM)	Chief Finance Officer
Sanjith Kamath (SK)	Executive Medical Director
Martin Kersey (MK)	Managing Director of ERT
Andy Brogan (AB)	Chief Nurse
Dawn Chamberlain (DC)	Chief Operating Officer
In Attendance:	
Anna Williams (AW)	Director of Performance
Alex Trigg (AT)	Director of Estates & Facilities
Eddie Short (ES)	Director of Strategy & Business Development
Duncan Long (DL)	Company Secretary
Stacey Carter (SC)	Deputy Director HR Operations
Lara Conway (LC)	Deputy Director of HR Workforce Planning
Oliver Mackaness (OM)	Lead Governor
Shani Bradshaw (external guest)	MSI Group
Apologies Received:	
Stanton Newman (SN)	Non-Executive Director
Dawn Brodrick (DB)	Non-Executive Director

Agenda Item No		Owner	Deadline
1.	**Welcome and Apologies** PB (Chair) welcomed everyone, including Shani Bradshaw (SB) from MSI Group, 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 and Dawn Brodrick 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 31 March 2023** The minutes of the meeting held on the 31 March 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: • **24.01.23 03 –** IQPR – Plan detail • **24.01.23 04 –** IQPR - Training • **24.01.23 05** – IQPR – My Voice • **31.03.23 05** – Safer staffing – QSC Reporting • **31.03.23 06** – IQPR – Symbols • **31.03.23 08** – IQPR – TI presentation All other actions on the log remained open, either in line with the agreed target dates or to return at a future Board. With the following update: **31.03.23 02** – Call Bells – reallocated to AB, and due for presentation at June's QSC, ahead of returning to Board.	**DECISION**	
CHAIR'S UPDATE			
5.	**Chair Update** PB provided a verbal update, highlighting that this update included the Annual Fit and Proper persons Declaration and proposed that the Board accept assurance that Board members and Directors continue to meet the requirements, and do so in a transparent way as seen by this declaration. PB noted the previous rating for this area highlighted within the Internal Audit papers, whereupon in June 2021, an internal audit of this area provided only a partial assurance rating on the Charity's processes. As per the paper, the processes now followed are effective and provide the necessary level of assurance. PB noted that it had been a busy period with one-to-ones and that had impacted the number of ward visits, however he, along with VMc had attended the NHS Mental Health Network Conference, and the opportunities for networking that had brought, along with being able to understand just how much activity was being driven by the NHS England national team, and the strong emphasis on delivering more services in the community. On 3 May there had been a face to face session with the Chairs and Chief Executives of the East Midlands Alliance to look at whether there was an appetite to deepen the collaboration and what that might look like, with an interest amongst the NHS partners to do so. VMc advised that the Exec had recently looked at how to bring together activities with the different collaboratives in order to have a more streamlined approach. RB questioned whether NEDs would be invited to collaborative events going forward, as their previous attendance to these events had stopped. VMc advised that initially the collaboratives had been very practical and it was felt that it was not a good use of Board members time to attend these meetings, but they were now ready to have more strategic conversations, and PB confirmed that it had been noted by the Chairs and Chief Executives that Board member attendance should be revisited as more strategic choices were made. PB advised that he had attended the last two BENS meetings and valued the direct way in which patients communicated their views about their experiences and the service they received. PB highlighted the need to strengthen the involvement of the Birmingham and Essex hospitals in BENS as well as it was important to encourage involvement from the community services. PB encouraged members of the Board to attend these meetings to triangulate what was going on in the Charity. The Board **ACCEPTED** the assurance that all Board members and Directors continued to meet the Fit and Proper Persons requirements and **NOTED** the update.		

