

CHARITY NO: 1104951  
COMPANY NO: 5176998

## ST ANDREW'S HEALTHCARE

### BOARD OF DIRECTORS MEETING IN PUBLIC

Meeting Room 17, The Braye Centre,  
St Andrew's Healthcare, Northampton

Thursday 29 September 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
Stanton Newman (SN)	Non-Executive Director
Andrew Lee (AL)	Non-Executive Director
Dawn Brodrick (DB)	Non-Executive Director
Karen Turner (KT)	Non-Executive Director
Vivienne McVey (VMc)	Chief Executive Officer
Kevin Mulhearn (KM)	Chief Finance Officer
Sanjith Kamath (SK)	Executive Medical Director
Andy Brogan (AB)	Chief Nurse
Dawn Chamberlain (DC)	Chief Operating Officer

#### In Attendance:

John Clarke (JC)	Chief Information Officer
Lindsey Holman (LH)	Executive – Organisational Development
Duncan Long (DL)	Company Secretary
Anna Williams (AW)	Director of Performance
Eddie Short (ES)	Director of Strategy & Business Development
Rupert Perry (RP)	Lead Governor
Holly Taylor (HT) Item 12	Director of Learning & Development
Ria Stanyer (observing)	Staff Governor
Melanie Duncan (observing)	Governance Review Project Manager
Kelly Sheridan (minutes)	Committee Secretary

#### Apologies Received:

Martin Kersey (MK)	Executive HR Director
Elena Lokteva (EL)	Non-Executive Director
Oliver Shanley (OS)	Special Advisor to the Board
Alex Trigg (AT)	Director of Estates & Facilities
Julie Shepherd (JS)	Improvement Director

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 Elena Lokteva, Martin Kersey, Alex Trigg, Oliver Shanley and Julie Shepherd were noted.  Vivienne McVey, Dawn Chamberlain, Karen Turner, Dawn Brodrick and Lindsey Holman were all welcomed to the Board for the first time.		
<b>ADMINISTRATION</b>			
2.	<b>Declarations Of Interest &amp; Quoracy</b> 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		

	<p>required by s.177 of the Companies Act 2006 and the Charity's Articles of Association to disclose.</p> <p>The meeting was declared quorate.</p>		
3.	<p><b>Minutes Of The Board Of Directors Meeting, held in public, on 26 July 2022</b></p> <p>The minutes of the meeting held on the 26 July 2022 were <b>AGREED</b> as an accurate reflection of the discussion.</p> <p>It was agreed to review the format of Board minutes and to bring a summarised version of the September Board minutes to the next meeting for review versus the existing format.</p>	<p><b>DECISION</b></p> <p><b>DL &amp; MD</b></p>	<p><b>22.11.22</b></p>
4.	<p><b>Action Log &amp; Matters Arising</b></p> <p>It was agreed to <b>CLOSE</b> the following actions:</p> <ul style="list-style-type: none"> <li>24.03.22 <b>02</b> Governance update – Authority Matrix</li> <li>26.05.22 <b>02</b> Quality Improvement – QSC Assurance</li> <li>26.05.22 <b>03</b> Quality Improvement – People Committee Assurance</li> <li>26.05.22 <b>05</b> Safer staffing – QSC Assurance</li> <li>26.05.22 <b>06</b> Safer staffing – People Committee Assurance</li> <li>26.07.22 <b>05</b> Safer Staffing Report – Servery staff</li> <li>26.07.22 <b>07</b> Divisional Presentations – Looking ahead</li> </ul> <p>All other actions on the log remained open, either in line with the agreed target dates or to return at the November Board.</p> <p>Following discussions on a number of actions, PB requested that Board actions and actions from Board committees be brought together (using a Gantt chart) so that the timeline of all actions and how they align could be viewed.</p>	<p><b>DECISION</b></p> <p><b>DL</b></p>	<p><b>22.11.22</b></p>
<b>CHAIR'S UPDATE</b>			
5.	<p><b>Chair Update</b></p> <p>PB gave a verbal update and extended thanks to Oliver Shanley for his time as Interim CEO and who facilitated a smooth hand over to VMc. PB then noted a number of visits he had made to various wards over the summer period, highlighting the work of staff, some of whom were operating within challenging circumstances. Three ward visits at William Wake House highlighted differing examples of these challenges, each of which would be subject to presentations in the future. Recruitment challenges within the Deaf Service that had been noted during ward visits would be discussed further at the People Committee. PB wished to particularly note the Nurse Manager on Mackaness Ward, who demonstrated a level of understanding of both the patient and the acuity of the patient during a difficult situation and had been seconded to work on nurse talent management.</p> <p>PB also outlined the recent meeting with the Charities Commission which was in response to the routine reporting of Commission related Reportable Serious Incidents. PB was joined by a number of trustees and JS, in her role as Quality Improvement Director. The meeting covered three areas; CAMHS, Men's and Women's Services, and how the Charity was progressing with the governance review. During the meeting we demonstrated how quality improvement was being embedded and were able to provide the assurance that this would be sustained. The Charity was making good progress in improving the services and was being transparent and fostering an open culture, including the holding of Boards in public.</p> <p>The Board <b>NOTED</b> the update.</p>		

