



# QUALITY ACCOUNTS

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## 2020/21

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# Section 1

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## Quality Statements



## A welcome from Katie Fisher, our Chief Executive

### Welcome to this year's Quality Account.

Twelve months ago, none of us could have anticipated what a challenging, unpredictable and emotional year it was going to be. Our staff have been on the frontline, working around the clock to support our patients' health and wellbeing, and I am exceptionally proud to have led the Charity through this unprecedented period.

The pandemic has been difficult for everyone, especially our patients who have been less able to enjoy visits from their loved ones and friends, or access as many group activity sessions as we would normally provide. Patients have been an absolute inspiration to all of us in their response to such restrictions, and they have shown overwhelming support for our colleagues. We are optimistic for the future as we carefully follow the easing of lockdown restrictions. This, combined with our vaccination programme, means we are now planning to open an extended range of therapeutic activities.

As we mentioned last year, we are significantly reducing the number of beds in some of our services, with quality our driving principle and patients at the heart of all that we do. Over the last 12 months we have made changes to our estate, to ensure our patients have the very best facilities for their care. For our Child and Adolescent Mental Health (CAMHS) patients, this meant a move to a smaller service based in Smyth House. Now just three, 10-bed wards, this smaller service will help our youngest patients to achieve positive outcomes and transition to community living as quickly as possible.

In August 2020 we opened a new state-of-the-art dementia hub in Lowther, based on a village theme, which incorporates technology and design features to improve the quality of life of our dementia patients.

The patients on Lowther benefit from a modern environment which is intuitively designed in line with the latest dementia guidelines to provide a recognisable and calming environment, packed with new opportunities to engage in activities.

Looking forward, we are continuing to right size the Charity and make the best use of our estate. We are also developing new, community-focussed ways to help people recover, and collaborating with partners from the NHS and universities to develop new therapies and treatments. Such as the use of virtual reality with patients with Dementia, the use of physical healthcare as an aid to mental health and wellbeing and the development of a Masters in Trauma Informed Care.

The Charity continues to be committed to education; every individual in our care is given access to learning opportunities to enhance their lives and provide them with the skills they need to live independently. We know that education and learning contributes to the recovery of our patients, and our professional staff help people to learn in ways that suit their particular needs, often leading to awards or qualifications. Education is not just a focus for patients; all of our staff are offered training and opportunities for development to improve the way they work with the people in our care.

These are changing times for St Andrew's, and despite the many challenges in mental healthcare please be assured that, as always, our first and greatest priority is to deliver the best possible care, with patients at the heart of everything we do.





## Dr Sanjith Kamath, Executive Medical Director

**Due to the Coronavirus pandemic, the last 12 months have been exceptionally challenging. However I am so very grateful to our staff and clinicians who have risen to the challenge, providing compassionate, excellent care to our patients under such difficult circumstances.**

The Covid-19 vaccine is one such challenge; our staff are frontline workers supporting vulnerable patients, and in line with national guidance they are a priority for vaccinations. Thankfully, due to the number of staff and patients we have, our Northampton hospital has been designated as a mass vaccination site and we have been able to administer our own vaccines. Our Birmingham, Essex and Winslow, staff and patients have been prioritised for vaccination via local healthcare providers. At the time of writing, I am pleased that 76% of staff and 88% of eligible patients have received their first vaccination, and we're currently administering the second round. We know that the vaccination is the best way for us to protect our workforce, families and patients from this hideous disease.

Despite the pandemic, over the last year we have made huge strides in improving the quality of our services. Our Continuous Quality Improvement projects have brought some great ideas to fruition, and we are continuing to embed clinical leadership and clinical governance at all levels throughout the organisation. Our Charity Executive Committee remains clinically focussed, and we are working together to eradicate any unwarranted variations in the standard of care we provide. All of our divisions now report in to the Executive team, who monitor assurance and hold regular reviews in order to improve quality.

Feedback from the people we care for is vitally important, and the best way to ensure our patients are

receiving good care and treatment while at St Andrew's is to ask them. This year we are launching a new Patient Reported Experience Measures (PREMS) survey, which aims to capture patient feedback in order for us to make improvements. It is not enough that our patients get clinically better while in our care; we also need to ensure they have a good experience while being treated by us. I am excited by the data that PREMS will provide, as it will help us to systematically measure and understand the quality of our patients' experience of care. Improving this is a priority and our patients' feedback is a crucial source of evidence and information about service quality. It will be carefully collected, the results will be taken seriously and action taken whenever necessary.

As we shared in last year's report, we use the Value Based Healthcare model to ensure we achieve the very best patient outcomes by using our resources in the most effective and efficient way possible. 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. Over the last year our clinicians have made use of our innovative dashboards that provide them with instant information about our patients to support clinical decision making. 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.

As always, we aim to ensure we are helping the people in our care to lead a meaningful life, with – where possible – discharge from hospital as soon as they are ready.



## Andy Brogan, Chief Nurse

**The Quality Account outlines St Andrew's drive and determination to improve the quality of services we provide to our service users. We are committed to co-produce our services and quality improvements, and work in partnership with other organisations to ensure we continue to develop and adapt our approaches to care and recovery.**

The last 12 months have been unprecedented in healthcare and have presented challenges to our service users and workforce. The response from our staff has been nothing short of heroic; they have worked hard to maintain all services, while continuing to strive for improvement throughout the year.

As we reported in last year's report, the focus on nursing quality is high on our agenda, and our senior nursing leaders have been working closely with the ward teams to identify four key areas of focus for our Nursing Strategy:

- » Career pathways for nurses, from novice to expert
- » Continuing professional development
- » Establishing our key principles of nursing practice
- » Ensuring we adhere to the triple aim, outlined in the NHS National Nursing Framework.

Our Nursing Strategy helps us to support our quality priorities, which are:

- » Getting the basics right
- » Ensuring we have meaningful conversations with patients and carers to develop therapeutic relationships and engagement in service delivery
- » Supporting our Staff throughout their St Andrew's journey.

We aim to ensure that all service users receive high quality, compassionate care that allows them to live their best life. To do this, we are committed to empowering our nurses, and developing them to ensure they have the time and skills to work confidently and flexibly.

St Andrew's is committed to the career development of our Nursing staff. We offer a fluid and non-linear approach to enhancing opportunities for education and learning which enables Nurses to develop both clinically and professionally into leadership roles within the Charity.

# Statement of Directors Responsibilities

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

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

The Directors confirm to the best of their knowledge and belief that they have complied with the above requirements in preparing the Quality Account for 2020/21.



# Section 2

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## Reflections



# > Priorities for Improvement 2021-22

**St Andrew's Healthcare (referred to as St Andrew's, or the Charity) provides specialist care for people with challenging mental health needs. We are a charity which means we don't make a profit and any of our surplus income is reinvested into patient care. We are proud to put people first.**

We provide care across a number of services, including Child and Adolescent Mental Health Services (CAMHS), Autistic Spectrum Disorder and Learning Disability (including specialist Care Home/Assisted Living Units), Low Secure Mental Health Services, Medium Secure Mental Health Services and Neuropsychiatry. We have facilities in Birmingham and Essex as well as specialist Community Partnerships providing care across the country.

