



St Andrew's
HEALTHCARE



QUALITY ACCOUNTS

2023/24

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Section 1

Quality Statements



A welcome from Dr Vivienne McVey, our Chief Executive Officer

It gives me great pleasure to introduce our new Quality Account, which includes details of our achievements and successes, alongside the challenges we are facing as a Charity.

We are opening a new chapter and embarking on a new strategic direction, which will see the Charity through until 2028. 'Hope', our new five-year strategy, outlines our ambitions and demonstrates our commitment to helping people with complex mental health needs transform their lives. St Andrew's has a proud history of helping those with the most complex needs, who require intensive support, often over long periods of time. The Hope strategy was developed with the people in our care and our colleagues; it serves as a roadmap to get us to where we want to be.

We have exciting plans to help us achieve our ambitions; these include a focus on quality, providing more care in the community, and investing more in research and education, which will improve the lives of those we serve. We know that we, St Andrew's, are only one part of a much bigger picture: a society where people with complex mental health needs are included, valued and have hope for their future.

Over the past year, the whole Charity has been involved in our major transformation programme, Thrive.

This programme aims to ensure we are fulfilling our potential, with particular emphasis on our quality, our colleague experience, and our finances. We have been investing in the right places, including our frontline staff, clinical leadership and maintenance of our estate, whilst making efficiencies to support these investments.

Our quality improvement has also been a real priority, and I am proud to share that we no longer have any inadequate CQC ratings across our hospitals – the first steps towards us improving across the board. We are also really seeing the benefits of using data to help improve physical and mental health outcomes, and we have been recognised for this in a national review, and by our partners in the IMPACT provider collaborative. I am also exceptionally pleased that we now have significantly fewer incidents on our wards, and less use of restrictive practices - these are good ways for us to see that the people in our care are being well supported and are making good progress.

We have spent a lot of time over the past year developing the plans which will see us through to 2028, and this Quality Account will give you an idea of our progress. Thank you for reading.

Vivienne

A statement from Ash Roychowdhury, our Chief Quality Officer



Last year saw the launch of our Quality Strategy, with the commitment to become a provider *'at the forefront of best practice, delivering high quality, personalised care, every day'*. The strategy sets out how we are going to achieve this, through the embedding of a quality management system, supported and enabled by the right culture and leadership and the foundations of quality: skilled, motivated staff, data and analytics, and quality environments in which to deliver care.

Year 1 saw significant strengthening of quality planning, such as a redesigned ward-to-board governance framework, and every service having an evidence-based, clinical treatment model, developed with patients. To strengthen quality control, we have a daily safety huddle system for each ward and division with clear lines of escalation. We have also developed a standardised approach to support wards who may be showing quality concerns. This is supported by a number of real-time dashboards to be used by frontline staff day to day. We were delighted to be cited as an exemplar for our data systems in the Mental Health Rapid Data Review, led by Dr Geraldine Strathdee in June 2023. To improve assurance, each service now has an internal inspection against the CQC Key Lines of Enquiry to help identify areas of strength and areas of improvement. We have continued to be a QSIR faculty member and to develop and embed CQI methodology, such as a charity-wide initiative to look at how we can improve our rates of enhanced support.

Whilst strengthening our day-to-day capabilities, we have also embedded new quality changes. This includes the development and implementation of a digital system to capture meaningful activity, which will enable us to develop insight into the types of therapeutic activity being offered, being engaged in and their link to clinical outcome measures. We have transitioned to the new Patient Safety Incident Response framework from the old Serious Incident process, and this will enable more rapid learning and improvement from incidents. In line with the priorities from the 22/23 Quality Account, we have developed a specific Patient and Carer Experience strategy and a Co-Production framework. These set out the principles and roadmap by which we can ensure that co-production becomes an integral part of our quality culture, and that patient and carer experience is seen on a par with safety and effectiveness, as a measure of our quality.

We recognise that we are early in our journey to embed a whole organisational quality approach, and remain committed to the realisation of our quality vision that is central to our vision and mission to help those with complex mental health needs transform their lives.



Statement of Director's Responsibilities

The Department of Health has issued guidance on the form and content of the annual Quality Account. In preparing the Quality Account, Directors should take steps to satisfy themselves that:

- » The Quality Account presents a balanced picture of the Charity's performance over the period covered
- » The performance information reported in the Quality Account is reliable and accurate
- » There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice
- » The data underpinning the measures of performance reported in the Quality Account is:
 - a. Robust and reliable
 - b. Conforms to specified data quality standards and prescribed definitions
 - c. Subject to appropriate scrutiny and review
 - d. Has been prepared in accordance with Department of Health guidance.

The Directors confirm to the best of their knowledge and belief that they have complied with the above requirements in preparing the Quality Account for 2023/24.



Section 2

Reflections

> Priorities for improvement 2024-25

Priorities for 2024 – 2025

The areas identified as a priority for the upcoming year have been well informed by both our patients and frontline staff. These include:

1. Improving our Quality control by creating a visual management system on wards
2. Improving patient meaningful activity levels and working on reducing blanket restrictions
3. To improve our relevant and specialist training for staff so we can better meet the needs of our patients

Our progress in achieving these will be measured against the completion of a number of related actions. Some of these include: the implementation of digital screens on wards to support handover; consistent delivery of related quality metrics including enhanced observation data and NEWS2 escalation; a refresh of our Reducing Restrictive Practice Strategy and Care Planning Procedure; and every ward having a role-specific Training Needs Analysis driven by evidence-based models of care.

Our progress against these priorities will be closely monitored and reported on throughout the year via our Quality Improvement Plans, held at both Divisional and Charity level. These will be discussed, reviewed and updated via our Performance meetings, Quality Safety Group, Senior Leadership Team meetings and through our Quality and Safety Committee (that reports to Board).



> Statement of Assurance from the Board

Review of Services

During 1st April 2023 and 31st March 2024, St Andrew's Healthcare provided services in the field of mental health, learning disability and brain injury to 1162 patients. Of these around 96% (1115) were funded by NHS services or organisations. Non-UK organisations, private funders or individuals fund the remaining 4% (47) of patients.

Participation in National Clinical Audits

During 2023/24 the Charity participated in four National Clinical Audits. The National Clinical Audits that the Charity participated in, and for which data collection was completed during 2023/24, are listed below, alongside the number of cases submitted to each audit as a percentage of the number of registered cases required by the terms of that audit or enquiry.

TOPIC	SUBMISSIONS
The use of medicines with anticholinergic (antimuscarinic) properties in older people's mental health services Prescribing Observatory for Mental Health (POMH-UK) - the audit data has been submitted in August	35/35 (100%)
Monitoring of patients prescribed lithium Prescribing Observatory for Mental Health (POMH-UK) - the audit data has been submitted in April	25/25 (100%)
National Audit of Inpatient Falls, Falls and Fragility Fracture Audit Programme Royal College of Physicians	1/1 (100%)
Rapid Tranquilisation in the context of the pharmacological management of acutely-disturbed behaviour Prescribing Observatory for Mental Health (POMH-UK) - data collection and submission March - April	25/25 (100%)



During 2023-24, the Charity was eligible to participate in audits under the following programmes but did not have any cases in scope:

- > Maternal, New-born and Infant Clinical Outcome Review Programme
- > National programme: National Audit of Dementia*
- > Mental Health Clinical Outcome Review Programme**
- > National Clinical Audit of Psychosis (NCAP) – Early Intervention Practice

*as the focus was on general hospital and community services

**as the focus was on suicide and we did not have any cases in which we were the lead provider.

The Charity's Quality and Safety Group oversees participation and learning from national audits and confidential enquiries.

Improvement Following National Audits

The reports of seven national audits were reviewed by the Charity in 2023/24, with a decision on care improvement as part of the learning from audit. Below are examples of the actions that the Charity is taking to improve the quality of healthcare provided following these reviews:

- > Following the National Audit of Inpatient Falls (NAIF), several improvements have been taken, in relation to:
 - > Multi-factorial Falls Risk Assessment – a Continuous Quality Improvement initiative to improve quality of falls risk assessment including: risk factors identification, addressing identified risk factors, and high impact actions related to mobility and provision of walking aids, medication review, post incident review and quality of reporting
 - > Post Fall Protocol – A full review has been completed with an appropriate adaptation model applied as per Best Practice Guidance by Royal College of Physicians and NAIF
 - > Falls Management Procedure – A full review has been completed and necessary amendments made
 - > Training - Falls e-learning module has been reviewed and updated. Review of target audience has also been completed
 - > Clinical Governance - MDT Falls & Frailty Group meets bi-monthly to review NAIF report / recommendations; and to analyse hospital-wide practice and data for learning and quality improvement.
- > In response to the findings of the four POMH UK audits with reports published at the end of 2022 and during 2023, that the Charity took part in (titles included below), the Medicines Management Oversight Group discussed and agreed the following actions
 - > Updated Pharmacists' Monthly Medicines Optimisation checks 2024 – to include targeted focus on valproate, lithium, melatonin and high dose antipsychotics/ combined antipsychotics – pharmacists to check against audit standards and inform responsible clinicians where records indicate non-compliance



- > Pharmacy Medicines Optimisation forms to be developed and implemented in RiO to support improved availability of data for clinicians and development of Medicines' Optimisation Dashboard
- > Head of Pharmacy invited to new monthly Medics' Meeting to share regular medication feedback which will include results, requirements and actions following POMH-UK and other Pharmacy Audits and reminders of correct processes and resources available to support good practice including in relation to medication care plans
- > Head of Pharmacy to look at implementing brief 'how to guides' relating to critical medicines and medicines procedures – to be made available on Pharmacy intranet
- > For Valproate: Head of Pharmacy to actively participate and collaborate in local Northampton Integrated Medicines Optimisation Committee valproate working group and ensure agreed actions are implemented within St Andrew's valproate
- > For Melatonin: Pharmacy to review Melatonin products in current use. Melatonin MR 2mg – Licensed generic; and Melatonin liquid 1mg/ml – Rosemont unlicensed product. Pharmacists to review indications in all patients currently prescribed Melatonin including off-label use with prescribers. To ensure that practice standards are met and to minimise the use of Melatonin liquid where possible

These improvements were agreed following the POMH-UK reports

- > Monitoring of Patients Prescribed Lithium - Supplementary Audit 7g, published September 2023
- > The quality of valproate prescribing in adult mental health services (Programme 20b), report received May 2023
- > The Use Of Melatonin (Programme 21a), report received February 2023;
- > Prescribing of Antipsychotic Medication in Adult Mental Health Services, Including High Dose, Combined and PRN (Programme 1h&3e), report received December 2022
- > As part of the learning and improvement on the quality of care provided to patients following clinical audit, the Charity also considered results of audits where the Charity did not take part, where there was an interest due to the audit scope covering specific health conditions affecting a high number of patients. An example for this is the National Diabetes Audit 2021-22 Report, published in November 2023. Following this a decision was taken for a local audit to be completed for assurance against the relevant standards, as covered by the National Audit, as well as against relevant NICE Guidance. This decision was made due to the high number of patients with diabetes in St Andrew's. The audit found excellent monitoring of patients with diabetes with very good evidence for the required annual health checks being carried out or offered. Some improvement was identified as being required in relation to care planning.
- > Following the National Confidential Enquiry into Patient Outcomes and Death (NCEPOD) - Transition audit, consideration is being given to implement the recommendations that are not already in place.

Participation in Local Clinical Audits

Inpatient division-specific local clinical audits are completed either by clinicians or other key stakeholders, as stand-alone assignments or jointly with members of the Clinical Audit and Assurance Team. Recommended actions from these audits are monitored locally by the Divisions.

Charity-wide audits are completed by the Clinical Audit and Assurance Team or other key stakeholders. Recommended actions from these audits are monitored and followed up by the staff and/or groups responsible for implementing them, with reports and analysis shared and discussed at relevant groups, Divisional Clinical Governance Groups and the Quality and Safety Group.

The annual programmes of Clinical Audit and Assurance assignments, which incorporate audits and reviews against specified categories/drivers, are maintained by the Clinical Audit and Assurance Team.

During 2023/24, 18 local clinical audits were completed, and eight further audits were commenced and are currently in various stages of completion. Actions arising from each local clinical audit are addressed at Divisional level or charity-wide level.

