



# QUALITY BUDDIES

Newsletter  
May 2022

## Improving patient care and staff wellbeing

Our positive progress continues thanks to ongoing collaborations with our peers in the NHS.

Improving the quality of our care and supporting our staff will be the cornerstone of all we do.

This newsletter charts the progress of new initiatives in three main areas, designed to support these aims:

- Patient care
- Staff wellbeing
- Our culture

We sum up new activity in these areas on the following pages.

As you may know, we recently welcomed the CQC back to our women's service.

The visit follows an intensive few months, focusing on responding to the feedback from the previous inspection.

On page 2 you can read about how two of our wards have delivered big changes as part of this work.

Staffing is always a challenge in healthcare, and we have a number of projects in place to relieve the pressure on our ward teams.



Jess Lievesley, Interim CEO,  
St Andrew's Healthcare

We explore these on page 3 – I'm sure you will be encouraged by the level of focus in this area.

And our Change Leaders continue their good work – you will hear from a few of them on page 4.

It's very rewarding to chart our developments each month – enjoy the read.

Jess

## 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.



Leicestershire Partnership  
NHS Trust



Nottinghamshire Healthcare  
NHS Foundation Trust



Lincolnshire Partnership  
NHS Foundation Trust



Northamptonshire Healthcare  
NHS Foundation Trust

## Change in Action – our women's wards

**We spoke to Tracey Wade, Nurse Manager on Oak, an LD/ASD ward.**



"I came to this ward just a few months ago and already I've seen major changes.

"As we're part of FitzRoy House we've had environmental improvements, including new LED lighting, better acoustics and wall artwork – which staff and patients both love.

"And there's been a big shift in how we do things. Previously, we had some restrictions designed to keep everyone safe. Unfortunately, some measures didn't always put the patient first.

### *Oak: Positive risk for recovery*

"For example, service users were limited in visits to the Branch Out Café in the building. We've removed this blanket rule, and patients are really pleased.

"We've also stopped locking every internal door on the ward by default, and patients can now use phones and tablets in the lounge area. It's all about having a new mindset – if we can't justify a rule, let's remove it.

"The team is now confident to allow some positive risk taking – it's an important part of recovery.

"Patients are sharing positive comments in community meetings, and we're starting to achieve full staffing levels some days.



**Oak ward**

"There are still incidents but the severity of them has reduced. My thanks to the team for helping us achieve so much in a short time."

*"I feel supported and trusted as restrictions have reduced. I'm really happy with our new ward environment and having a tea station." – EM, Oak ward*

## Silverstone: Co-production improves patient care

**Keira White, Silverstone Nurse Manager, explains her ward's journey.**



"There's been lots of change, moving from Spencer South into Upper Harlestone and now to our new home in Isham House. We care for patients with Emotionally Unstable Personality Disorder and disordered eating.

"Co-production has always suited our patient group well, and one of the key reasons for our move was to cater better for patients' needs.

"We now have a sensory room and better access to outside space, which is home to our new ward pet rabbit.

"These changes instantly made a big difference to our patient group.

"We work closely with service users to improve their experience. That includes looking at what a Closed Culture is but, more importantly, taking more positive angle to agree on the culture we want to develop.

"We've also engaged patients in understanding restrictive practice and how we can remove safety restrictions as people reduce their risk.

"This has really resonated, and we've been able to relax restrictions as a result.

"From a staffing perspective, we've really improved communication and care planning. Our care plans are now getting 100% scores in audits and staff really recognise the importance of having a detailed plan in place for every patient. We update them live so that everyone on the team is working from the same information.

"There's still work to be done but our team is really being proactive and adapting to new developments. It's made a huge difference."



**Silverstone**



## Making it easier to gain more staff

Since moving to our new staffing model in January, every ward is contacted on a daily basis to discuss staffing needs. A new improvement is that additional staff are now sourced on a 24 hour basis, which has been received very well by ward teams.

Wards can also request more staff on a permanent basis by using a new escalation tool – aligning staffing to clinical needs.

Our teams in Birmingham have used this particularly well – flexing up where required, with clear detail about why extra staff are needed, and also flexing down when possible.

## Flexible success in Neuro

Our Neuro wards have made the most of the new flexibility in our staffing model, introducing new, shorter shifts to meet patient needs.

The new 4pm to 10pm shift is ideal for students, and the recruitment team promoted these opportunities at the University of Northampton. 18 HCAs and three nurses have now been offered flexible contracts with our Neuro division.



## Food servery recruitment almost complete

St Andrew's is hiring housekeeping staff for food service, so that nursing teams have more time to focus on patient care.