We care for some of the most clinically complex patients in the mental health system, people who could not, in many cases, be treated elsewhere. Many of our patients have been in the criminal justice system and are some of the most vulnerable people being treated anywhere in the health service.

We develop innovative ways to help our patients to recover, creating a personalised package of care designed around each individual, which focuses on their physical and spiritual wellbeing as well as mental health.

We aim to provide quality care and support individuals by relieving suffering, giving hope and promoting recovery. Quality of care is a strategic objective and is supported by the Charity's four core values, known as our CARE values:



We have developed a framework for monitoring our performance against local and national targets which will help us to identify and address any issues as they arise. Research and innovation is a key focus for the Charity and in line with the strategic objectives the arrangements for this will be reviewed and developed.

Our Governors and Non-Executive Directors are involved throughout the year in monitoring our performance.

Our priorities take a lead from the NHS Patient Safety Strategy. The first priority, getting the basics right, is an area that has the potential to provide significant improvements in patient safety. The second priority which is a continuation of one of last year's priorities about engaging and working with our patients and carers, focusing on developing therapeutic relationships and building on the positive impact of meaningful conversation. The third priority, focusses on supporting our staff both through ensuring staff have the knowledge and skills to effectively support patients, improving patient safety and that systems are in place to reduce violence and aggression experienced. Our aim is by delivering these objectives and developing the patient safety approach, we will be known as a patient safety institute, providing safe, effective and quality care to our patients and supporting other organisations to develop and implement their safety strategies.

## Priority 1: Getting the Basics Right

### Why have we selected this priority?

Our vision is to develop a culture of safety, which prioritises getting the basics right first time ensuring that the right patient, receives the right treatment at the right time. This approach ensures consistency with our staff understanding, collaborating and sharing their learning in relation to patient safety across the Charity in conjunction with patients, carers and wider agencies and partners.

Embedded within the approach to patient safety is the requirement that every person working in the Charity is aware of their responsibilities in relation to ensuring the safety of our patients, carers and families and takes appropriate action to maintain safety of our most vulnerable service users. Equally, we assert that our staff must feel safe; safe to report incidents without fear of reprisal, safe to question practice or resources and safe in their daily work. We recognise that our staff are our greatest asset and we are committed to developing a culture of learning, transparency and openness that enables us to continue to improve patient safety.

Safeguarding has been identified as an area to continue to focus on to ensure that the work undertaken in 2020/21 continues to be embedded to ensure that staff recognise and appropriately respond when safeguarding concerns are identified. This is key to ensuring that vulnerable individuals receive the care and support that is needed in an effective and efficient manner.

People with severe mental illness are identified as being at higher risk of poorer physical health and die on average 15-20 years earlier than the general population. Recognition of the deteriorating patient is a focus for the Charity after thematic reviews of incidents relating to physical healthcare and Covid-19 deaths identified areas for improvement for monitoring and responding to changes in physical health need.

### What will we do?

- > We will ensure that safeguarding our patients is a priority for all staff.
  - » Develop and implement safeguarding tools to support clinicians decision making
  - » Ensure that all staff have completed training relevant to their job role and feel competent to undertake their relevant roles in relation to safeguarding
  - » Audit safeguarding referrals for appropriateness and accuracy and act on findings.
- > We will ensure that staff recognise and appropriately escalate and manage the physically deteriorating patient.
  - » Ensure that all staff have completed training relevant to their job role and are competent in relation to assessment and management or timely escalation of concerns for any patient with a deterioration of their physical health care needs
  - » Embed the use of NEWS2 across the Charity.
- > We will make sure that we have safe levels of staffing to meet service demands.
  - » Develop and implement a staffing tool to support patient and service need
  - » Ensure that the safety huddle process is embedded in practice. A safety huddle is a short multidisciplinary briefing held at a predictable time and place and focused on the patients most at risk and will ensure that agreed actions are informed by feedback of data and will also provide an opportunity to celebrate success in reducing harm.
- > We will strengthen our safety culture to empower staff and patients to raise concerns and to facilitate learning from incidents.
  - » Reduce the number of Patient Safety Incidents resulting in harm
  - » Ensure staff are equipped with the appropriate patient safety knowledge to embed an organisational wide culture of learning from incidents.



**Priority 2:****Ensure we have meaningful conversations with patients and carers, developing therapeutic relationships and improving engagement to improve service delivery****Why have we selected this priority?**

Meaningful conversations are fundamental to the delivery of quality in health care. Unless we listen and engage we cannot be certain that we are meeting the needs of the individuals we serve. A genuine culture of involvement will enable the Charity to learn and grow.

In order to be meaningful, engagement needs to be genuine and needs to ensure that all members have an equal opportunity to be heard. Staff need to feel empowered to involve patients and carers in decisions about care and to feel supported to listen to feedback both positive and negative. Likewise, patients and carers need to trust that their views are heard and respected. Without a culture of openness to engage and learn the Charity will falter in its aspiration to be an outstanding provider of quality care.

**What will we do?**

- > Develop clear guidance for staff in relation to carer and family involvement
- > Involve patients and carers in assessments of the quality of care (peer review process)
- > We will use patient and carer feedback to drive improvements in our services.

**Priority 3:****Support our Staff****Why have we selected this priority?**

We assert that our staff must feel safe; safe to report incidents without fear of reprisal, safe to question practice or resources and safe in their daily work. We recognise that our staff are our greatest asset and we are committed to developing a culture of learning, transparency and openness that enables us to continue to improve patient safety.

**What will we do?**

- > We will improve staff engagement across all of our services
- > We will make sure all staff have the appropriate skills, training and support for their roles
- > We will have a zero tolerance to bullying and harassment
- > We will reduce violence and aggression towards our staff.

These priorities will be monitored and reported through the Charity's governance structures to Board throughout the year.



# > Statement of Assurance from the Board

From 1 April 2020 to 31 March 2021 St Andrew's provided services in the field of mental health, learning disability and brain injury to 999 patients, commissioned by 155 different bodies, of which around 95% were NHS services or organisations. Non-UK organisations, private funders or individuals fund the remaining 5% of patients. St Andrew's has reviewed all the data available on the quality of care in respect of the services for which it provides clinical NHS care.