		DECISION	
EXECUTIVE UPDATE			
6.	**CEO Report** VMc presented her report, which was taken as read, and noted the three streams of work the Executive were involved in: bringing the first phase of the Thrive programme to a close, creating a set of strategic milestones co-produced across the Charity, and continuing the everyday delivery of business as usual activity within the highly regulated space. VMc noted the sad death of Dr Alexei Titievskii, Consultant Psychiatrist, and invited the Board to attend a memorial service on 13 June in the Chapel. VMc advised that a piece of work had been undertaken with the Lead the Change group, bringing together the Charity's strategic objectives, those of the Thrive programme and ideas from the group, and a constructive conversation had been had about the future of the Change Leaders. VMc advised that she was looking at three Champion roles with the group: Communication Champions, Culture Champions and Innovation Champions. VMc highlighted that it was Mental Health Awareness Week and the Hope Exhibition would be moving around Northampton throughout the week, coming back to the Charity the following day, and noted the success of Workbridge's first foray into raising money, Workbridge Wheels, a motorcycle meet, which started with 10 bikes and 20 people the first week, rising to 50 bikes and 50 people the second week. AT believed it would continue to grow and there was the capacity to grow to at least 200 in attendance. PB highlighted an initiative Essex Healthwatch were running, using activities that were unrelated to health in order to find ways to have conversations about mental health and suggested that in time, this could be something that could be injected into the Workbridge Wheels events. RB questioned, following the recent breach of the Data Protection Act by a consultant within a NHS Trust, using access to gain personal data about another person, whether there was anything else the Charity should be doing to ensure this did not happen within the Charity. SK advised that within the Charity's RiO system, level based access was in place so staff were only able to access records if they had a reason and authority to do so. RB also questioned whether it would be possible to achieve over 90% on all online and in person training and DC advised that there had been a push at the end of the financial year to ensure that non-nursing staff had completed their mandatory training. One of the workstreams of the new Clinical Services Programme Board was on the management of statutory training, with Finance colleagues modelling what would be required to roster for nursing staff to attend face to face training (via T-Block) and an update would be brought to the Board meeting in July to demonstrate how this had been embedded. SS commented that VMc's report demonstrated real progress and PB acknowledged the level and pace of change over the past six months, which had been essential. PB flagged the nursing spend piece from within the update and questioned where this sat within the audit universe. VMc advised that this was uncovered through preparing for the Thrive process and she did not believe that it would necessarily be picked up via an audit, as basic management tools would not normally be monitored. PB noted that there could be learnings to take from this and DC advised that this was the first step in getting building blocks into the rostering process and that once the work was completed, there would be something that could be audited. KM advised that the post implementation review of Allocate was still to be completed, which would identify any shortfalls.		

	PB noted that the Board was being asked to approve the Data Security and Protection Toolkit (DSPT) submission, that was provided within the report, noting that the Charity was submitting a "Standards Met" position. The Board **APPROVED** the "Standards Met" DSPT submission and **NOTED** the update.	**DECISION**	
COMMITTEE ASSURANCE REPORTS			
7.	**Audit & Risk Committee** RP introduced the report, which was taken as read, highlighting that the Charity's Reserves Policy had been agreed, and although the Charity's current level of reserves were low at £9m, the Board should be assured that thought was being given as to how to increase this to the target of £22m under the new policy. RP reiterated that the purpose for having the policy was so that people could judge effectively where the Charity was. AL noted that available funding had been excluded from the reserves calculation and that they could be drawn upon if needed. KM confirmed that that had been considered and also concluded that having a policy in place had been a long overdue action for ARC and it had been agreed that FinCom would review annually where the Charity was on the policy in line with the budget cycle and report this to the Board. RB added that ARC had requested the position in relation to the Reserves policy would be recorded as a Material Risk and managed accordingly. RP noted an improving trend on risk management, agreeing adequate assurance for both operational and material risk management, and although there had been more whistleblowing and raising concerns activity, less reports had been upheld, and the Committee had no concerns in that respect. The existing audit universe had been looked at, as well as the proposed audit plan for 2023/24, with internal audit choosing 60% of the topics and management the remaining 40%. The Committee thought this provided a good balance. RP confirmed that there was nothing of concern within the counter fraud update. RP advised that the new Terms of Reference for the Committee had finally been agreed. AL questioned whether ARC was looking at the risk associated with AI, and how it was transforming cyber threats and penetrations. RP advised that this would be picked up through the IT Committee, but that ARC would be mindful of it. DL advised that he would ask Darren Handley (DH) to look into how this was being managed from a Counter Fraud perspective and would see what the LCFS's within the NHS were advising. The Board were asked to approve the Charity Reserves Policy, the NHSE CRS Licence Agreement and the revised ARC Terms of Reference. The Board **APPROVED** the Charity's Reserve Policy, the NHSE CRS Licence Agreement and the revised Terms of Reference for the Audit & Risk Committee and **NOTED** the report. **Quality & Safety Committee** SS introduced the report, which was taken as read, with SS noting a significant improvement in identifying establishments and a more flexible approach to use of agency and temporary staffing, along with the innovative approach to deploying MDT staff. However, the Committee remained concerned about the Charity's ability to consistently employ qualified nurses, particularly in CAMHS and at night, and this would be looked at in more detail at the next QSC meeting and reported back to the next Board meeting. SS advised that although the Committee were positive about the safeguarding training recovery plan, it felt that more work was needed on the data it received around safeguarding. SS also noted My Voice uptake had improved but needed to increase further and there needed to be commitment at ward level to support patients where required. SS asked the Board to	**DL** **DECISION**	**21.07.23**

