

A message of



Annual Report 2018/19

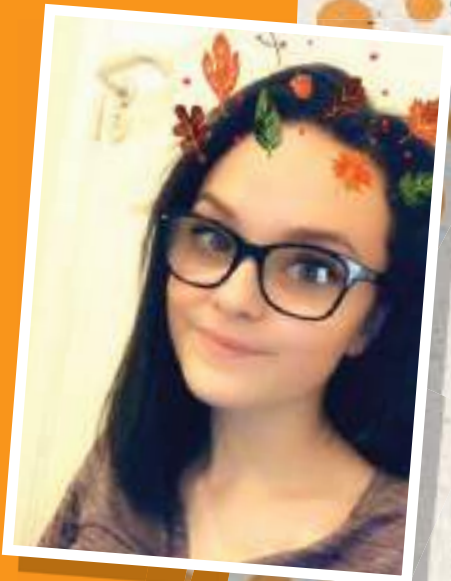
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Thank you to our patients, former patients, carers and our staff for sharing their thoughts and artwork in this publication.

## Chloe sings her way to recovery

Chloe, a former patient within our Child and Adolescent Mental Health Service, left St Andrew's earlier this year. While she was in our care she created and wrote a song, inspired by her own experiences, about the struggle of coping with mental health issues. "I really wanted to write a song that people could relate to. I want my song to inspire people to keep going," she explained. Chloe has been keen to share her experiences and advice with others. "Don't ever doubt yourself, don't worry about what other people think because if it means something to you then it doesn't matter what anyone else thinks". The song is testament to the power of music and its ability to convey a poignant message. To listen to the song in full, visit our website. Some of Chloe's lyrics are opposite.



### Help me along

She sits in the corner, unaware of everything around her  
All she can think about is the pain that surrounds her  
No-one can reach the broken soul she has become  
All she wants is a friend  
Someone to care and show her the way  
Wanting nothing more than to be ok  
So every night she sits on her bed and she says...

Thank you God for helping me along  
I've finally found where I belong  
I can see the colours and the beauty  
I can cope on my own at last  
Thank you God for helping me along

Just look at her now  
An inspiration for all to see  
Courageous and brave helping others  
Now she closes her eyes and believes  
There is a way out of the darkness  
So she sits on her bed and she says

Thank you God for helping me along  
I've finally found where I belong  
I can see the colours and the beauty  
I can cope on my own at last  
Thank you God for helping me along.





Once a year we put together a report to set out what we've been doing over the last year, and what our plans are for the coming year. This gives us a great opportunity to share with our patients, carers, staff and our commissioners, the successes and challenges that we've had, and how we've dealt with each of them. The report sets out the ways in which we carry out our charitable aims and provide public benefit, which is based on guidance from the Charity Commission.

We've tried to make each part of the report interesting and clear, and to use patient stories where possible, to demonstrate the real life impact of having a mental illness and what St Andrew's does to support those who are in its care. The report gives our patients the chance to describe what being at St Andrew's means to them, either through their stories or through some of the artwork and writing that they've prepared.

Last year, the theme of our Annual Report was HOPE, and this year, we've decided that this is still the most important issue for our patients. As one of our educators has recently said: "Hope is the difference between surviving and living. Our staff work day in, day out to help our patients leave St Andrew's and go to on to live happy and purposeful lives."

We hope you enjoy reading it.



## A welcome from our Chairman

The Charity's founders, in 1838, described the Charity's purpose as being:

*To promote the healing of sickness, the relief of suffering and the relief of need of those experiencing mental disorder by:*

- The **establishment of hospitals and the provision of community based care;**
- The advancement of **education and training;** and
- The development of **research into the causes and treatment of mental disorder.**

Despite the many changes in mental healthcare in the last 180 years, the Charity's purpose is still relevant, arguably more necessary than ever, and in need of our nurturing and support to deliver it.

If 2017/18 was a year of transformation, 2018/19 has been a year of consolidation.

Katie Fisher joined us as our new Chief Executive in June 2018, and has brought with her a renewed focus on the delivery of our charitable purpose, ensuring that the Charity is run as a clinically-led organisation, with patients at the heart of everything we do. The Charity now has a strong and clinically focussed Executive Committee and is developing robust and sustainable processes and governance to ensure that patient safety and outcomes underpin every decision that is made. The Integrated

Practice Units (IPUs) are well established and enabling much more individualised care for all of our patients. This is the first step in the journey towards delivering Value Based Healthcare, and I am confident that with the building blocks now in place, the Charity will move on to develop the systems and insight required to achieve this goal.

I have been a Governor at St Andrew's since 2005, a Board Member since 2007 and Chairman since 2014. After five years as Chair, I've decided that it's time for the Charity to appoint a new Chair who will take the Charity into the next phase of its development. I'm delighted that Dr Peter Carter, OBE, will be taking on the role of Chair of the Board and of the Governors from me in July 2019 and wish him every success. I'm looking forward to continuing my support for the Charity as a Governor.

I feel privileged to have had the opportunity to be involved with such an amazing organisation, whose staff are utterly dedicated to the patients they support. They put themselves forward relentlessly and tirelessly to ensure the best outcomes are achieved. I would like to thank each and every one of our staff, volunteers and all those who work with us for their great contribution over the last year, and wish you all well for the future.



*Peter Winslow*

**Peter Winslow, CBE**

Chairman,  
St Andrew's Healthcare



# Transforming lives together

## Who we are

St Andrew’s Healthcare is a charity that provides specialist mental healthcare for people with complex mental health needs. Our patients come from different backgrounds and different places, and have different mental and physical health needs. Some need some short term support following a crisis or breakdown, some stay with us for longer periods, so that we can provide not just medical interventions, but therapy and support with getting their lives back on track, and some of our patients will be cared for towards their end of life.

In the last year, we’ve looked after 1,430 patients in our hospital and community homes, and 1,585 patients through our Consultancy Service. We’re clear that for our hospital patients, a key part of our role is to help them move on and leave hospital as soon as possible, so that they can return to leading a fulfilled and purposeful life. During the year, we were able to discharge 673 patients, and help 228 patients move either into the community or to a lower level of security. We also provided treatment and support to 11 patients in residential community settings, which is a growing part of our service offering.



We provide treatment and care for those with mental illnesses, developmental disorders, brain injuries and neurological conditions. Over 90% of our patients are detained under the Mental Health Act 1983, because they pose a risk of harm to themselves or others. Of those, around 50% are “forensic” patients who have come to us via the criminal justice system for care and treatment in a hospital environment. We are one of a small number of providers who have the skills and experience to help those with the most complex needs.

In order to provide the best possible care and support for our patients, the Charity is organised as 16 Integrated Practice Units (IPUs), which were established in 2018. The IPUs are small groups of wards, focussed around the needs of a particular patient group, which means that the services and support they provide can be specifically tailored to the requirements of that group. It’s still early days for our IPUs, but we have already seen some significant improvements that have come about as a result of this change, some of which are explained on pages 16-19.

## What we do

Recovery for our patients not only requires the therapies and treatments that we can offer, but almost always needs a more holistic approach, to ensure that patients are ready to live outside a hospital environment, and are equipped to deal with the challenges of everyday life. We therefore focus a great deal on helping patients to develop practical and vocational skills that will give them the confidence to move on. This year, we’ve opened a Workbridge facility in Birmingham, and started our Recovery College, which we call REDs (Recovery and Every Day Skills), which now operates in all four of our hospitals.

We have a positive, welcoming, diverse and inclusive workforce made up of over 3,500 permanent employees and 1,000 workers who are engaged via our internal “bank” system. Over 90% of our permanent staff (and 95% of our “bank” staff) are directly involved in clinical care and support for our patients.

Each patient is under the care of a Responsible Clinician (RC) and works with a multi-disciplinary team made up of different experts, including psychiatrists, psychologists and occupational therapists. We work with our patients and carers to develop a care plan for every patient. This “co-production” ensures that patients’ and carers’ views and concerns are taken into account, and that every care plan reflects the individual’s hopes for the future.

We have done much to start measuring our patients’ outcomes – the things they told us are important to them – and on pages 16-19 of this report you will find more information about this. This information helps us to ensure that we are treating our patients effectively and to make changes where we need to, to ensure that recovery is achieved.

We’ve also increased our focus on our patients’ physical health in the last year. We’ve doubled the number of physical healthcare nurses, and moved this support into the IPUs, so that it is easier for our patients to get the help they need when they need it.

“I came here in an absolute mess, I hated life and I thought things would never get better. Yet here I am, happier than I’ve ever been before, about to get discharged. Thank you for saving my life – I will be forever grateful! Keep doing your amazing jobs and keep inspiring.”

Patient in our Essex hospital

This table gives a snapshot of how many patients we were caring for within each of our IPUs at both the beginning and end of the financial year.

IPU	Apr-18	Mar-19
Psychiatric Intensive Care (Northampton)	20	20
Women’s DBT (Northampton)	42	39
Dementia and Huntington’s Disease Care (Northampton)	80	75
Mental Illness and Personality Disorder (Essex)	70	61
Mental Health and ASD Secure Care (Birmingham)	122	108
Women’s Medium Secure (Northampton)	38	37
Learning Disability and ASD Secure (Nottingham)	60	54
Men’s Low Secure Locked (Northampton)	50	48
Men’s Medium Secure (Northampton)	82	79
Women’s Low Secure Locked (Northampton)	41	35
ASD Secure (Northampton)	37	35
Brain Injury Rehab and Care (Northampton)	59	59
CAMHS (Northampton)	41	45
CAMHS Developmental Disorders (Northampton)	32	36
Learning Disabilities Secure (Northampton)	53	47
LDD Community Services	4	10
Total	831	788



# How we do it

Our Charitable purpose is at the heart of our Strategy, and continues to underpin our approach and delivery. Our first and greatest priority is to deliver the best possible care for our patients, which is supported by the work we do on education and research. The three elements of the Charitable purpose are complementary:

SERVICE

EDUCATION

RESEARCH

We've updated our Strategy in the last year, to ensure that we have a truly clinically led approach. You'll find more information about our Strategy on pages 34 and 35.

The Strategy, and everything we do, is underpinned by our vision of Transforming Lives Together, and our CARE values. We believe in treating patients, their carers and families with Compassion, we are Accountable and do what we say we will do. We Respect our patients and each other, acting with integrity, and we continue to innovate and learn, to strive for Excellence.



## DEAN'S STORY

Dean was a compulsive gambler for over 30 years. He received treatment through the St Andrew's Outpatient clinic – our Consultancy Service – and is now over 500 days clear of gambling. Here, Dean tells his story:

"Gambling started when I was 16 and I felt a betting shop was the best place in the world and where I could be my true self. I have an addictive personality, so if it wasn't gambling, it would have been something else. Gambling took away my pain and distracted me from the rest of the world – I had no worries and nobody could hurt me.