## Never Events

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

## National Core Indicators of Quality

The core set of indicators are defined in the quality accounts regulations. All providers are required to report against these indicators using standardised statements as set out in the table below. Providers are only required to include indicators in their quality accounts that are relevant to the services they provide. The table below includes all of the core indicators that are applicable to St Andrew's.

| INDICATOR  | MEASURE         | 2019/20    | 2020/21    |
|--|-----------------|------------|------------|
| The percentage of patients aged:   | (i) 0-15        | Percentage | 0%         |
|  | (ii) 16 or over | Percentage | 1.72%      |
| Readmitted to a hospital which forms part of the Charity within 28 days of being discharged from a hospital which forms part of the Charity during the reporting period. |                 |            | 0.97%      |
| Patient safety incidents   | Number          | 27,445     | 25,845     |
| Patient safety incidents that resulted in severe harm or death   | Number (%)      | 19 (0.07%) | 27 (0.10%) |

### 1. The percentage of patients aged:

- I. 0-15 years and
- II. 16 years or over

Readmitted to a hospital which forms part of the Charity within 28 days of being discharged from a hospital which forms part of the Charity during the reporting period.

|   | 2019/20    | 2020/21   |
|---|------------|-----------|
| Percentage of patients 0-15 years       | 0%         | 0%        |
| Percentage of patients 16 years or over | 1.72% (11) | 0.97% (4) |



St Andrew's considers that this data is as described for the following reason: The readmission rate has decreased for the 16 years or over age group – all of these readmissions were from our PICU wards. We now have four PICU wards in total (2 in Northampton and 2 in Essex). Our PICU services provide tailored treatment programmes that are developed to recognise individual need. All of our PICUs are members of the National Association of Psychiatric Intensive Care and low secure Units (NAPICU) and comply with their standards and admission criteria.

St Andrew's has taken actions to improve this percentage and so the quality of its services by moving to a value based healthcare approach centred on patient outcomes.

## 2. Number of patient safety incidents and patient safety incidents resulting in severe harm or death

|  | 2019/20 | 2020/21 |
|--|---------|---------|
| Patient safety incidents                                       | 27,445  | 25,845  |
| Patient safety incidents that resulted in severe harm or death | 19      | 27      |

**NB:** 17 of the 27 patient safety incidents reported resulted in death with 16 being directly related to Covid-19.

St Andrew's considers that this data is as described for the following reason: All patient safety incidents are reported on our Datix incident reporting system. Data quality checks are routinely undertaken. Data from this system is used to provide the Charity and key external stakeholders with detailed analysis of reported incidents.

St Andrew's has taken actions to improve this percentage and so the quality of its services by active monitoring, investigation and learning from incidents. The Executive Leadership Team has oversight of all serious incidents that occur across the Charity on a weekly basis. The Charity operates a serious incident review group, which sets the terms of reference for serious incident investigations, the membership of which is made up of clinicians from across the organisation. The Charity utilises a red top alert system through which any learning from incidents can be cascaded Charity-wide with immediate effect. On a quarterly basis the Quality and Safety Committee meets with standing agenda items including Safety, Effectiveness and Quality.

## Patient Safety

The Charity remains committed to improving the quality of incident investigations and recommendations to support Charity wide learning and improvement. Work to strengthen our governance and quality process in relation to investigations has been undertaken and we have worked collaboratively with commissioners and other stakeholders to make further improvements.

## Serious Incidents

Within the NHS National Framework, a serious incident is defined as 'any event or circumstance arising that leads to serious unintended or unexpected harm, loss or damage'. Within our Charity when a reported incident is serious, in keeping with NHS national guidance, we will commission an investigation. A member of staff trained in undertaking incident investigations will lead the investigation, supported, and supervised by a supervising reviewer and clinical experts.

All completed serious investigation reports are subsequently reviewed to ensure that reports are honest and transparent and reflect organisational learning when things go wrong. All investigation reports undergo further scrutiny by our Commissioners.

Throughout the investigation, we commit to being honest and transparent with service users and carers and involve them wherever possible. Our investigations seek to understand the root cause(s) of why the incident occurred and to share lessons learned to prevent or reduce the risk of reoccurrence. With support from NHSE/I and IMPACT the Charity is reviewing its reporting of serious incidents to align it fully to the National Serious Incident Framework; it is anticipated this will reduce the number of full investigations undertaken and so free resource to improve the timeliness of submission.

## Investigation Improvements

The organisation is currently implementing plans to improve the quality of serious incident investigations undertaken: it was recognised that the quality of the investigations was variable and did not always identify contributory factors, a root cause or have specific, measurable, achievable, realistic and timely (SMART) action plans to support learning.

Steps taken have included:

- > Collaborative improvement work with key internal and external stakeholders using the Quality Improvement framework
- > Undertaking a review of the Trust incident management policy and procedures
- > Reviewing current reporting of serious incidents against the National Serious Incident Framework 2015 and changed the serious incident identification and management process.

Any learning recommendations from serious incident investigations will have a SMART action plan developed. The system has enabled us to identify a number of themes in relation to vulnerabilities reflected in the Quality Improvement Plan.

## Duty of Candour

The Charity looks to be proactively open and honest in line with the Duty of Candour requirements and looks to advise/include patients and/or next of kin in investigations. The Charity's policy outlines Duty of Candour compliance in line with national regulatory and standard contract requirements. All Duty of Candour letters are approved by the Responsible Clinician, prior to submission and in all incidents where unexpected death occurs, our expectation is that a member of the Charity's Executive team will engage directly with families concerned.

## Mortality Review

The Covid-19 pandemic saw a rise in mortality across the country in the last year and St Andrew's was also affected by this terrible illness. During the reporting period April 2020 - March 2021 27 patients who were in the care of St Andrew's died in comparison to 18 patients who died the previous year. 24 deaths were classified as expected deaths and were therefore subject to the Mortality Review process as per policy and procedure. The Mortality Review process has been completed for 20 patients thus far and with reviews will be completed for all 24 deaths by the 10th May 2021. Of the 20 Mortality Reviews completed, 16 patients were recorded as being



positive for Covid-19 prior to their deaths. 11 of these deaths were subject to both Mortality Review and Serious Incident (SI) investigation processes to identify any learning.

In terms of demographics, 19 out of the 20 patients were Caucasian and 1 patient was of mixed race.

14 patients were detained under the Mental Health Act (seven under section 37/41, three under section 47, four under section 3) and three patients were under the Deprivation of Liberty Safeguards. Two patients were informal as they were discharged from detention under the Mental Health Act shortly before their deaths.

Of the 24 patients who died eight were inpatients on Cranford ward, the Medium Secure service for older men, and four were inpatients on O'Connell ward, the specialist dementia and Huntington's disease service.

## Learning from Mortality Reviews

In line with guidance issued by the National Quality Board, St Andrew's has collaborated with local and national partners to develop a Standardised Mortality Review Tool (SMRT), which also incorporated the Structured Judgement Review (SJR) by the Royal College of Psychiatrists (RCPsych). The tool has semi-structured questions to quality check against the relevant recognised holistic standards in End of Life care and is used to review expected deaths. Following a death from natural causes, a mortality review is undertaken using the SMRT and considered at the Mortality Surveillance Group (MSG) chaired by the Executive Medical Director. This group has wide multi-disciplinary involvement and includes an external independent Consultant in Palliative Care and an expert in End of Life care. Learning from the mortality reviews is then shared through the clinical governance oversight groups to ensure Charity wide dissemination.

