QUALITY BUDDIES

Newsletter

April 2022

Great progress on quality and wellbeing improvement

Jess Lievesley, Interim CEO, St Andrew's Healthcare

In just a month, we have already made some great progress towards our important goals.

As we stated in the previous edition, improving the quality of our care and the wellbeing of staff are the two big focus areas for St Andrew's this year.

Our new Lead the Change programme invited colleagues to identify and drive the right kind of change.

The Charity Executive Committee has been thrilled by the response. Almost 100 people stepped forward, showing their passion and dedication to our patients and colleagues. You can read more about this group's achievements so far on page 4.

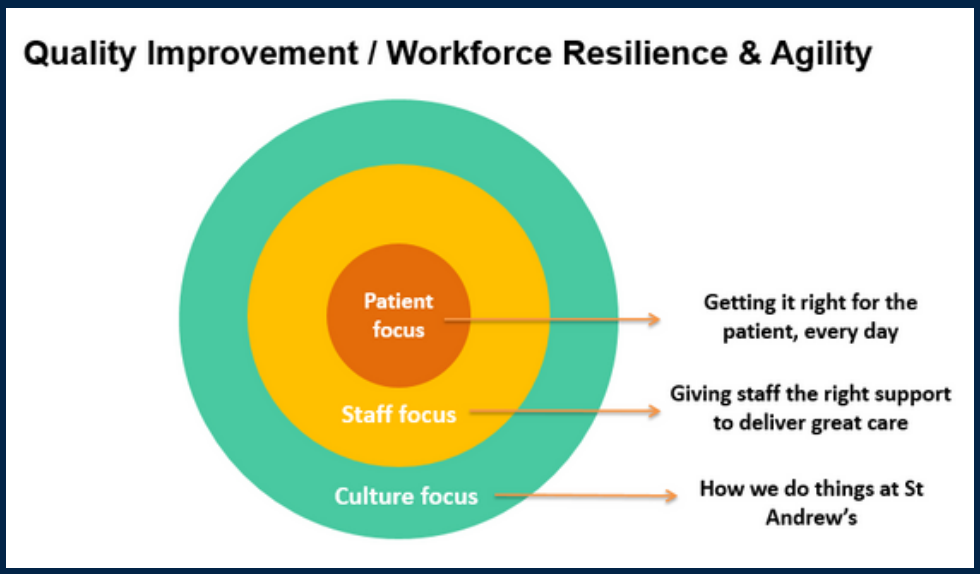
Alongside this important work, our alliance with NHS mental healthcare providers in the East Midlands is also delivering results.

The guidance and experience of our peers is making it much easier to explore new ideas and adopt best practice in key areas, as you will see on pages 2 and 3.

We are proud of this speedy progress. The CQC returned to our Women's wards this month and we are certain that our efforts will not go unnoticed.

Further activities continue in our nine core workstreams, which we group under three areas: patient focus, staff focus and culture focus.

Jess



Closed Culture Workshops

'Closed cultures' are widely accepted to be harmful in any healthcare setting, and this is something that the Care Quality Commission (CQC) is always watching for.

A closed culture as: 'a poor culture that can lead to harm, including human rights breaches such as abuse'. The harm caused is often unintentional, but can be significant.

In its recent inspection at St Andrew's, the CQC found that some staff members weren't aware of what a closed culture is.

Some also felt that there was a closed culture on their ward.

Since the CQC shared this feedback, many wards have taken part in a Closed Cultures workshop.

These sessions help staff identify the signs of a closed culture, which can include:

- Care plans are not individualised
- Blanket restrictions in place
- Lack of information about patients' rights
- Staff not being supported to raise concerns or speak out
- Differing views about how best to support and care for patients

Each workshop encourages attendees to spot risk factors and warning signs on their ward.

They also encourage staff to find ways to improve the culture of their ward.

A second workshop then identifies an action plan for each ward to follow.

Reviewing blanket restrictions

Unnecessary blanket restrictions can also contribute to a negative care experience.

A blanket restriction is a rule that applies to everyone, without considering risks at an individual level.

An example might be that pens are not allowed on a ward, even though there is no risk for certain individuals in having a pen.

Our LD/ASD, Medium Secure and Locked and Specialist Rehabilitation divisions have all reviewed blanket restrictions on wards in recent weeks.

Each ward has run a session with its patients to explore the rules that are currently in place. Where there are restrictions, these have been explained and agreed as part of managing risks.

Many wards have successfully reduced and removed unnecessary blanket restrictions.

In one of these session, Bracken was able to eliminate 11 blanket restrictions and Robinson ward now has very few blanket rules in place.

