

CHARITY NO: 1104951  
COMPANY NO: 5176998

**ST ANDREW'S HEALTHCARE**

**BOARD OF DIRECTORS  
MEETING IN PUBLIC**

Microsoft Teams Meeting and Meeting Room 9, William Wake House,  
St Andrew's Healthcare, Northampton

Thursday 25 November 2021 at 09.30 am

**Present:**

Paul Burstow (PB)	Chair, Non-Executive Director
Andrew Lee (AL)	Non-Executive Director
Elena Lokteva (EL)	Non-Executive Director
Stuart Richmond-Watson (SRW)	Non-Executive Director
Ruth Bagley (RB)	Non-Executive Director
Stanton Newman (SN)	Non-Executive Director
David Sallah (DS)	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
Duncan Long (DL)	Company Secretary
Ana-Maria Ilea (AI)	Acting Clinical Director
Rupert Perry (RP)	Lead Governor
Elizabeth Beber (EB) Item 15	Clinical Director
Melanie Duncan (Minutes)	Board Secretary

**Apologies Received:**

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Agenda Item No		Owner	Deadline
<b>1.</b>	<b>Welcome</b> PB (Chair) welcomed everyone to the first part of the Board of Directors (Board) meeting, which is a meeting held in public. There were no apologies received.		
<b>ADMINISTRATION</b>			
<b>2.</b>	<b>Declarations Of Interest</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.		
<b>3.</b>	<b>Minutes Of The Board Of Directors Meeting, held in public, on 30 September</b> The minutes of the meeting held on the 30 September 2021 were <b>AGREED</b> as an accurate reflection of the discussion, subject to the following amendment. <ul style="list-style-type: none"><li>Item 7 – CQC Winslow visit, to include the CQC rating in the comments to reflect that the rating result was Inadequate.</li></ul>	<b>DECISION</b>	
<b>4.</b>	<b>Action Log &amp; Matters Arising</b> The Action Log was reviewed with the following outcomes agreed. 26.11.20 <b>01</b> - Board seminars – <b>CLOSED</b> 28.01.21 <b>06</b> - Community Services - <b>CLOSED</b>	<b>DECISION DECISION</b>	

	27.05.21 <b>01</b> - East Midlands Alliance - <b>CLOSED</b> 27.05.21 <b>02</b> - NHS Benchmarking – to be presented to January Board 24.08.21 <b>01</b> - Lessons Learned, transformation update - <b>CLOSED</b> and add to QSC action log. 24.08.21 <b>03</b> - Integrated Performance Report – <b>CLOSED</b> 24.08.21 <b>04</b> - Staffing action plan – <b>CLOSED</b> 24.08.21 <b>05</b> - Safer Staffing Report – Remain Open 24.08.21 <b>06</b> - Armed Services Covenant – Remain Open 30.09.21 <b>01</b> - Board Performance Report - Targets and metrics – <b>CLOSED</b> 30.09.21 <b>02</b> - Board Performance Report - Staffing Forecasts – <b>CLOSED</b>	<b>DECISION</b>  <b>DECISION</b>  <b>DECISION</b> <b>DECISION</b>  <b>DECISION</b> <b>DECISION</b>	
<b>CHAIR'S UPDATE</b>			
<b>5.</b>	<b>Chair Update</b> <p>PB gave a verbal update, noting that this was the first Board meeting since Katie Fisher stepped down as the Charity's Chief Executive and wanted to wish her well and thank her for her service as CEO. PB also wished to note that Jess Lievesley had been appointed to the position of Interim CEO.</p> <p>PB highlighted that the main focuses for all of us were the quality challenges, as noted within the recent CQC reports for our Men's and Women's services. PB has been impressed by the support from colleagues across the East Midlands region. He also wanted, on behalf of the Board to acknowledge and apologise for the standards of care delivered to our patients, and their family members and carers. PB noted that he was not satisfied with the content of the reports, and that they were taken very seriously, both from a Board and Charity perspective.</p> <p>PB acknowledged that the Board plan for the coming year would be discussed further in the Agenda, and was mindful of the amount of work taken up by the Non-Executive Directors on behalf of the Charity, and wanted to thank them for their support. He also acknowledged Rupert Perry, who had joined the meeting in the role of acting Lead Governor, noting that these arrangements would be formalised at the AGM on 17 December, noting that this would strengthen the working relationship with the Court of Governors.</p> <p>The Board <b>NOTED</b> the update.</p>		
<b>EXECUTIVE UPDATE</b>			
<b>6.</b>	<b>CEO's Report</b> <p>JL presented his report, which was taken as read. JL also wished to recognise and apologise for the identified failings in the CQC reports, particularly with regard to Women's Services.</p> <p>JL highlighted changes in leadership, with SK now holding the post of Deputy CEO along with operational responsibility. There were also additional changes at senior management level. Current priorities were quality of service, addressing cultural challenges within the charity, and driving the changes expected. There were also a number of areas showing positive progress, with a focus being on time spent listening to colleagues regarding the challenges they were facing in order to support them. The Your Voice Survey was now live, giving staff the opportunity for formal feedback. 22% of the workforce had completed the survey to date, with another 2 weeks before closure. A series of listening events were also being undertaken with staff.</p> <p>The CQC reports were discussed, with particular interest from the Non-Executive Directors regarding comparison with previous inspections, staff morale as a result of the publication of the reports, the reactions from patients and carers and the support from partners post inspection, together with how improvements were progressing at ward level and how staff had reacted to the reports.</p> <p>It was noted that there had been some improvements since the prior inspections; however, the last inspection had focussed on quantitative data</p>		