The 13 Covid-19 related deaths which occurred in the first quarter were subject to an initial review by the Executive Medical Director in July 2020 and presented to the Board of Directors. The findings from the mortality review process suggested that overall there was good engagement with families, appropriate transfer to the Northampton General Hospital and excellent provision of mental health care. Mortality reviews highlighted that there was a need for improvement in Advance Care Planning. A working group led by the Clinical Director for the Neuropsychiatry Division has been set up in order to progress this piece of work. Overall, End of Life care provision has been found to be better within the Neuropsychiatry Division where staff are familiar with caring for patients with palliative care needs. The Charity is working to share learning and to systematically identify wards in other divisions where teams working with patients with End of Life Care needs can avail the necessary and appropriate support. This is particularly important as prognosis for patients with Covid-19 can be unpredictable and equally affect those without neurodegenerative conditions. Our learning from the mortality review process identified a need to improve our processes around the assessment for Venous Thromboembolism (VTE) for all patients in accordance with NICE guidelines and a new VTE procedure has been published and communicated.

There continues to be close working between Mortality Surveillance Group and Serious Incident Group with a joint annual mortality report encompassing in depth analysis of all deaths as well as shared learning between the groups. In order to further improve oversight of End of Life care, the Charity is currently participating in the National Audit of Care at the End of Life Care. This audit is led by the NHS Benchmarking Network in collaboration with NICE.



## Research and Innovation

Research was one of the three founding principles of St Andrew's Healthcare when it was formed in 1838, and despite many changes in the intervening 183 years, it remains a key strategic goal for the Charity. In today's world of technological advancements and, against a landscape of increasing competition for limited resources, innovation is the natural partner of research. Accordingly, research and innovation is a key focus for the Charity, demonstrating the emphasis we place on finding and delivering improvements.

We continue to develop our research strands to aid delivery of the Charity's strategy with an objective to develop and manage a carefully selected portfolio of research and innovation projects with the single aim of delivering maximum value to our patients, enabling them to recover, and return to the community as quickly as possible to lead fulfilling and rewarding lives.

Over the last year we have made significant progress and increased our research portfolio with a particular emphasis on those projects that will have real clinical impact, for example, improving our patients sleep, enhancing exercise, reducing distressing emotions through virtual reality technology and exploring inequalities with generalizable outputs to change healthcare system disparities.

We have also sought to nurture and support all members of the care teams to advance their research skills, through the provision of training and by assisting them in the development of research ideas. This mission has been further strengthened by introducing a number of clinical research secondments for practicing clinicians to give them the space and time to devote to research and innovation within the Charity.

We now have 51 projects in our current portfolio. This is made up of 37 research projects, and 14 service evaluations (our team took over the running of service evaluations in December 2020). We have initiated some new and exciting research programs, which, although at an early stage, have the potential to create a step change in the treatment of severe mental illness.

Building external relationships and partnerships across a range of mental health institutions and organisations will be critical to our success; of the 37 research projects, we are collaborating with 18 UK universities and a number of mental health charities. We aim to promote a positive, research active culture across our care teams. Being research active will not only bring benefits to our patients, it will encourage and support the best clinical staff and enhance the reputation of the Charity.

This year, 117 of our patients were recruited to take part in research and service evaluation projects and over 1500 patient records were used to generate anonymous data for 10 projects. Additionally, 956 members of staff took part in 16 research and service evaluation projects; this included completing questionnaires, surveys and face-to-face interviews.

### Research data for the Quality Account 1 April 2020 – 31 March 2021:

| ARTICLES AND BOOK CHAPTERS |                          |               |
|----------------------------|--------------------------|---------------|
| Published Articles         | Accepted for Publication | Book Chapters |
| 21                         | 2                        | 2             |

| CONFERENCE ATTENDANCE |                     |
|-----------------------|---------------------|
| Oral Presentation     | Poster Presentation |
| 4                     | 8                   |

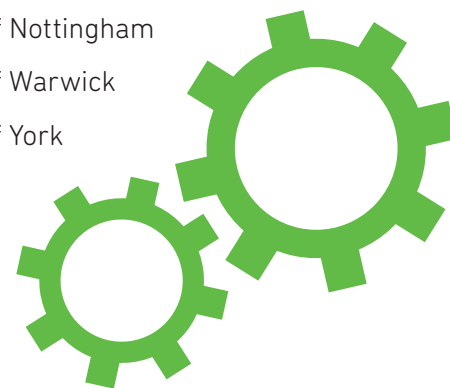


## PATIENT PARTICIPATION IN RESEARCH STUDIES

| Medium Secure | Low Secure Locked Rehabilitation | Community Partnerships | CAMHS | Neuro | LD/ASD | Essex | B'ham |
|---------------|----------------------------------|------------------------|-------|-------|--------|-------|-------|
| 18            | 32                               | 26                     | 1     | 5     | 28     | 1     | 6     |

## Affiliations

- > Imperial College London
- > London South Bank University - MOU
- > Loughborough University - MOU
- > University of Birmingham
- > University of Buckingham
- > University of Kent - MOU
- > University of Nottingham
- > University of Warwick
- > University of York



## Goals agreed with commissioners

## CQUIN

The Commissioning for Quality and Innovation (CQUIN) programme provides a national framework for improving quality and innovation within NHS funded care to realise better patient outcomes. First launched in 2009/10 the scheme sets annual quality improvement goals.

We are proud of our ongoing participation and achievements in the CQUIN programme. We know that the improvements we have made as a result have positively impacted on the lives of the people receiving care from the Charity.

The CQUIN programme underpins our wider quality and innovation work and the culture that we are building within the Charity. The 19/20 CQUIN scheme was a two year programme and therefore the same three CQUINS applied in 2020/21.

Due to the Covid-19 pandemic NHSE confirmed the continuation of the CQUIN delivery as optional.

St Andrew's continued to roll out and submit quarterly finding and reports for all three.

Quarterly achievement was based on the 19/20 achievement and we were allocated 100% across all three.

| CQUIN TITLE   | Q1   | Q2   | Q3   | Q4   |
|---|------|------|------|------|
| Healthy Weight in Adult Secure Mental Health Services | 100% | 100% | 100% | 100% |
| Addressing CAMHS T4 Staff Trainings Needs             | 100% | 100% | 100% | 100% |
| D/deaf MH Communication Assessment                    | 100% | 100% | 100% | 100% |

# > What others say about St Andrew's

## CQC

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

St Andrew's is required to register with the CQC. We are registered to carry out the following regulated activities:

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

Conditions of registration require that all regulated activities are managed by a Registered Manager in respect of that activity, and that each activity must be carried out at the locations detailed within the Certificate of Registration.

During the year, the CQC carried out one inspection with regard to the fundamental standards. This was at our CAMHS service where the service was noted to have improved from inadequate to requires improvement.

The Charity has submitted an application to remove the Men's and Women's locations and their Registered Managers and have made application to add the new locations and Registered Managers for Autistic Spectrum Disorder (ASD) and Learning Disability (LD), Low Secure and Medium Secure. This is to reflect the change in organisational structure.