The Dean in the real world was quite different to the Dean who gambled. Nobody understood my compulsions. At work I was likeable and friendly – then the switch would go on and I'd need to be alone and fulfil my need to gamble. The person in the office was just an act – allowing me to be the real me. But after the therapy, I can see that I wasn't truly either of those people and I can accept who I am now.

When I came to St Andrew's, I was in a bad way. I hadn't been working and had just gone through a big splurge – I was in fear of losing my wife and children. I couldn't think of anything else that could help me – so I figured I had nothing to lose.

It took me 3-4 months to build a rapport/trust with my psychologist and I started to realise that the way I saw everything had changed. I understand that all forms of addiction are based on trauma and to get me better

we had to work on the source of the trauma. When I reworked my upbringing through the therapy, I saw myself in a different way. Once I did this, my need to gamble went overnight.

The psychological therapy has changed me as a person and it's changed the way I interact with other people and the relationships I have.

I had tried every single programme for addicts, but for me the key to stopping gambling was to unlock the trauma. The tools and techniques I have learned through therapy help me to cope with stressful times, such as the death of my mother recently. The need to gamble to cope has just gone away now.

My sessions with my psychologist at St Andrew's gave me space to focus on just me and we worked on strategies to help me cope and I could test myself in a safe space.

"Coming to St Andrew's was the best investment I could make in myself."

More information about our Consultancy Service is set out on page 21.

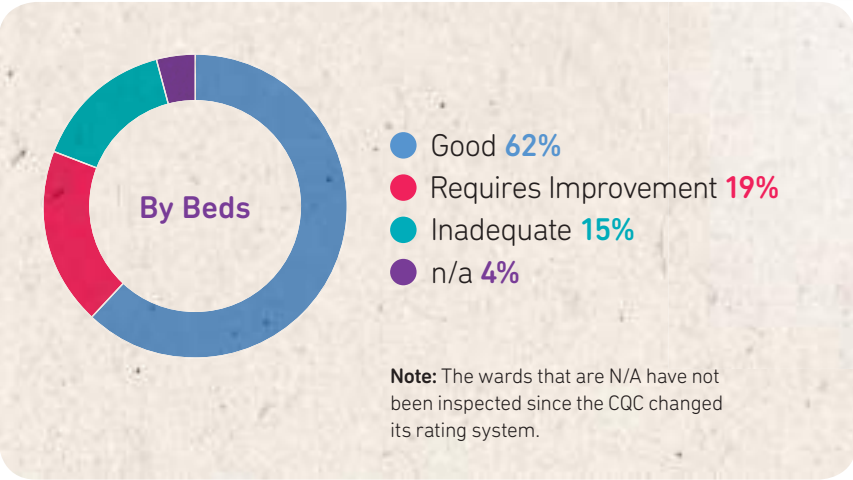




# Who checks that we are doing it well

We are regulated by a number of different organisations. The main regulator of the quality of care we provide is the Care Quality Commission (CQC), but other bodies also review aspects of what we do. These include all of the Clinical Commissioning Groups (CCGs), NHS Wales, Ofsted, Safeguarding Boards for Adults and Children in the areas where we operate, NHS Improvement, the Charity Commission and the Health and Safety Executive. In the last year, we have also been scrutinised by the Children’s Commissioner and the Healthcare Safety Investigation Branch (HSIB).

The following chart shows the ratings that the CQC has given us, following their inspections, which demonstrates that more than half of our Services are rated as “Good”.



During the year, the service for men and women with Autism and Learning Disabilities, at our Mansfield hospital in Nottinghamshire, and our Children and Adolescents Mental Health Service in Northampton were determined by the CQC to be Inadequate. We recognise that these services need to improve, and we have taken immediate steps to address the concerns raised. We are confident that when the CQC returns to re-inspect these services they will see significant improvements.

During 2018/19, NHS Wales carried out Performance Reviews across all four of our hospital sites. Our Essex and Birmingham hospitals maintained their 3Q ranking – the required quality assurance marks that providers must meet - and Performance Improvement Plans were issued to our other audited wards.

We have clear action plans in place to address all of the issues raised during inspections, which will be supported by a more robust clinical governance framework.

Our CEO, Katie Fisher, has said: “We are confident that the changes we are now implementing will lead to a more robust model of clinical management, that will ultimately lead to better outcomes and improved recovery for our patients.”

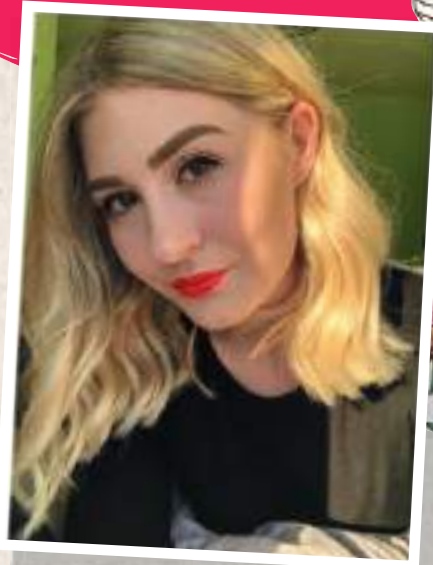
## TEE’S STORY - THE NEXT CHAPTER

In last year’s Annual Report we shared the thoughts of Tee, a former patient at St Andrew’s. Tee – who was diagnosed with borderline personality disorder (BPD) – was in our care for just over a year. While at St Andrew’s she underwent dialectical behaviour therapy which focusses on accepting who you are, and she found it really helped. A year on, Tee is now 22 years old and is getting ready to start University. Here she shares how the past 12 months have been for her.

“A lot has happened since I was discharged – I have moved house, been on holiday to Amsterdam, passed my driving test and I

am now getting ready to start University in September. While I continue to take medication to manage my BPD, I am coping really well, but I do make sure I make time for self-care, especially if I am feeling overwhelmed.

While I was in hospital I kept a diary. Since being discharged I have kept up with my writing by keeping a blog, which has been really therapeutic for me. I found it difficult to begin with, and before I published the first post I thought long and hard about revealing too much about my mental health. Understandably, my loved ones were also worried whether



my health was robust enough for me to be so open about my condition.

Thankfully, most of the reactions have been positive. Readers have told me that my blog has inspired them to get treatment for the first time, or even encouraged them to reunite with family members they’d cut themselves off from because they were struggling with their mental health. Before I started my blog, I felt so alone, but it’s had 3,000 views now, and people read it across the world, from the UK to Russia and South Africa. We’re in the grip of a huge mental health crisis among young people, but I hope my blog helps some of them see that even when you reach rock bottom, there is a way back up.”

To read Tee’s blog, visit: [www.positivi-tee.co.uk](http://www.positivi-tee.co.uk)





# Our Key Performance Indicators

Taking all of that into account, we've developed some Key Performance Indicators – KPIs - that we think give a good indication of our performance during the year. We've used indicators from the three elements of our Charitable purpose to ensure we are fulfilling our objectives. Some of these KPIs are new, and we haven't measured them before, so we don't have comparable numbers for previous years, but we will be using these measures for the next few years to track progress.

## SERVICE

We are using three measures to track our progress with delivery of care and support to our patients:

**CGI:** The 'Clinical Global Impressions' (CGI) outcome tool is a well-recognized and internationally used measure which allows clinicians to monitor and assess whether the treatments being delivered are leading to improvements in patient health. Our latest assessment using the tool indicates that 57% of patients (out of a total of 1,068) have seen an overall improvement in their condition.

**Friends and Family:** The last assessment of the Friends and Family Test showed that 54% of patients (out of a total of 539) are 'likely' or 'extremely likely' to recommend our service.

**Patient Satisfaction:** The Patient Satisfaction Survey showed that out of a total of 191 patients, 67% report that they would rate their satisfaction with their care as either 'good' or 'excellent'.

## EDUCATION

20 schools have signed up for our Quality Mark and training packages in the year, against a target of 10 schools by 2019 and 50 schools by 2022. More information about our Quality Mark is on page 24.

## RESEARCH

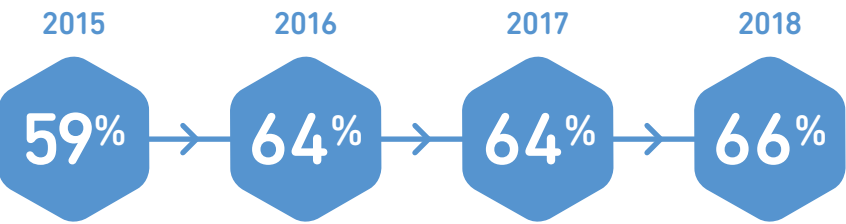
The Research Centre has KPIs in 10 areas, each with a specific measure.

We have chosen the number of papers published as a good indicator of progress. In 2018/19, 19 research papers and conference abstracts were produced and published, against a target of 10. The Research Centre is on track to meet and exceed its overall goal of 30 papers published by 2022.



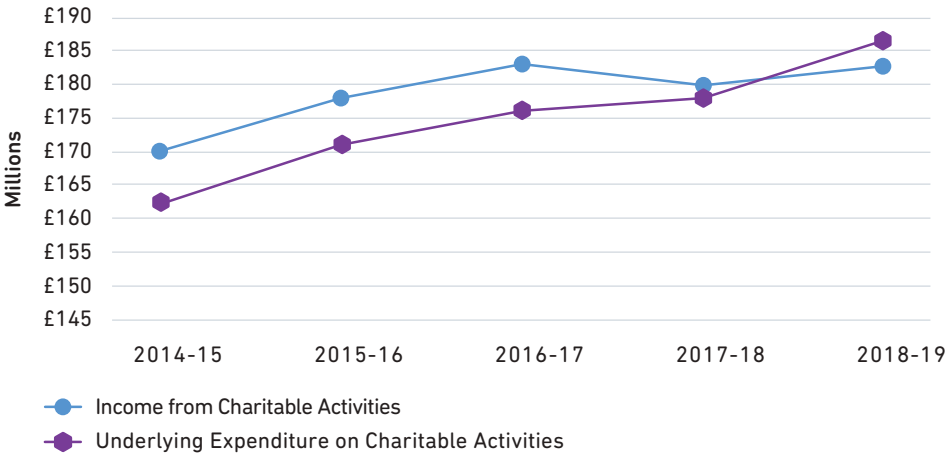
## Staff

The Engagement score from our staff survey gives us a good indication of the way our staff feel about, and engage with, the Charity. Despite a lot of change in 2018/19, the Engagement score increased in the last survey.



## Financial Performance

Expenditure on charitable activities exceeded income from funding for charitable activities in line with the Charity's expectation for the year. This arose due to the significant investment made in recruitment of nursing and other clinical staff, to support the care and treatment of our patients.





