

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 28th September 2023 at 09.30 am

Present:

Paul Burstow (PB)	Chair, Non-Executive Director
Ruth Bagley (RB)	Non-Executive Director
Stanton Newman (SN)	Non-Executive Director
Steve Shrubbs (SS)	Non-Executive Director (via MS Teams)
Rupert Perry (RP)	Non-Executive Director
Andrew Lee (AL)	Non-Executive Director
Karen Turner (KT)	Non-Executive Director
Vivienne McVey (VMc)	Chief Executive Officer
Sanjith Kamath (SK)	Executive Medical Director
Kevin Mulhearn (KM)	Chief Finance Officer
Dawn Chamberlain (DC)	Chief Operating Officer

In Attendance:

Anna Williams (AW)	Director of Performance
Alex Trigg (AT)	Director of Estates & Facilities
Stacey Carter (StC)	Acting HR Director
Adam Foster (AF)	Business Development Director
Ash Roychowdhury (AR)	Deputy Medical Director
Wendy Taylor (WT)	HR Advisor (via MS Teams)
Oliver Mackaness (OM)	Lead Governor
Ellie Johnston (EJ) Item 11	Lead Social Worker
Elizabeth Moss (EM) Item 11	Principal Social Worker
Duncan Long (DL)	Company Secretary
Melanie Duncan (MD) Minutes	Board Secretary
Shani Bradshaw (Guest)	MSI Group (via MS Teams)

Apologies Received:

Dawn Brodrick (DB)	Non-Executive Director
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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 held in public, and noted the attendance of Wendy Taylor, HR Advisor to her first Board. Apologies received from Dawn Brodrick were also 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.		

	SS left the meeting due to technical difficulties with his Teams connection.		
EXECUTIVE UPDATE			
6. CEO Report	<p>VMc presented her report, which was taken as read, and thanks SK for his help with bringing together the main contents whilst she was on leave. VMc introduced Adam Foster, who had recently been appointed as Business Development Director. AF thanked VMc, introduced himself, and reflected on the first 7 weeks of his time with the Charity, including the development of a new service development plan which will help with the building of the Charity's step down community services. VMc added that the first draft of the new combined Clinical and Business Development Strategy would be presented to Board in November for further discussion.</p> <p>VMc outlined the launch events which had been held for the new Charity Strategy, which included briefing packs being issued, and the underlying strategies outlined that will underpin the new Charity Strategy. These were being further developed and first drafts of these underlying strategies would be available by the end of the year, followed by the overarching strategy.</p> <p>The first STEER Group, our communications and employee representation group, comprising of employees who were all Lead the Change leaders had been held which resulted in interesting feedback on the rollout of the strategy, and what the strategy meant for employees, particularly on how it could be fed into personal objectives. VMc noted that this was now an empowered group of employees as a result.</p> <p>A further reflection from VMc noted Clare Murdoch's interview in the media regarding the 20% shortage of mental health nurses across the country with St Andrew's recruitment and retention figures being better than those of its partners. DC added that analysis indicated that registered nursing recruitment and retention continued to be a challenge and that an MDT view would help with staffing numbers and the type of care on the wards. Current HCA numbers were acceptable. SN asked if exit interviews were conducted for HCA leavers, supported with analysis on the underlying themes. SN also asked if HCAs were able to apply for apprenticeships for nursing. StC replied that exit interviews were not routine for HCAs, but this would be considered for the future. StC added that HCA retention rates were rising. SK, in reply to the apprenticeship topic noted that the Aspire programme was currently under review, with apprentice programmes being considered for HCAs. DC added that HCA numbers were comparable with other organisations.</p> <p>VMc updated that the innovation sprint held on recruitment and retention indicated that some HCAs felt that the job was not as expected, and that other jobs were easier to get, such as in warehousing or retail. Registered Nurse leavers were possibly going back to the NHS for better terms and DC further clarified that the innovation sprint had looked at retention for the previous 12 months in particular.</p> <p>RB asked if future costs were being considered following the recent pay review, with regard to holding the pay differentials. This was confirmed, and KM noted that robust market rate benchmarking had been undertaken.</p> <p>VMc thanked StC for the hard work done by HR and the Reward Team during the recent negotiations and resultant administration relating to the pay review.</p> <p>The Board NOTED the update.</p>		