	reflect on whether there should be more attention given to a broader patient involvement carer strategy. DC confirmed that the full nursing establishments were now complete, which had highlighted that there were more Clinical Nurse Leads than available posts, so progress was being made on qualified nurses. Two pieces of work were taking place in CAMHS in terms of the new leadership team carrying out a 9C's assessment, and a piece of work reviewing the actual use of wards per se, which would be presented to Exec and then to QSC. Positive conversations were being had around growing peer support workers, with a plan to have one on every ward, where recruitment allowed. SS acknowledged this but advised that it went beyond peer support workers and there was a need to look at what was happening across the rest of the mental health system. KT questioned when NEDs would be involved in discussions around the strategy for CAMHS and SK advised that currently work was being undertaken with clinicians and non-clinicians to develop the Charity's clinical strategy for the next five years and beyond and CAMHS is central to that. SK added that the current problem faced by CAMHS was the one of trained, experienced staff who had the resilience to work in both inpatient and outpatient CAMHS settings. KT expressed her wish to be involved early in the discussions. PB suggested that the topics raised, including innovative approaches to patient care, and possible business development opportunities were good candidates for future board seminars as we look to better utilise Board time at meetings. PB asked that a way be found to have the discussions without necessarily trying to do more now. PB commented that it would be useful when discussing night staffing at the next QSC meeting, to look at whether there was a differentiation between the levels of willingness to speak up between day staff and night staff. AB noted that the Charity was in its final stages of the Patient Experience Co-Production Strategy and creative ways were being looked at for CAMHS and vulnerable patients to have a voice. OM advised that the two Carer Governors were nervous about the Thrive programme and whether the patients voice was strong enough in this. RB questioned if it would be possible, once the models were in place, to review whether having three people with related but competing accountabilities was creating tension. DC advised that this was a tried and tested model, with healthy tension and collaboration welcomed. SK added that the model was already working in some areas of the Charity and was an evolving process. VMc noted that she had ultimate accountability and what was trying to be achieved was that those who were responsible for the standards had a relationship with those responsible for the delivery, resulting in a true partnership. The Board **NOTED** the report. **Research Committee** In SN's absence the report was taken as read. The Board **NOTED** the report, including the Annual Research Report for 2022-23. **People Committee** In DB's absence SS provided a verbal update, highlighting good progress on the People KPIs, particularly in relation to the reduction in the sickness rate. SS noted a committee discussion on St Andrew's pay award being slightly ahead of NHS pay awards previously, but this now being at risk, and along with the significant differential in pensions, may be contributing to the competitive nature of the market for qualified staff. It was therefore felt that		

	further work was required around the St Andrew's package and differentials in benefits. SS highlighted the important resource of the Change Leaders and that involving them into innovation, service improvement and culture was a real strength for the Charity. SS further noted that he and DB agreed that high performing NHS Trusts merge their QSC and People Committees together, but that St Andrew's was not ready to do this at present. In the meantime LC would attend both meetings as the conduit between the two. The Board then discussed the steps that would be required to address the pay award risk and that this would be discussed in more detail during the Board discussions on the Thrive Programme. The Board **NOTED** the update.		
QUALITY			
8.	**CQC Inspection, Report and Actions Update** AB presented the report which was taken as read and noted that both issues highlighted in the Essex report, call bells and model of service, had been addressed before the CQC re-inspection in March and the full report on this was expected in June. The general feedback had been positive and the follow-up in writing had raised some issues, but these had been picked up at QSC for assurance. AB noted that 52 open actions had been reported on the Charity wide QIP in September 2022 and this was now down to seven, with the target to be at zero by the next QSC meeting in June. Finally, AB noted that the Quality Support Programme led by the East Midlands Alliance had formally closed and assurance had been received on all bar four actions, which had received partial assurance, but it was acknowledged that these would be longer term actions. AB wanted to re-iterate the excellent work that had been done as part of the programme and acknowledged the work done by Julie Shepherd the Improvement Director, as well as by Charity staff who had made remarkable progress. PB noted the progress being made, and also noted there was still more to do and that the Thrive Programme was very important in doing this. The Board **NOTED** the report.		
9.	**Safer Staffing Report** AB presented the paper which was taken as read and outlined that in relation to CAMHS, the overall staffing position had improved, although it remained a concern, Essex was currently struggling with recruitment, and there was a clear escalation process for when there were issues, putting mitigations in place to ensure the wards were safe. AB noted that the first annual nursing establishment review had taken place in February and subsequently approved by the Board and an implementation plan for the new establishment numbers was being worked on. AB confirmed that a further review of the establishment would commence in October. AL expressed his concern about the financial position and AB advised that this may be due to what had been seen in previous reports in relation to shift patterns, where there were too many staff, and this was one of the areas being addressed. DC advised that the report being discussed was for the last quarter of the year when work was still being undertaken to peel back the layers of the rostering system to understand how it was possible to have the level of overfill rate. As highlighted in the CEO update, there have been recent changes made to the rostering process and Allocate system to put controls back in place to address the shift pattern issues. DC confirmed that		