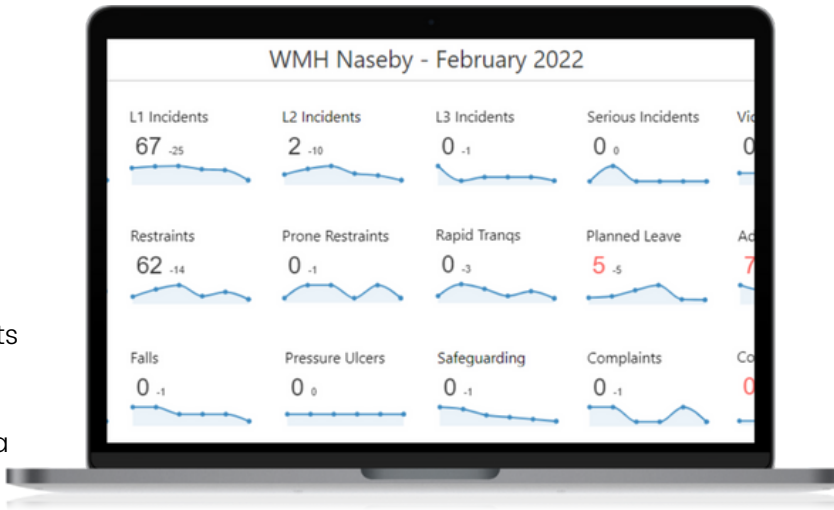
Importantly, these co-produced sessions mean that patients now understand the purpose of these rules and what needs to change for them to be removed.

New ward dashboards

Every ward records important data on a daily basis about patient safety - but not every member of the team gets to see it.

Now, though, all St Andrew's staff can view data about any ward through our online information portal. The monthly ward statistics set out 18 safety measurements and how the ward has performed each month.

In time, we plan to make this information available to a wider audience, including patients and their families.



eObservations pilot

An exciting innovation led by our Clinical Leaders - and made possible by our IT network upgrade - is the adoption of Electronic Observations on mobile devices/tablets.

Historically, clinical teams have had to transfer National Early Warning Signs (NEWS2) and Enhanced Observations about each patient in RiO using ward computers – taking them away from the ward itself.

With our new 'e-Obs' project, five Neuro wards have been using tablet devices to update NEWS2 recordings live, while remaining with patients on the ward.

Completing the updates while on the ward saves time and means patient data is always up to date.

The pilot has since extended to 10 women's wards, which are now using mobile devices for Enhanced Support Observations:

Further trials will adopt e-Observations for both sets - NEWS2 and Enhanced Obs. Once complete, e-Obs will be rolled out in all areas/wards across the full charity, so look out for further communications.

Language Guidance

The way we speak to our patients and how we talk and write about them is very important.

New **Language Guidance** has been co-designed with patients to ensure the way we speak gives hope and drives recovery. The key guidance rules include:

- Be respectful
- Do not label people
- Use the person's preferred name and pronouns
- Write only facts in patient's notes.

LEAD THE CHANGE

Almost 100 people have signed up to Lead the Change, helping to improve quality and staff wellbeing at St Andrew's.

This is an approach that was enormously successful for Leicester Partnership NHS Trust in 2019.

It was instrumental in improving CQC ratings for its mental health services, two of which had previously been found Inadequate.

Leicester Partnership NHS Trust found that involving staff had clear and measurable effects.

Our own Change Leaders span every part of the charity, and more than half are in clinical and ward based roles.

Energy and passion are huge strengths in this organisation. Harnessing these will help address our challenges and make sure everyone understands how they can make a difference.

The Change Leaders will work in three key stages:

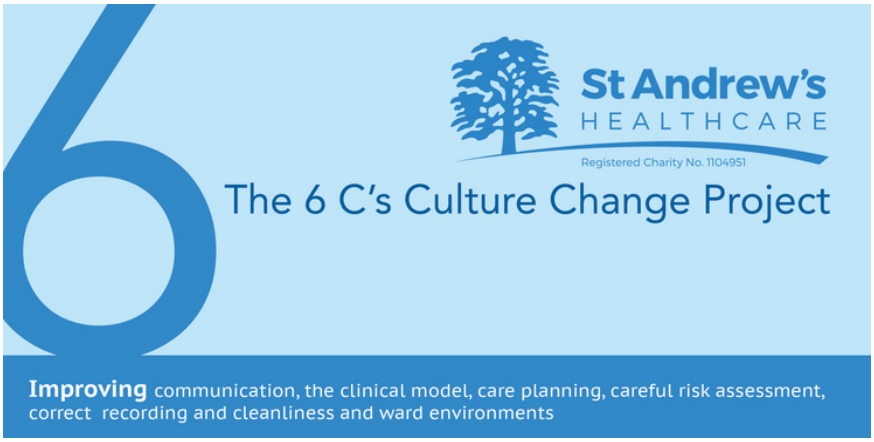
- Discover - identify the issues from Your Voice responses and Jaffa Cake sessions
- Design - agree the actions to take
- Deliver - help communicate and embed the changes

They are being given skills, tools and support to explore the key issues currently affecting patient care and staff wellbeing.
More news next month....