The current ratings across the Charity are detailed in the tables below:

### Birmingham

|   |  SAFE |  EFFECTIVE |  CARING |  RESPONSIVE |  WELL-LED |  OVERALL |
|---|--|---|--|--|--|---|
| Wards for people with a learning disability or autism | Requires Improvement   | Good  | Good   | Outstanding  | Good   | Good  |
| Forensic inpatient or secure wards                    | Requires Improvement   | Good  | Good   | Outstanding  | Good   | Good  |

### CAMHS

|  |  SAFE |  EFFECTIVE |  CARING |  RESPONSIVE |  WELL-LED |  OVERALL |
|--|--|---|--|--|--|---|
| Child and adolescent mental health wards | Requires Improvement   | Good  | Good   | Good   | Requires Improvement   | Requires Improvement  |

## Essex



SAFE



EFFECTIVE



CARING



RESPONSIVE



WELL-LED



OVERALL

|  |                      |      |      |      |      |      |
|--|----------------------|------|------|------|------|------|
| Acute Wards for Adults of working age and psychiatric intensive care units | Requires Improvement | Good | Good | Good | Good | Good |
| Forensic inpatient/secure wards  | Requires Improvement | Good | Good | Good | Good | Good |

## Men's Services



SAFE



EFFECTIVE



CARING



RESPONSIVE



WELL-LED



OVERALL

|   |                      |                      |      |      |                      |                      |
|---|----------------------|----------------------|------|------|----------------------|----------------------|
| Acute wards for adults of working age and psychiatric intensive care units  | Good                 | Good                 | Good | Good | Good                 | Good                 |
| Forensic inpatient/secure wards   | Requires Improvement | Good                 | Good | Good | Requires Improvement | Requires Improvement |
| Accommodation for persons who require nursing or personal care, Learning disabilities, Mental health conditions, Treatment of disease, disorder or injury, Caring for adults under 65 years | Good                 | Requires Improvement | Good | Good | Good                 | Good                 |

## Women's Services



SAFE



EFFECTIVE



CARING



RESPONSIVE



WELL-LED



OVERALL

|  |                      |                      |                      |                      |                      |                      |
|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Services for people with acquired brain injury                             | Good                 | Good                 | Good                 | Good                 | Good                 | Good                 |
| Acute wards for adults of working age and psychiatric intensive care units | Inadequate           | Good                 | Requires Improvement | Good                 | Requires Improvement | Requires Improvement |
| Forensic inpatient/secure wards  | Inadequate           | Requires Improvement | Inadequate           | Good                 | Inadequate           | Inadequate           |
| Long stay/rehabilitation mental health wards for working age adults        | Inadequate           | Requires Improvement | Requires Improvement | Requires Improvement | Requires Improvement | Requires Improvement |
| Wards for people with learning disabilities or autism                      | Requires Improvement | Requires Improvement | Inadequate           | Good                 | Requires Improvement | Requires Improvement |

We are pleased to report that following the inspection of the CAMHS service in September and October 2020 significant improvements were noted with new leaders in place who had taken action to change the culture of the service. New governance systems had been implemented and the inspection team had seen improvements in seclusion and restraint practice and found that staff went the extra mile for children and young people. It is fair that although improvements had been made at the time of the inspection the changes had not been fully embedded into the service. However, we are sorry that our staff were not always following policies and procedures for maintaining a safe environment across all wards, this was immediately actioned. The ratings changed from Inadequate to Requires Improvement recognising the changes made with the progress made, and highlights areas for development.

Following an inspection of the Women's service in March 2020 the service was placed into special measures. This was principally due to concerns about staffing levels, ability of staff to complete enhanced observations of patients in line with the National Institute of Health and Care Excellence guidance and the reporting and undertaking of actions following incidents. A further inspection was carried out in July 2020 which was not rated. We are sorry that despite noting improvements had been made in the previous three months there remained a number of areas to continue to improve. These included the attitude of staff and the ability and knowledge of staff to manage the patient risks and care needs effectively. We have continued to drive the improvements that commenced following the inspection in March and focused on the additional actions identified in the July inspection. In March 2021 we received the positive notice that the conditions of registration that had been placed on the service had been removed.

We regret that in a few individual cases, quality of care provided fell short of the high standards we strive for. Any instance where we have let patients down is one too many and is unacceptable.

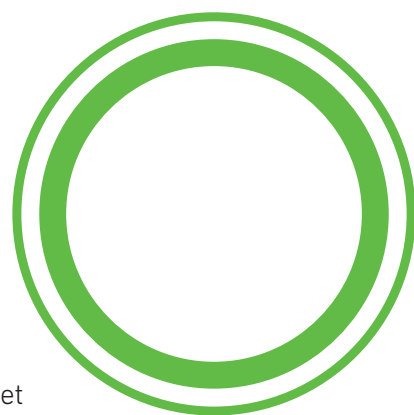
We will continue to work with staff and patients, patients' families and carers, as well as the CQC, to promptly address these concerns. We recognise that our services need to continuously improve, and we are taking steps to address the concerns raised.

Actions arising from all CQC inspections are monitored via the Quality Safety Group, Quality and Safety Committee and the Charity Executive Committee.

## Data Quality

Good quality information underpins the effective delivery of patient care and is essential if improvements in the quality of care are to be made. Improving data quality, which includes the quality of ethnicity and other equality data, will thus improve patient care and improve value for money. St Andrew's is taking the following actions to improve data quality:

- > Implementing a Data Governance Strategy to ensure data is treated as an asset and also drive data quality improvements
- > Creating a Data Warehouse where all data is put through strict quality measures





- > Profiling, assessing and cleansing data to increase the accuracy of information used to drive decisions
- > Defining communication protocols to improve the alignment of all stakeholders involved in the data lifecycle
- > Adopting a structured approach to managing data, deriving insight and driving action.

## NHS Number and General Medical Practice Code Validity

St Andrew's is submitting the MHSDS dataset in line with national requirements. Codes are checked and validated on a regular basis against national lists.

## Clinical Coding Error Rate

SNOMED CT is the fundamental standard for healthcare terminology. SNOMED CT provides the vocabulary for recording structured data in relation to the health and care of an individual in electronic records; as such its use in systems is wide ranging. SNOMED CT also provides features that enable powerful analytics and a high level of expressivity of information about the health and care of the individual. Implementation of SNOMED CT is part of the national requirement for electronic patient records. St Andrew's is working towards implementing the SNOMED coding change, in line with the national requirement for compliance by 2022.

## NHSE Specialised Services Quality Dashboard

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

## NHSE Specialised Services

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





## Participation in National Clinical Audits

During 2020/21 the Charity participated in four national clinical audits and national confidential enquiries listed below:

- > The quality of valproate prescribing in adult mental health services, Prescribing Observatory for Mental Health UK, The Royal College of Psychiatrists – the audit data has been submitted
- > Physical Health in Mental Health Hospitals, Medical and Surgical Clinical Outcome Review Programme – the audit is underway and part of the audit data has been submitted
- > National Audit of Inpatient Falls, Falls and Fragility Fracture Audit Programme, Royal College of Physicians – the audit is underway and the audit data has been collected and due to be submitted in April
- > Learning Disabilities Mortality Review – audit data is submitted on a case by case basis.

In addition, the Charity was also eligible to participate in National Child Mortality Database project but did not have any deaths in scope of the audit.

The Charity's participation and learning from national audits and confidential enquiries is overseen by the Clinical Audit Group and Quality and Safety Group.