	the fundamental infrastructure was now in place to prevent overfill going forward. PB noted that discussions on these issues had taken place at the last Board, the items in VMc's report set out the measures that had been taken to control it, but it was right to be asking questions about how this mapped across the financial position, as it was important that everyone across the Charity understood that the financial position was not a strong one. SS acknowledged the improvements made in identifying the nursing establishment but noted that recruiting qualified nurses was still the main challenge in such a competitive market, advising that the Government were being lobbied to bring forward a plan to employ more mental health nurses and it may be worth the Charity getting behind this movement. The Board **NOTED** the report and thanked colleagues for their work behind it.		
OPERATIONS			
10.	**Integrated Quality & Performance Report** AW presented the report, which was taken as read, highlighting the change in reporting approach taken following Board feedback, and requesting further feedback on the new format to be provided offline. AW then touched on the performance headlines and areas being focussed on before passing on to her colleagues to discuss each of the main topics: <u>Quality</u> SK noted a number of delayed discharges for patients for whom the Charity's services were no longer appropriate, advising that letters had been written to the Medical Directors of relevant organisations to highlight their cases. There had been a significant turnover of patients, with patients discharged to lower levels of security opening up places for patients who would benefit from the Charity's services, but there had been increases in the levels of acuity as a result of this, which was being managed through enhanced support. Although the number of incidents had increased, the levels of harm associated with the incidents had not. <u>People</u> DC noted the negative skewing of data with regard to mandatory training and bank staff, highlighting that a data cleanse would be undertaken which would result in a positive impact on both mandatory and statutory training. DC advised that all types of leave, training and sickness were included in the non-patient facing shifts number and highlighted a piece of work focussing on all of the other aspects, in order to provide more granular reporting going forward. DC noted in terms of the Integrated Performance Summary that it was encouraging to see so many green improvement metrics, but it was important to be cautious when looking at April's data next time, because of the launch of the transformation programme. <u>Finance</u> KM presented the finance section of the IQPR and reported that in March 2022 the Board approved a budget deficit of £2.4m and ended the year with a £5.9m deficit. Key factors to moving away from the budgeted position had been discussed throughout the year, such as slower growth in occupancy, economic challenges, one off cost of living payment to staff that was unbudgeted, and staffing cost challenges. KM advised a 7% growth in patient beds, closing at 627 at year end, which was pretty much in line with the budgeted beds number set at the start of the year, that a new loan facility had been agreed and signed, that the covenants had grown and strengthened throughout the year, and the balance sheet had strengthened, ending the year from a cash perspective in a stronger position than where budgeted to be. KM noted the next risk to be the run-rate and current challenge seen from starting in Q4 and restructuring the Charity into the Group Structure, and		

	would report into the July Board and in Part Two on progress in the Thrive programme. SS commented that it was a fragile position and fundamentally centres on staffing and the ability to staff at the correct levels, spending more on mitigating the staffing risk. AL agreed, in relation to the current business model, questioned whether the Charity gets rewarded sufficiently for the extra risk of the types of patients it cares for. KT questioned whether when admitting patients, the Charity was aware that a higher level of support would be required and if so, could a differential be extracted in terms of the cost per day. SK advised that in the vast majority of cases for secure patients the Charity would be aware of their needs and where able, a special package of care would be built in, but often it was the ability to find the staff to be able to sustain the package of care. SK noted that as the provider collaboratives progress, and a more regional approach is applied, with a move to a more regional proportion of NHS patients from the East Midlands admitted to St Andrew's, then theoretically the acuity should be distributed more evenly across the region. VMc commented that the Exec team were aware of the fragility of the situation and the decisions and what risks to take in terms of the acuity of patients admitted. AL questioned whether the Charity was being suitably compensated for the risks it was taking. ES confirmed that the team were constantly aware of enhanced support during negotiations and ensuring that terms agreed were favourable. RB noted her hope that in the next quarter report there was real assurance that those things within the Charity's control were under control and to have more assurance that the Charity has more grip of the situation. RB suggested when having strategic discussions about the business model and how it fits together, that thought needed to be given to whether the gap was due to not managing to secure an appropriate inflation increase from the NHS, or was it because the resources had not been used in the best way. RB further questioned whether it was just delayed discharges that were causing a problem or patient cohort related, with the problems outside of the Charity's control. SK advised that there were clinical challenges in addressing this, including how wards are set-up and the contributory factors to the use of long term segregation. PB commented that the report had highlighted the issues in a much clearer way, allowing the Board to interrogate in different ways. The Board **NOTED** the report.		
SERVICE & PATIENT STORY			
11.	**Dialectical Behaviour Therapy at St Andrew's** Dr Emily Fox, Victoria Taylor and two patients, Rhiannon and Saffron joined the meeting and gave a presentation on Dialectical Behaviour Therapy at St Andrew's 1998 – 2023. EF advised that she runs a one day workshop that the Board were more than welcome to join at any time. DL to follow this up. PB thanked everyone for giving their time to join the meeting and particularly Rhiannon and Saffron for sharing their personal experiences and noted that a lot of what they had presented resonated with the discussion had early in the meeting in terms of the challenges and long term direction of the Charity, particularly in relation to movement to community models. PB questioned whether more should be talked about neurodiversity in this space and whether that was a relevant frame of reference for the discussion and EF advised that recently DBT had been criticised by people receiving treatment, that it had not felt that it had been trauma informed but Marsha had set out clearly that attention needed to be paid to biology and	**DL**	**21.07.23**