# 2018/19 – A year of consolidation



2018/19 saw a reinforcement of the Government's Transforming Care Programme, which impacted, among other things, on the number of patients we looked after. The year brought frustrations for some of our patients, who, despite our best efforts, were unable to move on due to the complexity of the commissioning model, and the lack of community placements. We will continue to lobby for an improvement in the approach to commissioning, and we are planning to develop more community services ourselves, to try and support the move for more of our patients, and others, into a less restrictive environment in community settings. Progress with this was slow over the year, but will be pursued as part of the strategy for the coming year.

The restructuring of the Charity into IPUs has been embedded over the last year, with more staff being transferred to work directly for IPUs, and the IPU management becoming more confident in developing their approach to bespoke, patient centred care that is right for their patient group.

With a new Chief Executive joining the Charity in June last year, we've seen a renewed focus on clinical leadership. A new Charity Executive Committee was set up in October, with over half of the 20 members being clinicians, and weekly meetings to ensure that a range of topics are covered and that there is time for proper debate. A clinical governance framework is being developed, and the drive for improved and accessible data will ensure that the framework is a truly effective tool in driving quality improvements.

"The system is in crisis. There are people who have life-long needs who require life-long support, but those who recover or are assessed as fit to leave but then cannot are not gaining any clinical benefit from being here.

It is potentially damaging, especially if they don't know when or where they will be discharged.

This is their life and not being able to move to a more suitable place or home is just wrong, unnecessarily restrictive and hugely expensive.

We put interventions in place to move them, but the community service infrastructure does not work. It is so fragmented and too many patients are falling through the gaps."

Katie Fisher, CEO

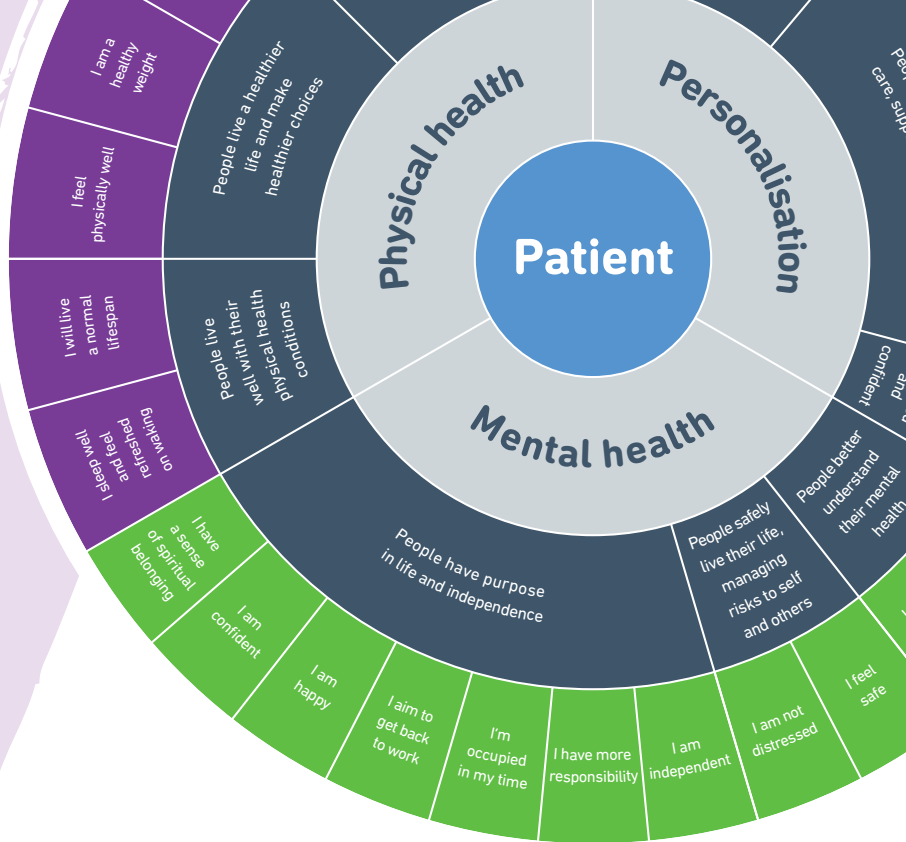




# Service

## Outcomes

It's now nearly two years since we embarked on our transformation project, which has seen continued development of our outcomes based approach across the whole organisation. Whilst the recording and collection of outcomes measurements is at an early stage, it is already showing some positive results. We have clear evidence of more patients and carers being involved in planning an individual patient's care, and this move towards greater co-production will continue to be a focus in the coming year.



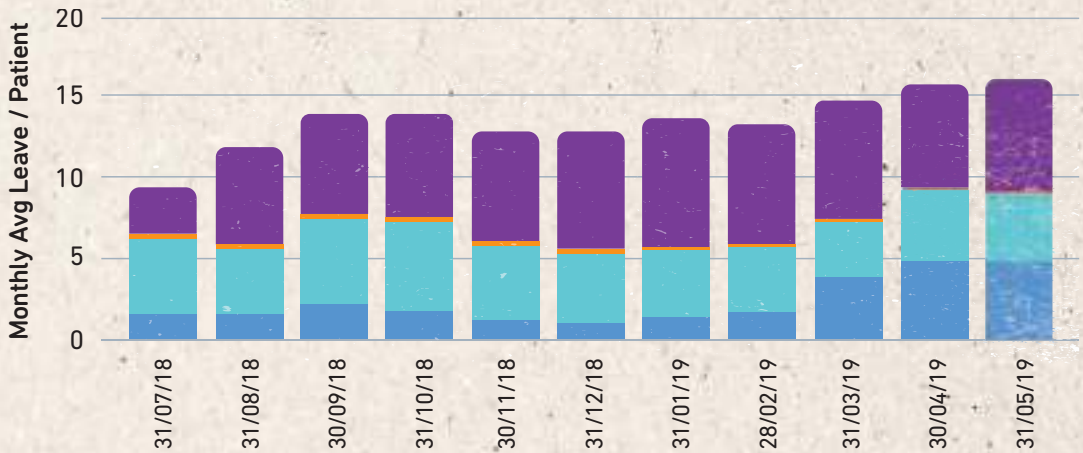
We are using a range of outcomes measuring 'tools' to allow us to understand how well we are achieving the outcomes which are most important to our patients. Collecting information with these tools allows us to compare outcomes data with other national or international mental healthcare providers. Ultimately, it means that we will be able to improve the quality of care we provide to our patients, now and in the future. These are some of the outcomes we are currently measuring:

## Leave

Leave is extremely important to our patients and is an essential part of recovery, supporting community rehabilitation, wellbeing and discharge. Our IPU in Essex has demonstrated a steady increase in the amount of leave taken over the last year. This graph shows that the average monthly leave taken per patient has increased from around 9 leave episodes per month in July 2018 to 16 leave episodes in June 2019.

Monthly Average Leave Episodes Per Patient - By Destination

- Local area (not in STAH grounds)
- Home/Family Visit
- Community Leave
- STAH grounds