	<p>relating to seclusions and restrictive practices, along with broader issues regarding staffing. Staff morale had been affected particularly in those areas highlighted in the reports; however, there had been some positive feedback from patients and carers, with some wishing to engage with the regulator directly as a result. Overall patient and carer feedback was mixed and of concern were the patients who had had a number of placements in the past and were unnerved at the thought of potentially having to move again as a result.</p> <p>With regard to support, this was coming through NHS England and Improvement and given by NHFT, via the buddying network, with their Chief Nurse working directly with the Charity. All members of the Alliance were also contributing in various ways and these were covered within a number of key workstreams, where alliance partners were leading on quality improvement themes. The improvements seen at ward level since the inspections indicates that ward staff are noting the actions required and work is continuing to address the areas highlighted. Those wards requiring additional support had already been identified, with Women's services being addressed in particular. The biggest improvement would be the move away from the current staffing model, which would have a positive impact accordingly.</p> <p>The comparison of the current staff survey to the NHS was discussed, with it being noted that as much direct comparison as possible would be undertaken. As the Charity is now using the same questions as the NHS, we have the opportunity to compare and benchmark our findings. PB agreed to circulate a paper on this subject to colleagues.</p> <p>The progression of the Charity's strategy was discussed with it being agreed that further discussion would take place within Part Two of the Board meeting. It was noted that the Board had considered thus far the strategic direction and priorities for the Charity and had adopted a series of signposts and priorities as a result, along with the agreement to the formation of a working group.</p> <p>The potential misunderstanding within the CEO update item 5 in relation to the Board's sign off of the renewed strategy was clarified, whereby it was confirmed that the Board had approved the general direction of the strategy, including the seven strategic focus areas and the initial implementation phasing. It was further clarified that the detailed plans for each focus area require working up and bringing back to Board for review and approval. There were two immediate focus areas within the strategy that the Board agrees on; the first being quality and the second to address the current model to ensure that it is fit for the future of the Charity.</p> <p>PB summarised the strategic discussions and clarified: Firstly to note that the Board would like to see a shared glossary of terms and a common way of discussing strategy within the Charity and the Board.</p> <p>Secondly that the Board has considered the strategic direction and priorities and has adopted a set of signposts and priorities for the Charity.</p> <p>Thirdly the establishment of the Board strategy working group to review and recommend a clear way for the Board to sign off the charity strategy.</p> <p>The Board <b>NOTED</b> the update</p>		
<b>GOVERNANCE</b>			
<b>7.</b>	<p><b>Court, Board of Directors and Committee Calendar and Board of Directors Annual Work Plan</b></p> <p>DL offered clarification on three items on the schedule, and agreed to send out a revised document, also noting that extra development days had been included for the coming year.</p> <p>It was requested that annual items for consideration by the Board be highlighted on the work plan for ease of reading. This was agreed.</p>		