COMPLETED & PUBLISHED LOCAL CLINICAL AUDITS	
Search Process	
Enhanced Support	
Closed Culture Follow-up	
Long Term Segregation Follow-up	
Mechanical Restraint	
Clinical Peer Reviews Tranches 6	
Clinical Peer Reviews Tranches 7	
Venous Thromboembolism Risk Assessments	
Discharge Planning	
Rapid Tranquillisation	
Search Audit Following Continuous Quality Improvement	
Consent to Treatment	
Enhanced Support E-Observations	
Use of PRN (as required medication)	
Nutritional Screening	
MAPPA Notifications	
Missed Medication Recording	
Diabetes Type 1 and Type 2	
Enhanced Support for LDA	
Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) for Birmingham	
Service User Experience in Adult Mental Health	
Dietetic Department RiO Entry	
Language Standards (data collection in progress)	
NG54 – Mental Health Problems in people with LD (data collection in progress)	
Green Light Toolkit (data collected, action planning in progress)	
Neurobehavioural Audit (in progress)	



Improvement Following Local Clinical Audits

Following completion of audits, action plans based on the findings are formulated and delivered with improvements monitored through follow-up reviews. Some examples of actions taken to improve the quality of care include:

- > Improvement of the RiO and Datix recording around indicators of reduced mobility for patients due to infectious illness, aimed at supporting a system of timely alerts for venous thromboembolism risk assessments when required
- > Improvements on the head injury monitoring, with the process being made clearer and closer aligned to NICE guidelines. Neurological observations forms have been made available on electronic platform and RiO, improving records by allowing the creation of dashboards for data automation
- > A Continuous Quality Improvement project was carried out, aimed at improving the recording of post rapid tranquilisation physical health observations to 100%, following audit findings and recommendations on improvement required for consistent monitoring and recording of physical health observations. The rapid tranquilisation recording process has been modified, to electronic recording, enabling real time monitoring
- > A Continuous Quality Improvement project was carried out, aimed at improving consistency and evidence of searches taking place, following audits that suggested improvement was required in planning of searches and searches recording documentation
- > Following enhanced support and long-term segregation audits - the RiO ward board now provides alerts for long-term segregation and enhanced support care plan reviews and MDT/AC progress note reviews. The enhanced support dashboard is reviewed in ward, divisional and IQPR governance
- > The advocacy visibility has increased, as well as the awareness of advocacy
- > Following the Gastronomy audit the percutaneous endoscopic gastrostomy (PEG) care documentation was moved from paper recording to EPMA recording. Any concerns regarding dietetic review are flagged as part of ongoing dietetic review and the annual food and fluid audit. An E-learning package has been developed and made mandatory for relevant staff. Training for PEG feeding was also improved, with a quiz instead of competency sign off
- > Following the International Dysphagia Diet Standardisation Initiative audit recommendations, dysphagia meals started being outsourced, as this should resolve issues found by the audit, related to food thickness/texture.

Following clinical audits, a number of policies and procedures, along with e-learning/training, and recording forms have been amended to improve some aspects of patient care and information recording, such as the Search policy and procedure, Rapid Tranquilisation procedure, Head Injury procedure, to name a few.

> Research

Participation in Clinical research

Our strategy focusses on four core research themes: Physical Health, Trauma Focussed Care, Complex Mental Health and Progressive Neurological Conditions. Service developments in these areas are underpinned and assessed by service evaluations to drive evidence-based change. Collaborations in these areas have delivered some exciting projects that support improved outcomes for our patients.

As a flavour of the projects we are involved in, we are part of an Innovate-UK funded collaboration with MeOmics Precision Medicine Ltd called 'Neuronal Screening Platform for Improved Mental Health'. This innovative scientific venture looks to screen psychiatric drugs on neuronal stem cells 'in a dish', rather than on a person, and has the potential to drive the next generation of antipsychotics. Our research nurse has recruited 50 participants for the project and the lab work to characterise the cells is well underway. We also deliver external evaluations, such as the CAMHS Transformation Evaluation project, funded by NHS England, which is assessing the implementation of the East Midlands CAMHS Provider Collaborative.

Our in-house Clinical Research Fellows have completed their 30-month secondments, resulting in the creation of two unique tools. One is a sexual health assessment toolkit to help clinicians support the young people coming into mental healthcare, and this was trialled at five sites. At the other end of the age spectrum, the second tool has been developed to facilitate the co-production of care plans with our patients living with dementia. Both endeavours have been enriched by the support and involvement from external partners, such as collaborating NHS sites and The Alzheimer's Society.

We currently have 28 research and 18 service evaluation projects in our portfolio.

Building external relationships and partnerships across a range of mental health institutions and organisations continues to be important to our success; of the 28 research projects, we are collaborating with 12 UK universities and a number of mental health charities. We promote a positive, research active culture across our care teams, which brings benefits to our patients and supports the best clinical staff.

This year, 166 of our patients and 374 member of staff were recruited to take part in research and service evaluation projects. Data from 641 patient records were used to improve our understanding and treatment of mental ill health.

The number of patients receiving NHS services provided or sub-contracted by St Andrew's Healthcare from April 2023 to March 2024 who were recruited to participate in research approved by a research ethics committee within NRES was 28.

Research data for the Quality Accounts 1 April 2023 – 31 March 2024:

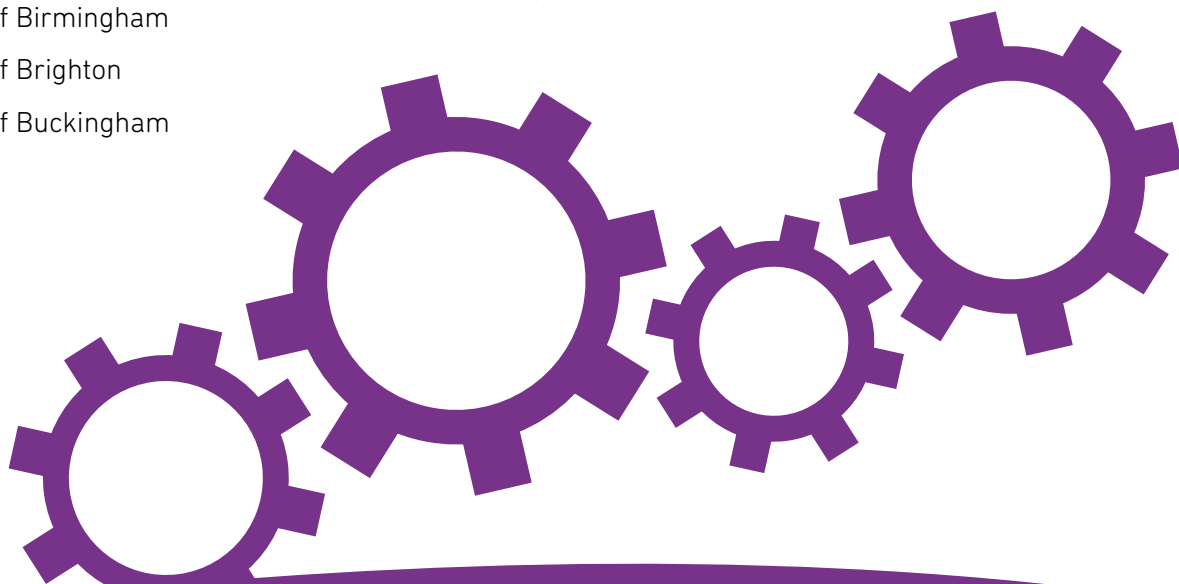
ARTICLES AND BOOK CHAPTERS		
Published Articles	Accepted for Publication	Book Chapters
14	1	2

CONFERENCE ATTENDANCE	
Oral Presentation	Poster Presentation
17	2

PATIENT PARTICIPATION IN RESEARCH STUDIES						
Medium Secure	Low Secure And CAMHS	Community Partnerships	Neuro	LD/ASD	Essex	B'ham
18	95	0	10	38	3	2

Organisations we have worked with this year

- > London South Bank University
- > Loughborough University
- > MeOmics Precision Medicine Ltd
- > Northamptonshire Healthcare Trust Foundation (NHFT)
- > Nottingham Trent University
- > The Alzheimer's Society
- > The Open University
- > University College London
- > University of Bath
- > University of Birmingham
- > University of Brighton
- > University of Buckingham
- > University of Cardiff
- > University of Central Lancashire (UCLAN)
- > University of Derby
- > University of Dundee
- > University of Kent
- > University of Northampton
- > University of Nottingham
- > University of Sheffield
- > University of Roehampton
- > University of West England



REF NO.	SHORT TITLE	START DATE	END DATE	PGR	STATUS	PROJECT TYPE	SHORT DESCRIPTION	DIVISION	PARTNER-SHIPS	LEAD RESEARCHER
13	Exploring Perceptions	05/05/16	22/09/23	PhD	Complete	Research	Exploring perceptions of public and private space within forensic mental health accommodation	LSSR Medium Secure	London Southbank University (LSBU)	Katharine Harding
90	Adaptive Functioning	01/01/18	28/06/19 (overrun)	No	In write-up	Research	Development of a measure of adaptive functioning for those within a secure hospital setting	Medium Secure LSSR ASD/LD	Nottingham Trent University	Danielle Mayes
130	Sleep Quality	01/10/19	28/04/23	PhD	Complete	Research	A stakeholder informed intermittent physical activity intervention, aimed at improving sleep quality in psychiatric patients	Medium Secure LSSR	Loughborough University	Poppy Gardiner
136	AC/RC	01/12/19	01/06/22 (overrun)	No	In write-up	Research	Pioneers not Guinea Pigs: non-medications as Approved Clinicians	Charity-wide	University of West England	Kevin Stone
152	Psychiatric disorders in HD	03/03/20	13/11/23	MSc	Complete	Research	Psychiatric disorders in Huntington's Disease patients admitted to Psychiatric Inpatient Units: Prevalence and impact on length of stay	Neuro	University of Birmingham	Kumarasen Pillay
162	Pathways to emotional outbursts	05/07/21	17/09/23	DClin	Complete	Research	Pathways to emotional outburst in a forensic ASD population within an inpatient setting	ASD/LD	University of Birmingham	Martha Platt
178	Staff Moral Injury	16/11/20	21/12/20 (overrun)	No	In write-up	Research	Prevalence of Moral Injury and its relationship to wellbeing in healthcare professionals in forensic services	Charity-wide		Deborah Morris
182	Sleep quality and patterns	26/01/21	31/12/23	No	In write up	Service Evaluation	Assessing the sleep quality and sleep patterns for people with dementia in secure care, using AAS scores	Neuro		Inga Stewart
197	Suicide Risk Probation	01/04/21	01/06/22 (overrun)	DClin	In Write-up	Research	Risk factors for suicide within men under probation supervision: can we predict the likelihood of acting on suicidal ideation?	Community Partnerships	University of Nottingham	Georgia West
200	Sexual Health Toolkit for Young People	06/07/21	31/12/23	No	In Write-up	Research	Development of a Trauma Informed Sexual Health Toolkit for young people for mental health problems	CAMHS		Charlie Staniforth
204	Physical Activity Intervention	01/07/21	01/07/23 (overrun)	PhD	In write-up	Research	What works, for whom and in what context? A realist review of engagement in physical activity interventions for individuals with severe mental illness in inpatient settings	Charity-wide	Loughborough University	Toby Keel
207	Patient pathways in brain injury services	03/09/21	26/05/22 (overrun)	No	In write-up	Research	A qualitative study exploring the patient pathways in secure brain injury services	Medium Secure	Lancashire and South Cumbria NHSFT	Andrew Leigh
210	Snr leaders experience of COVID-19 pandemic	01/10/21	01/08/22 (overrun)	No	In write-up	Service Evaluation	Experiences of senior leaders in healthcare during the COVID-19 pandemic	Charity-wide		Deborah Morris
211	Seclusion exploration	29/10/21	01/11/22 (overrun)	PhD	In Write-up	Research	An Exploration of seclusion and restraint practices within secure settings: views and capabilities of professionals and involvement of family and carers of the patients	ASD/LD	University of Derby	Madeeha Rahim-Rasool
215	Frailty-EFS	13/12/21	10/10/23	No	Complete	Service Evaluation	Frailty assessment using the Edmonton frail scale in older patients in STAH	Neuro		Parul Shah
226	Pathways to MI	01/09/22	01/07/23	PhD	Complete	Research	Pathways to moral injury: Identifying risk factors and exploring a developmental-cognitive pathway	Charity-wide	University of Central Lancashire	Elanor Webb
230	Impact of Hormones - CAMHS	08/08/22	31/07/23	MSc	Complete	Research	An exploration of the perspectives of different healthcare professionals (HCPs) on the impact of hormones and hormone treatments on the mental health of young people	CAMHS	University College London	Serena Batty