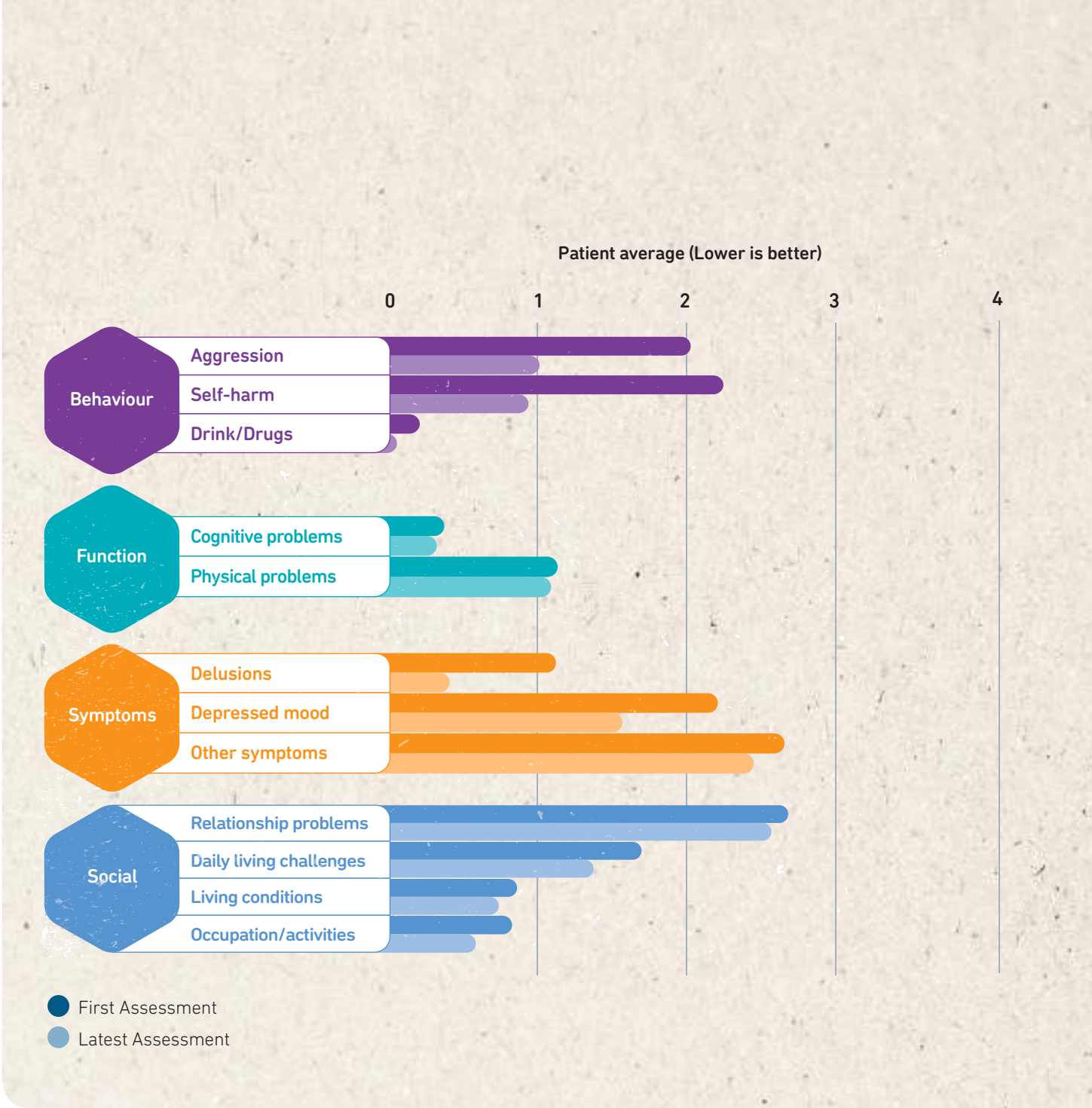




HoNOS

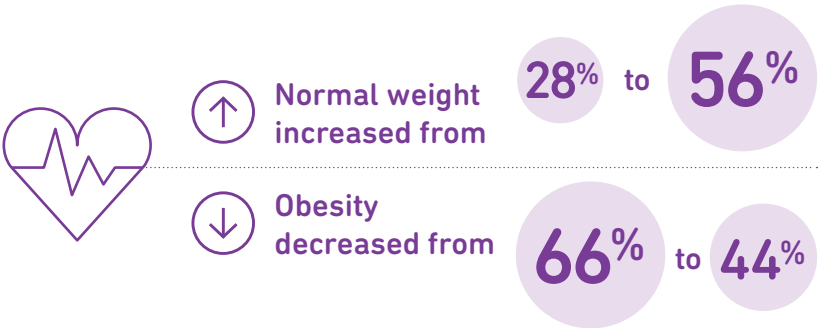
Our DBT IPU delivers effective Dialectical Behaviour Therapy which is nationally recognized. The impact of these clinically effective treatments is tracked using a number of outcome measures including the ‘Health of the Nation Outcomes Scales’ (HoNOS) developed by the Royal College of Psychiatrists. This measure allows the team to track changes in the mental health status of our patients and ascertain whether treatments are effective. This table, which is based on the scores of 53 patients, demonstrates that over the last year, treatments delivered within the DBT IPU have led to clinical improvements in behaviour, daily functioning and social ability and led to a reduction in overall symptoms.

There are 12 areas, rated 0-4, with 4 being the most severe impact.



Weight Management

Maximizing physical health is an important aspect of the care we provide. Studies have shown that people suffering with severe mental illness have poorer health outcomes. One aspect of health which leads to poor long term outcomes is obesity. We are therefore focusing on weight reduction plans to address this critical issue. Weight tracking for approximately 30 patients in the Autistic Spectrum Disorder IPU over the last 9 months shows that the number of patients within the normal weight bracket has increased, and the number in the obese range has gradually reduced over that period, thereby reducing the associated physical health risks.



"I just wanted to say thank you for all the help and support you have given me since I have been on Meadow ward. I never thought the day would come where I would be finally going home, and I would not be where I am today without all of you. You were there for me even at my lowest points and you never gave up on me, even when I had given up on myself. I am so grateful for that."

You all made me realise how amazing life really is and you all put the hope back into me when I felt so scared and alone. You helped me when I just wanted to give up; now I look back at those times and realise how lucky I was to have you all through this hard journey. I will miss you all and I can honestly say I will never forget you."

Patient in our CAMHS service



## New Models of Care

In 2016, St Andrew's joined with Birmingham and Solihull Mental Health NHS Foundation Trust and Midlands Partnership NHS Foundation Trust to set up Reach Out – a partnership of the three providers of secure inpatient care in the West Midlands, with the aim of improving delivery of care in the region. The overarching focus is to integrate the planning and delivery of specialised secure mental health services with locally commissioned services and move to a whole pathway based approach. The partnership places emphasis on provider collaboration rather than competition to drive better patient outcomes, shorter lengths of stay and greater use of community rather than inpatient services.

The partnership has achieved a lot in the two years it's been running, including:

- A decrease in the number of in-patients from 563 to 533
- 30 fewer out of area patients
- A reduction in delayed discharges
- Re-investment of savings in innovative care models.

We have recently joined with 8 other providers to establish a similar partnership in the East Midlands, which will operate on a similar basis, and continue to support our efforts in working together with other NHS and private providers to deliver the best care and outcomes for patients in the regions where we operate.

### Women's Blended Pilot

In January 2018, St Andrew's Northampton was chosen by NHS England as one of only three sites nationally to pilot a blended secure mental health service for women; the only one to be run by a private provider. The pilot will run for 18 months, and aims to reduce length of stay by removing the transition from medium to low secure care, thus improving quality of life for patients and reducing the cost per patient per stay. One of the key features of the pilot at St Andrew's is the introduction of 15 Peer Support workers. These staff are extra to the standard staffing model, and will ensure that patients spend the majority of their time off the ward. Our Peer Support workers have themselves experienced mental ill-health, and are really well placed to help our current patients.

### Consultancy Services

Our Consultancy Service has continued to grow with the development of partnerships and launch of new services, which includes:

- Psychological therapy for those on community orders or probation, which has proved to be very effective in reducing repeat offending in this group
- Supporting NHS Trusts in reducing the waiting times for child and adolescent ADHD and ASD assessments
- Providing therapy and support to veterans in East of England and East Midlands who suffer from post-traumatic stress disorder, which is commissioned by NHSE Armed Forces. The referral rate for this service has far exceeded expectations and as a result the service will double in size over the next year.





# Education

St Andrew's is unique in its commitment to learning in all its guises. Our approach to learning and education is holistic. Every patient is given access to learning opportunities to enhance their lives and give them the skills to live independently in the community, and staff training and opportunities for development improve the way they work with patients.

## Children and adolescents: St Andrew's College

For our younger patients we have a dedicated college located within FitzRoy House, where our approach is to normalise learning – with patients attending school on a daily basis where they are well enough to do so. Students are encouraged to improve their academic skills and gain qualifications as part of their recovery. The College, which has an 'Outstanding' rating from Ofsted, delivers bespoke programmes for each young person with core subjects including Art, Business, English, ICT, Maths, PE and Science.

During the year, 121 students attended the College, and between them they achieved an amazing total of 414 separate qualifications.

A secure environment is no barrier to students having fun – over the last 12 months the students have enjoyed activities including a theatre trip, environmental science trip, activities including wheelchair rugby and a sports day, and taken part in events such as the FitzRoy panto, Harry Potter Day and World Book Day.

## PATIENT RECOVERY: RYAN'S PROGRESS

Ryan\* has a diagnosis of autism and learning disability. He has had a poor experience of education, having attended 13 different schools before arriving at St Andrew's.

Ryan is now highly engaged in his school work. Since attending St Andrew's College he has improved his reading age from 5 years 8 months to 6 years 8 months. He has also achieved more than 20 AQA Unit awards – certificates to mark the achievement of a short unit of work.

Ryan rarely misses a session and, despite previous issues with engaging at school, he has taken part in many enrichment and vocational activities including sessions at Workbridge (see page 24), yoga and science days.

\*Not his real name

## Adult Education

Education and learning contribute to the recovery of our patients. Many have had poor experiences of learning in the past, but our professional staff help people learn in ways that meet their particular needs, often leading to awards or qualifications. Over the year, 21,378 teaching sessions were offered, and 202 separate qualifications were achieved.

*"We're completely flexible to people's needs and will work with each person to find subjects that are interesting and useful to them. Teaching is delivered on the ward or in dedicated classrooms, in one-to-one sessions or groups, led by patient preferences and individual situations."*

Kate, teacher

## REDS Academy

Our Recovery and Every Day Skills (REDS) Academy, was launched in June 2018. REDS Academy is a uniquely inclusive offering open to patients, staff and carers. Its aim is to increase hope, help students better manage their mental health and prepare patients and carers for life outside of our care. All of the REDS courses are designed and delivered in partnership with patients and people with personal experience of mental health challenges.

Courses cover a wide range of topics from understanding mental health to meditation, drama and dance. They also give people support with managing money and budgeting.

Since the launch of REDS, 111 patients and 127 staff across our four sites have taken part in the full range of courses.

*"Meditation teaches me about my mental health and gives me coping strategies."*

Student

*"As a Peer Trainer my role is to help create and deliver courses using my lived experience of mental health alongside my training skills. The aim, though, is to have more St Andrew's patients involved in doing that. The empowerment they'll gain from co-designing and co-delivering courses is massive."*

Kyle, REDS Academy Trainer

*"It felt honest, engaging and emotional at times, but well worth taking part in."*

Student



## Workbridge

Workbridge, at our Northampton and Birmingham sites, gives patients and service users from the community an opportunity to work as a team, learning and developing work and life skills through a broad range of vocational activities to help them realise their potential in the community.

Service users are supported by skilled staff across many workshops to encourage independence, respect, teamwork and trust. They build skills, knowledge and self-esteem in a supportive environment. There are also opportunities to gain accredited qualifications and development is supported by regular reviews and feedback.

Our Employment Support service then supports people to take their skills outside of Workbridge and into meaningful paid or voluntary opportunities. Over the year, 60 service users took up work placements in the local community.

We have other opportunities for our patients to engage in activities, such as the Creative Garage, the bakery and our work and social programme.



### Work experience leads to paid job for Louise

Last year, Starboard PM - a boutique construction project management firm - teamed up with St Andrew's to offer patients the opportunity to gain valuable work experience. Louise took up a placement and worked with them for 12 weeks, assisting with administration and projects.

Now discharged and living in the community, Louise has started a paid role with the company.

"I really enjoyed my placement, and it helped me to build my confidence while learning new skills. I am now working for Starboard PM one day a week, and the team are very supportive. I hope to be able to work more hours each week in the future."

### Quality Mark for Mental Health in Schools

We are keen to use our skills to improve awareness of mental health and to equip those who work with children, in particular to support the many children who now suffer with mental health issues. In November 2018, St Andrew's College hosted a Mental Health in Schools conference as one of a range of initiatives designed to support this approach. The College has also launched an innovative mental health Quality Mark, awarded to schools that perform well against a set of criteria that look at how well schools support students suffering with mental health issues.



## Staff training

St Andrew's is unrivalled in its approach to staff education and development. On average, staff complete 23,000 days of learning each year, which equates to 6 days learning per staff member per year. The learning opportunities range across entry level support for literacy and numeracy, apprenticeships, nursing degrees, training for non-medical staff to become Approved Clinicians, leadership and development skills at levels suited to the individual and continuing professional development in many different areas. We also hosted over 300 students across 10 different disciplines, from UK universities, helping to support the next generation of experts who will provide the care our patients need.

We continue to build strong relationships with Universities, developing programmes that will provide students with the skills we need. During the year, the General Medical Council (GMC) approved a new degree course at Buckingham University, noting the contribution played by St Andrew's. The GMC cited the excellent facilities, along with the commitment and enthusiasm of teaching staff and pastoral support.

## Apprenticeships

Over the year, we supported 95 staff members in undertaking apprenticeships across many and varied areas, including health care support, business administration, data analytics and leadership. This is a fantastic way in which we can support our staff to develop their skills – which are then put to good use in ensuring continuous improvement in all areas of the Charity's work.