Our Change Leaders: Thank you!

1. Vincent Harding
2. Isaac Alakeji
3. Catherine Danaher
4. Claire Jones
5. Nicola Bullock
6. Jacinta Stamp
7. Natalie Worby
8. Donald Iyinbor
9. Bukunola Popoola
10. Gift Chingwena
11. Kristi-Ann Alibone
12. Alan Boyce
13. Leon Gavin
14. Nicola Howard
15. Vaughan Noble
16. John Simmonds
17. Justin Meredith
18. Emma Houghton
19. Ellen Stevenson
20. Carol Parker
21. Ricky Taylor
22. Sophie Littler
23. Ian Pearson
24. Pete Murtagh
25. Karen Bettis
26. Sean Watson
27. Chloe While
28. Juliet Powell
29. Ricci-Marco Allen
30. Benjamin Knapp
31. Adam King
32. Jason Deeth
33. Natasha Long
34. Rachael Garner
35. Martin Crockford
36. Janelle Leone
37. Alison Hollowell
38. Robert Foulkes
39. Sarah Simpson
40. Sharon Harradine
41. Sharon Harradine
42. Sue Vinney
43. Darren Maginnis
44. Holly Taylor
45. Derek Boyle
46. Stephen Scholtz
47. Lorraine Childs
48. Loretta Burt
49. Anthony Harris
50. Kerry Jesson
51. Sally Bird
52. Lorna Crofts
53. Nicola Smith
54. Hannah Batkin
55. Philippa Moore
56. Helen Williams
57. Edwin Dean
58. Bertha Hungwe
59. Rachel Harwood
60. Sue Fairbrother
61. Adebola Ogunde
62. Nicola Goldsmith
63. Cheryl Nyabezi
64. Matthew Sore
65. Hannah Taylor
66. Anna Williamson
67. Claire Smart
68. Esme Gunby
69. Ummy Nyirangaruye
70. Abigail Weston
71. Alicia Penrose
72. Angelika Bak
73. Andrew Hoskins
74. Bridget Ramsay
75. Darren Orritt
76. Sarah Jones
77. Anand Annamalai
78. Dawn Barnett
79. Lauren McDermott
80. Susan Bruce
81. Stephen Parker
82. Kirsty Crerie
83. Jeremy May
84. Marcus Kinsey
85. Mary Bonner
86. Lesley Groucott
87. Philip Evans
88. Annette Matthews
89. Ria Stanyer
90. Damian Robinson
91. Laura Wilson
92. Shirley Farthing
93. Debbie Payne
94. Seshni Moodliar
95. Catherine Marriott

Quality improvements in our Women's services



In Autumn 2021 the CQC published a report that regretfully rated our Women's service as Inadequate.

Addressing the concerns raised by this report has been of utmost priority for St Andrew's in the months since the inspection.

As part of this we have identified six areas for improvement, which we are calling The 6Cs.

These are...

1. **Communication** – improving how we communicate with staff, patients and carers

2. **Clinical Model** – simplifying how we care for our patients, with more focus on co-production

3. **Care Plans** – ensuring every patient has a clear, risk-focused care plans with goals

4. **Clear Careful Risk Assessment and Management** – consistently assessing, recording and managing risks

5. **Correct Recording** – ensuring all records are consistent and accurate, every time

6. **Cleanliness and Estates** – everyone taking care of the ward environment

Each ward is working to rapidly address these areas and we are seeing great progress.

The CQC have just completed their return visit, and we are sure our hard work on these improvements are obvious to the inspection team.

Thank you to our NHS 'buddies'

As part of our Lead the Change journey, we are working with some highly experienced 'buddies' from five NHS mental healthcare Trusts to improve our quality of care.

NHS Leicestershire Partnership NHS Trust

NHS Derbyshire Healthcare

NHS Lincolnshire Partnership NHS Foundation Trust

NHS Nottinghamshire Healthcare NHS Foundation Trust

NHS Northamptonshire Healthcare NHS Foundation Trust

Thank you for reading this newsletter - please direct any enquiries to communications@standrew.co.uk