REF NO.	SHORT TITLE	START DATE	END DATE	PGR	STATUS	PROJECT TYPE	SHORT DESCRIPTION	DIVISION	PARTNER-SHIPS	LEAD RESEARCHER
234	PSW Evaluation	21/11/22	27/11/23	No	Complete	Service Evaluation	Evaluation of Peer Support Workers (PSWs): how well did the PSW role meet patient expectations and what are the initial thoughts of nursing staff and PSWs?	Neuro LSSR ASD/LD		Kristina Brenisin
235	Parenting at a distance	22/11/22	20/10/23	No	Complete	Research	Parenting at a distance: practitioners' perspectives on children who live away from home	CAMHS	The Open University	Lindsay O'Dell
236	Dementia death attitudes and care approaches	28/10/22	04/08/23	DClin	Complete	Research	Exploring the relationship between death anxiety, communicating about death and person-centred care attitudes in healthcare professionals working with people with dementia	Neuro Birmingham Medium secure	University of Bath	Ben Kwapong
237	Attitudes towards sex offenders	16/01/23	31/08/23 (overrun)	DClin	In write-up	Research	The impact of diagnosis and offence severity on negative attitudes towards sex offenders and perceived rehabilitation outcomes	Charity-wide	University of Nottingham	Nadja Scarborough
238	Guidance preventing MI in workforce: Delphi Study	03/02/23	22/05/23 (overrun)	No	In write-up	Research	Developing guidance for defining and describing organisations that manage, mitigate and prevent moral injury workforce: A Delphi Study	Charity-wide		Deborah Morris
239	Overcoming documentation barriers	27/02/23	01/09/23	No	Complete	Research	Documentation in a Healthcare organisation: overcoming barriers from a staff perspective	Charity-wide	University of Kent	Hollie Warren
241	Improve understanding of Psychology	05/07/23	31/08/23	No	Complete	Service Evaluation	Evaluation of the requirement to provide information to improve the professionals' understanding of the role of psychology	Charity-wide		Harvey Illing
243	PREM evaluation on PICU	23/08/23	10/10/23	No	Complete	Service Evaluation	Analysis of patient-related evaluation measures (PREM) on the PICU wards at STAH	LSSR Essex		Michelle Huggins/ Tyler Mitchell
244	Acute male ward 6-mth evaluation	23/08/23	10/10/23	No	Complete	Service Evaluation	An evaluation of an acute male ward after 6-months of opening	LSSR		Michelle Huggins/ Tharshania Thamendra
245	GP as PICU MDT review	23/08/23	10/10/23	No	Complete	Service Evaluation	A review of having a GP as part of the MDT on a PICU ward	LSSR		Michelle Huggins/ Ashley Rule
250	Women's DBT SE	23/10/23	26/01/24	No	In write-up	Service Evaluation	Examining the impact of comorbid Complex PTSD and Emotionally Unstable Personality Disorder on risk incidents within a female inpatient DBT service	LSSR		Emily McGrath
252	10 top tips evaluation	22/11/23	30/03/24	No	Live	Service Evaluation	Evaluation of LDA Division against 10 Top Tips	LD/ASD		Rachel Harwood

> Goals agreed with commissioners

CQUIN

A small proportion of St Andrew's Healthcare's income for secure CAMHS services in 2023-24 was conditional on achieving national quality improvements targets covered by the 2023-24 CQUIN requirements, through the Commissioning for Quality and Innovation incentive framework.

CAMHS CQUIN: CQUIN 16 Reducing the Need for the use of Restrictive Practice in CYP Tier 4

System changes were required to enable the recording of considerations on any link between blanket restrictions and restrictive incidents, and this data was available for reporting purposes from mid-December.

There are no CQUINs for 2024-25.

> What others say about St Andrew's

Statements from the CQC

The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. All providers of regulated activities must be registered with the CQC under the Health and Social Care Act 2008. As from 1st April 2015, all providers are expected to meet the fundamental standards as laid down by the CQC.







We are registered to carry out the following regulated activities:

- > Assessment or medical treatment for persons detained under the Mental Health Act 1983;
- > Treatment of disease, disorder or injury;
- > Accommodation for persons who require nursing or personal care.

Conditions of registration require that all regulated activities are managed by a Registered Manager in respect of that activity, and that each activity must be carried out at the locations detailed within the Certificate of Registration. This year we moved from having a Registered Manager per division, to a single Registered Manager per site.

St Andrew's was previously issued a number of conditions on registration, and this year we were successful in our application to CQC to remove these conditions. This was on the basis that all of the conditions have been met consistently and new processes and procedures put in place to ensure concerns have been addressed.

St Andrew's has no conditions applied to its registration, and no warnings or enforcements notices have been issued in this period.

	INSPECTION DATE	 SAFE	 EFFECTIVE	 CARING	 RESPONSIVE	 WELL-LED	 OVERALL
St Andrew's Healthcare (Northampton)	July 2023	Requires Improvement	Insufficient evidence to rate	Good	Good	Requires Improvement	Requires Improvement
Birmingham	January 2024	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Essex	March 2023	Good	Good	Good	Requires Improvement	Good	Requires Improvement
Winslow	September 2021	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Broom	January 2023	Good	Good	Good	Good	Good	Good
Community Partnerships	December 2021	Requires Improvement	Good	Good	Good	Good	Good

During the year, the CQC carried out 3 inspections with regards to the fundamental standards. These were at our Essex site, Northampton site and our services at Birmingham.

Following the inspection of our Essex site in March 2023, the Essex site has been rated as 'Requires Improvement'. Achieving a 'Good' rating in the Safe, Effective, Caring and Well-Led categories and 'Requires Improvement' for being Responsive. This was an improvement for the site, which had previously been rated as 'Inadequate' in June 2022.

The 2023 report highlights significant improvements around managing risk, undertaking observations and reducing restrictive practices. CQC also recognised that our staff treat people with compassion and kindness and understand their individual needs, while actively involving people, families and carers in care decisions. Our patients' care plans are holistic and recovery orientated, and our staff work well together as a multidisciplinary team.

Our Northampton site was inspected in June 2023, and this was a focused inspection on a number of wards across our Learning Disability and Autism division and Medium Secure division. Previously, the CQC had produced two reports for our Northampton hospital, one of our Women's Service and one for Men's. However, we were recently re-registered as a single site. While our rating has improved, we are still measured overall as 'Requires Improvement'. The CQC inspectors reported positively on the improved culture across our wards. This reflected the good work that was carried out with our partners in the East Midlands who worked with us on our improvement journey.

Our Birmingham site was inspected in January 2024 and given an overall rating of 'Requires Improvement'. The service was previously inspected nearly six years ago, in June 2018 where the site was rated as 'Good'. The site is now rated as Good in the Caring category and Requires Improvement for being Safe, Effective, Responsive and Well-Led. Some of the concerns raised in the report related to the effective redeployment of staff across wards, levels of meaningful therapeutic activity and care plans not always being personalised with clear involvement of the patient. However, the report did also highlight that patients spoke positively about the care they were receiving, saying they felt safe and our staff are helpful and caring. It also noted our good track record on safety and recognised the work we are doing to reduce restrictive practices and improve culture.

We will continue to work with staff and patients, families and carers, as well as the CQC, to promptly address these concerns. We recognise that our services need to continuously improve, and we are taking steps to address the concerns raised. Actions arising from all CQC inspections are monitored via weekly divisional Quality Improvement Plan meetings, and in-turn through the Divisional Performance meetings, Quality Safety Group, Quality and Safety Committee and the Charity Executive Team.



Data Quality

St. Andrew's continues to prioritise and enhance our data capabilities to empower our staff with actionable insights. We have placed a renewed focus on a new Data Governance and Quality policy, which ensures the accuracy, accessibility, and security of our data assets, laying a solid foundation for informed decision making and patient safety.

We have also expanded our efforts to understand Patient Outcomes through various lenses, spanning patient, ward, division, and Charity levels. This comprehensive approach enables us to gain nuanced insights into care effectiveness, pinpoint areas for improvement, and tailor interventions to meet diverse patient needs. By delving deeper into patient outcomes from multiple perspectives, we enhance the quality of care provided and drive continuous improvement across our wards.

Furthermore, our commitment to operational excellence extends to optimising staffing across all wards through innovative solutions and advanced analytics. By leveraging these solutions, we can anticipate staffing requirements more accurately, ensuring optimal resource allocation to meet patient demand. This not only enhances patient satisfaction by maintaining adequate staffing levels but also supports staff well-being by minimising workload fluctuations and burnout risks. Through our concerted efforts in data-driven decision-making, St. Andrew's remains dedicated to delivering exceptional patient care and maximising value for money in care delivery.

NHS Number and General Medical Practice Code Validity

Aligned to other Mental Health service providers, St Andrew's does not Hospital Episode Statistics (HES). The Charity does however submit the Mental Health Services Data Set (MHSDS) in line with national requirements. The codes are checked and validated on a regular basis against national lists.

Data Security and Protection Toolkit

Compliance with the NHS Data Security & Protection Toolkit

All NHS providers need to provide information security and protection assurances to the NHS on an annual basis. These assurances are provided through completion of an online assessment tool, the NHS Data Security and Protection Toolkit (DSPT). As part of the Charity's contract with NHS England, the Charity is required to meet a 'Standards Met' compliance status. The Charity exceeded this requirement in June 2023 and achieved a 'standards exceeded' status.

The Charity was recently designated as an Operator of Essential Services under The Network and Information Systems Regulations 2018 (NIS Regulations) by the Department of Health and Social Care (DHSC), on behalf of the Secretary of State for Health and Care who is the Competent Authority (or regulator) for the health sector in England under the NIS Regulations. This means that the Charity has an updated set of toolkit requirements to meet for the 2023/24 submission. The toolkit work is being overseen by the Information Governance Group, which is chaired by the Charity's SIRO. An external audit by KPMG on a number of key requirements was conducted to identify any areas which require further care and attention to ensure we maintain at least a 'Standards Met' position. This audit made four findings that the Charity addressed in advance of the final DSPT submission. The Charity received a 'Standards Exceeded' feedback.



Clinical Coding Error Rate

St Andrew's Healthcare was not subject to the Payment by Results clinical coding audit during 1st April 2023 and 31st March 2024 by the Audit Commission.

Never Events

St Andrew's is pleased to confirm that, there have been no Never Events during the reporting period. Never Events are serious, largely preventable, safety incidents that should not occur if the available preventative measures are implemented.

National Core Indicators of Quality

The table below includes all of the core indicators that are applicable to St Andrew's.

INDICATOR	MEASURE	2021/22	2022/23	
The percentage of patients aged: Readmitted to a hospital, which forms part of the Charity within 28 days of being discharged from a hospital, which forms part of the Charity during the reporting period.	(i) 0-15	Percentage	0%	0%
	(ii) 16 or over	Percentage	0.68%	0.68%
Patient safety incidents (Patient safety incidents are any unintended or unexpected incident which could have, or did, lead to harm for one or more patients receiving healthcare)	Number	22,111 (total number of patients in hospital during period 1068)	21,594 (total number of patients in hospital during period 1068)	
Patient safety incidents** that resulted in severe harm or death	Number (%)	22 (0.099%)	23 (0.11%)	

*This readmission rate is very low compared to comparable organisations and reflects our role as a tertiary provider

** This includes expected deaths

There were 575 discharges within the period of 1st April 2023 to 31st March 2024. There were 8 readmissions to report for the period of 1st April 2023 to 31st March 2024.

All patient safety incidents are reported on our Datix incident reporting system. Data quality checks are routinely undertaken. Data from this system is used to provide the Charity and key external stakeholders with detailed analysis of reported incidents.

The Charity Executive Team has oversight of all Serious Incidents that occur across the Charity on a weekly basis. From March 2024 under the New Patient Safety Incident Response Framework the Charity Executive Team now has oversight, of all Patient Safety Incidents that have required a Patient Safety Incident Investigation response.

The Charity operates a Patient Safety Incident Response Meeting, which sets the terms of reference for Patient Safety Incident Investigations and other Responses through PSIRF, the membership of which is made up of clinicians from across the Charity.



The Charity utilises a Patient Safety Action Notice system through which any learning from incidents can be cascaded Charity with immediate effect. A Bi- monthly Patient Safety Incident Group meets to review trends and learning from Patient Safety Incidents. A monthly (Charity) Lessons Learnt Group meets to review learning charity-wide and nationally. On a bi-monthly basis the Quality and Safety Committee meets with standing agenda items including Safety and Quality.

Patient Safety

The Charity remains committed to improving the systems and process to ensure learning from patient safety incidents. StAH went live with PSIRF (Patient Safety Incident Response Framework) in March 2024 following board approval and with support of our ICB.

We are now supporting our PSIRF trained Engagement Leads and Response Leads to embed PSIRF responses across the Charity.

Our triage systems now embrace PSIRF and we are moving towards a governance structure to support internal and external reporting.

Our central team is providing support sessions for divisions to ensure PSIRF responses and promptly and effectively used.

We are working with the wider quality team to ensure CQI work and lessons learnt follow from patient safety incidents.

Serious Incidents

2023 / 2024 has seen significant changes within the sphere of Patient Safety as the Charity transitions from the Serious Incident Framework to the Patient Safety Incident Response Framework (PSIRF). This transition continues to be the primary focus of the Patient Safety Team as we work with both our internal and external stakeholders to embed new ways of working. We have identified our key themes in relation to Patient Safety, which were formulated following analysis of data in the previous three years. We have established our areas of focus and work to embed our governance procedures.