## ASPIRE

Our innovative programme that supports healthcare assistants to qualify as nurses goes from strength to strength. Each year we provide bursaries to 25 staff members to support them in undertaking a nursing degree. There are currently 90 staff members at various stages of their academic journey, who will help us to manage the challenge of providing nursing staff in an environment where nurse shortages are a reality for all healthcare providers. This year 25 nurses have successfully graduated, 18 of them with First Class Honours. They will return to St Andrew's with their academic qualifications and a great working knowledge of our wards and patients.

## PHIL'S ASPIRE JOURNEY



Phil joined St Andrew's in 2006 as a healthcare assistant. He progressed to become an assistant practitioner, but wanted to become a fully qualified mental health nurse, so he embarked upon the level 4 certificate of higher education. "Before that, it was about 20 years since I was in school," he explained.

Once Phil had attained the certificate, he applied to the ASPIRE programme and, after a successful interview, gained a spot on the programme.

"Being accepted into the ASPIRE programme and going through the interview process gives you a bit of self-belief that they have seen something in you and are prepared to put the time and investment into you to progress and develop," he said.

Phil's consistently high grades on the course allowed him to leave university two years later with a first-class degree. "I couldn't have done it without ASPIRE. The financial support is a bonus; being a mature student and having commitments, there was no way I could have taken any other route to university, let alone have the confidence to do it."

He is now back at St Andrew's, working as a staff nurse within our Child and Adolescent Mental Health Service.



# Research

Research is one of the three pillars of our Charitable purpose, and it is vital if we are to continue to improve patient outcomes and provide hope for recovery. For that reason, we prioritise research that can be translated into clinical practice, which focuses on understanding how the treatments we provide benefits patient with mental illness in a secure hospital setting.

We actively engage with patients and carers in order to understand what outcomes matter most to them. We then combine this knowledge with the clinical expertise of our specialists, creating a research portfolio that can change the future of mental healthcare.

We have developed a research strategy that sets out a clear direction and priorities for the next 3-5 years. The strategy focuses on three key themes:

- 1. Personalisation:** building a patient-centred knowledge base to change individual care and outcomes
- 2. Mental and Physical Health:** developing treatments for the whole person; exploring the relationship between mental and physical conditions
- 3. Transition:** improving the patient journey across and between mental and physical health care systems and settings



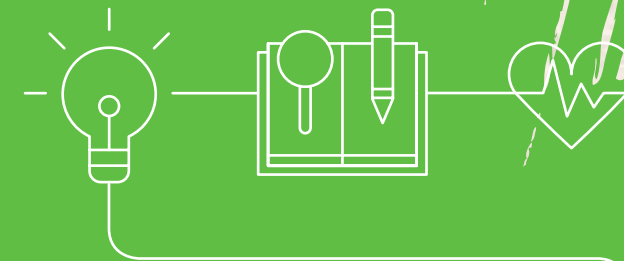
The research strategy places patients at the centre of everything we do, in alignment with the wider St Andrew's Healthcare approach, and puts a focus on innovation and utilising technology.

We want to create a culture where research is a core part of everyday clinical practice and a natural part of the care conversation. To achieve this, we are building an infrastructure and developing opportunities that will support researchers from within the Charity. We will nurture and support all members of the care teams to develop their research skills, through the provision of training and by assisting them in the development of research ideas, study design, data collection, statistical analysis and dissemination.



*"Working with St Andrew's brings the opportunity to reach an under-researched population of patients. We are looking forward to combining our expertise with those of our colleagues at St Andrew's to drive forward a multi-disciplinary body of work that will benefit the patients at the hospital."*

Dr Florence Kinnaick, Loughborough University School of Sport, Exercise and Health Sciences, who has been investigating the benefits of physical exercise for adolescents with severe mental illness



OVER  
**100** Patients participated  
in research studies

**807** Staff were actively involved  
in research studies

WE SUPPORTED  
**6 MSc**  
and **13 PhD** students

THIS YEAR  
**19** papers were  
published and  
**13** conferences  
were delivered



# Funding

Given the enormous potential benefits to patients and society which would come from investment in mental health research, it is a travesty that spend is so low, with just £9 spent on research per year for each person affected by mental illness. In comparison, investment in cancer research is more than 25 times higher, at £228 per person.

The imbalance is due to a lack of charitable funding, which is virtually non-existent for mental health research. This poses a major barrier to the development of mental health research in the UK. If we, as a society, are to achieve advances similar to those seen in physical health, such as cancer and heart disease, we need to invest in dedicated research programmes.

Now is the time to focus on transforming the future of mental illness through research. Recent developments, including those in genomic medicine, will enable us to develop more effective and targeted treatments for a range

of illnesses: from anxiety disorder to schizophrenia. In addition, improvements in digital technology and data analytics provide unprecedented opportunities to inform new research in mental health, with the potential to greatly improve the lives of patients, worldwide.

Building a long-term research programme, and a sustainable funding stream to support it, will not happen overnight. It will take time and energy to build partnerships and to establish a pool of committed benefactors and donors; but we are committed to achieving this.



# St Andrew's family



## Carers

We recognise and highly value the unique knowledge and support that carers, families and friends offer our patients, and the crucial role they have in supporting the health and wellbeing of the person they care for. We know that by working in partnership with families and friends, we can bring about better outcomes for our patients.

Over the past year, carers have been involved with many aspects of life at St Andrew's, including supporting the Mental Health Act Review, and undertaking research with the National Association of Psychiatric Intensive Care Units. Carers have also shared their experiences at leadership and board meetings, and contributed to research through membership of the Research Committee.

*"I'd like to take this opportunity to thank you so very much for your wise words and such good support and real action. I'm so very glad our paths crossed. I was lost!"*

Carer

## Feedback from our carers

We recently conducted a survey and asked our carers how they feel about St Andrew's. 78% of carers surveyed said they would recommend St Andrew's, and 92% felt they were treated with dignity and respect when in contact with the Charity.

## The Carers Centre

It has been 12 months since we opened our Carers' Centre in Northampton, and the Centre is now open 7 days a week. The Centre provides central support and information for visitors, and signposts carers to local services.

*A patient's father stated that his daughter's "progress has been a remarkable turnaround. In the past we had thought 'if she gets out', now we think 'when she gets out'. We have had peace of mind since she has been there. When you say you're going to do something, you do it."*

Carer



*"It was a pleasure to meet someone as caring as yourself. I cannot thank you and the team enough for what you have done for my Mum."*

Carer



# Our staff

Our staff are our most important asset and we invest a lot of time and thought in recruiting the right people, ensuring they have the right skills to perform their roles, through training, mentoring and other support, and that we give them every opportunity to succeed. We also strive to look after our staff when things go wrong, in their work or private lives.

We have introduced technical and behavioural competency frameworks so that our performance expectations are clear and understood and so that we can support employees in achieving their potential.

Our internal development programmes have borne fruit this year, with 336 internal promotions taking place across the charity – that is 11% of our workforce. Over the past year we have also made 4 new Board appointments, and recruited over 160 new nursing staff.



*Although I am relatively new to the Charity, I already know that this is the most inspiring, most important job I will ever do.*

Katie Fisher, Chief Executive Officer

### CARE Awards

We recognise the achievements of our staff in our annual CARE Awards, which highlight some of the amazing achievements of our staff and some of the moments when their remarkable care and compassion has shone through.

### Accountability

Our staff are also key to ensuring that we operate in an open and transparent way, identifying when things go wrong or when aspects of our care for patients can be improved. We have many ways in which staff can raise issues, through open forums, on line portals, line manager feedback and an independently run whistleblowing service. Recent analysis of this showed that the number of calls to the Safecall service has declined over recent years, but that the number of reports made at 1 per 265 employees is comparable to the average for Safecall’s healthcare customers of 1 per 410 employees. The decline in calls is due to a reduction in concerns raised about staffing levels, following improvements in this area. Most issues now relate to safety concerns, and each report is investigated and changes made to ensure continuous improvement.

# Diversity and Inclusion

Our inclusion strategy is set to achieve Inclusive Healthcare. This means creating patient outcomes and employment opportunities that embrace diversity and promote equality of opportunity, and not tolerating discrimination for any reason. Our goal is to ensure that Inclusive Healthcare is reinforced by our culture and is embedded in our day-to-day working practices.

**30%**  
of Employees at Senior Level are BAME



**Sexual orientation disclosure has increased by 24%**

**Age** There is balanced distribution

this is favourable when compared to the NHS which has an aging workforce amongst nurses

We take an inclusive approach to patient care. We are recognised as thought leaders in trans-inclusive mental healthcare and have the UK’s only medium secure ward exclusively for deaf patients.

Patients are encouraged to take part in diversity-related events and celebrate their differences.

In the last year, we’ve set up an Inclusion Strategy and Steering Committee, which is led by our CEO Katie, and staff have set up a number of support networks, including the BAME Network, Able Network, LGBT+ Network and WiSH (Women in St Andrew’s). It’s early days for some of these groups, but there



is already a lot of activity for staff and patients to join in with.

We believe that diversity is important in all parts of the organisation and so we’re delighted in the last year to have appointed our first female CEO and CFO, Katie and Alexandra, and our first BAME Board member, our Executive Medical Director, Sanjith Kamath.

*St Andrew’s has the most inclusive culture of all the organisations that I’ve worked for. I’m really proud that it’s a place where people actively share their stories to inspire others.*

*It’s a place where I’ve felt comfortable to share my own story. I recently spoke about my dyslexia, and the response from it was amazing. Not only did it inspire dozens of people to speak to me, uptake for our dyslexia awareness course has skyrocketed.*

Martin Kersey, Executive HR Director



# Volunteers

Our volunteers play a vital role in the Charity, providing extra support for our patients in so many different ways.



During National Volunteers Week last June, we launched our ambitious **"100Thousandhours Volunteering for Mental Health Campaign"**. The goal was a simple one: Together with partner organizations including Northampton Mind, Samaritans Northampton, The Lowdown and the Hope Centre, we aimed to achieve a combined 100,000 hours of volunteering for mental health in a year. **In fact, the campaign exceeded its target and achieved 119,629 hours – a fantastic achievement!** The campaign helped raise awareness of mental health and of the services available to support those who are struggling with this. The campaign meant that St Andrew's almost doubled its own usual annual volunteering hours. Campaign success also came from newly signed up volunteers and businesses who came in on volunteer days.

## From a patient who has a befriender

*"Having a befriender, means the world to me.*

*You get to know someone else and it's a nice way to be.*

*They help that someone, who really needs a friend*

*And it gives you lots of happiness, when you're on the mend.*

*If I didn't have a befriender, how lonely I could be,*

*I wouldn't do the things I like and feel completely free.*

*So I am very grateful that I have that person, who befriends me.*

*She brings me lots of happiness and fills my heart with glee."*



Our volunteers get involved in so many different ways: supporting patient events, such as our fireworks evening and patient summer parties, befriending individual patients, supporting our Pets as Therapy programme, acting as Non-Executive Directors and Governors of the Charity, and spending time with patients on wards as part of our new visitor programme.

