

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 30 September 2021 at 09.00 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
Katie Fisher (KF)	Chief Executive Officer
Jess Lievesley (JL)	Deputy 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
Dr Alex Hamilton (AH) Item 1	Clinical Director
Eddie Short (ES) Item 8	Head of Strategic Partnerships
Michaela Roberts (MR) Item 14	Senior Programme Manager
Dr Ash Roychowdhury (AR) Item 14	Deputy Medical Director
Melanie Duncan (Minutes)	Board Secretary
Apologies Received:	
David Sallah (DS)	Non-Executive Director

Agenda Item No		Owner	Deadline
1.	Welcome PB (Chair) welcomed everyone to the first part of the Board of Directors (Board) meeting, which is a meeting held in public, and noted the apologies received.		
DIVISIONAL UPDATE			
2.	Divisional Presentation (including Patient Voice): 23a The Avenue (Deaf Service) JL introduced AH and the patient from the Division. JL explained that the provision of care had been developed over a period of time and had been designed to facilitate the patient's move from secure care to a community setting. AH introduced himself and the patient, and explained the location, and the process that the patient had gone through from the original ward setting to the current location, where the patient had lived for six months. The patient was communicating via sign language which an interpreter then translated for the Board. AH and the patient gave a brief summary of how long the patient had been in hospital, noting that the past 10 years had been with St Andrew's. The difference between ward living and living within the house was noted, with the		

	<p>patient highlighting that the house was preferred as it was quieter with fewer staff, coupled with greater independence and the ability to visit family; access to the internet and a mobile phone were also considered to be plus points.</p> <p>PB introduced himself and asked if there was anything else that would be helpful to the patient that would ease the transition to more independence. The patient responded, to move back to Cornwall to be near to family was the long term aim. AH further explained that the house had always been seen as a stepping stone, and that the goal was to build independence, so that the patient could move to an independent flat in Northampton within reach from St. Andrew's and then a move home after approximately 6 months could be effected.</p> <p>JL was delighted to hear about the progress made, and extended thanks for the patience shown whilst the house was being set up. KF asked if there was anything that could be shared in order to make others' experience better. The patient replied that a quicker process for moving into the house would be better.</p> <p>PB thanked the patient for the time afforded, and wished best wishes for the future.</p>		
ADMINISTRATION			
3.	<p>Declarations Of Interest</p> <p>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.</p>		
4.	<p>Minutes Of The Board Of Directors Meeting, held in public, on 24 August 2021</p> <p>The minutes of the meeting held on the 24 August 2021 were AGREED as an accurate reflection of the discussion, subject to the agreed revisions within item 2, Divisional Presentation.</p>	DECISION	
5.	<p>Action Log & Matters Arising</p> <p>26.11.20 01 – Board Seminars - Ongoing</p> <p>28.01.21 06 – Community Services – Further sessions are included within the 2022-23 Annual Board Plan and Board Strategy discussions.</p> <p>27.05.21 01 – East Midlands Alliance - Ongoing</p> <p>27.05.21 02 – NHS Benchmarking Network - Ongoing</p> <p>27.05.21 04 – Data Security – Performance Report – Initial report included within agenda and metrics to be included in future Board Performance Reports. Action CLOSED</p> <p>24.08.21 01 – Lessons Learned and Transformation Programme update - Ongoing</p> <p>24.08.21 02 – Integrated Performance Report – Quality - Has been included and will be presented to Board in November – Action CLOSED</p> <p>24.08.21 03 – Integrated Performance Report – Training Budget – Ongoing.</p> <p>24.08.21 04 – Staffing Action Plan – Outcomes - Ongoing</p> <p>24.08.21 05 – Safe Staffing Report - Committee Oversight - Ongoing</p>	<p>DECISION</p> <p>DECISION</p>	