Ongoing work is required to support both Divisional and Ward Teams to promote effective safety culture. As we move forward, the Central Safety Team will support activities undertaken under PSIRF. The framework is intrinsically linked with Quality Improvement. This provides a dynamic, responsive approach to patient safety incidents and the ability to demonstrate Lessons Learnt and Quality Improvement activities. Both patient and carer involvement is promoted in the process of Patient Safety Incident Investigations (PSII) and supported by appropriately trained staff.

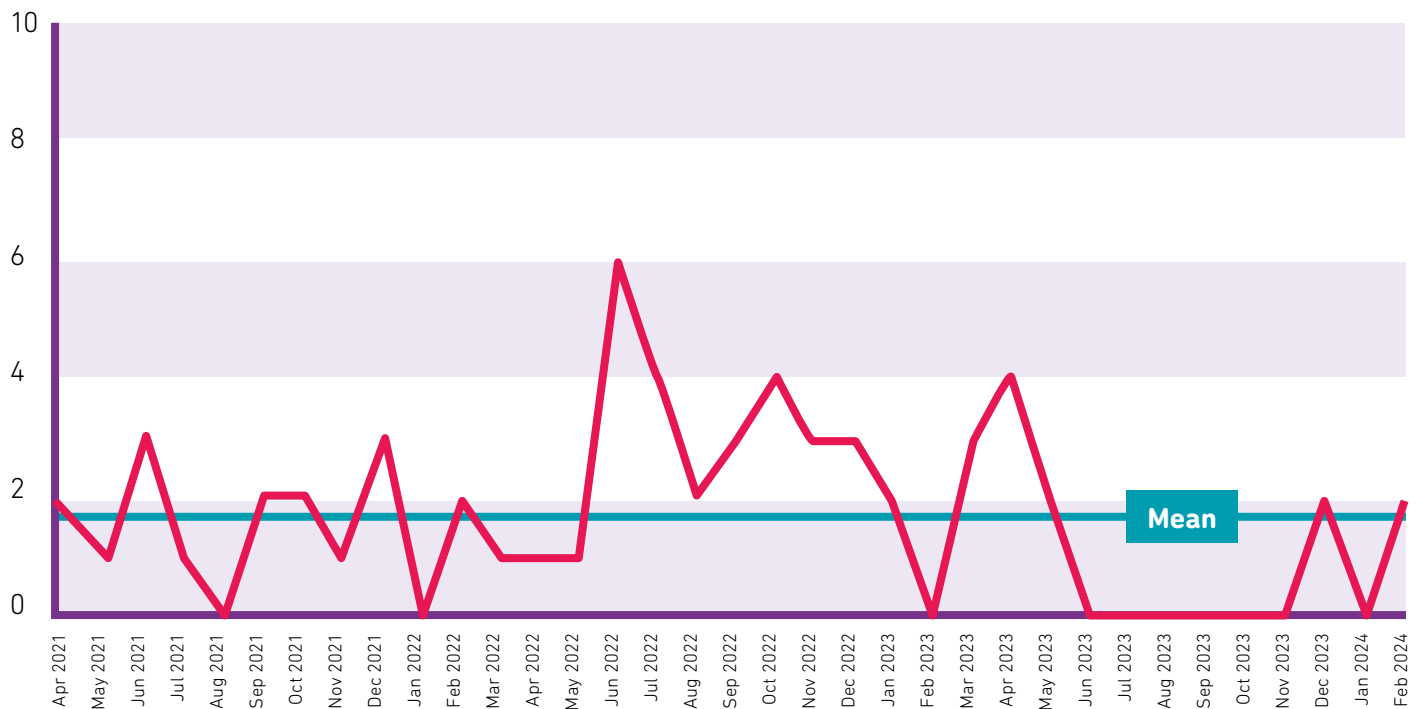
Duty of Candour

The Charity aims to be proactively open and honest in line with the Duty of Candour requirements and to advise/ include patients and/or next of kin in investigations. The Charity's policy outlines Duty of Candour compliance in line with national regulatory and standard contract requirements. All Duty of Candour letters are approved by the Responsible Clinician prior to submission. Under the new Patient Safety Incident Response Framework (PSIRF) for a Patient Safety Incident Investigation (PSII), there is an allocated Engagement Lead who will work alongside the patient and family/carers to ensure they are supported. Part of the Engagement lead role is to ensure Duty of Candour is followed where applicable.



Reporting Figures for Duty of Candour

13 patient safety incidents followed the DoC process between Feb 2023 – Feb 2024.



Mortality Review & Learning from Mortality Reviews

This is an interim report, full report to be provided at the conclusion of the year under review.

All expected deaths were subject to the mortality review (MSR) process, using a structured judgement review tool. Serious Incident (SI) investigations, using root cause analysis methodology, were undertaken where the death was unexpected or where it was felt that it was possible to gain more in-depth organisational learning.

During April 2023 – March 2024, 16 of St Andrew’s patients died (compared to 17 the previous year) and mortality reviews have been completed for 10 of these patients and discussed at the MSG meetings. 6 were also subject to an SI process (where the death was unexpected or there were related concerns).

The following table provides further detail on the deaths that occurred during the year:

PATIENT DEATHS RECORDED FROM 1ST APRIL 2023 – 31ST MARCH 2024	
Q1 (April, May, June)	5
Q2 (July, Aug, Sept)	5
Q3 (Oct, Nov, Dec)	4
Q4 (Jan, Feb, Mar)	2

The review process identifies opportunities for improvement and highlights areas of good practice.

Overall findings from Mortality Reviews:

There were multiple examples of good/excellent care in all domains in the majority of the reviews. As reported in last year, there was good evidence of integrated care and active relationships with advocacy, external experts, good quality of documentation, and good communication and involvement of families/carers.

The organisation has also received Report to Prevent Future Deaths (PFD) notices in this year.

Key learning and actions are set out in the table below:

LEARNING THEME	ACTION TAKEN	ASSURANCE PROCESS
Lack of documentation regarding capacity assessments for patients to consent to physical healthcare interventions and inadequate reflection of physical health risks in documentation of patients.	Appropriate support and escalation through the divisional leadership teams.	Process to ensure capacity assessments are completed for all patients declining physical healthcare interventions.
Need for identification of patients at risk of deterioration in physical health.	Frailty assessment is now mandatory for all patients >65; and communicated to all medical staff. This is now available electronically on Rio and displayed on the ward board. Several physical health monitoring tools are now electronic on Rio (e.g., NEWS2 chart, non-contact physical observations, neurological observations, Bristol stool chart) and alerts raised for abnormal recordings on the physical health dashboard to prompt further assessment.	Automatic referral for all patients >65 without frailty index to the medical team. Monitored through organisation's governance process.
Completion of end of life care plans.	Training modules are being developed for all staff. Ongoing discussion with regards to ReSPECT rather than organisation's DNAR document for documenting resuscitation decisions and training being developed around this.	Liaison with divisional leadership teams. Mortality review process in place using the standardised judgement tool.
Uploading of medical cause of death.	End of life policy to be updated including identifying responsibility for uploading medical cause of death certificates and completing LeDER notifications, communicated to all MDTs.	Liaison with divisional leadership teams.
Opiate use and related deaths.	Policy and procedures in regards to management of opiate overdose developed and circulated including mandatory training modules.	Liaison with divisional leadership teams and pharmacy.

LEARNING THEME	ACTION TAKEN	ASSURANCE PROCESS
Governance processes and investigations.	The Charity is now moving from the serious incident reporting to onto the Patient Safety Incident Response Framework (PSIRF) which would identify early response/learning from untoward events. We have developed a new triage tool that will enable quicker identification of cases that may require additional learning responses beyond the mortality review process.	Liaison with divisional leadership teams.
Documentation	We are developing an automated handover note that will pull through data on missed/declined medication, reducing the chance of human error	Quality and Safety Group

Safeguarding Annual Report

The total number of safeguarding incidents referred to the relevant local authorities between 01 April 2023 and 31 March 2024 was 780. This identifies an increase of 16% when compared with the number of referrals for the same period in 2022/2023. This is within the Charity's common cause variation (and therefore does not represent a statistically significant change).

The key themes for safeguarding during this review period have been:

- > Self-harm incidents relating to ingesting items and ligatures
- > Allegations of abuse by staff
- > Physical health related concerns.

We recognise the importance of ensuring quality of care across a 24-hour period. As such, we have implemented a full Duty Manager and Command system, which ensures visibility from our senior leaders over a 24-hour period. This includes the introduction of our Quality Matrons and General Managers as Duty Managers with a Director on-call and Gold Command above.

Approximately 57% of all safeguarding referrals sent out were returned as requiring no further action (NFA). This is a slight decrease on the same period in 2022/2023 when the number of incidents assessed as NFA was 59%.

Northampton Adult Services are required to submit completed reports within 28 working days as per the Care Act requirements. In addition, regional sites are not required to complete section 42 enquiries as they are completed by the local authority themselves. The safeguarding Nurse Practitioners are aligned to division and provide hands on support for the timely completion of Section 42 enquiries.

The quality of completed reports has significantly improved and the Charity has received positive partner feedback in regards to the improvements made in report quality. We have also seen improvements in timeliness.

Regular meetings continue with both West Northamptonshire Council and Northants ICB to review and discuss any concerns within the Charity and any themes arising. These meetings are positive and productive and have encouraged increased partnership working with our external safeguarding partners. Links with external partners in the regional sites have continued to be strengthened and monthly meetings have occurred with external colleagues in Birmingham and Essex to discuss and review current safeguarding themes and issues.

In addition, West Northamptonshire Council has aligned link workers to each division across the Northamptonshire site. This has allowed direct engagement and clear communication between the Council and the divisional Senior Leadership Team.

A number of Northamptonshire Safeguarding Adult Board (NSAB) related audits have been completed throughout the year as per collaborative guidelines and expectations. We meet most standards, with a focus on improving our learning from safeguarding incidents.

We have a named Non Executive Director for Safeguarding who regularly meets with the Safeguarding team and is part of the Quality and Safety Committee.

The Charity continues to develop and strengthen ways of working to ensure patient and carer involvement is central to the process.

Information Governance

Compliance with the Data Protection Act, UK GDPR and ISO 27001

The organisation processes large amounts of personal and sensitive data about our patients and our staff, and also about carers, volunteers, and others. This means that we are obliged to ensure that we uphold the privacy rights of individuals, and that we make sure we collect, handle and store personal data in accordance with Data Protection requirements.

To ensure we follow the best practices we are currently reviewing our policies and procedures to ensure they are up to date and fit for purpose. This review is still ongoing and should be finalised by the DSPT submission date of 30th June 2024.

Significant work has been undertaken to update the Charity's Information Asset Register (IAR) and currently updating the Register of Processing Activities - RoPA (this should be completed by the end of June), to ensure that we record all of our assets, systems and applications that are used for storing personal data across the organisation, and that there is a process in place to regularly review and update this.

The Information Governance Team has also reviewed the Charity's external information sharing requirements with a focus on what we share with external partners. This is to ensure that certain types of information sharing have the right reviews and approvals in place before they are shared.

We have started the process of having all the required reports: IAR; RoPA and External Information Sharing merged into a single document. This will help the Charity to update the reports and ensure its compliance with the Data Protection Regulations, the DSPT and the IT certifications we hold.

Subject Access Requests and information requests

The Charity continues to deal with a large number of Subject Access Requests and information requests from patients, staff, and their representatives. There have been no reported issues or complaints received relating to dealing with these requests.

NHSE Specialised Services Quality Dashboard

Specialised Services Quality Dashboards (SSQD) are designed to provide assurance on the quality of care by collecting information about outcomes from healthcare providers. SSQDs are a key tool in monitoring the quality of services enabling comparison between service providers and supporting improvements over time in the outcomes of services commissioned by NHS England. St Andrew's submits data to Mental Health SSQD on a quarterly basis.

NHSE Specialised Services

Specialised services are those provided in relatively few hospitals, accessed by comparatively small numbers of patients but with catchment populations of usually more than one million. These services tend to be located in specialised hospitals such as St Andrew's. As a part of the contractual arrangements with NHS England, St Andrew's works to provide its services in accordance with the service specifications. Staff from St Andrew's meet with colleagues from NHS England specialised services on a quarterly basis to scrutinise contractual achievement. St Andrew's is also required to make an annual self-declaration with the Quality Surveillance Team of its compliance levels with the service specification.

Freedom to speak up

The Charity offers multiple channels for staff to speak up with an overarching Whistleblowing and Freedom to Speak Up Procedure (FTSU). This is supported by a designated Non-Executive Director for whistleblowing and oversight from a risk and assurance perspective by the Audit & Risk Committee, which then provides an update to the Board of Directors. The primary methods to raise concerns are via individual line managers, our Freedom to Speak up Guardians and Safecall. All cases raised are investigated internally.