We'd like to say a huge thank you to all of our volunteers – we couldn't do it without you!

## Anne clocks up half a century

Over 50 years, Anne has touched the lives of hundreds – perhaps thousands – of patients at St Andrew's Healthcare.

Anne has had links with St Andrew's since her childhood, as her mother was a Governor of the charity. She remembers visiting our grounds often as a child and having tea with the Chaplain.

She began volunteering with us herself in 1969 as part of a group called the League of Friends. This group would organise all kinds of entertainment for patients including trips to the theatre, and Anne even hosted tea parties for them in her own garden.

Later, the rules changed and it wasn't possible to take patients on excursions, so Anne and the team would organise concerts in the St Andrew's Great Hall and the Salvation Army coming to sing carols at Christmas time.

After the League of Friends disbanded, Anne began volunteering for our library. She initially wheeled a trolley around the various wards, bringing books to our patients. In more recent years, St Andrew's created a permanent library and Anne has served patients there ever since.

**Left to right: Martin Kersey, Anne Ford, Katie Fisher.**

Now in her 70s, Anne continues to volunteer on a regular basis. She sends out all the letters to new patients to invite them to join the library, organises the shelves and chats to the patients that come in to choose their latest books and CDs.

Anne is also a regular supporter of any events and initiatives where we seek an extra pair of hands, such as a recent craft fair and a Christmas party for some of our women's wards. Organisers always say that Anne gives her full commitment and is an enormous support.

*Thank you Anne for everything you do!*





# STRATEGIC REPORT

## Our plans for the future

Each year we review our Strategy to ensure that we're still on track in terms of our ambitions and plans. The six key strategic themes that we put in place in our 2018 – 2022 Strategy to ensure that we are delivering our charitable purpose of service, education and research, have remained unchanged:

**Quality of Care:** We focus on getting the best possible outcomes for our patients and are fully committed to involving them and their carers in achieving this. Mental and physical health are equally valued.

**People:** Our patients and their carers have access to a range of learning opportunities. Our staff are skilled, flexible and engaged, supported by a wide range of development programmes.

**New Partnerships:** We work in partnership with the NHS and others to develop the right care for the future. We are developing new, community-focused ways to help people recover.

**Buildings and Information:** Our high quality patient accommodation meets people's needs. We will always use quality information to make the best decisions for our patients.

**Delivering Value:** We will focus our resources on the areas that will make the biggest difference to our patients.

**Innovation and Research:** We aim to partner with the NHS and universities to develop new therapies and treatments; improving patient outcomes with innovative ideas and technologies.

What has changed is that we now have a very detailed series of measurements for each Strategic theme, so that we can check whether we are on track to achieve what we set out to do. The Charity Executive Committee (CEC) focuses one of its meetings each month on the Strategy, and the Board reviews the whole Strategy twice a year, and makes changes to the measurement, as some items are completed and further developments are agreed. An assurance framework is being developed to support the CEC and Board with ongoing monitoring.

We've made good progress with our plans and in the key areas that we identified last year, the current position is set out overleaf.

Strategy Area	2022 Strategic Targets	Current Position	Next Steps
Quality of Care	Patient outcomes improving.	Outcome measures have now been introduced across the Charity and those collected so far indicate that patient outcomes are improving.	There is more to do to ensure that patients are more involved in planning their care, outcomes measures are more consistently applied and that data collection is more robust. We will be focusing on reducing the use of blanket rules and restrictions, and ensuring we use restrictive interventions only when absolutely necessary.
People	A staff engagement score of 70%.	In 2018, we did a short form survey, which produced an overall engagement score of 66%, a small increase on the score achieved in 2017/18.	2018/19 was a year of great change, and the survey result was pleasing in that context. Focus is now on individual IPU and support function plans to increase staff engagement to work towards the target of 70%.
New Partnerships	A 35% increase in the number of patients in community settings compared to 2018. 50% of our service offering is delivered through partnerships by 2022.	During the 2018/19 year we supported 1,585 individuals as out-patients, which is 52% of the patients we cared for, exceeding the 2018/19 target of 10%. We are a partner in New Models of Care in West Midlands and East Midlands,	Whilst our consultancy service continues to reach more people in need as out-patients, we are increasingly focussed on developing supported care in residential environments for those able to transition from hospital.
Buildings and Information	The estate is brought up to date and data is used to support decision making.	A number of large estates projects are underway. An integrated performance report is being developed that will provide access to, and insights through, key data, enabling informed decision making.	In 2019/20 one of our buildings is being renovated to form a new dementia unit and other clinical buildings are being refurbished. Support staff will move from the current head office building to clinical buildings. The integrated performance report will be available by March 2020.
Delivering value	Focus on cost efficiencies and the introduction of patient level costing by 2021.	Review of our cost base in 2018/19 has enabled us to forecast savings on indirect and overhead costs for 2019/20. Direct costs are being reviewed as part of the patient level costing project which was initiated in line with expectations during 2018/19	Implementing patient level costing in a mental health environment is problematic, but we are on track with our plan, which as the project continues over the next two years, will allow us to efficiently direct our money to achieve the best outcomes for our patients.
Innovation and research	Patient driven research is delivered that improves outcomes.	In 2018/19 we undertook 31 research projects, involving 100 patients and 807 staff, and published 19 papers.	We will continue to develop partnerships and seek funding for vital research projects for all patients with mental health issues.



that might affect our plans and how we manage and deliver them

To support the delivery of high quality care to our patients, it is important for us to identify and understand the risks and uncertainties that could disrupt our care activities or could lead to loss or damage to our resources and properties. The better we are at anticipating and managing risks and uncertainties the more effective and reliable we can be in delivering value based patient outcomes and our strategic objectives.

Our managers identify these risks and uncertainties and record them in 'risk registers', also identifying who is responsible for monitoring and managing the risk, and whether any additional actions are required to reduce the uncertainty with the risk to an acceptable level.

Where managers identify a risk or uncertainty they believe could affect the wider Charity, these are reported to our Charity Executive Committee. If the Charity Executive Committee agrees, the risk is adopted as a 'Material Risk' and is then reviewed at least every three months.

Our Board of Trustees is responsible for ensuring the arrangements for identifying and managing risks are appropriate, and they review these together with the register of 'Material Risks' at least twice a year. Additionally, the Audit and Risk Committee monitors the risk management arrangements in order to satisfy itself that the approach is working effectively.

Our list of current 'Material Risks' is set out on the following pages, along with an explanation of what we're doing to address them. They have been linked to our strategic objectives.



## CASE STUDY

## Developing the Data Driven Organisation

A key component of management of our risks involves increasing the use of data to inform all of our decision-making processes.

To bring this work together we are producing an Integrated Performance Report (IPR) that will allow staff to access relevant data in the most efficient way from a single organisational wide source. This will be fully ready in 2019/20, but we have already published several key components around safety and staffing.

## Patient Safety Framework

This dashboard is an integrated view of patient safety categories. It allows users to delve into the data by IPU and wards, and also drill down to detailed patient level data. This dashboard is also the first to adopt the Statistical Process Control (SPC) methodology which will help the IPUs to monitor variation in their performance, and prioritise and target interventions effectively and responsively.





# Risks and Uncertainties

## Quality of Care

### Environmental Change:

We're implementing a 'value based healthcare' approach to the delivery of patient care, focussing on achieving best patient outcomes. We have set up 'Integrated Practice Units', which are focussed on specific patient groups so they can be more adaptable to developing and delivering innovative patient care solutions. We are developing a broad range of community care solutions in partnership with NHS and other healthcare providers.

### We're doing this because

Changes to how patient care is commissioned are anticipated. We need to ensure that our offering in terms of patient care continue to be appropriate as the health economy develops.

### Risk Direction

 **Stable**

**Impact: Very high impact**  
**Likelihood: Likely**

### Integrated Healthcare:

We have implemented an 'Outcomes Framework' with patients and carers to measure physical and mental health impacts. Integrated Practice Units also ensure that care solutions are targeted for individual patients and patient groups.

### We're doing this because

We need to ensure that we have the appropriate blend of clinical skills including physical and mental health support to provide appropriate and targeted treatments for our patients, if we are to achieve an effective integrated healthcare model.

### Risk Direction

 **Reducing**

**Impact: Medium impact**  
**Likelihood: Likely**

### Regulation and Compliance:

We monitor compliance by providing management information systems and data, staff training and the employment of competent persons. We are developing a clinical governance framework that will ensure a more robust and consistent approach.

### We're doing this because

We are subject to a wide range of governance and regulatory requirements from a number of statutory bodies. If we are unable to demonstrate compliance with regulatory requirements we could be subject to statutory action including prosecution.

### Risk Direction

 **Stable**

**Impact: High impact**  
**Likelihood: Likely**

## New partnerships

### Reputation:

We are engaging with a broad range of external stakeholders including partners and key influencers in the healthcare economy so we can appreciate their priorities and concerns, and so they can understand our capabilities and plans.

### We're doing this because

Our reputation amongst our stakeholders including commissioners, patients, families and carers could be damaged by media reports, adverse events, or the effects of risks occurring.

### Risk Direction

 **Increasing**

**Impact: High impact**  
**Likelihood: Likely**

## People

### Capability/retention:

We have strategies in place for the recruitment and retention of our staff. We provide 'leading edge' opportunities for our staff in respect of training and personal development. We are also committed to ensuring that our pay and staff benefits are competitive.

### We're doing this because

We need sufficient numbers of well qualified and motivated clinical and management staff to maintain high standards of care for our patients, and to deliver our strategic objectives. We have to achieve this in a competitive environment for high quality clinical and management staff.

### Risk Direction

 **Stable**

**Impact: Medium impact**  
**Likelihood: Likely**

### Health and Safety:

We are making significant investments in developing our health and safety capabilities, with a focus on staff training and the development of arrangements to continually improve on our safety performance. Health and safety is a key topic monitored by our Board and Charity Executive Committee.

### We're doing this because

The health and safety of our staff and patients is of primary importance to us, so we must ensure our health and safety arrangements are effective, appropriate and adaptable to the broad range of activities of staff and patients.

### Risk Direction

 **Stable**

**Impact: High impact**  
**Likelihood: Likely**

## Information

### Data Quality:

We have taken steps to improve the quality and completeness of the clinical data and information provided to clinical and management teams, to support them in their decision-making on patient treatments and management actions.

### We're doing this because

If we don't have sufficient or accurate data to provide insight and knowledge to apply the information effectively to decision making, we may not make good decisions.