	<p>PB caveated that the plan been set on the current committee structure, and that any amendments from the Governance Oversight Group would be included as and when agreed and implemented.</p> <p>The Board <b>NOTED</b> the report, and <b>AGREED</b> the work plan as presented.</p>	<b>DECISION</b>	
8.	<p><b>Governance Oversight Group update and Terms of Reference approval</b></p> <p>AO presented the report and the Terms of Reference for consideration and approval, and noted that meetings of the Governance Oversight Group, which included the Programme Director, Sally MacIntyre had now commenced.</p> <p>PB reiterated from his update that an item would be brought to the AGM regarding the Lead Governor position.</p> <p>Following a review of the Terms of Reference, clarification was sought as to the basis of assurance or delegated authority for the Governance Oversight Group. PB clarified that the Group had been formed on the basis of an assurance committee in order to ensure that the Governance project was moving in a timely fashion and that the Group would bring recommendations to the Board for approval. It was agreed that these would be clearly annotated within the Terms of Reference in the necessary sections. It was also suggested that the Group be time limited in view of the project. PB acknowledged and agreed to discuss at the next Governance Oversight Group.</p> <p>It was also agreed that RB would join the Group from the next meeting.</p> <p>The Board <b>APPROVED</b> the Terms of Reference subject to the changes noted.</p>	<b>DECISION</b>	
<b>ASSURANCE</b>			
9.	<p><b>Committee Updates</b></p> <p><b>Pension Trustees</b> MK presented the paper which was taken as read. There were no further questions and the Board <b>NOTED</b> the update</p> <p><b>Audit &amp; Risk Committee</b> EL presented the paper which was taken as read, and wished to thank management regarding the progress made with the risk management function, however the committee continued to offer only partial assurance on the risk process to the Charity.</p> <p>There were no further questions and the Board <b>NOTED</b> the update</p> <p><b>Quality &amp; Safety Committee</b> DS presented the paper, which was taken as read and noted that quality was currently highly important. The Community Partnerships records system was of note, with QSC now able to offer assurance that this was being addressed. Staffing and the adoption of the new model was of continued focus.</p> <p>SK updated that Community partnerships now had systems in place and were uploading data as necessary. Training was ongoing, and an updated paper would be presented to the Committee in December.</p> <p>AB outlined the IPC Annual Report which had been fully considered at Committee and subject to two amendments. He wished to note that considerable progress had been made in the previous 12 months, and asked the Board for approval of the report. JL commended the IPC team for all their hard work during a challenging time.</p> <p>The Board <b>NOTED</b> the update and <b>APPROVED</b> the IPC report</p>	<b>DECISION</b>	

	<p><b>People Committee</b> PB presented the paper which was taken as read, indicating a referral to QSC regarding the L&amp;D spend and its impact. The Committee itself would address the translation of training into practice and the QSC could provide an assessment of the impact of training on practice, quality and patient experience following the recent CQC report findings.</p> <p>The number of incidents reported on Datix was discussed, with MK clarifying the reporting process is currently being looked at which would address any reporting anomalies, along with a review of the team and resources to address capacity issues.</p> <p>The Board <b>NOTED</b> the update</p> <p><b>Nominations &amp; Remuneration Committee</b> SRW presented the paper which was taken as read.</p> <p>There were no further questions and the Board <b>NOTED</b> the update and <b>APPROVED</b> the Ethnicity and Diversity reports.</p>	<b>DECISION</b>	
<b>OPERATIONS</b>			
10.	<p><b>Integrated Quality &amp; Performance Report</b> JC presented the report which was taken as read, and thanked everyone who had had input into the report thus far. Further planned improvements were highlighted.</p> <p>Benchmarking and its use in target setting, over the next period was in progress and would be further developed within committee meetings. Metrics were to be extended along with the development of a set of leading indicators. Some areas of benchmarking had shown that the Charity compared favourably, with the result that work was now beginning on the meaningful translation of the data.</p> <p>AO presented the financial summary, with the re-forecast and its impact noted. Figures also indicated that finances are slightly ahead of budget, with no covenants being breached.</p> <p>The Board discussed in detail the aggregation of data for the report, with the general consensus being that detail at ward level could be missed in the process, noting that assurance would need to be given regarding robust evaluation of the data. JC commented that detailed analysis would be undertaken at committee level in order to allow scrutiny accordingly and that that ward level data could be drawn out and noted by exception. PB asked for consideration to be given to health and safety reporting and how mitigations could be referenced. JL noted that it was patient care that was the driver for the report, and that aggregation could distort the data provided, he added that it was critical that the Board not take comfort from aggregation, but that the committees provide the Board assurance, following any necessary investigation. PB noted that he would like People Committee to look at a disaggregated data for People KPIs in the future.</p> <p>The Board discussed the trends that have come about following benchmarking comparisons, as well as the development of stretch targets. It was agreed that leading and lagging indicators need to be confirmed, in order to help with early detection of potential concerns.</p> <p>EL noted staff attrition levels, quoting that 15% of staff left the Charity annually and asked if it was known why this was the case, and was the financial impact noted. MK replied that there was a challenging market in recruitment, and focus was being placed on retention and finding out why staff left the Charity. WorkChoice historically had always had a higher turnover. Flexibility for staff would be key in the future, giving shorter shift length and the ability to have longer time off to spend with family if required. EL noted that 15% equated to approximately 700 staff per annum who are leaving the organisation, and felt</p>	<b>MK</b>	<b>10.02.22</b>