The Freedom to Speak Up Guardian Team currently consists of one Lead Guardian and three individuals, from different professional backgrounds, who work across the Charity. We are currently recruiting for two more FTSU guardians (one specifically for Birmingham) to ensure an even distribution of support and awareness. The Guardians provide confidential advice and support to employees about any concerns they have about risks, malpractice or wrongdoing in the workplace. As a team, they have been actively working to continue to raise the profile of 'speaking up' through raising awareness of the service, as well as sharing the learning from themes raised.

Following a Gap analysis, the FTSU communications are focused through the Charity's diversity networks to ensure that those who may find it more difficult to speak up have access to the service.

Established in September 2023, STEER are a group of employee representatives from across the Charity who form a two-way discussion, and information-sharing group with the Charity. The purpose of the Group is to help the Charity improve engagement, develop its culture and ensure that the views of all staff are taken into account.

The Lead Guardian has recently been appointed and is also in post as the Associate Director for Patient Safety, this allows for a triangulation of data between patient safety incidents, safeguarding and FTSU.



Staff Summary

Following the progress of our Thrive Programme, and as we continue to embark on our new strategy to become a leader in caring for those with complex mental health needs, we want to ensure that our staff are happy and engaged. Therefore, at the start of June 2024 we are launching a full Your Voice Survey, which will give individuals the chance to have their say about their roles, teams, leadership, wellbeing and development.

In May / June 2023, we held a Your Voice Snapshot Survey, and the results were very positive. The snapshot asks people to consider what is good about working for St Andrew's, and what could be better. Our Snapshot Survey was made up of 6 questions across three groups:

ENERGY	PRIDE	OPTIMISM
I am motivated to help St Andrew's achieve its goals	I am proud when I tell others I am part of St Andrew's	I am optimistic about the future of our Charity
I am enthusiastic about my job	I would recommend St Andrew's as a place to work	I see myself working at St Andrew's in 12 months' time

The results

- > Our **Response Rate** was 50% (4% higher than the NHS staff survey response rate).
- > Our **Engagement scores** jumped from 51% in 2021 to 64% in 2023
- > Our **Energy** scores increased by 7% since 2021
- > Our **Pride** scores increased by 9% since 2021
- > Our **Optimism** scores increased by 18% since 2021

The results since 2015 have been:

	Response Rate	Engagement Score
2015	49%	59%
2016	64%	64%
2017	62%	64%
2018	56%	66%
2019	67%	68%
2020	51%	57%
2021	57%	51%
2023	50%	64%



Learning from feedback

Learning from Patient and Carer Feedback

Between 01 April 2023 and 31 March 2024, 200 complaints were logged with PALS (Patient Advice and Liaison Service) and Complaints (159 complaints were raised last year (April 2022 – March 2023)). This year focused on embedding the NHS Complaints Standards and remapping processes to reflect the changes within staff roles and responsibilities across the Charity. The transition is likely to have caused a delay in response times as staff roles changed, were recruited into and were receiving complaints training. This year we commenced the review of how our systems can better support us in terms of follow up and ensuring actions from complaints are completed and monitored.

Overall number of complaints received APR 2023 – MAR 2024	200 (159 the previous year)
Percentage of complaints responded to within the agreed timeframe	32.5% (21.5% have not yet received a response and is due in the next financial year)
Number of complaints received via PHSO	0
Most common theme of complaints this year	Poor staff attitude and behaviour in regards to conduct and ineffective communication with patients and carers
Most common theme of lessons learnt this year	To ensure effective, consistent and appropriate communication between staff, patients and carers
Most common complainant and source this year	Patient – Direct to PALS and Complaints
Number of compliments received	241
Most common theme of compliments this year	Overall quality of care

People continued to contact PALS and Complaints via email, telephone, in person, via advocacy, and post. Patients can call PALS, and Complaints, and the advocacy service directly via 'hot keys' on their ward telephones. Patients can also directly contact the CQC (Care Quality Commission) and the PHSO (Parliamentary and Health Service Ombudsman) at any time.

We recognise that our patients, service users, families, carers and external professionals have a range of experiences of working with our services. Their feedback is vital in ensuring that the Charity continuously improves, makes decisions in the patients' best interests, promotes best practice and learns from lessons where the Charity may have fallen short of expectations.

2023-2024 saw the following actioned:

- > New roles and responsibilities for PALS and Complaints established within divisions to reduce the pressure on a centralised team and to ensure divisions take more responsibility and directly learn from complaints.
- > The Patient and Carer Experience Strategy was significantly informed from patient and carer feedback (including feedback from PALS and Complaints).
- > The Complaints Policy and Procedure was reviewed and amended to reflect the new ways of working.
- > Co-production frameworks began to be embedded divisionally and charity-wide; responsibilities were established within divisions.
- > Triangle of Care accreditation membership was agreed and education began to be delivered to staff and patients on its principles and expectations.

- > A review of our Accessible Information Standards (AIS) processes.
- > The request of a new system to directly communicate with patients and loved ones.
- > Utilised patient and carer feedback to begin to help shape our Patient Safety Incident Response Framework.
- > Developed a Quality Improvement Plan (QIP) system to monitor and ensure actions as a result of complaints are completed.

This year (April 2023 – March 2024), the feedback from complaints highlighted that there is a need to ensure improvements in staff training, patient activity levels and effective ways to maintain communication between patients, staff and loved ones.

The following are examples of what has been actioned in response to patient and carer feedback via patient and carer forums across the Charity:

- > Increased staffing and adaptations to staff allocation to meet patients' needs.
- > Targeted HCA (Healthcare Assistant) development training.
- > Improvements to other specific staff training in relation to patient and carer need(s).
- > Improvements to estates and facilities.
- > Developments and access to IT (Information and Technology).
- > Development of menu options and portion sizes.
- > Patient and Carer activities and events delivered as requested.
- > Recruitment of senior staff roles (including executives) where a patient panel informed decisions.
- > Patient initiated projects.
- > Co-produced staff and patient training.

Where feedback has been positive, continuity of this care and examples of good practice are shared across the Charity. Patients and carers continue to provide feedback at various charity-wide groups including: BENS (Birmingham, Essex and Northampton Sites) Patient Forum (where patients meet and share experiences with senior and executive staff), internal and external Service User Reference Groups (SURG) and divisional specific groups, such as Carers' Forums and patients' Community Meetings.

Complaints Team Priorities for 2024-2025

The areas identified in response to patient and carer feedback have informed the priorities for next year, these include (in no order of priority):

1. Establish direct communication pathways for patients and carers
2. Expand and develop Expert by Experience roles
3. Develop and embed systems to support all patient and carer related actions
e.g. a complaints dashboard and Carers' Voice platform
4. Increase attendance and engagement at patient and carer forums.

Diversity and Inclusion

We have a clear commitment to being an equitable employer and provider of inclusive healthcare, because diversity is one of our greatest strengths as a Charity. Our diversity is key to our success and, more importantly, to the care and support we provide for our patients and colleagues.

Our annual D&I Report highlights the benefits that a diverse mix of staff can bring, and the support and efforts at St Andrew's Healthcare to maintain a positive, inclusive environment. We have continued to monitor both gender and ethnicity pay gaps, and both have improved compared to 2021/22, and are significantly better than the national average.

Pay Gaps

The Charity's Gender Pay Gap ratio, published in 2023, shows a median pay gap of 2% (from 3% in 2022), significantly better than the national pay gap of 15.5%. The median gender pay gap is calculated by listing all pay rates by gender and finding the ones in the middle. A median gender pay gap of 0% means that our median male and female hourly rates of pay are exactly the same. Our mean pay gap has dropped significantly from 12% in 2022 to 5%. This is calculated by working out the average rate of pay for each gender (which includes overtime hours worked). The reduction in the gap is linked to the recruitment and promotion of more female staff and a better balance of male and female staff working shifts, which attract unsociable hour's payments.

The Charity's Ethnicity Pay Gap ratio in 2023 shows a median of -1% (compared to -5.4% in 2022). Our negative median pay gap means that employees from an ethnic minority background have a slightly higher overall rate of pay when considering total remuneration (i.e. including unsocial hours). This compares to 2.8% nationally.

Diversity Data

As a Charity, we take great pride in our diversity and inclusion initiatives and we are extremely proud of our results. We have a diverse workforce, where 62% of our staff are female and 36% of our staff are from an Ethnic Minority background (up 12% from 2021-22). A core pillar of our Diversity and Inclusion Plan is to ensure leadership diversity and we continue to make progress in this area, with 20% of our leadership and 22% of our Executive team from ethnic minority backgrounds. In 2022 we welcomed a new female Chief Executive Officer and Chief Operating Officer to the Board of Directors and Executive Team.

Inclusion Projects

We have four established Employee Networks; PRIDE, DAWN, UNITY and our WISH Network. All Networks have an Executive level Sponsor and are led by two Co-Chairs who, along with Network members, raise awareness, promote inclusive practice and engage staff in a number of events throughout the year.

Our Networks have engaged with experts by experience, and allies for these groups, ensuring colleagues can identify and lead on some valuable initiatives, including:

- > PRIDE events at the Summer Fayre
- > Commitment to becoming a menopause-friendly accredited employer
- > Holding various events for Mental Health Awareness week.
- > A focus on men's mental health
- > Running anti-racism listening sessions across our sites, wards and departments
- > Wellbeing events including a Wellbeing week



- > The launch of a new policy to support carers working for the Charity
- > Deaf interpreter at our internal Annual Round Up events.

St Andrew's is committed to continuing our inclusive focus into the future, with key focus areas and goals planned for 2023-2024 to include the launch of our race equality framework and submitting our menopause accreditation evidence and application.



Quality and Safety Committee (QSC)

This Board Committee is chaired by a Clinical Non-Executive Director, Stephen Shrubbs, currently supported by two other Non-Executive Directors, Ruth Bagley and Karen Turner holding committee member positions, as well as three Executive Directors (Executive Medical Director, Chief Operating Officer and the Chief Quality Officer). The QSC seeks assurance on all aspects of quality and clinical safety, including standards of quality, safety and effectiveness of clinical care, on behalf of the Board, as well as providing effective governance over the effectiveness of patient experiences, clinical governance and risk management systems.

The QSC promotes learning and the sharing of best practice, both from within and outside the Charity, including benchmarking with areas of recognised best practice where appropriate. The Committee oversees the creation, implementation and delivery of quality and clinical related strategies and seeks assurance on all matters relating to compliance within the Charity of statutory requirements relating to mental health legislation. The Committee also has responsibility for seeking assurance on the application of strategies and processes to ensure compliance with relevant Health & Safety requirements, including, where applicable, improvement plans.

The Committee meets bi-monthly, providing an escalation and assurance report to the Board of Directors following each meeting, and also oversees the clinical risk processes by identifying associated risks and providing recommendations for mitigating controls.

Continuous Quality Improvement

Here within the Charity, our Quality Improvement (QI) team are key to creating a culture where Quality Improvement becomes part of everyday life and gives the people closest to the issues affecting care the time, permission, skills, and resources to solve them, bringing about a measurable improvement. Whilst early in our journey, we are now beginning to see early signs of improvement work across the Charity, where QI projects delivered by our staff teams are delivering sustainable improvement. This approach involves a systematic and coordinated approach to solving a problem using specific methods and tools with the aim of bringing about a measurable improvement. Done well, QI can deliver sustained improvements not only in the quality, experience, productivity and outcomes of care, but also in the lives of the people working in healthcare.