COMMITTEE ASSURANCE REPORTS

<p>7. People Committee</p>	<p>SC presented the report in place of SS, taking it as read and highlighting the key points including workforce and mandatory training.</p> <p>There were no further questions and the Board NOTED the report.</p> <p>Research Committee</p> <p>SN presented the report, commenting on the recent changes within the area, notably Martin Kersey leaving, and now him, and questioned where that left the Committee. The Committee had agreed to continue as is until the proposed new Education, Research and Training Committee is formed. SN highlighted the main areas discussed, including physical healthcare and staff head injuries and that the papers for these were in the Board pack.</p> <p>SK thanked SN for his work as Chair of the committee, updating that a fuller update will be given to the Board in due course with regard to those projects under consideration, as well as the move to ERT.</p> <p>SN initiated a discussion on partnerships and collaboration, noting that these should be a key focus in any future commercial strategy. AF agreed and confirmed that this was contained within the new strategy, and incorporated the group as a whole, looking at Clinical Services and ERT.</p> <p>The Board NOTED the report.</p> <p>Quality & Safety Committee</p> <p>RB introduced the update from the Committee which was taken as read, noting the CAMHS discussion would take place in part 2 of Board, and highlighted key points including safer staffing and the improvements in training.</p> <p>The Board were asked to consider for approval the following documents:</p> <ul style="list-style-type: none"> • Annual Safeguarding Report • Responsible Officer and Re-validation report <p>The Board APPROVED the Responsible Officer and Re-validation report and NOTED the Annual Safeguarding report ahead of it being published on the Charity website. The Board also NOTED the update.</p> <p>Audit and Risk Committee</p> <p>RP gave the Committee a verbal update on the recent Annual Report Page Turning exercise, with KM adding that Grant Thornton, the Auditors would now be conducting their final review.</p> <p>KM thanked all those who attended and contributed to the page turning session and highlighted the planned timelines for the final review and sign off of the Annual Report. He proposed to follow the same approach as followed last year, with ARC to consider and approve the final report and set of statutory accounts at the 16 October meeting, with the accounts then locked and made available for the AGM on 1st December.</p> <p>The Board NOTED and AGREED to the approach to be taken with regard to the Annual Report and Accounts final review and delegated sign off.</p>	<p>DECISION</p>	<p>DECISION</p>
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QUALITY		
8.	<p>CQC Inspection, Report and Actions Update</p> <p>AR presented the update which was taken as read and gave highlights from the report which included the Charity-wide CQI on enhanced support which was currently in progress. AR also updated the Board on the development of a new dashboard which would give a real-time view of the wards, with pilots being put into differing services for monitoring.</p> <p>The KLOE internal investigations were progressing, with the new General Managers and Quality Matrons ensuring a combined effort. This in turn, would enable alignment with the new CQC Single Assessment Framework. In addition, a surveillance dashboard had been produced in order to indicate assurance levels.</p> <p>AR brought the Board's attention to the latest CQC ratings following recent inspections, as well as the latest status of the Charity QIP, with seven open actions, all of which were in date and in progress.</p> <p>Further items of note included the Rapid Data Review requirements, the improvements being seen within policies and procedures brought about by the Policy Oversight Group and PSIRF preparation being undertaken.</p> <p>AL initiated a discussion on the use of electronic systems and data within wards and that ward boards would be a positive move for the Charity and put it on the level of some outstanding providers who are progressing in this area.</p> <p>The Board commented on several aspects of the report, including the QIP actions and the single assessment framework with a wide discussion on how the Charity was closely overseen by regulators and the NHS and how demonstrating improvements in patient care would assist in this area significantly. This would provide an opportunity for the Charity to manage the amount of data requests and information being shared to the wide number of interested stakeholders.</p> <p>The Rapid Data Review was discussed further with the Board being mindful of interpretation of the recommendations, coupled with the commitments and time given freely by the Non-Executive Directors of the Charity. DL added that the recommendations were due to be in place by July 2024 and that work was under way to discuss aspects of the review at the appropriate committees.</p> <p>The recommendation highlighted in AR's report relating to the possibility of NEDs being Hospital Managers was discussed, and it was agreed more information on this was needed and it would return to Board for further scrutiny, in-line with further discussions on the Rapid Review recommendations.</p> <p>The Board NOTED the report.</p>	<p>AR & DL</p> <p>21.01.24</p>
9.	<p>Safer Staffing Report</p> <p>DC presented the report which was taken as read and updated the Board on the ongoing work regarding staffing. DC reported good fill rates, and that the dashboards were being further developed to include patient care plans which in turn would aid with staffing levels on a shift by shift basis. In addition, nursing workforce standards were also being established.</p> <p>The Board then discussed how the data within the staffing dashboards was presented, including how variances were calculated and presented.</p> <p>KT questioned how the level of meaningful activity for patients was being received by staff. DC responded that 25 hours per week was the aspiration, with regular review, and that compliance was required by the end of</p>	