## Participation in local Clinical Audits

Local Clinical Audits are completed by clinicians and Multi-Disciplinary Teams using the Charity's "Clinical Audit Proposal" process. These local audits can be completed in conjunction with members of the Clinical Audit and Assurance Team (CAAT) or as stand-a-lone assignments. Local Clinical Audits may be undertaken based on Divisional requirements, personal interest, personal development, or as part of an educational or training programme.

During 2020/21, 10 local Clinical Audits were completed (these are detailed in the table below) and five audits are currently in progress. Actions arising from each local clinical audit are addressed at Divisional level.

| COMPLETED 2020-21 - 10   |
|--|
| Review of Psychology Supervision   |
| START Strength, Vulnerability & Risk Estimates                                     |
| Patients Progress and Violent Behaviours   |
| Peer Support Worker Project  |
| The Consistency and Efficacy of Feedback   |
| Prescribing of Antipsychotics for Children & Adolescents                           |
| Monitoring of Physical Health Parameters of Patients on Antipsychotics (follow-up) |
| Monitoring and Treatment of Vitamin D Status                                       |
| Re-audit on Antipsychotic Drug Monitoring and Metabolic Syndrome                   |
| Patient and Staff Debrief  |

## NICE clinical audits

In keeping with our Clinical Effectiveness Strategy, a programme of local and Charity-wide assurance audits and reviews is maintained to provide assurance against NICE standards and guidance. The programme includes a schedule of regular Charity-wide deep dive reviews completed collaboratively by clinicians, auditors and other support staff, as well as specific Division led NICE assurance audits, as selected in consultation with the Divisional leadership, Quality and Safety Group and CAAT. Actions from NICE audits are addressed either at divisional or Charity-wide level.

The final reports for all NICE audits and reviews are published on the Charity's intranet and shared to promote learning, with periodic re-audits and reviews taking place to provide on-going assurance that recommendations have been implemented and practices maintained.

The table below details six completed NICE audits. An additional nine audits are in progress at various stages of completion.

### COMPLETED NICE AUDITS – 6

|  |
|--|
| QS88 Personality disorders: borderline and antisocial – Medium Secure Division         |
| QS88 Personality disorders: borderline and antisocial – Low Secure and Locked Division |
| NG142 End of life care for adults: service delivery                                    |
| PH38 Type 2 diabetes: prevention in people at high risk                                |
| NG108 Decision making and mental capacity – Charity-wide audit                         |
| NG10 Managing Violence and Aggression in adults – Charity-wide audit                   |

## Clinical Peer Reviews

Clinical Peer Review (CPR) is a process where clinicians review the clinical practice of their peer group using a set tool, with the aim of providing a supportive and collaborative approach to identify areas of improvement and also highlight areas of good practice. Each ward is reviewed at least once a year.

In 2020/21, 81 CPRs took place which covered over 270 patients' records. The CPR recommendations are addressed at ward level – 78 out of 81 actions plans have now been closed and three action plans are in the process of being addressed.

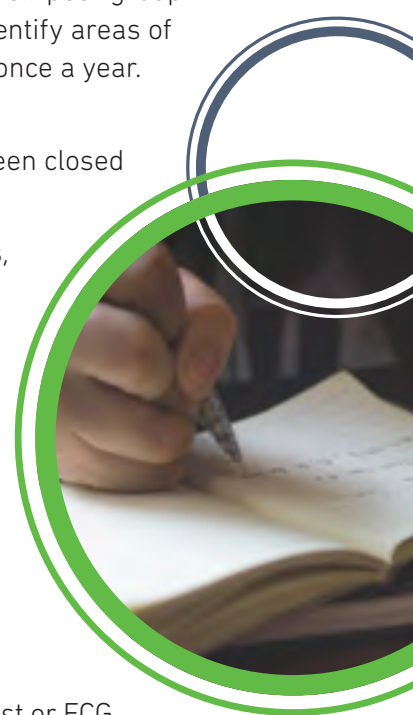
The CPR results are analysed and reported to the Divisional Clinical Governance Groups, Clinical Governance Oversight Group and Quality and Safety Committee.

Examples of good practice highlighted by the CPRs in 2020/21:

- > Seclusion care plans were in place
- > Monthly ward round meetings recorded in patients' records
- > Annual health check completed as required
- > Mandatory assessments are completed as required
- > Evidence of confirmed patient's diagnosis

Examples of areas for improvement:

- > Evidence of following up with a patient if they refused a GASS assessment, blood test or ECG
- > Capacity assessments for consent to treatment completed within the past year
- > Evidence of GASS assessment updated in the last six months
- > Evidence of Admission health check completed.



## Clinical Audit and Assurance Team

A programme of Clinical Audit and Assurance assignments that incorporates audits and reviews against specified categories/drivers is maintained by CAAT. These audits and reviews are in addition to the audits completed by clinicians and the audits or compliance checks performed at Division and Ward level.

Recommended actions from these audits are monitored and followed-up with the staff responsible for implementing them, with reports and analysis shared and discussed at the Quality and Safety Group.

During 2020/21, 13 audits and reviews were completed by the CAAT (please refer to the table below) and four further audits are currently underway at various stages of completion:

| COMPLETED & PUBLISHED AUDITS BY CAAT – 13                                 |  |
|---|--|
| Admission Audit   |  |
| Covid-19 High Risk Care Plans   |  |
| Covid-19 High Risk Care Plans – Follow Up                                 |  |
| High Dose Antipsychotics – Follow-up                                      |  |
| Seclusion Process   |  |
| Search Audit  |  |
| Mechanical Restraint  |  |
| Enhanced Support  |  |
| Clinical Records Deep Dive  |  |
| Green light toolkit audit   |  |
| Long Term Segregation   |  |
| Hourly Observation Records for Enhanced Support and Long Term Segregation |  |
| Reviews of eight wards using Clinical Peer Review tool                    |  |

### Learning from Covid-19 High Risk Care Plans CAAT audit

The Covid-19 pandemic brought up challenging and uncertain times. New essential measures and special arrangements had to be implemented within the Charity to ensure that we can care for patients effectively in relation to the pandemic risks. One of these measures was the implementation of Covid-19 High Risk care plans. The care plans aimed to support the patients' needs by enabling identification of those patients who fell in high risk and vulnerable categories and ensuring the required monitoring is being planned appropriately for patients whose condition requires it.

A full assurance audit on the Covid-19 High Risk care plans was completed in September 2020 and raised a number of key recommendations to improve and enhance the Covid-19 care plans documentation. The audit highlighted mainly positive results, but improvements were required in relation to some of the care plan sections such as the vulnerability conditions being completed, the discussions with patients being carried out as required and recorded accordingly in the care plan and within other relevant forms. A follow-up audit was completed in March 2021 and showed that the issues raised by the original review have been addressed.