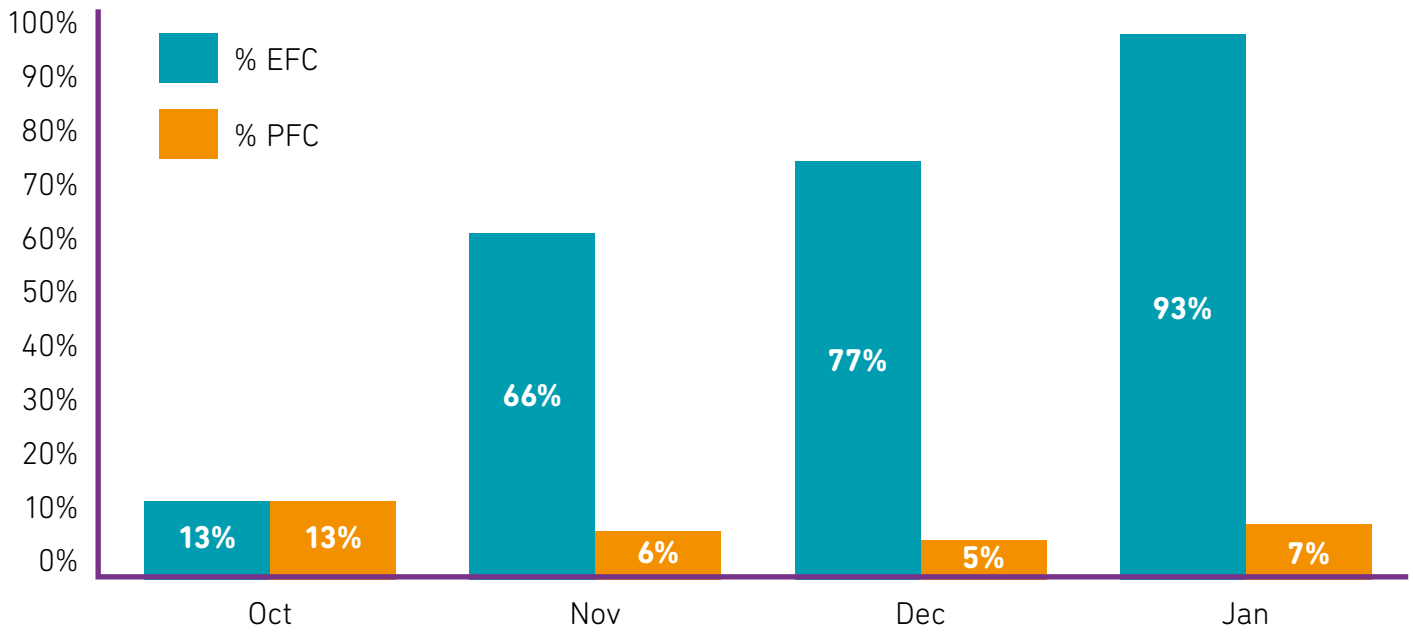
Key Improvement Achievements

We see improving as an element of all of our roles. Our approach to improvement seeks to use the talent, knowledge, and skills of everyone in the organisation and 'do' the improvement work in structured, repeatable, and consistent ways. This report sets out some of our key achievements in improving the quality of our services and building QI capacity and capability in 2023/24 including:

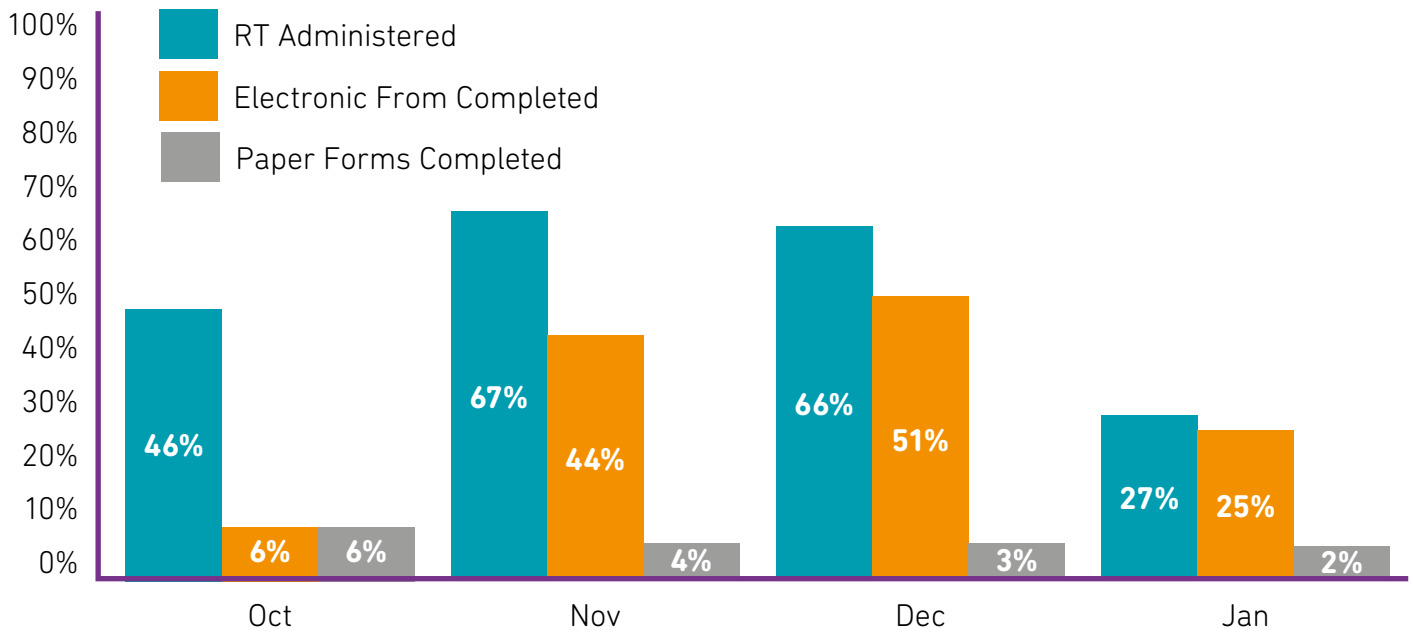
Physical Health Observations Post Rapid Tranquilisation

Use of our QMS showed a lack of consistent monitoring and recording of physical health observations (both contact and non-contact) post Rapid Tranquilisation in 80% of cases administered. The aim of this project was to improve the recording of post-rapid tranquilisation physical health observations by 100% by use of an electronic form available on ward tablets. The data below demonstrates our improvement journey for this project in our Low Secure and Specialist Rehab and CAMHS services.

% Electronic Form Completed & Paper Form Completed out of total RT administered



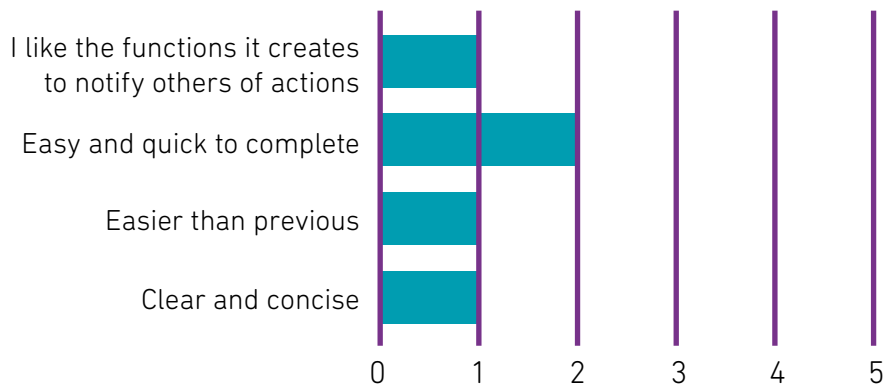
Low Secure CAMHS Total



Multi-factorial Falls Risk Assessment

Teams within our Neuropsychiatry services worked on a project to improve the use of a multi-factorial falls risk assessment. The aim of this project is for 'All multi-factorial falls risk assessments that are due, to be fully completed with an improved response to outstanding actions of 100%, by 01/03/2024'. The project team used quality improvement methodology to test the improvement of the actions on the action plan for risk assessments. Actions were reviewed against NICE guidelines as well as the Falls Prevention and Management Procedure. With these two things as support, they streamlined the actions on our internal action plan and tested this with the support of our RIO Team. Audits have been completed to measure improvement of outstanding actions completed. They can only be done once a falls risk assessment is due, and actions are completed which can be far apart. Below shows an audit table to show the improvement journey. Staff feedback has also been measured.

Time Period	% Actions Completed
2024	99%
2023	40%



Training

Our QI team has designed and is delivering a comprehensive suite of learning opportunities for staff to understand and apply practical skills to Quality Improvement projects. We support teams and individuals to understand problems before they act, set measurable aims, test on a small scale, and learn fast without fear of failure. Training is delivered via our Quality Improvement Training Faculty, where non-accredited, and accredited training are delivered.

- > **CQI Lite** is a 1-hour virtual introduction to Quality Improvement and how staff, patients, families and carers can get involved. 481 staff trained, 31 sessions delivered from which 16 corporate inductions, 8 local inductions, 2 for the Thrive group, 2 for teams and 3 individual sessions.
- > **Pocket CQI** is a 3-hour session and a great team building energiser suitable for clinical and non-clinical St Andrew's teams wanting to learn more about Quality Improvement and develop core skills. 31 staff trained and 4 sessions delivered.
- > **QSIR Fundamentals** is a 1-day programme that offers participants an introduction to a range of tried and tested service improvement tools and approaches. 36 staff trained, 2 cohorts from which one is the Preceptorship programme.
- > **QSIR Practitioner** is an 8-module programme delivered over 5 days and is aimed at providing participants with the know-how to design and implement more efficient and productive services. 28 staff trained, 4 cohorts and 20 sessions delivered.

The learning experience of our QSIR Programme described by the QSIR Practitioners in one word: Fabulous, relevant, helpful, enlightening, interesting, interactive, different, excellent, fantastic, engaging, inspiring, insightful, useful, informative, intense, valuable.



Clinical Informatics

2023/2024 has been a productive year for clinical Informatics. The introduction of handheld devices in clinical work areas has catapulted the digitisation of various clinical functions allowing us an unprecedented ability to monitor and inform quality of care, patient satisfaction and compliance to performance and quality indicators. This has laid the foundations to support the continuous quality improvement methodology. Further work has now enabled us to identify the effectiveness of different treatment models for different treatment units or patient groups.

Development in the healthcare records have enabled the creation of a number of dashboards, which are being used actively to provide assurance and to inform clinical and operational decision-making. The visibility of information and various alerts in clinical systems have contributed significantly to improve quality of care. The developments at St Andrew's healthcare in clinical Informatics has received a special commendation in the national report by Dr Geraldine Strathdee, National Clinical Director for Mental Health, NHS England. St Andrew's was a finalist for the technology awards at the national Merkel 3rd Sector Care Awards. The developments in clinical informatics have also resulted in a number of posters being presented at national conferences.

A number of clinical and operational processes have been digitised and analytic dashboards have been created to provide assurance and to inform clinical and operational decision-making. Post fall assessment, neuro observations of patients following suspected head injury, and physical health observations following rapid tranquilisation have been digitised this year. Some of the high-impact developments from 2023/2024 include: ability to monitor physical health observations captured on NEWS2 electronic forms; inpatient observations to monitor mental health and risk; meaningful activity undertaken by patients; and analysing information from patient reported experience measures (MyVoice).

Patient	Ward/Division/Charity	
<p>Mental Health Outcomes</p> <ul style="list-style-type: none"> • HoNOS • QoL Scales • CGI • Incidents • Behavioural data • Self-harm • Restraints • Seclusions • Safeguarding • Leave <p>Physical Health Outcomes</p> <ul style="list-style-type: none"> • NEWS2 & vitals • BMI & weight • GASS score • Edmonton frailty score • Physiotherapy measures • Falls • Diabetic incidents • Dysphagia related Incidents • Pressure ulcers 	<p>Patient Safety Framework</p> <ul style="list-style-type: none"> • Incidents • Restrictive practices • Falls • Safeguarding • Medication errors • Complaints • IPC incidents <p>Integrated Performance Report</p> <p>Integrated Performance Matrix</p> <p>Meaningful Activity</p> <p>Enhanced Observations</p> <p>My Voice (Patient rated experience measure and includes the Friends and Family Test)</p> <p>Physical Health Summary</p> <p>Physical health incidents</p> <p>Deaths</p> <p>Serious incidents</p> <p>Emergency treatment away</p> <p>Falls</p> <p>Diabetic incidents</p> <p>Dysphagia incidents</p> <p>IPC incidents</p> <p>Pressure ulcers</p> <p>Long-term Disease Management</p>	<p>Physical Health Dashboard</p> <p>Admissions Compliance</p> <p>Assessments overview</p> <p>NEWS2 overview</p> <p>Ward Heat Map</p> <ul style="list-style-type: none"> • Staffing • Acuity • Bed management • HR dashboard <p>Quality Control and Assurance Dashboard</p> <ul style="list-style-type: none"> • Clinical supervision • Complaints • Compliments • Medication error • Controlled drug error • Overdue CQC reports <p>Clinically Informed Staffing Dashboard</p> <p>Mental Health Act Dashboard</p> <p>Use of Force dashboard</p>

The following dashboards are under active development and are likely to have a significant impact on efficiency and effectiveness:

- > Overview of referrals and their progress
- > Changes to patient outcome measures after admission to St Andrew's. This allows us to measure the effectiveness of clinical treatment models in different treatment units or different patient groups.
- > Digitisation and an accompanying analysis of seclusion processes have been identified as a key priority item for the coming year.

Section 3

Review of Quality
Performance

Review of 2023/24 Quality Priority 1

“Improve how we work in partnership with patients, families and carers”

Why did we choose this priority?

We knew from our quality improvement work that improvements in patient experience are achieved in most areas across the Charity, but ensuring consistency and seeing an impact on patient outcomes would take several years of commitment – one to identify the relevant interventions and two, to adapt these across the Charity. By achieving the actions outlined below, we became a huge step closer to delivering this aim.

It is essential that patients and their loved ones are at the centre of our service and provide us with their valuable insight and experiences to ensure we deliver the best care possible. Quality priorities are decided each year based on what we know from our performance monitoring systems and what the patients and carers tell us throughout the year.

What did we achieve this year to improve this?