The recruitment has taken longer than planned because of a shortage of candidates, but all vacancies will hopefully be filled by the end of May 2022.



## Can you help us?

Absence rates are still higher at St Andrew's than for our NHS counterparts, so this is a special focus. Initial actions include:

### Closing CAT

Line managers have better visibility of absence now that the Central Absence Team has closed.

All staff must call their manager or the Bleep Holder for their ward.

### Managing Annual Leave

It's much easier to plan staffing if annual leave is booked well in advance, especially for busy times like school holidays. We are encouraging all staff to book their leave as early as possible.



## LEAD THE CHANGE



Our Change Leaders have now met for initial workshops and are exploring the big issues facing St Andrew's.

Between March and June they will be discovering the key themes by holding discussion groups and talking to the Board and CEC.

Please get involved and share your thoughts.

We asked our Change Leaders what motivated them to get involved...

*It's a really exciting project to be part of and one I'm passionate about. It shows the charity is doing all it can to implement the very best care for our patients. It's also giving our staff empowerment. I'm excited about the opportunity to get stuck in.*

- Leon Gavin, HR/L&D

*It's AMAZING to be part of the Lead the Change initiative and be the voice of our colleagues. I'm passionate about improving things for staff and care, by promoting wellbeing, giving hope and enabling recovery*

- Seshni Moodliar, Neuro

*I want to support colleagues to break closed cultures, speak up and address the concerns to be tackled.*

- Benjamin Knapp, Medium Secure

*I love working for St Andrews Healthcare. I wanted to be a part of new innovations within the charity by leading the team to contribute to organizational change and culture to provide a meaningful therapeutic environment for our patients.*

- Anand Annamalai, Birmingham

*I am very passionate about St Andrews and the amazing work we do on a daily basis. I want to be part of the change and help us be so much more than we already are. I work with amazing people and we need to hold on them and use their skills and knowledge.*

- Karen Bettis, Essex

*I'd like people to share their hopes for the charity so that we can implement meaningful change. I also want people to share their fears and cynicism - by understanding we can address and combat them.*

- Catherine Danaher, Community Partnerships

## LEAD THE CHANGE



## Change Leaders by division/ support function

### ASD/LD

Adebola Ogunde  
Andrew Hoskins  
Bertha Hungwe  
Bridget Ramsay  
Bukunola Popoola  
Catherine Marriott  
Darren Orritt  
Debbie Payne  
Donald Iyinbor  
Ellen Stevenson  
Helen Williams  
Isaac Alakeji  
Jacinta Stamp  
Natalie Worby  
Nicola Bullock  
Rachel Harwood  
Sarah Jones  
Ummi Nyirangaruye

### Birmingham

Anand Annamalai  
Pete Murtagh

### Community Partnerships

Anthony Harris  
Catherine Danaher  
Hannah Batkin  
Loretta Burt  
Sophie Littler

### Finance

Philippa Moore  
Sharon Harradine

### Medium Secure

Abigail Weston  
Alicia Penrose  
Alison Hollowell  
Benjamin Knapp  
Dawn Barnett  
Lorraine Childs  
Ricci-Marco Allen  
Robert Foulkes  
Sally Bird  
Shirley Farthing  
Vaughan Noble

### HR

Alan Boyce  
Cheryl Nyabezi  
Darren Maginnis  
Edwin Dean  
Holly Taylor  
Janelle Leone  
Jeremy May  
Kerry Jesson  
Lauren McDermott  
Leon Gavin  
Lesley Groucott  
Marcus Kinsey  
Mary Bonner  
Matthew Sore  
Natasha Long  
Nicola Howard  
Philip Evans  
Rachael Garner  
Ria Stanyer  
Stephen Parker  
Stephen Scholtz  
Sue Fairbrother  
Susan Bruce

### Business Change/ IT

John Simmonds  
Sue Vinney  
Sarah Simpson

### LSSR

Anna Williamson  
Carol Parker  
Claire Smart

### Medical

Claire Jones  
Juliet Powell

### Quality

Allan Donegan  
Kristi-Ann Alibone  
Chloe While  
Damian Robinson

### CAMHS

Annette Matthews  
Laura Wilson  
Lorna Crofts  
Nicola Smith

### Essex

Gift Chingwena  
Ian Pearson  
Karen Bettis  
Kirsty Criele  
Sean Watson

### Neuro

Justin Meredith  
Nicola Goldsmith  
Seshni Moodliar  
Vincent Harding

### Estates & Facilities

Angelika Bak  
Derek Boyle  
Martin Crockford  
Ricky Taylor

### Strategic Partnerships

Jason Deeth  
Adam King