## Internal Audit Team

The Internal Audit team completed 12 assignments on key clinical and quality processes (these are listed in a table below). Recommendations from internal audits are monitored and followed-up with management. The progress against completion of the actions is overseen by the Charity Executive Committee and Audit and Risk Committee.

| COMPLETED & PUBLISHED AUDITS BY THE INTERNAL AUDIT TEAM – 12                  |  |
|---|--|
| Monitoring CQC Compliance – Well-Led actions validation and impact assessment |  |
| Mortality Review Process  |  |
| Quality Account 2019-20   |  |
| Patient Safety Framework  |  |
| Governance – Covid-19 Documentation Review                                    |  |
| Covid-19 Response   |  |
| Violence and Aggression   |  |
| Lessons Learned – Follow-up   |  |
| Advocacy Services   |  |
| Variable Standards of Ward Cleanliness  |  |
| Care Programme Approach – Follow-up   |  |
| NHS Contract Compliance   |  |

## Freedom to Speak Up

We now have ten “Freedom to Speak Up Guardians” following the successful recruitment of a further six in November 2020. The guardians are here to provide confidential advice and support to employees about any concerns they have about risks, malpractice or wrongdoing in the workplace. As a team, they have been actively working to raise the profile of raising concerns at St Andrew’s and have a Freedom to Speak Up Awareness Month scheduled for April 2021. The team meet with the Chief Executive Officer once a quarter to discuss themes of concerns raised through Freedom to Speak Up.

## Data Security and Protection Toolkit

All NHS providers need to provide information security and protection assurances to the NHS on an annual basis. These assurances are provided through completion of an online assessment tool, the NHS Data Security and Protection Toolkit. As part of the Charity’s contract with NHS England, the Charity is required to meet a ‘Standards Met’ compliance status. The Charity met this requirement in 2020 and is currently working to retain this status in 2021.



## Information Governance

The Data Protection Officer has recently returned from Maternity leave. A Consultant Data Protection Officer provided maternity cover. A new Information Governance Coordinator has been recruited to provide much needed support and capacity to the Data Protection Officer role. In the last year the following work has been completed:

- > Review of compliance with the NHS Data Opt Out programme – the NHS national data opt-out is a new right for NHS patients to opt out of their confidential patient information being used for anything other than the direct provision of their care
- > Information Governance Policy and Procedure review
- > Supporting remote working requirements of the Charity to ensure good standards of information governance are maintained
- > Information Governance risk exposure analysis – much work has been done on assessing the current risk profile of the healthcare environment in order to make sure our risk register approach is adequate
- > We have developed our own written data breach assessment 'position' that we can consistently apply that would support our decisions in the case of challenge.
- > A review of our training and education requirements has taken place.

### Subject Access Requests

Under data protection legislation, individuals have the right to find out if an organisation is using or storing their personal data and to request copies of that information. The Charity receives a very large amount of requests, which tend to come from patients and or their representatives. The Charity also has to deal with a number of third party requests under the law (mainly regarding patients) from other third parties such as Solicitors, the Police, and other government agencies.

On average, we dealt with 70 information requests per month over the last year.

### Complaints to the Information Commissioner's Office

The ICO is the UK's independent body set up to uphold information rights in the public interest. Under the Data Protection Act, individuals are entitled to raise a concern or complaint with the Information Commissioner's Office (ICO) if they are unhappy with how an organisation has managed their personal data or addressed their data protection rights.

For the period that this report covers, the organisation has not received any complaints from the ICO.

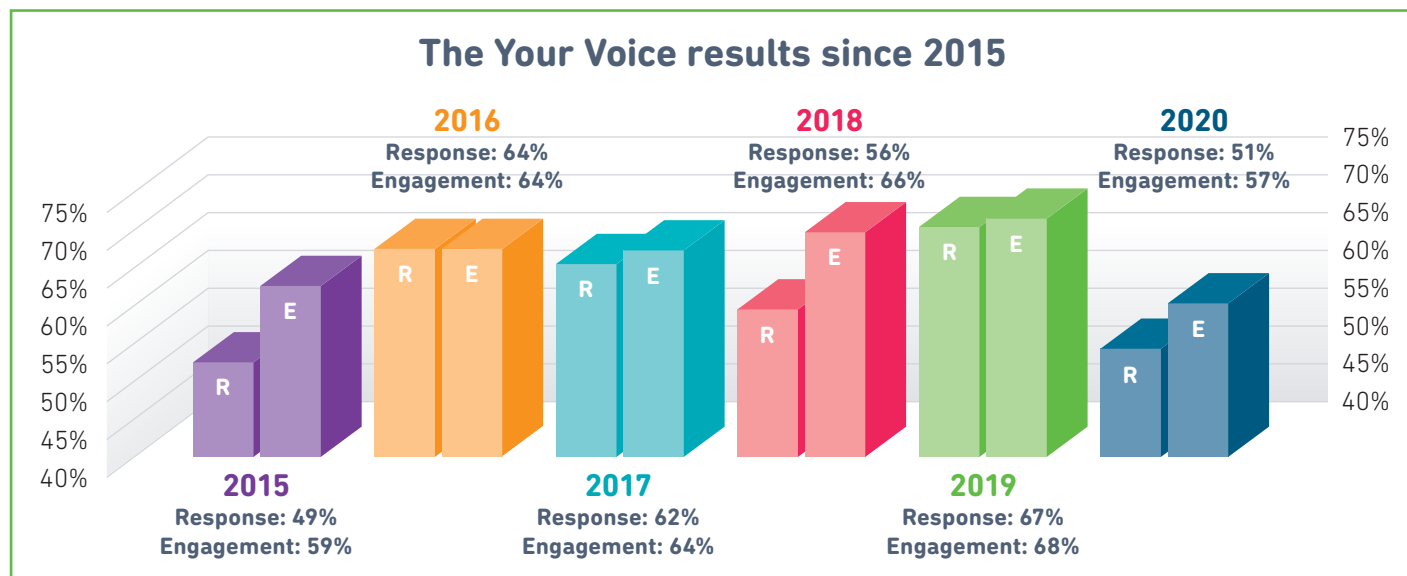
### Data Protection Breaches

In the last year, we have reported six data protection breaches to the Information Commissioner's Office. On all occasions, the Information Commissioner decided to take no further action, because they were satisfied with the actions that we took to mitigate the breaches, and assessed that they were isolated incidents, caused by human error, rather than systemic failure. When these breaches occurred, the response to them was not overseen by the Charity's Data Protection Officer, Caldicott Guardian and Information Governance Group.

## Staff Summary

Our staff survey, Your Voice, is conducted annually and offers staff the opportunity to share how they feel about working at St Andrew's. The survey asks people to consider what is good about working for the Charity, and what could be better. It covers three key areas; Energy, Optimism and Pride.

In 2020 we held a short snapshot survey, which featured six questions to give us our overall employee engagement scores. The survey ran from 2-20 November 2020.