## EXECUTIVE UPDATE

### 6. CEO's Report

VMc presented the paper which was taken as read and reiterated the warm welcome she had received from both patients, staff, and Board colleagues alike. VMc also thanked OS for his assistance with the transition into the role. VMc outlined that this was a very interesting time to be joining the Charity, especially taking into consideration the developments around national policy on mental health, and the challenges currently being observed as a result of staffing, and cost of living.

In addition to her report VMc wished to highlight the current focus on workforce challenges by the Executive Team. The challenges for the coming three months were outlined, especially regarding attraction and retention of staff. VMc announced that a leaflet was to be circulated to all staff in order to highlight everything that was being done in response to the cost of living crisis. Despite the financial impact of the above, the Charity remained operating to budget, with VMc extending thanks to KM and his team for their negotiations with the banks recently. VMc further outlined the meetings that had been held since taking up her position which included the East Midlands Alliance, the CQC and the Alliance partners. Of note was a recent meeting of all the anchor organisations of Northampton which had been organised by University of Northampton and included the local Police along with many of the large local employers. It was hoped that this would result in more collaboration with regard to jobs and support for young people within Northampton.

St Andrew's had been reflected positively in the media as a result of the party held by Lowther Ward which had featured on BBC Look East News. Comments had been received regarding inviting the media to attend any future events held.

SN asked if the proportion of patients within St Andrew's who had Learning Disabilities or Autism was known, and of them, how many were forensic patients, as he felt that the number of patients within this group would probably reduce over the coming years. SK replied that of 600, there were 110, and that 60 – 65% of these were within those criteria. SN asked how the remaining 30% would be supported. SK replied that it was exciting to be able to support these patients within a different environment, one which challenged us to be creative to meet their needs. RB asked how investigations into SIs would be handled in the future. AB replied that the aim was to have in-depth investigations and wider opportunities for learning across the system.

AL asked about voluntary staff turnover, noting that 1.4% seemed low, and what the expectation should be. VMc replied that 1.4% was a monthly figure and that the annualised figure was 16%. This was at that level due to high turnover in specialities. There would be a focus on reversing this along with looking at nursing. LH added that a deep dive was conducted in August which indicated a level of 19% for the previous year. PB wanted to make sure that the Board was assured on this, and requested a report from the People Committee at the next meeting, adding that it was a central focus for the organisation. There were challenges and a lot of work had been done to clarify the variability among specialisms. PB asked that the Board consider this at the next meeting.

SN asked if there was data from exit interviews. LH replied that the top reasons were better package at 20%, 17% for promotion, with health and training following closely. It was agreed that this would be covered within the deep dive and that the People Committee would scrutinise further.

The Board **NOTED** the update.