	<p>November. Recording of nursing activity required more effort, whilst other disciplines are recording well, such as OT and TIs. DC confirmed that there were divisional differences, relating to the type of care required, however, there was monitoring in place and better understanding being gained on what was required.</p> <p>SK added that a holistic view would be able to assess quality, with the differing views resulting from the data gathered. Assessment of the more effective therapies on outcomes would help greatly. The Board were informed that this information was also shared with Commissioners. SN agreed with SK that the amount of data available would be beneficial in analysing activity and outcomes. PB noted the value in conducting this type of work, which would also have an impact on activity undertaken on establishment figures.</p> <p>RB asked if overtime would present a risk to staff wellbeing or patient safety and is the Charity overly reliant on it. DC replied that it was a complex view and a balance with agency and bank, with AW adding that Allocate had controls built in with regard to overtime to monitor staff welfare and maintain compliance with the Working Time Regulations</p> <p>The Board NOTED the report</p>		
OPERATIONS			
10.	<p>Integrated Quality & Performance Report</p> <p>AW presented the overall report, which was taken as read, highlighting the tangible improvements being seen and several positive trajectories.</p> <p>AW summarised by what had gone well and areas of current focus, including consistent positive trends within My Voice, discharges, patient leave, mandatory training and the impact of electronic solutions in areas such as enhanced support. Focus areas include delays on discharges, with 26 patients ready for their next step, but where there is not a suitable move available, along with meaningful activity and clinical and management supervision.</p> <p><u>Quality</u> The Quality section of the report was taken as read.</p> <p><u>People</u> The People section of the report was taken as read.</p> <p><u>Finance</u> KM presented the Finance Overview, highlighting the Charity was £180k better than what was expected, however the non-operating position was c£1m better than budget the operating position was c£0.8m adrift of where it was expected to be.</p> <p>KM highlighted the work being done by the Executive Team to address any slow-down in improvements and also noted the strong cash position at the end of August, which would be utilised for the back-dated pay award in September.</p> <p><u>IT</u> The IT section of the report was taken as read.</p> <p>SN commented on the level of discharges to lower security levels, adding that the Charity should be proud of these. He added that the success of Outpatients was not seen within the data and should be observed. KT agreed with SN, noting that direct comparisons could not be drawn with NHS Trusts as they mainly dealt with low secure patients. However, the figures were indicative of the success that the Charity had had with treating complex cases. AF noted that Commissioners did observe this data, with VMc adding that complex mental health need was not directly correlated to levels of</p>		