### Risk Direction

 **Reducing**

**Impact: High impact**  
**Likelihood: Highly likely**

### Cyber Risk:

We continue to develop our information security technologies to ensure our information systems and data are protected against the risk of cyber-attack. The cyber risk is monitored with strict management controls in place, supported by an on-going campaign to ensure our employees understand what they must do or not do to prevent our systems and data being exposed to cyber-attack.

### We're doing this because

The risks from cyber threats continues to evolve. A failure to ensure our information security protections keep pace could mean we become more exposed to the risk of systems and data disruption, data-loss and 'ransom-ware' attack.

### Risk Direction

 **Stable**

**Impact: Medium impact**  
**Likelihood: Highly likely**

## Delivering value

### Financial:

We need to ensure we are managing the costs of the Charity effectively. The more efficient we are at addressing our cost-base, the more resources can be made available to support the delivery of patient care. We are planning to move patients from older facilities to newer, more suitable accommodation which is less costly to manage.

We are also consolidating our office requirements to make more efficient use of our buildings.

### We're doing this because

Changes to the commissioning of mental health care could mean we may be treating fewer patients in our existing facilities, potentially reducing revenue.

### Risk Direction

 **Increasing**

**Impact: High impact**  
**Likelihood: Likely**





# Governance

## Status and Structure

St Andrew's Healthcare is registered in England and Wales as a company limited by guarantee and a registered charity, and is governed by its Articles of Association. The Charity is registered with the Care Quality Commission (CQC), holds a licence from NHS Improvement and is regulated by Ofsted.

The Charity is governed by a Court of Governors, and a Board of Trustees. All Trustees are also directors of the company.

## Court of Governors

The Governors are the members of the Charity. There were 30 Governors and 9 Honorary Governors (who have been active in the past but now play less of a role) in role on 31 March 2019.

The Court of Governors meets three times a year, including for the Annual General Meeting, where the Governors receive the Annual Report and Accounts and elect or re-elect Trustees. The Board informs the Governors about the Charity's recent performance and future development.

Some of the Governors play an active role in the Charity through ward visits, review of compliments and complaints and patient engagement, all of which provide an important form of assurance to the

Governors and helpful intelligence to the Executive Directors regarding current issues. Some Governors also act as Mental Health Act Managers, others are involved with Board Committees, such as the Audit & Risk Committee and the Research Committee and some are directors of the Pension Trustee company.

In order to bring more diversity to the Court of Governors and to ensure that stakeholders have a voice in the overall direction and management of the Charity, the Board has agreed to create a group of Governors who will be called "Constituency Governors" who will represent different groups of stakeholders. The first Constituency Governors will represent Carers and Staff and will be appointed at the AGM in September.

## The Board

The Charity is governed by a Board of Trustees, who are also called Directors. At the date of signing the Statutory Accounts, the Board is made up of 11 Trustees, including 6 Non-Executive and 5 Executive Trustees. All Trustees are also Directors of the company. All Non-Executive Trustees are also Governors of the Charity. During the year Dean Howells, Executive Director of Nursing and Operations, and Martin Beer, Chief Financial Officer, resigned from the Board, Katie Fisher was appointed as the new CEO on 25 June 2018 and Alexandra Owen

was appointed as the new Chief Financial Officer on 1 April 2019. On 1 June, 2019 Lisa Cairns was appointed as Chief Nurse.

Peter Winslow will be stepping down as Chair of the Board and Trustee at the Board meeting on 25 July 2019, and Stuart Richmond-Watson will be stepping down as Chair of Governors at the AGM. Dr Peter Carter will take on the role of Chair of both the Board and the Governors.

Attendees at Board meetings now include the Deputy CEO, the Chief Operating Officer and the Chief Information Officer.

Non-Executive Trustees are appointed for an initial three year term, that can be extended for a further three year term. Stuart Richmond-Watson, has served as a Trustee for 14 years, which is longer than the timeframe recommended by the Governance Code. However, his skills and knowledge are deemed by the Board to be valuable to the Charity and making an exception is therefore justified. It is planned that he will step down from his position as a Non-Executive Trustee in July 2020.

The Board considers the Non-Executive Trustees to be independent. All Non-Executive Trustees, save for Dr Michael Harris, have no financial or other business relationship with Andrew's and act as Non-Executive Directors on an unpaid and voluntary basis. Dr Harris is paid for acting as a Trustee.

All new Trustees are required to undergo a comprehensive induction programme, to introduce them to the Charity and explain their obligations as trustees. This includes visits to our service facilities, discussions with Executive Directors, our corporate induction, and any appropriate training.

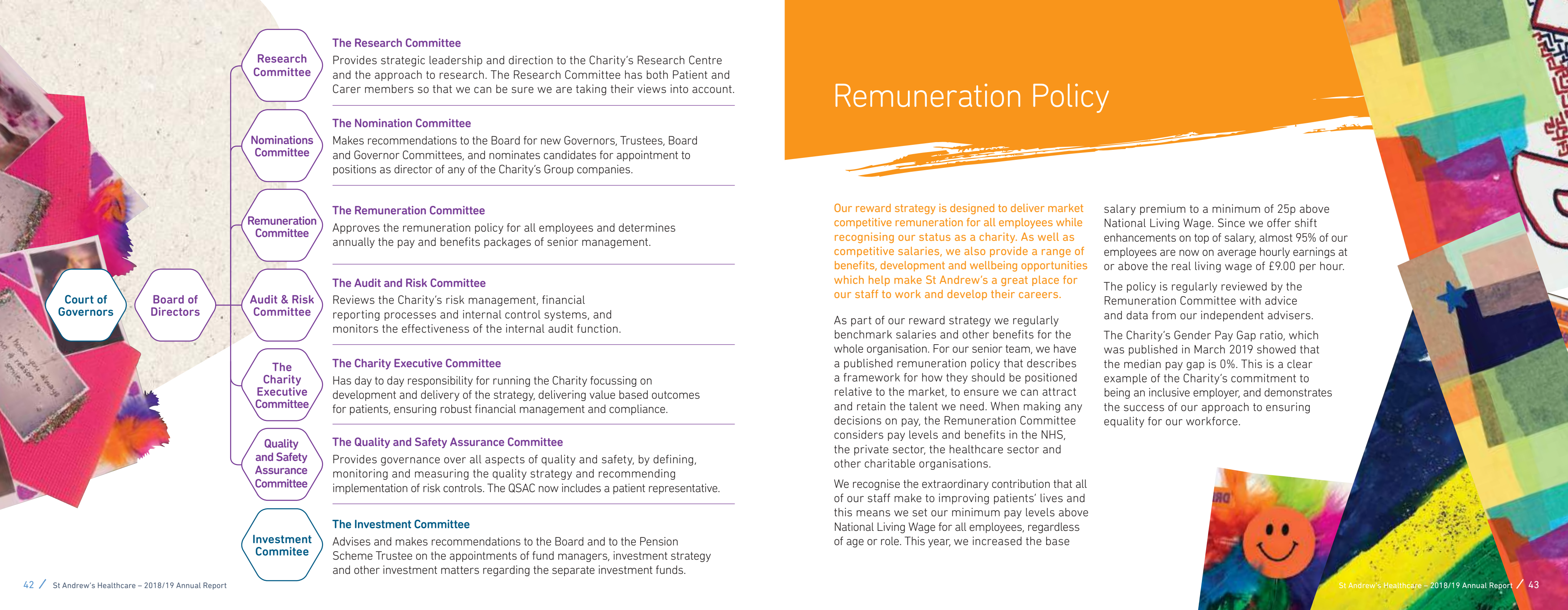
## Board Responsibilities

The Board is responsible for the overall leadership of the Charity, and for approval and monitoring of the Charity's vision, values, purpose, long-term objectives and strategy. The Board meets six times a year, with a Board plan in place to ensure that issues are discussed at the right time. The Board is supported by a number of committees, which are set out on the next page.

The day-to-day running of the Charity is the responsibility of the Charity Executive Committee.







Court of  
Governors

Board of  
Directors

Research  
Committee

**The Research Committee**  
Provides strategic leadership and direction to the Charity's Research Centre and the approach to research. The Research Committee has both Patient and Carer members so that we can be sure we are taking their views into account.

Nominations  
Committee

**The Nomination Committee**  
Makes recommendations to the Board for new Governors, Trustees, Board and Governor Committees, and nominates candidates for appointment to positions as director of any of the Charity's Group companies.

Remuneration  
Committee

**The Remuneration Committee**  
Approves the remuneration policy for all employees and determines annually the pay and benefits packages of senior management.

Audit & Risk  
Committee

**The Audit and Risk Committee**  
Reviews the Charity's risk management, financial reporting processes and internal control systems, and monitors the effectiveness of the internal audit function.

The  
Charity  
Executive  
Committee

**The Charity Executive Committee**  
Has day to day responsibility for running the Charity focussing on development and delivery of the strategy, delivering value based outcomes for patients, ensuring robust financial management and compliance.

Quality  
and Safety  
Assurance  
Committee

**The Quality and Safety Assurance Committee**  
Provides governance over all aspects of quality and safety, by defining, monitoring and measuring the quality strategy and recommending implementation of risk controls. The QSAC now includes a patient representative.

Investment  
Committee

**The Investment Committee**  
Advises and makes recommendations to the Board and to the Pension Scheme Trustee on the appointments of fund managers, investment strategy and other investment matters regarding the separate investment funds.

# Remuneration Policy

Our reward strategy is designed to deliver market competitive remuneration for all employees while recognising our status as a charity. As well as competitive salaries, we also provide a range of benefits, development and wellbeing opportunities which help make St Andrew's a great place for our staff to work and develop their careers.

As part of our reward strategy we regularly benchmark salaries and other benefits for the whole organisation. For our senior team, we have a published remuneration policy that describes a framework for how they should be positioned relative to the market, to ensure we can attract and retain the talent we need. When making any decisions on pay, the Remuneration Committee considers pay levels and benefits in the NHS, the private sector, the healthcare sector and other charitable organisations.

We recognise the extraordinary contribution that all of our staff make to improving patients' lives and this means we set our minimum pay levels above National Living Wage for all employees, regardless of age or role. This year, we increased the base

salary premium to a minimum of 25p above National Living Wage. Since we offer shift enhancements on top of salary, almost 95% of our employees are now on average hourly earnings at or above the real living wage of £9.00 per hour.

The policy is regularly reviewed by the Remuneration Committee with advice and data from our independent advisers.

The Charity's Gender Pay Gap ratio, which was published in March 2019 showed that the median pay gap is 0%. This is a clear example of the Charity's commitment to being an inclusive employer, and demonstrates the success of our approach to ensuring equality for our workforce.



FINANCE  
REVIEW

Income – where does  
our money come from?