	<p>it was important for the Board to be aware of the fact. EL requested further information to be available at the next Board meeting regarding the financial impact of the attrition level.</p> <p>RB commented that it would be helpful to define potential triggers and would like to see reporting on that basis, and asked for clarification on one metric, which seemed to show a seasonal variation. JC responded, assuring that this was not the case, but was due to new admissions.</p> <p>The Board agreed that judgement was required when evaluating the data on offer, and that once thresholds had been set, that breach of those should be reported to the relevant Committee along with the associated mitigating actions.</p> <p>The Board <b>NOTED</b> the report.</p>	<b>AO</b>	<b>27.01.22</b>
<b>11.</b>	<p><b>Estates and Facilities Annual Board Update</b></p> <p>AT presented the report, which was taken as read, and highlighted that an estates strategy was currently being developed in order to support the Charity's overarching strategy, and gave further information on the three current work-streams.</p> <p>AT also outlined the new patient food selection programme, Maple, which was tablet based, and allowed patients to order meals daily as opposed to weekly, and had been well received. Re-structure of the housekeeping teams had also been undertaken in order to cover IPC and cleaning accordingly. Served assistants were being recruited to support the major staffing initiative involving MHOST.</p> <p>AL asked about the cost savings that would be realised from the Maple initiative. AT replied that efficiencies were being delivered, with AO confirming that these savings were built in to the forecast.</p> <p>SRW wanted to check if local produce was still being used. AT confirmed that that is was still the case.</p> <p>RB asked about the re-use of the main building, wanting to know what progress had been made and at what stage was the project at. PB commented that he would like the working group to bring a proposal to the Board, and that an update would be expected at the AGM.</p> <p>DS noted that environment had a huge impact on morale, especially for patients and that it translated to quality of care. He asked how quickly those issues were being addressed. AT replied that a project group had been brought together, with the project looking to be complete by Spring at the latest. Phasing of the project would be based on the highest demand.</p> <p>The Board <b>NOTED</b> the report</p>	<b>JL/AT</b>	<b>27.01.22</b>
<b>QUALITY</b>			
<b>12.</b>	<p><b>CQC Inspection Reports</b></p> <p>AB presented the reports which were taken as read. He requested that the Board note the reports and the work being done with the Alliance and buddy organisation, along with the concerns raised by the CQC. AB also noted that the CQC had said that they had observed the concerns previously, but that no improvement appeared to have been made, and they were not seeing the expected traction. The Charity has made progress on some areas, such as restrictive practices, however AB wanted the Board to be aware that we were focussing on the concerns raised by the CQC. He added that a full progress report and action plan would be presented to the Quality and Safety Committee in December.</p>		