	<p>security and there are other factors to consider. Tracking patients post discharge was discussed; however, it was deemed difficult as there was no suitable tracking currently in place.</p> <p>RB asked if there was any evidence of the positive effect of merging LSSR and CAMHS. DC agreed to discuss this with the Triumvirate and look at how this could be evidenced and would report back to Board. RB also asked KM if the reduction of non-operating costs would be permanent. KM replied that it was expected to be sustainable.</p> <p>PB concluded and commented on the greatly improved levels of sickness and absence rates.</p> <p>VMc took the opportunity to further introduce Wendy Taylor, HR Advisor, who gave background as to the work that she would be assisting with within the Charity.</p> <p>The Board NOTED the reports.</p>	DC	30.11.23
SERVICE & PATIENT STORY			
11.	<p>Social Work Update – a Patient’s perspective</p> <p>DC introduced EJ and EM, from the Social Worker Team, along with patients Saffron and Clio who gave an informative presentation on the value of the Social Work Team and the positive effects it had on patients, their families and their carers. EJ and EM outlined the structure of the team within the Charity, the values that underpinned the roles and the types of interventions social workers carry out.</p> <p>Saffron highlighted a selection of patient feedback on social work as well as what their ward would be like without social work being involved.</p> <p>Clio provided personal feedback from a carer’s perspective, reading out a statement from their mother.</p> <p>PB thanked all who had presented, particularly the patients for their presentation and input.</p> <p>AL noted how varied the responsibilities of the Social Worker were, and asked how they were able to delineate their work. EJ replied that the role was highly reactive and that the function as a whole thrived on that approach. EM added that social work was the glue that kept that hospital together, and explained that all social workers were allocated to wards.</p> <p>SN congratulated the team on their Carers Champion Award, and asked if the team met as a therapeutic group. EM replied that DBT was psychology led and that approach determined who supported the therapies.</p> <p>PB noted the focus on respect and human rights, and asked how social workers championed the removal of blanket restrictions. EJ replied that social workers were trained to ask ‘Why?’, as it gave an alternative perspective. EM added that there was always a balance of risk versus rights.</p> <p>RB asked about safeguarding and where the responsibilities differed with the home social workers, and if there was a handover to the commissioning authority. EH replied that the St Andrew’s social workers were there to remind the home social workers of responsibilities with EM adding that communication was involved at every step of treatment.</p> <p>KT asked both Clio and Saffron if their home social workers had been in touch at all. Clio replied that contact was sporadic. KT then asked about discharge planning. EM replied that it began at admission, with the key challenges being appropriate placements and community resources. KT noted the importance of considering ongoing support as part of the new strategy. EM agreed, commenting that the challenges were evident.</p> <p>OM asked what the social workers’ top 3 frustrations were. EM replied that there were not enough social workers in post with EJ adding a lack of recent</p>		

	<p>senior leadership, which was being addressed with the recruitment of an Interim Director of Social Work.</p> <p>AL asked who was legally responsible within a community setting. EJ replied that it was the community mental health team within the area of original detention who held legal responsibility.</p> <p>VMc asked both Clio and Saffron how their strengths had been developed through working with their social workers. Saffron replied that prior to coming to St Andrew's, she had no financial or personal ID experience, social skills or yes/no boundaries which were all now being addressed. Clio replied that gender inclusion along with respect and inclusion were now a strength.</p> <p>PB thanked everyone for the presentation.</p>		
ANY OTHER BUSINESS			
12.	<p>Questions from the Public for the Board</p> <p>No questions were received for the Board.</p>		
13.	<p>Any Other Urgent Business (notified to the Chair prior to the meeting)</p> <p>No items were received for the Board.</p>		
14.	<p>What would our Patients and Staff think about Our Discussions Today?</p> <p>PB asked the Board to reflect on the discussions within the meeting.</p> <p>VMc noted more time had been spent on performance with a productive discussion. AW added the use of data, indicating good feedback with continued finessing.</p> <p>OM commented on the care regarding patient discharge and the surplus within the financials.</p> <p>AF commented on patient involvement and working with those on the front line.</p> <p>AR noted the evolution of reporting.</p> <p>PB commented on the data driven outcomes now being observed.</p> <p>RP commented on the huge effort taken over many years to achieve good data and its maintenance.</p> <p>PB thanked the Board for their reflections.</p>		
15.	<p>Date of Next Meeting:</p> <p>Board of Directors, Meeting in Public – Thursday 30th November 2023</p>		

Approved – 30 November 2023

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Paul Burstow
Chair