- > Established a Co-production Framework
- > Established a Co-production Network and Committee to evidence, discuss and monitor good practice.
- > Established and began to deliver the Patient and Carer Experience Strategy
- > Remapped the complaints process to embed NHS Complaints Standards and to reflect new staff roles and responsibilities across the Charity.
- > Began to establish a Carers' Voice system that consists of questions developed by carers, for carers.
- > A complaints dashboard has been requested to better monitor themes and timeliness of complaints and common lessons learnt.
- > A ward, divisional and charity-wide action log to monitor actions in response to patient and carer feedback.
- > Began to develop direct communication pathways with patients and carers by utilising current IT systems so that communication does not rely on members of a patient's MDT (Multi-Disciplinary Team).
- > Co-produced and delivered staff and patient training courses.
- > Developed co-production e-learning for all staff that will be categorised as 'essential'.
- > Began to develop and expand 'Expert by Experience' roles across the Charity.
- > Established a Patient and Carer Race Equality Framework (PCREF) plan.



How have we and how will we continue to measure our performance?

1. Continue to monitor and act in response to feedback from our My Voice system
2. Plans to include the Co-production Ladder into patient Care Plans to better monitor the progress and quality of co-production.
3. Utilise the new Carers' Voice system to monitor and act in response to feedback directly from carers and loved ones.
4. Utilise dashboards to monitor performance and better inform charity-wide decisions.
5. Utilise Quality Improvement Plans (QIP) to monitor the completion of actions taken in response to patient and carer feedback.

Review of 2023/24 Quality Priority 2

"Support and listen to staff"

Why did we choose this priority?

Our people are our most valuable asset. Making sure that everyone feels supported with frequent opportunities to show initiative and improve the work of their teams and departments is essential. It leads to improved levels of staff engagement, productivity and effectiveness where we collectively strive to continuously improve patient experience and outcomes.

What did we achieve this year to improve this?

A Lead Guardian has recently been appointed and is also in post as the Associate Director for Patient Safety. This allows for a triangulation of data between patient safety incidents, safeguarding and FTSU. The FTSU team currently consists of four Guardians. Recruitment is currently taking place for two more guardians to ensure there is a spread of resources across all sites.

A recent GAP analysis (following the NGO guidance), suggested that the current FTSU service does not reflect the diversity of our workforce. In order to address this, Speak up is linking closely with our Charity diversity networks including; PRIDE, UNITY, WISH and DAWN.

A communications plan has been implemented including an update of the intranet site and posters within clinical areas.

How have we and how will we continue to measure our performance?

- > Linking FTSU and Safe call together to ensure that nationally reportable themes (via the NGO), reflect the full figures of Speak up across STAH.
- > FTSU report will report directly into the Quality and Safety meetings to allow triangulation of learning across the Charity

Review of 2023/24 Quality Priority 3

“Improve our patient safety culture”

Why did we choose this priority?

This priority supports the implementation of NHS England’s Patient Safety Incident Response Framework through the application of system-based approaches to learning. This will strengthen our patient safety culture through the education and empowerment of staff to identify and implement improvements.



What did we achieve this year to improve this?

In March 2024 we have been signed off by the Board of Directors (STAH) and Local ICB (Commissioners) to implement our Patient Safety Incident Response Plan in line with the new Patient Safety Incident Response Framework (PSIRF). PSIRF, is a national requirement in which we are moving away from the previous SI framework. PSIRF focuses on a cultural shift of learning from lessons and moving away from an individual blame culture.

Currently we have trained 31 Engagement Leads, 4 Oversight leads and 30 Response Leads in order to implement PSIRF.

The central Patient Safety team has implemented new ways of working including:

- > Triage based on PSIRF themes
- > Governance and lessons learnt processes
- > Investigators are working closely with ward teams to implement the responses under PSIRF. We have moved away from in-depth lengthy investigations towards responsive methods for learning and engagement

How have we and how will we continue to measure our performance?

- > To fully embed PSIRF ways of working within divisions.
- > To develop local and national reporting structures and sharing of themes and lessons.

> Involvement and feedback from Key Stakeholders

Northamptonshire Integrated Care Board (ICB)

Northamptonshire Integrated Care Board (NICB) has reviewed the Quality Account produced by St Andrews Healthcare for the period of 2023/24. The Charity has submitted a comprehensive Quality Account identifying clear priorities for 2024/25 based on their new HOPE Strategy. The Quality Account reflects the challenging year the Charity encountered during 2023/24 but also details those areas where improvement has been achieved. The NICB have been involved with the extensive work undertaken by St Andrews Healthcare following previous inspections by the Care Quality Commission (CQC) in which a number of conditions on registration were applied. Through the comprehensive Improvement Programme, working with East Midlands and the NICB, the CQC undertook a further visit in June 2023 and noted the improvements made by the Charity. It is recognised by St Andrews Healthcare that the Care Quality Commission ratings have improved however, further work is required to move from the current rating of 'Requires Improvement', which St Andrews Healthcare is committed to achieve. St Andrews Healthcare has worked collaboratively with the ICB to support the creation of their Patient Safety Incident Response Framework (PSIRF) plan. The plan was developed by describing the methods it intended to use, to respond to patient safety incidents for the purpose of learning and improvement. The ICB has also welcomed the collaboration and engagement with St Andrews Healthcare providing the ICB the opportunity to work with their staff and attend focused engagement days to develop a robust plan of activity in relation to patient safety. The PSIRF plan has been approved by the Executive Team, endorsed by the System Quality Group and has been shared with the ICB Quality Committee. The NICB Safeguarding Team welcome the opportunity to work more closely with St Andrews Healthcare and have planned to undertake joint visits to St Andrews with the Local Authority Safeguarding Team. This will enable collaborative approaches to Safeguarding across our System. The NICB is pleased to see the proposed improvements noted by St Andrews Healthcare in relation to the complaints & concerns raised by service users and looks forward to seeing the outcomes in the coming year. It is noted that St Andrews Healthcare has taken forward a number of Quality Improvement initiatives and we would welcome the findings to be shared as part of the System Quality Group to enable wider learning, in particular the Charity's work on multifactorial falls assessment. NICB welcomes the recent appointment of the Director of Nursing at St Andrews Healthcare and the opportunities of working across our System to improve the experience of our service-users through sharing and networking. Overall Northamptonshire ICB agree that St Andrews Healthcare Quality Account is a true representation of quality during 2023/34 and would like to thank all the staff for the service provision and looks forward to collaborative working in the future.

Together Advocacy

We were pleased to be invited to contribute to St Andrew's 2023-2024 Quality Accounts Report. Together have been contracted since 2021 to provide Advocacy services within the different hospital sites at Northampton, Essex and Birmingham. We are fully committed to supporting the patients within these settings and we are very pleased to see that St Andrew's priorities for improvement align with Together's values.

Throughout the year, our Advocacy services provided family advocacy where this was requested. We regularly visit patients to build trusting relationships, which enables us to collate their views and wishes. Advocacy provides patients, their families and/or carers support at meetings and provides feedback, as and when necessary, to ensure that any actions are always patient-centred and the voice of the patient is heard.

We are committed at maintaining positive working relationships with staff to ensure effective communication, which in turn benefits the patients. Our holistic approach will be demonstrated through continuing to liaise with

friends and family networks to support their engagement with staff at St Andrew's Healthcare. Within our non-instructed work, we work particularly closely with family members due to patients often not being able to voice their own opinions.

The advocacy service is confidential and independent of St Andrew's Healthcare service, ensuring patients have a safe space to raise concerns/incidents relating to their care and treatment. We regularly meet with the safeguarding practitioners at St Andrew's Healthcare and the team at West Northants Council, to ensure transparency as well as collaboratively identify and implement the best care for each of the patients, we remain committed in ensuring the patients are always at the centre of their support.

IMPACT

IMPACT have worked across multiple teams across St Andrews and have several touch points within the Charity. These include direct patient facing teams, but also other strategic or operational teams.

Staff on the ward work hard to provide positive and safe care for their patients and we have seen a number of examples of high quality care and compassion. The responsiveness to enquiries is supportive, open and transparent and it is positive to see the impact of quality improvement projects which have taken place, and look forward to supporting the continued journey that the Charity are on to improve quality and safety of care provision to our patients.

Healthwatch North and West Northamptonshire's Response to the St Andrews Quality Account for 2023-2024

Thank you for sharing the Quality Account with Healthwatch for 2023-2024, we appreciated reading the document and hearing about the positive impact your service has had on the community of Northamptonshire and other districts.

We were pleased to see one of the priorities for this year to be focused on improving patient activity levels and working on reducing blanket restrictions. We found in our recent visits to the wards through our project with St Andrews and IMPACT that one of the areas that would benefit from improvement was the need for patients to be involved in more activities. We feel that this aligns well with the needs of the service users and prioritising this is key to ensuring positive progress for patient recovery.

We were pleased to see one of the priorities for this year to be focused on staff to have specialist clinical training to ensure that you can meet the needs of your patients. In our visit, we also picked up on this as a need for staff, as many staff expressed the desire to receive more specialist training so that they could feel as adequately informed for patient care as possible.

It was exciting to see how many research papers were published throughout the year. The number of educational organisations involved in the research shows a diverse level of involvement in the research projects.

The outcomes from the Your Voice Snapshot Survey with staff showed positive impact within staff members, it was good to see that the overall feeling of energy, pride and optimism improved within staff members.



The analysis of complaints received was helpful to see, with the most common theme being staff attitude and behaviour, we hope that this is a focus in this current year of service.

The development of embedded systems to support all patient and carer related actions e.g. a complaints dashboard and Carers' Voice platform, is a good approach to ensure that patients can track the progress of their complaints and can be more involved in their care.

We found the levels of diversity within your organisation to be positively empowering individuals of ethnic minority backgrounds and genders to be a part of the organisation.

The establishment of a co-production framework within the Charity was a positive step taken to ensure that staff and patients can voice their opinions and have a say in decisions made within the organisation.

The areas where the Charity is doing well and where the Charity is struggling were identified well within the quality accounts.

We found this Quality Account to be thorough, open, detailed and very well presented.

NHS England

NHS England are accountable for the commissioning of specialised mental health services provided by St Andrew's Healthcare. We work with multiple providers, both NHS and Independent Sector, in a collaborative arrangement to commission and monitor service provision. St Andrew's have engaged positively with NHS England throughout the last year, and we are pleased to see the improvements made, particularly in relation to meeting the requirements of the CQC notices and the improvements identified following regulatory inspections. NHS England will continue to work with St Andrew's Healthcare and wider system partners to ensure any areas of concern are addressed.



Section 4

St Andrew's Healthcare Showcase

> Showcase

We are committed to continuously transforming and improving, and we are working tirelessly to improve the experience and outcomes for our patients and staff.

The reason we exist is to inspire hope, and support people with complex mental health conditions to live their lives to the fullest. Over the last 12 months, 399 people have moved on from our care. Over half of the people we have supported moved to a lower level of security – with half heading home, and for those who moved to an identical level of security, nearly all moved closer to home.

We have also supported another 144 people through our Psychiatric Intensive Care Units (PICUs) in Northampton and Essex, and at the end of February we were supporting 1,947 people within our Community services.

The following section showcases some of the things we are most proud of over the past year.

Environmental impact

2023/2024 was another successful year in our journey to reduce our environmental impact and reduce our energy consumption. Most notably, we completed the Charity's largest energy efficiency project in LED lighting to date with an ambitious project to replace all the lighting throughout William Wake House, Birmingham, Malcolm Arnold House and Smyth House College to energy efficient LED technology. This is part of our work to become more environmentally friendly and reduce our energy costs, while supporting the NHS' Green Plan.