LH

22.11.22

## COMMITTEE ASSURANCE REPORTS

<p>7.</p>	<p><b>People Committee, Incorporating: Diversity &amp; Inclusion Annual Report</b> PB presented the report which was taken as read and noted the Diversity and Inclusion Annual Report which had been presented for approval.</p> <p>SN asked about the Change Leaders and how the culture change initiative was progressing. LH replied that the discovery phase was now finished, and that there were currently 95-100 Change Leaders across the Charity. The next stage was to develop an action plan for priorities which would link with the work being done by the Executive Team. More work was also being done to address retention within the Charity. The Charity-wide culture survey was also being progressed and was due to close shortly. This work would eventually, align with the priorities mentioned by VMc in her CEO report.</p> <p>There was a further discussion regarding the demographics of patients compared to the demographics of staff, with it be being confirmed that there was a section within the D&amp;I Annual Report which indicated this and also showed comparisons to other organisations.</p> <p>VMc added that DC would be setting up a staffing programme meeting in order to address some of the challenges currently being experienced.</p> <p>The Board <b>APPROVED</b> the Diversity &amp; Inclusion Annual Report</p> <p><b>Quality and Safety Committee (16/08), Incorporating: Health &amp; Safety Annual Report.</b> RB presented the report which was taken as read, noting that the issues regarding recruitment in CAMHS had been discussed, as well as the adoption and training in MHOST. PB wished to check with KM that the expenditure required for fire compliance was included in the budget. KM confirmed that it was. There were no further questions regarding the Health &amp; Safety Annual Report.</p> <p>The Board <b>APPROVED</b> the Health &amp; Safety Annual Report</p> <p><b>Pension Trustees</b> RP gave a verbal update and noted that the three year valuation by PwC was currently being considered, along with discussions regarding discretionary awards for pensioners. AL asked RP what the impact of this would be. RP explained that there were two differing schemes in operation at the Charity and outlined that it was the one that had been closed to new employees since 2012. AL asked further what the impact would be, following the volatility of the markets in the previous days. RP replied that it was too early in the process to be able to evaluate at that stage. The Board briefly discussed the differences with the NHS pension offering.</p> <p>The Board <b>NOTED</b> the report</p>	<p><b>DECISION</b></p> <p><b>DECISION</b></p>	
<b>QUALITY2</b>			
<p>8.</p>	<p><b>CQC Inspection, Report and Actions Update</b> AB presented the report which was taken as read and noted that good progress continued, and that assurance on this would be provided when the final reports were received. AB noted that a number of actions remained open, with work in progress. The buddy relationship was progressing well, with focus on lead the change and culture currently being undertaken. PB noted that the publication of the report on Women's Services was anticipated for the following week.</p> <p>Following a question from SN regarding what factors affected the closing of actions, there was a discussion regarding the timeline for the work being undertaken, particularly regarding data and electronic observations, with JC</p>		