	<p>PB wanted to ensure the Board obtained the necessary assurance on the action being taken and the necessary focus on quality.</p> <p>JL commented on the component parts of the reports, and highlighted the tangible aspects, which the weekly QIP meeting addressed. There were also elements, which were anchored in the qualitative experience, the challenge was that these areas (quality and effectiveness of care) needed to be embedded at ward level, from a cultural and value based viewpoint. Our immediate focus is on improving the Women's Service and it was important to note that it is not possible to have a third Inadequate CQC rating without further measures being applied and we take this incredibly seriously.</p> <p>AB supported JL's comments and noted the targeted plan and Workstreams, coupled with the support of a senior clinician working with Women's Services. We are currently finalising our written response to the CQC and we are working on sustainable measures and are working at pace to rectify the issues. The paper being provided to QSC in December will cover these areas in more detail. He added that Neuro was likely to be inspected next, with support already in place, with the work being sustainable and in place for the long-term.</p> <p>PB noted that clarity needed to be sought on what factors were within and without the control of the Charity in regards to the actions and steps needed. The Board will require assurance via QSC that we are doing everything we can in areas where we have direct control, and everything we can to influence the necessary actions in areas where we only have indirect control. These will require more in-depth discussions at the next Board meeting.</p> <p>AL asked if there was a mechanism in place, such as internal audit that could give assurance regarding the work being effective at patient level that would then feed back to the Board. RB also asked about the cultural shift with staff, and how could it be measured. AB in reply to AL noted that he had asked for a weekly report on clinical supervision, and would be appointing quality matrons in the New Year to underpin that work, along with tasking nurse managers to walk the wards and observe. Standards of practice would also be introduced, along with re-framing the clinical audit process.</p> <p>SK added that PREMs would show patient experience, whilst staff experience would be quantified via weekly conversations with front line staff, with outcomes being compared using benchmarking. In addition, the Quality Improvement Board along with Julie Shepherd would provide oversight of the work undertaken.</p> <p>DS commented that Quality and Safety Committee were taking the reports very seriously, and that those issues identified needed to be addressed quickly, effectively and improvements sustained. He added that staff engagement would be important and be an essential part of the solution.</p> <p>JL updated that a series of conversations had been had with the regulator, with the result that they were keen to engage with the Charity and planned to hold a series of workshop events in order to highlight areas that they were looking at.</p> <p>RB asked for details on what would be reported on the 8<sup>th</sup> December response date. JL responded that those areas that could be addressed immediately would be reported on.</p> <p>There followed a discussion regarding the desired shift in culture and how this could be achieved in order to give staff a sense of wellbeing and how leaders could set the tone accordingly.</p> <p>The Board <b>NOTED</b> the reports, and that the detailed plan would be considered at the December Quality and Safety Committee and presented to the Board in January.</p>	<p><b>AB</b></p>	<p><b>27.01.22</b></p>
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13.	<b>Education Update</b> Deferred to January meeting		
14.	<b>Trauma Presentation</b> Deferred to January meeting		
15.	<b>Divisional Presentation – Low Secure and Specialist Rehab (LSSR)</b> A presentation was given which centred on an Induction course that the division ran regularly for staff, carers and patients.  The Board asked a wide range of questions of the patient and staff on how the course was perceived and how it would be of use to other patients.  JL asked the patient how the patients felt about the results of the CQC reports and how it impacts them and their peers on the ward. The patient replied that the feeling from one ward was that the patients would welcome the opportunity to share their views further with CQC as they didn't have the opportunity to do so during the inspection. They want the opportunity to share their positive experiences even though this would be after the report has been published.  AB asked how doing things better could be measured from a patient perspective. The patient noted that the exchange of views and information on the course had gone between wards and was highly beneficial to all involved.  EL noted that patient involvement was highly important in effecting improvement and thanked the attending patient for their input.  PB asked how this work would be developed in the future. EB replied that the team were looking to hold the induction course regularly from now on, for staff and patients within the Division. SK noted that each division now has its own induction course.  The Board <b>NOTED</b> the presentation and thanked all involved.		
<b>ANY OTHER BUSINESS</b>			
16.	<b>Questions from the Public for the Board</b> No questions were received for the Board.		
17.	<b>Any Other Urgent Business (notified to the Chair prior to the meeting)</b> There was no other Business notified.		
18.	<b>Date of Next Meeting :</b> Board of Directors, Meeting in Public – 27 January 2022		

Approved – 27 January 2022

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**Paul Burstow**  
Chair