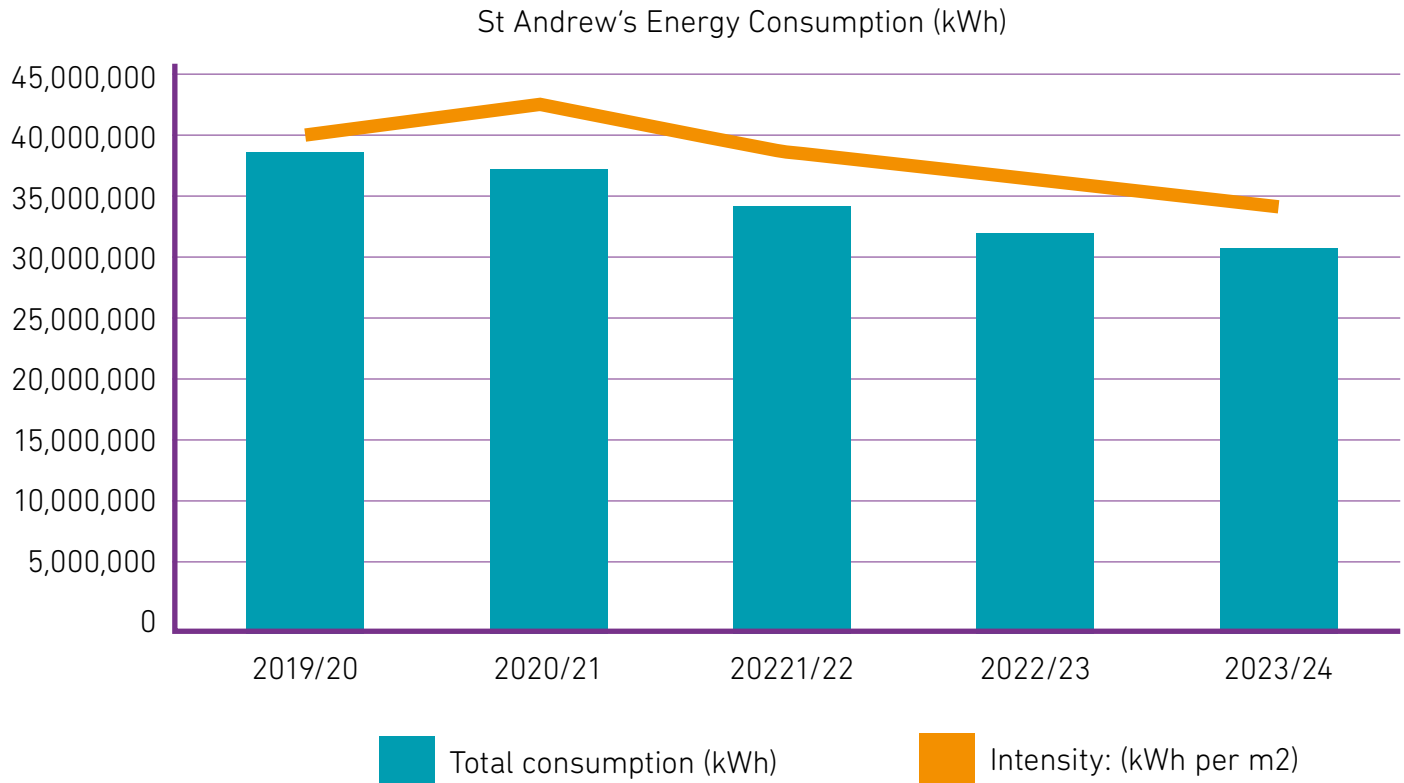
Guy Bowden, Energy Manager, who led the lighting project. He explained: "Our Charity has invested heavily in projects and technology to increase energy efficiency, including LED lighting and movement sensors. It is our long term aim to have LED lighting everywhere, and this project replaced our old light fittings with LED technology that are much more energy-efficient and use motion sensors so they dim or only come on when needed. I would like to thank all our staff members and the people in our care for being so patient while this work completed, and of course our hardworking team of electrical contractors."

This phase of the project changed over 6,000 light fittings.

Other examples of environmental and energy-related projects completed by the Charity in the last financial year include:

- > Hardware and strategy enhancements to our Building Management System, together with settings adjustments implemented alongside temperature and timing reviews. Our Building Management System is a vital tool that ensures our environments for service users and staff are comfortable while improving our energy efficiency.
- > Several boiler replacement projects have been completed with the latest and more energy-efficient technology.
- > Our relentless focus on waste and recycling (including refurbishing furniture) continues with a new waste contractor on board in 2023.
- > Energy & environmental awareness campaigns.
- > Ongoing elearning for staff and service users and regular meetings of the Energy & Sustainability Champions group continues.

St Andrew's Healthcare's total energy consumption and associated carbon emissions are down year on year and that's testament to every staff member and individual who has turned off a switch or piece of equipment when not in use. We are proud to share that the Charity used 20% less energy last year than in 2019/2020.



Language Matters

To mark World Mental Health Day last October, we released a new campaign and short film called "Language Matters".

The campaign consisted of a nationwide survey - commissioned by St Andrew's and supported by the Time to Talk Legacy Fund - the content of which was co-produced with experts by experience and staff. The survey, which was completed by over 1,000 people across the UK, explored the language that people with mental ill-health may welcome, and the phrases which may be considered stigmatising.

One of the key findings was that stigma around complex mental health problems, such as psychosis, remains rife, and 1 in 3 people admit to using words such as 'psycho' and 'nutter' in everyday conversation. The survey results were used to form the basis of the educational video, which aimed to raise awareness of how language can impact people and to encourage society to think before they speak.

The short film featured people with lived experience of mental ill-health, alongside a clinician, and each pair discussed what words and phrases they find stigmatising, upsetting or offensive. Estelle, from the St Andrew's REDS Recovery College is a trainer and one of the contributors in the film. When asked what sort of stigmatising language she has experienced, Estelle explains how people referred to her as: "nuts and a maniac."

Phil, a veteran who has been supported by OpCOURAGE, featured in the film. He explains that his colleagues sometimes say to him: "I think you're going a bit mental. Have you taken your medication? They don't mean any harm, it's just the use of that language is not helpful in that situation."

Darran, who has Huntington's Disease, took part to share how people often assume he is drunk because of his behaviour and Martha, a Veteran Service user who has received treatment for complex PTSD, explains: "They [people] disregard it as if it's not an existing illness because they can't see it."

The powerful video was shortlisted for a 3rd Sector Care Award, covered by ITV Anglia and broadcast during the regional news bulletins on Good Morning Britain. We will shortly be uploading the video to our e-learning package, so all of our staff can watch it and then answer questions about what they have seen to embed their learning. It is hoped that the film has a lasting impact and helps people – including healthcare staff – to consider the words they use and the power that they have.

To watch the short film, visit the St Andrew's YouTube page.

Patient Stories

Two of our longest-serving volunteers recently attended the King's Royal garden party. Their visit got picked up by lots of local press including a live breakfast interview with Roger Brewer.

- > [Northampton: Mental health charity volunteers attend royal party - BBC News](#)
- > [Long serving Milton Keynes volunteer honoured at Royal Garden Party hosted by King Charles](#)

A Community Partnership service user – who has competed in the Invictus Games – was recently invited to a service at St Paul's Cathedral which was celebrated a decade of Invictus. Prince Harry was there and Martha's visit and story once again got picked up by the BBC and other local media.

- > [The Invictus Games: 'It's just amazing' - BBC News](#)
- > [Northampton representatives attend two Royal appointments \(northamptonchron.co.uk\)](#)
- > [Former Army medic Martha Prinsloo from Grantham gears up for London bike ride in aid of Invictus Games \(lincsonline.co.uk\)](#)
- > [Grantham woman who has overcome serious mental health struggles signs up to 60-mile bike ride \(lincolnshireworld.com\)](#)

Church is a new ward within the neuro division at its Northampton site and received some coverage in a couple of trade publications.

- > [St Andrew's expands neurobehavioral provision - LaingBuisson News](#)
- > [New male brain injury service now open to referrals \(nrimes.co.uk\)](#)

Former patient Sedona Jamieson talked to the i-newspaper to mark her one year anniversary since being discharged from St Andrew's and how she is grateful for the support.

- > <https://inews.co.uk/news/psychiatric-wards-age-15-system-broken-2942523>

St Andrew's is launching a small sleep study which is looking at how to improve insomnia caused by sleeping problems faced by people with complex mental health conditions. We decided to tie in the announcement with World Sleep Day in March. It got published in lots of different publications including Healthcare Newsdesk and Business in the Midlands.



- > [Mental health charity to launch sleep study to help mitigate insomnia among patients \(northamptonchron.co.uk\)](https://www.northamptonchron.co.uk)
- > [Eight out of ten women would prefer a good night's sleep to an orgasm, survey finds | Daily Mail Online \(mailonsunday.co.uk\)](https://www.dailymail.co.uk)
- > [Mental health charity to launch sleep study to help mitigate insomnia among patients - \(wellbeingnews.co.uk\)](https://www.wellbeingnews.co.uk)

Emily Fox is named president of the President of Society for Dialectical Behaviour Therapy. This was picked up in a niche publication Specialist Mental Healthcare.

Swiss brain injury visit (NR Times and Specialist Mental Healthcare).

- > [Swiss brain injury experts visit Northampton hospital to improve their knowledge \(northamptonchron.co.uk\)](https://www.northamptonchron.co.uk)

> What are our patients and carers saying?

The following are examples of comments directly from people who have used St Andrew's services in 23/24:

Compliments:

Examples of compliments

"What you have supported and guided me to achieve in my learning, healing and growth is nothing less than life changing and just to say thank you seems so futile! - I would not be where I am today with you!"

Service User, Community Partnerships (APR 2023)

We are so pleased that we have always been listened to, involved and invited to our X meetings and this has been so helpful in our X's journey to recovery."

Family, Carer or Friend, Low Secure (MAY 2023)

"Thank you to the X team. When X was at XX, they were good, but you are the next level - such an excellent team. X was very nervous when X moved from XXXXX to Northampton, but the thoughtfulness and the care that X has received is great. If anyone could help her it will be you."

Family, Carer or Friend, CAMHS (MAY 2023)

"I found the entire team well organised given so many departments had to liaise and work in tandem to achieve X's best interests while ensuring the support and assistance he required. As a visitor, my family and I were always welcomed with a smile and a 'can-do' attitude. Staff were always polite and courteous even during X's difficult times at St Andrews. I am sure that X is both grateful and thankful for everything you have done for him during his stay. Every foreseeable efforts have been made to ensure X's transition to trial leave at X was executed comfortably and smoothly minimising the stress and agitation to X. I could not have asked for a better service and would rate St Andrews as a 5 star outstanding Neurological Institute."

Family, Carer or Friend, Neuropsychiatry (JUN 2023)



"I recently got my A level results after two years of sixth form and somehow got 3 A stars in math, biology, and psychology. The uni I wanted to go to accepted me on my course for paramedic science so that I can start working to finally becoming a paramedic! I'm doing a billion times better now since St. Andrews, and I also wanted to say thank you for everything you did for me while I was there...looking back I know that your presence and input was a significant portion of what allowed me to recover and be discharged, and I can't really put into words how grateful I am for that."

Patient, CAMHS (AUG 2023)

"We would like to say we are really pleased with the care that X is receiving. He certainly seems to be making progress in the way that he interacts with staff and other clients. He also shows a lot of concern for his family and certainly seems to be enjoying life more and is more relaxed and less demanding. It also appears that the health concerns he has had for many years are being dealt with much more efficiently...We feel that X feels more secure and less anxious and has more trust in the staff, he really seems to be settled. A big thankyou to all."

Family, Carer or Friend, ASD/LD (SEPT 2023)

"It was good to hear that she's well-liked by the staff and that she is ready to move to more suitable accommodation to suit her needs. I am extremely grateful for all the care that's been afforded to XX, from where she was to who she's become is incredible. Please pass on my thanks to all the staff on XX, they are very special people whom I will always be eternally grateful to, thank you all."

Family, Carer or Friend, Neuropsychiatry (OCT 2023)

"We just wanted to say a big thank you to all of you for the help and support that you have given and are still giving X whilst he is on X Ward. X has made and is still making huge progress and is much more settled than he has been anywhere before. Over the years he has always been very determined to move forwards but has had a very difficult journey. Up until now, he has had successes but also many setbacks. With the trust that you have built up with him, he now engages with the staff, takes part in activities and he can now take his medication orally. We want you to know that your kindness, compassion, and efforts have had a substantial impact on X, which has given him the opportunity to progress much further and gives him a much better outlook for his future. Thank you for helping him, helping him learn, helping him trust again, and helping him on his journey to be the person that he wants to be. We will all always be eternally grateful."

Family, Carer or Friend, Medium Secure (NOV 2023)

"Just want to thank you and your team for the excellent and trustworthy support I'm getting from you... Without it, I would have gone off the rails and no doubt lost my gains I've made this last year and a half. You're all, I believe very genuine and caring people, I don't trust many people at all, haven't for such a long time."

Service User, Community Partnerships (DEC 2023)

"Thank you to you and the team for all the care you've provided him with over his admission. Knowing he's been receiving such a great level of care has really helped us cope with the situation and we all agree we'll be requesting a return to St Andrews if he needs it in the future as it's been our most positive experience for him!"

Family, Carer or Friend, Low Secure (JAN 2024)

"We've been listened to, which I've really appreciated. X is the only Doctor (from all other doctors) who has listened to my opinions. X said thank you everyone for letting her have her own say at some point. X hasn't felt safe in a while and here she feels safe – this is quite a special thing"

Family, Carer or Friend, Community Houses (FEB 2024)

"My psychiatrist is X, has been so kind and understanding. X is very professional but also very approachable and took time to get to know my situation and discuss thoroughly the options....X has been so nice and very helpful. X has communicated with me about appointments and is always lovely and welcoming when I come to the service...I am exceptionally pleased by my experience and the medication has been life changing. I have recently secured a job in the NHS and this week graduated with a Masters. Prior to the medication I had found focussing very difficult and was unsure I would be able to finish the course. Now I have achieved my dream career as a counsellor."

Service User, Community Partnerships (MAR 2024)