	<p>noting that despite there being a wide range of variants, the priority parts would be undertaken first.</p> <p>The Board <b>NOTED</b> the report</p>		
9.	<p><b>Safer Staffing Report</b></p> <p>AB presented the report which was taken as read and noted the narrative and root causes which now accompanied the data within the report. He added that the full review of MHOST scheduled for December and January had been brought forward, along with a series of training events for staff. An update on the progress would be given at the next Board meeting.</p> <p>PB noted items within the report relating to Essex, CAMHS and Medium Secure, where the data indicated staffing concerns. Mitigating actions for the challenges were discussed, along with the contributory factors, especially over the Summer period.</p> <p>DC updated on the establishment reviews being undertaken, and the staffing programme team which was being developed which would give an oversight on quality and performance and support the Divisions to address the challenges around mandatory training, patient facing time and absence management. Senior Nursing support would also be included in this work.</p> <p>SN noted the requirement to increase occupancy and how this related to staffing challenges, with PB citing the inevitable risks involved in this. Transacting the admissions safely would be the challenge. SK and his colleagues were working closely on this. SN further enquired regarding when the information regarding the deliverables anticipated by the implementation of both MHOST and Allocate would be available for discussion at Board. DC replied that AB led MHOST whilst she would be leading on Allocate. She added that a review of the information entered into the system would indicate if it was being used to its full capability. Further scrutiny would see improvements.</p> <p>VMc noted that detailed discussions on this subject were ongoing as its success was critical for the organisation. A 3 month stabilisation programme would be required. Change was occurring on a daily basis with regard to occupancy and planning, with work being undertaken to ensure that the more accurate forecasting would be in place. VMc added that the second phase would not be in place until these initial stages had been completed, which she anticipated would take 3 months. PB replied that the Board would require clear visibility on the work in order to gain assurance regarding safer staffing.</p> <p>Trustees engaged in a wider discussion regarding the factors involved in staffing both locally and nationally, both on a recruitment and retention basis. PB noted that there were was a wide range of priorities which needed to be addressed, but that workforce was a key priority.</p> <p>RB asked if the challenges within CAMHS could have been predicted via the data provided, noting the risks of closing one ward in order to focus on the others. VMc replied that performance was being discussed at the Executive meetings, and that this key operational gap had been identified as was being managed by DC and her team. In order to identify challenges in advance, a new performance report was being developed by AW, which would focus on looking ahead as well as the current situation. This was clearly identified by the data from ASD/LD and Medium Secure. Softer forms of intelligence which were a critical source of information would also form a wider perspective. Risk Management was also being addressed, with more onus on being proactive rather than reactive. DC outlined the process that she wanted to introduce for the management of risks from Ward to Division to Operational meeting and then Executive and Board. SK added the pausing admissions to wards were only initiated in order to address the challenges presented at that time.</p>		



	<p>RB asked if the programme management for Allocate and MHOST were being reviewed in order to make sure that resources were being used correctly. JC confirmed that a review was being undertaken regarding the programme management of all of the linked projects.</p> <p>DC reflected that whilst the recruitment pipeline was good, there were skills issues present with there being 40% less experience being observed in ward teams as a result. Resourcing and skills mix issues often caused stress on the wards and had a direct impact on employee engagement which could then affect patient care. The two were intrinsically linked.</p> <p>PB concluded that further assurance on this subject would be required by the Board in the coming months.</p> <p>The Board <b>NOTED</b> the report</p>		
<b>REGULATORY</b>			
10.	<p><b>Responsible Officer Regulations (Appraisal and Revalidation)</b></p> <p>SK presented the report which was taken as read and noted that despite the restrictions over the last 12 months, appraisal and revalidation continued with no issues. Sufficient clinical resource continued to be a challenge however.</p> <p>The Annual report was <b>APPROVED</b> by the Board.</p>	<b>DECISION</b>	
<b>OPERATIONS</b>			
11.	<p><b>Integrated Quality &amp; Performance Report.</b></p> <p>AW presented the report which was taken as read, noting that it reported on July data which indicated that 22 of the quality metrics showed sustained improvement at Divisional level. AW outlined the summary, highlighting those aspects which indicated Divisions with current challenges. The triangulation of information was noted as being a key aspect in the coming months in order to give a more holistic view.</p> <p>The data on agency staffing was noted by DB with AW responding that whilst the financial aspects were green against the KPIs, the staffing aspects were red. AW suggested that segmentation of the report and circulation to the relevant committees may be helpful in the future. PB reflected that the integrated view would be beneficial and that invitations could be extended to other Board members to dedicated People Committee meetings in order to have specific discussions on the issues highlighted in the report.</p> <p>KM presented the Finance Overview noting that August had continued the trend from the previous month, indicating lower income which was in turn offset by lower costs. As a result of this along with other contributory factors, July and August achieved an operating surplus, which indicated a significant milestone. A July high level forecast indicated that the figures were ahead by circa £0.3m. AL noted that there were concerns that the following 6 months would bring, with extra costs anticipated. KM replied that the assumptions had already been built into the trend.</p> <p>JC presented the IT Security Overview, with no further questions.</p> <p>The Board <b>NOTED</b> the report</p>		
<b>TOPICS FOR DISCUSSION</b>			
12.	<p><b>Divisional Presentation (Including Patient Voice): REDS Academy and Peer Support Workers.</b></p> <p>HT joined the meeting and introduced Cassandra Pollock and Roxy Rudkin from Peer Support, Steve Parker from the REDs Academy, and James, one of the learners who was working towards becoming a REDS trainer.</p>		