For the year ended 31st March 2019

This report covers the financial performance of the Charity in the year and explains other important factors that the Directors of the Charity need to consider in making sure that the Charity is able to fulfil its aims on an ongoing basis. The activities, strategy and risks of the Charity have been discussed elsewhere in this document.

St Andrew's receives almost all of its income from NHS commissioners who aim to place patients with complex mental health needs with appropriate providers of care. Our single biggest source of such funding is NHS England (NHSE), the centralised body that places patients with secure care requirements. Our other main source of funding is the Clinical Commissioning Groups (CCGs) who commission our services for their patients with complex needs. The funding from NHSE and CCGs is linked to each patient in our care and paid mainly on a per day basis for each day they are with us.



We also receive funding to support the provision of education for our patients, from the Education Funding Authority and Local Authorities, and we receive some income from donations, thanks to the generosity of our supporters, including ex-patients and their families, which during the year was £0.1m. The Charity does not actively seek donations from the public and as such does not undertake to be bound by any voluntary scheme or standard for regulating fund-raising.

With increasing pressure on public spending, and limited resources to meet our operational and service commitments, we intend in future to develop a policy around how we might actively seek funding through donations, grants and legacies.

In total, funding received for charitable activities was £182.8m, an increase of 1.6% on the previous year.

We also receive income from trading activities, mainly the Three Shires Hospital, our joint venture with BMI Hospitals, which receives income from insurance companies and NHS bodies for general medical care. Income from trading activities was £21.8m in the year, which was an increase of 4.3% from the previous year.

Income from investments was £0.4m in the year, an increase of 33.3%.



	2019 £m	2019 %	2018 £m
<b>Income from:</b>			
Donations	0.1	0.1%	0.3
Funding for charitable activities	182.8	89.1%	180.0
Other trading activities	21.8	10.6%	20.9
Investments	0.4	0.2%	0.3
<b>Total Income</b>	<b>205.1</b>	<b>100.0%</b>	<b>201.5</b>



Expenditure – what do we spend our money on?

We are extremely conscious of our duty not only to provide the best outcomes for our patients but to do so in an efficient manner. Our aim is to maximise the impact of every pound spent on delivering outcomes for our patients.

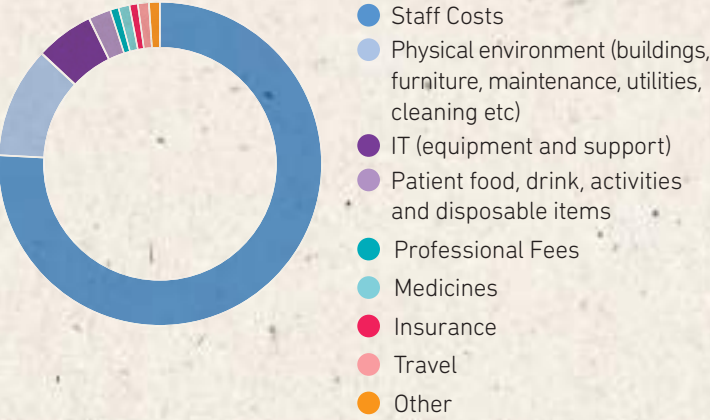
We aim to make a surplus in some years to enable us to retain a certain amount of money in reserve so that in challenging years, or years where we need to spend on “one-off” items, we can make a loss if we believe this is in the best interests of our long term charitable objectives, and still have enough cash to continue to provide care.

In 2018/19, our total expenditure was £209.5m, 2.1% more than in the previous year, resulting in a net loss of £5.1m, 3.8% less than 2017/18. This loss was anticipated, as during 2017/18 and 2018/19, we have been investing in a major change initiative, the “Transformation Programme”, aimed at reorganising the Charity to align all its resources with getting better outcomes for patients.

Charitable activities accounted for 91.2% of the group’s expenditure (£191.0m), in either directly caring for our patients or providing the infrastructure and enabling services required to make that possible.

	2019 £m	2019 %	2018 £m
<b>Expenditure on:</b>			
Charitable activities	(191.0)	91.2%	(185.6)
Other trading activities	(17.3)	8.2%	(16.6)
Interest payable and similar charges	(1.0)	0.5%	(2.8)
Taxation	(0.2)	0.1%	(0.1)
<b>Total expenditure</b>	<b>(209.5)</b>	<b>100.0%</b>	<b>(205.1)</b>
Net gain/(loss) on investments	1.0		(0.1)
Net income attributable to non-controlling interests	(1.7)		(1.6)
<b>Total net (loss)/surplus</b>	<b>(5.1)</b>		<b>(5.3)</b>

Expenditure on Charitable Activities



Staff Costs by Speciality



Balance Sheet

The Balance Sheet of the Charity measures the assets and liabilities that the Charity had on the final day of the year, 31 March, 2019, and compares them with the same position a year earlier.

Summarised Balance Sheet	2019 £m	2018 £m
Tangible and intangible fixed assets	247.4	260.1
Investments	14.5	13.2
Current assets	23.2	20.6
Current liabilities	(22.1)	(26.7)
Long term liabilities	(30.6)	(30.2)
<b>Net assets</b>	<b>232.4</b>	<b>237.0</b>
Non-controlling interest	2.0	1.8
Charity Reserves	230.4	235.2
<b>Total funds</b>	<b>232.4</b>	<b>237.0</b>

Our tangible and intangible fixed assets are made up of £238.7m of tangible assets and £8.7m of intangible assets. The total has reduced by £12.7m in the year due to depreciation and impairment charges of £19.0m offset by additional investment of £6.3m in the year.

Our current assets of £23.2m are mainly cash and debtors and our current liabilities of £22.1m are mainly accruals and creditors.

Our long term liabilities are largely made up of a bank loan of £30m. The potential interest rate risk as a result of these borrowings has been reduced by hedging, effectively swapping part of the variable exposure for a fixed interest rate.

Overall the Charity remains in a strong position with total Charity Reserves of £230.4m (a decrease of £4.8m on prior year).





Cash Flow

In any organisation, managing cash is critical. The statement below shows that essentially we generated £13.7m from our operations (the net loss of £5.1m adjusted for non-cash depreciation and impairment charges of £19.0m and working capital movements). We have used this to invest £7.0m into our property and equipment (capital expenditure), and £2.5m to settle interest and non-controlling interest obligations, and have received £0.1m from other investing activities. This has resulted in an overall cash inflow in the year of £4.3m, whilst borrowing has remained steady.

Summarised Cash Flow Statement	2019 £m	2018 £m
Net cash generated from operating activities	13.7	19.5
Purchase of property, plant and equipment	(7.0)	(11.7)
Other investing activities	0.1	-
Net cash used in investing activities	(6.9)	(11.7)
Net cash used in financing activities (repayment or draw down on loans, interest payments, finance leases, non-controlling interest)	(2.5)	(17.1)
Change in cash and cash equivalents	4.3	(9.3)
Cash and cash equivalents at the beginning of the reporting period	4.6	13.9
Cash and cash equivalents at the end of the period	8.9	4.6



Investments and Reserves Policy

The Charity has reserves that it uses to fund its long term capital development programme, which means that in a challenging year, or one where we need to spend on “one-off” items, we can make a loss if we believe this is in the best interests of our long term charitable objectives. The long term strategy may require an increase in borrowing against reserves that the Board will monitor closely and is restricted by bank covenants where net debt cannot exceed three times profit before interest, tax and depreciation. The Board also has a policy of holding a long term investment reserve of at least £10m. These investments are managed by the Charity’s Fund Manager on a discretionary basis.

Going Concern

The Directors have a responsibility to make sure that the Charity continues in existence for the foreseeable future (at least 12 months from signing these accounts) and to do so they have to be sure that they always have sufficient funds not only to pay the Charity’s bills as they fall due but also to fund commitments to future capital expenditure. This is known as being a “going concern”. The Directors are confident that the Charity is able to operate as a going concern. We have a long term bank facility that is sufficient to meet all foreseeable requirements. We manage this facility very carefully and only borrow the money that is actually required for the immediate future. At year end the funds available to draw down at any time on this facility which had not been utilised were £45m, and this facility is available until 2022.

For our full set of financial statements and accompanying notes please see our Annual Report and Financial Statements.



*Peter Winslow*  
**Peter Winslow, CBE**  
Chairman


*Katie Fisher*  
**Katie Fisher**  
Chief Executive Officer





# The Board of Trustees


The Board of Trustees operates as a Unitary Board, which means that it has a single board of directors, made up of Executive and Non-Executive members. The Board is currently comprised of six Non-Executive Directors and five Executive Directors. The Executive Directors are also members of the Charity Executive Committee


## Non-Executive Directors/Trustees


- 

**Peter Winslow, Chairman**  
Appointed as a Trustee: 27 July 2007;  
appointed as Chairman: July 2014
- 

**Stuart Richmond-Watson**  
Appointed as a Trustee: 30 July 2004
- 


**Frances Jackson**  
Appointed as a Trustee: 25 July 2014
- 


**Jane Forman Hardy**  
Appointed as a Trustee: 25 July 2014
- 


**Dr Michael Harris**  
Appointed as a Trustee: 31 July 2015
- 


**Paul Parsons**  
Appointed as a Trustee: 3 February 2017


## Executive Directors/Trustees


- 

**Katie Fisher, Chief Executive Officer**  
Appointed as a Trustee: 25 June 2018
- 

**Alexandra Owen, Chief Financial Officer**  
Appointed as a Trustee: 1 April 2019
- 

**Martin Kersey, Executive HR Director**  
Appointed as a Trustee: 17 November 2014
- 

**Dr Sanjith Kamath, Executive Medical Director**  
Appointed as a Trustee: 1 May 2018
- 

**Lisa Cairns, Chief Nurse**  
Appointed as a Trustee: 1 June 2019
- 

**Claire Carless, General Counsel and Company Secretary**  
Appointed as Company Secretary: 3 October 2016

# Our year in pictures



Our Birmingham hospital now has its very own Workbridge

Ben Jenkins from our IT team is a keen photographer. Here's just a few of his beautiful images, all taken in the grounds of our Northampton hospital.



Jo Marriott, an HCA working on Walton ward, won this year's Alyson Plummer Memorial Award. The Memorial Award – named after a brilliant Occupational Therapist who passed away in 2005 – is given annually to a nominated member of staff to recognise brilliance and hard work.



In May, Workbridge took delivery of 30,000 bees! We'll shortly be offering beekeeping lessons to patients and community users



Megan O'Connell, an administrator in the Estates team, won a prestigious 'Apprentice of the Year' award





## Getting in touch

For more information about our [comprehensive care services](#) or to make a referral:

- t:** 0800 434 6690  
(We welcome text relay calls)
- e:** [enquiries@standrew.co.uk](mailto:enquiries@standrew.co.uk)
- w:** [stah.org](http://stah.org)

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