	<p>24.08.21 06 – Armed Forces Covenant – People Committee Veterans Report - Ongoing</p> <p>24.08.21 07 – Quality & Safety Committee – Community Partnership Update - SK update that the clinical records had now been addressed. Action CLOSED.</p>	DECISION	
CHAIR'S UPDATE			
6.	<p>Chair Update</p> <p>PB gave a verbal update and outlined his visits to both Birmingham and Essex, noting the differences with Northampton. PB had enjoyed a number of one to one conversations and a group discussion with Governors, with a joint Board and Governor session planned for the 15th October in order to discuss progress and development.</p> <p>PB had also met with the Chairs of the East Midlands Mental Health Providers regarding governance of the provider alliance and the level of formality of the partnership.</p> <p>The Board NOTED the update.</p>		
EXECUTIVE UPDATE			
7.	<p>CEO's Report</p> <p>KF gave a verbal update and apologised for the lack of a written report.</p> <p>KF updated that there had been an unannounced CQC visit to Winslow, with the report already having been received, giving a rating of inadequate and the expectation that further wards would be inspected in the near future. No formal CQC report had been issued with regard to Northampton.</p> <p>KF noted the recent fuel challenges, commenting that there was good contingency planning with no disruption to the Charity. Staffing remained a challenge, both in the Charity and across the whole healthcare sector. KF wished to note that this was not the case across all of the Charity's sites or shifts, and that it was being overseen and monitored with close management. KF also notified the board that the NHS planning guidance was to be sent that week, which was key from a funding perspective.</p> <p>Further Board Development sessions had been planned with the East Midlands Alliance and KF encouraged everyone to attend at least one session.</p> <p>The vaccination booster programme was due to commence on the 4th October, with plans to roll out the Flu vaccine at the same time.</p> <p>EL asked if there would be more staff pressures as winter approached. KF replied that it would be difficult to comment within this year, as we were already at high absence rates as a result of Covid and D&V. NHSE had said that there could be a greater incidence of upper respiratory illnesses this winter. KF noted that maximising recruitment and retention would be undertaken in order to support this. JL reiterated KF's comments and noted there could be a short-term impact on staff, and contingencies were being worked on. The focus had to be on the existing workforce and support for them. AB added that it was hoped that the uptake for the flu vaccine would be increased as a result of the Covid booster.</p> <p>The Board NOTED the update</p>		
8.	<p>St Andrew's Healthcare 2021 – 2026 Strategy</p> <p>PB introduced the session, highlighting that a more detailed discussion would be held in Part Two of the Board meeting.</p>		

	<p>JL presented an outline of the Charity's Strategy and noted the attendance of ES within the meeting. He explained that this document showed the basis on which the Charity wanted to work and prioritise in the coming years. The phasing matrix showed how the work would be approached between now and 2026, with each Executive owning an area of the strategy. JL was seeking Board support for the direction of the main Strategic themes, following which the strategy would be further unpicked with business cases and assessments of any investment need, being brought to Board to further develop the priorities.</p> <p>Each of the seven Strategic areas has an Executive responsible for them who will provide further detail throughout the discussions.</p> <p>JL further outlined what the Board needed to consider with regard to delivery of the strategy, and how oversight and strategic risk management would be done via the Board Assurance Framework (BAF).</p> <p>PB added that a full Board discussion would be had in Part Two, at which point DS would be able to join the meeting.</p> <p>The Board NOTED the report</p>		
GOVERNANCE			
9.	<p>Ernst & Young Governance Review Report & Implementation</p> <p>PB outlined the process and timelines that the review had undertaken, and that the full report from E&Y had been included within the pack. He explained the challenges that this report highlighted and that a new Governance Oversight Group will be formed to oversee the implementation of the actions within the report and to debate the actions being undertaken. The Group will also look at ensuring the right support is provided to assist in the development of the Board and the Governors, as well as maintaining consistency across the committees and governance documentation.</p> <p>PB asked for expressions of interest for inclusion within the Governance Oversight Group, and thanked those who had already responded, noting that NED involvement would be required. PB re-iterated that the new Governance arrangements would be co-designed and part of this was the holding of joint meetings with the Court and Board, as being done on the 15th October.</p> <p>The Board discussed the timelines involved in the implementation along with maintaining synergy with the Charity's Strategic signposts, with concerns being voiced regarding the amount of work being considered at the same time and that the correct level of resource is given to the programme of works. It was agreed that the most urgent areas would be addressed first to ensure they did not hinder the development and implementation of the Strategy.</p> <p>PB added that the Board recognised that the implementation of the recommendations will require a dedicated resource and programme of works and a balanced approach to implementing the changes. The Board would ensure the overlaps between the changes required for the Strategy and for Governance were brought together and managed. The Board was responsible for ensuring the governance and strategic activities were effectively integrated.</p> <p>The Board NOTED the report and AGREED to the recommendations.</p>	DECISION	
10.	<p>Emergency Preparedness, Resilience and Response (EPRR) Submission</p> <p>JL outlined the report, which was taken as read and noted that under normal circumstances the paper would have been considered by the Audit and Risk Committee (ARC) first, however, due to the reporting timelines being brought forward by the commissioners, the paper required consideration by the Board prior to submission. The submission will be provided retrospectively to ARC.</p>		