	environment. At the DBT Conference last year discussions had taken place on how to use DBT with neurodivergent clients in the same way it is used with people who feel more aligned to a diagnosis of complex PTSD, so the role of the clinician was to take individual stories of how patients got to where they currently were and help them to make sense of it. RP questioned whether there was anything that the Charity could provide in relation to DBT, maybe as part of education, which could help prevent people being admitted into hospital and whether there was any research into the area of AI. EF advised that a manual called DBT in Schools had been published recently, which taught teachers to teach DBT skills to children as part of their curriculum and she had been meeting with the Head of Education to look at ways for St Andrew's to take this forward as part of their charitable focus. DC questioned the move into schools when the Charity were unable to establish a DBT programme within CAMHS and whether there may be a need to see if there was the right skill mix within CAMHS, reflecting on the great success of the service. EF confirmed that the Lead Psychologist in CAMHS was extensively trained in DBT and had given EF examples of how DBT was being used in practice with the young people attending the group. ES asked how difficult it was too upscale the broader set of staff to have the right skills to fill the 165 hours and VT advised that EF ran the training and they had had a conversation earlier about the possibility of this becoming mandatory. Following a DBT Low Secure Away Day the proposal was to have a one day 'Introduction to DBT', followed by a further two days 'Changing Behaviour' looking at behavioural principles training plus validation. EF noted that it was an expensive model but if staff were all on the same sheet, then everyone would be on the same direction of travel. SS questioned, if DBT were the key principle of patient treatment, whether it should be insulated against, to stop someone coming in and saying that they were not going to follow the principles. PB advised that models of care were due to be discussed later in the day and that point spoke to that aspect. VMc asked Rhiannon and Saffron what a great step down facility would look like for them and where it would be and was advised by them, that it would be 24 hour supported living, with the primary focus on giving DBT and crisis skills to each member within the service, within different home areas. PB thanked Rhiannon, Saffron, Emily and Victoria again for their time and noted that their presentation related to the Board's theoretical discussions about how they engaged with services users and patients and brought to light what great step down could look like. PB advised that he would be interested to see any published work around the risk of relapse and return to secure provision related to inadequacy of the therapeutic programme provided before discharge.		
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)** RP advised that the Head of Internal Audit & Risk had resigned and was due to leave the Charity at the beginning of June, and management were working through what to do next, but it did highlight the fragility of the Internal Audit & Risk function. PB apologised for failing to welcome SC and LC to the meeting and advised that he looked forward to their continued engagement with the Board. PB noted AB's retirement, commenting that having him as Chief Nurse had been important in stabilising the Charity and reconnecting the Charity to the		

	wider family of mental health providers and organisations and restoring its reputation and credibility. PB thanked AB on behalf of the Board for his work in leading the nursing workforce and his responsibilities around quality and wished him the very best for his retirement. AB thanked PB for his kind words and commented that this had been the most challenging role he had had in 48 years working in healthcare and he would miss the great people he worked with.		
14.	**What would our Patients and Staff think about Our Discussions Today?** PB deferred item 14		
15.	**Date of Next Meeting:** Board Quality Account Approval – Thursday 8 June 2023 Board of Directors, Meeting in Public – Friday 21 July 2023		

Approved – 21 July 2023

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Paul Burstow
Chair