	<p>Cassandra and Roxy then outlined the work being done by Peer Support Workers, particularly noting the benefit that lived experience gave. In 2019 there were 5 Peer Support Workers, in 2022 there are 14 covering 11 wards in total.</p> <p>Steve gave a presentation on the REDs Academy, outlining the co-produced way they worked with all courses being attended by both staff and service users alike. Steve outlined the impact on culture that attending the courses can have. Some courses in particular were requested to be run directly on wards, whilst others were requested for medical students in Cambridge and Derbyshire. Steve highlighted that the focus was on what was strong, not wrong, with all courses being based on hope and opportunity, with learning from each other being paramount.</p> <p>James then outlined his journey from April 2021, and noted the compassionate staff and positive experience. James told the Board about his ambitions to be a trainer, and that REDs was the best thing that had happened. He added that co-delivering courses was inspirational.</p> <p>The Board thanked everyone for the extremely uplifting presentation given, and asked a wide range of questions regarding how Peer Support Work was seen as part of the wider team on wards, and how it was generally understood to be beneficial and empathetic. Ongoing training was also discussed with Roxy, outlining the training currently on offer both in the classroom and online. DC particularly wished to explore the co-production aspects of working with the team in the future. SK added that this offered the opportunity to involve more clinicians in this work in order to improve patient experience. LH asked how the network could be further supported by the Charity. Roxy replied that being able to attend training and to help the wider Charity understand who they were and what they did would be highly beneficial. HT added that there was a SAP awareness course for staff currently in development, as well as CPD training being considered.</p>		
<b>ANY OTHER BUSINESS</b>			
<b>13.</b>	<p><b>Questions from the Public for the Board</b></p> <p>No questions were received for the Board.</p>		
<b>14.</b>	<p><b>Any Other Urgent Business (notified to the Chair prior to the meeting)</b></p> <p>There was no other Business notified.</p>		
<b>15.</b>	<p><b>What would our Patients and Staff think about Our Discussions Today?</b></p> <p>PB began the discussion by noting that the centre of everything done by the Charity were the patients and how they felt. He highlighted the two common threads in the Boards discussions, with firstly workforce being the dominant part, stressing that not having right staff/skill mix, and the challenges this presented. Institutional solutions were not the future, and staff and patients wanted to know this. With regard to the second thread, quality, green shoots were being observed, but the intensity of external scrutiny risked having unintended consequence of taking Executive time away from the task of embedding quality improvement. The Peer Support discussion gave hope, with further thought required as to the optimum level for peer support in the organisation. As well as reflecting on the right mix of peer support which would materially affect the quality of patient experience. PB then added that culture, and what is meant by culture, was important as it was not just about the financial bottom line.</p> <p>AB felt that from a patient perspective, that a focus on what was being done to address challenges would be important to see.</p> <p>DB noted that leaders drove culture by being the change they wanted to see and not being defensive when talking about challenges faced.</p>		

	<p>VMc agreed with DB, noting that working as an Executive team could be challenging as it impacted both the current and the future and vision; that a balance between facing problems and keeping an eye on the future was required.</p> <p>SK commented that he wanted to make a positive difference to people's lives, and that the people the Charity looked after were all individuals. Despite being caught up in the problems it was great to know that we do make a difference to their lives.</p>		
<b>16.</b>	<b>Date of Next Meeting :</b> Board of Directors, Meeting in Public – Thursday 22 <sup>nd</sup> November 2022		

**Approved – 22<sup>nd</sup> November 2022**

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**Paul Burstow**  
 Chair

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