	<p>The Board discussed the level of compliance, noting that the Charity was reporting as substantially compliant. JL highlighted two outstanding areas. The first was the requirement for a NED to be an EPRR representative. The second relates to mutual aid across the system.</p> <p>JL asked if EL, as Chair of ARC, would consider the NED EPRR role. EL accepted the role.</p> <p>JL outlined that the Charity is actively engaged with system partners and that all partners would be reporting that there was further work required in this area.</p> <p>The level of existing provision was discussed (including post Covid), prior to the requirement to report under the framework, with assurance being given that the Charity benefited from excellent working relationships with the other organisations locally, and submitted to regular testing both on an operational and support services basis. Covid had to a degree pressure tested the systems and has informed the thinking and responses within the submission, as well as bring those within the system much closer together.</p> <p>Further discussions centred on the Charity's planning for emergency preparedness and the risks that the Charity faces, with multiple building failure (within Northampton) seen as the most significant of risks. This would require a system wide response, whereas measures are in place to effectively manage single building failures.</p> <p>The Board APPROVED the report for submission to NHSE</p>	DECISION	
ASSURANCE			
11.	<p>Committee Updates</p> <p>People Committee PB gave the highlights from the update, and noted that outcomes from the committee would be reported in due course. The following report and strategies were all APPROVED by the Board:</p> <p><i>Diversity and Inclusion Annual Report</i> <i>People Strategy</i> <i>Diversity and Inclusion Strategy</i></p> <p>Quality & Safety Committee SN presented the highlights from the update. The update confirmed a number of reports that had been brought to the committee and were being presented for Board's attention and approval.</p> <p><i>Complaints Annual Report</i> - Learnings from complaints was discussed along with the measures being undertaken in order to ensure that this is done in a timely manner, and the relevant Committees that would need to be involved as a result.</p> <p>PB requested that all complaint themes be visible at the Quality and Safety Committee, and that the outcomes of HCA assessment centres be discussed at People Committee.</p> <p>The Board APPROVED the Complaints report</p> <p><i>Safeguarding Annual Report</i> - AB clarified the timelines covered by the report, and that changes noted had already been implemented. Training was still a challenge, with the numbers that were required to attend Level 4 being increased. Some of Level 3 would be delivered face to face following the lifting of restrictions.</p> <p>JL noted that transparency around reporting was now much better, and acknowledged that this area was a challenge and clinical judgement to be</p>	DECISION	DECISION

used. PB noted that it would of benefit to the Board to look at this area in greater depth.

The Board **APPROVED** the Safeguarding report

Nursing Strategy – AB presented and highlighted the 4 key areas of the strategy, which were based on basic, fundamental high quality nursing care. The financial aspects of the strategy were discussed with clarification being given as to where the budget was located for this work, together with where this strategy would sit in the Charity-wide strategy. The target outcomes were noted.

The Board **APPROVED** the Nursing Strategy

	<p>The Board enquired regarding the assurances in place to ensure that information security is maintained and tested. JC ensured that this was being undertaken and that this underpinned the training provided.</p> <p>Further questions were raised in relation to learning from the March Phishing attack and JC confirmed that those areas recognised as greatest risk (such as Finance, HR and IT) have moved across to Multifactorial Authentication (MFA). This will spread throughout the Charity over this year. JC also detailed how we were assisted by our Information Security contractors and our main IT Supplier and how they continue to provide support in these areas.</p> <p>The Board NOTED the report.</p>		
QUALITY			
14.	<p>Continuous Quality Improvement Awareness Session</p> <p>SK introduced the session and outlined how the Charity uses CQI and the principles behind it and how it continued to be integrated within the clinical services.</p> <p>MR and AR shared slides which related to developing a culture of CQI, and outlined what part it played within total quality management, and its part in the vision of future quality.</p> <p>Discussions were had on CQI priorities and aligning them with BAU priorities and how CQI needs to be centrally coordinated.</p> <p>MR asked the Board to endorse a Board awareness session that would be facilitated by the St Andrew's team and NHFT.</p> <p>The Board AGREED to a future awareness session</p>	DECISION	
ANY OTHER BUSINESS			
15.	<p>Questions from the Public for the Board</p> <p>No questions were received for the Board.</p>		
16.	<p>Any Other Urgent Business (notified to the Chair prior to the meeting)</p> <p>There was no other Business notified.</p>		
17.	<p>Date of Next Meeting :</p> <p>Board of Directors, Meeting in Public – 25 November 2021</p>		

Approved – 25 November 2021

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Paul Burstow
Chair