## Charity-wide Engagement Score

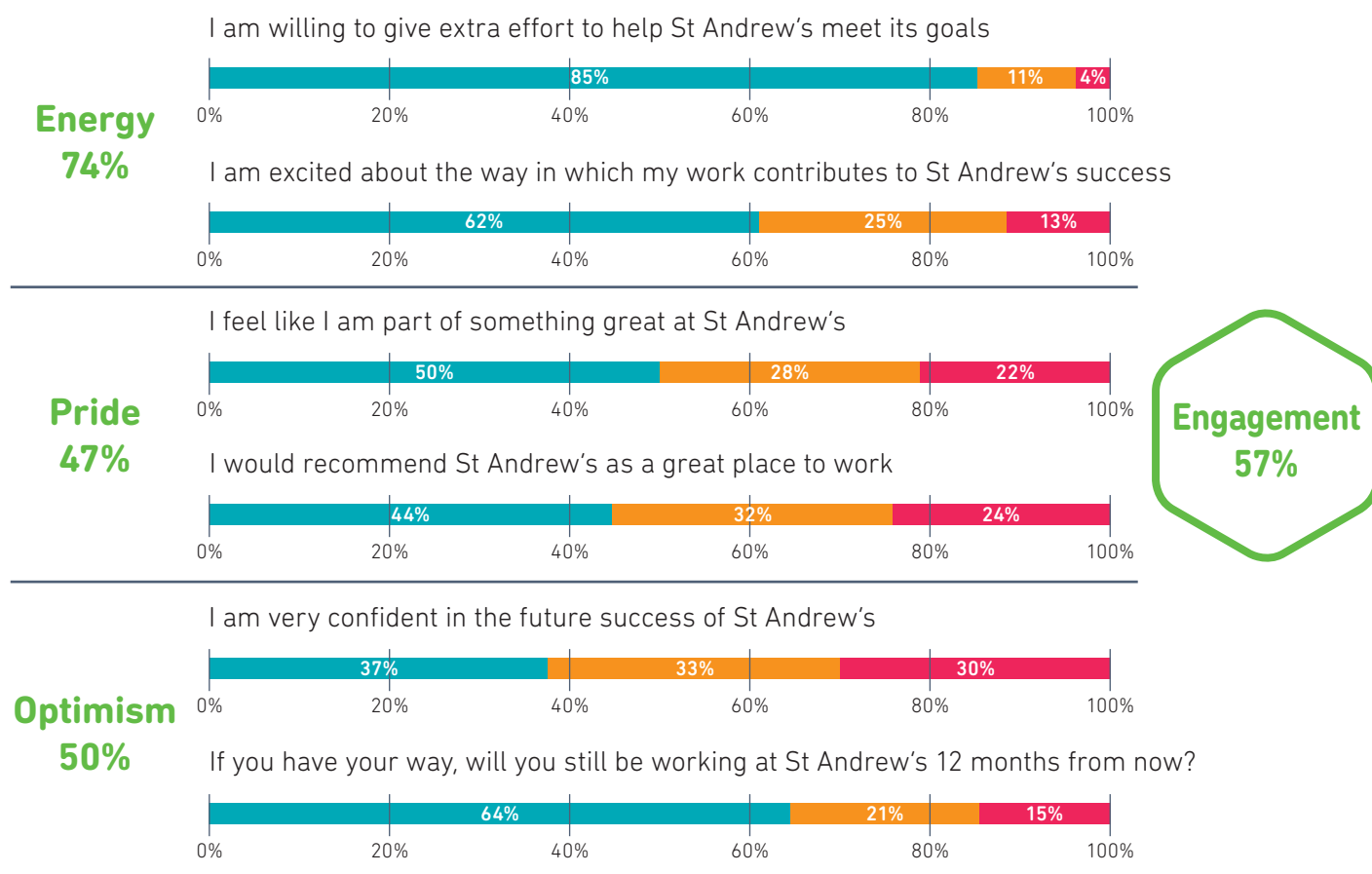


51% of staff working for the Charity (1,803 people) participated in the 2020 survey. This is a drop of 16% points from 2019.

Overall, our employee engagement score dropped 11 points to 57% in 2020. However 11 wards and 10 enabling function teams across the Charity achieved an engagement score as good as or even better than the 2019 Charity-wide engagement score of 68%. We are working with those areas that saw a drop to understand the issues and to make sustained improvements.

In 2021 we intend to run a full survey, which will include a free-text field for staff to share their thoughts.

## Your Voice Snapshot Results - Charity-wide



The last 12 months have been challenging for staff for many reasons; the Charity is going through a period of change which includes right-sizing our services, relocating wards and changes in leadership – as well as navigating our way through a global pandemic.

Our strengths: Staff are willing to give extra effort, staff feel excited about how their work contributes to the Charity's success

Our focus areas: Building staff confidence in the Charity's future plans

We are developing a Charity-wide action plan for these focus areas, and progress will regularly be shared with staff throughout 2021/22.

## Complaints

The total number of complaints received between April 2020 and March 2021 was 224. Of these, 29 were dealt with as Serious Incidents (SIs) or Safeguarding (SG) investigations and 195 as complaints. In early 2021, the Datix form for complaints was changed to differentiate between SIs and SGs as they were previously all recorded as an SI. By comparison, 224 complaints and 21 SIs were logged between April and March of the previous year.

In April 2020 IPU's were replaced by divisions and in October 2020 our Nottingham site was closed.

The complaints are broken down by division in the table on the right.

| IPU                                   | NUMBER OF COMPLAINTS | % OF TOTAL |
|---------------------------------------|----------------------|------------|
| ASD & LD                              | 31                   | 13.84%     |
| Birmingham                            | 28                   | 12.5%      |
| CAMHS                                 | 29                   | 12.95%     |
| Community Partnerships                | 1                    | 0.45%      |
| Essex                                 | 25                   | 11.16%     |
| Low Secure and Specialist Rehab       | 41                   | 18.30%     |
| Medium Secure Mental Health           | 47                   | 20.98%     |
| Neuro                                 | 17                   | 7.59%      |
| Notts (until closure in October 2020) | 5                    | 2.23%      |

Over the year, 94% of complaints opened were closed within the 30 working day deadline, an increase of 2% on the previous year. Targeted communication and weekly updates to the divisions have been instrumental in supporting the timely closure of complaints. Of the 14 overdue complaints for the year, half of these can be attributed to the departure of a Complaints Adviser, and subsequent reduction in capacity within the team.

The key themes for complaints in this period were Attitude of Staff and Privacy and Dignity, followed by Access to Services, Patient Property, Clinical Treatment and Patient Physical Healthcare. All complaints received give us the opportunity to improve and are used to help us to identify when and how we can make changes. Over the last half of the year, there has been a Charity-wide focus on lessons learned from complaints, Serious Incidents, Safeguarding and external incidents. This has led to regular meetings in which themes are identified and objectives are set for embedding the learning into improved practices.

The Covid-19 pandemic led to several complaints from patients and their relatives/carers regarding the Charity's implementation of restrictions to visiting and patient leave. The impact the pandemic has had on staffing across the Charity can be seen in the repeat of lessons learned that had already been identified in the previous year, including more accurate recording and closer monitoring of patient property and improved diabetes management for our patients. Additionally, the Complaint Department's plans to introduce complaints training and to improve the Datix forms used have had to be postponed.

### Key improvements identified include:

- ✓ Improved communication with relatives/carers
- ✓ A peer review of Do Not Attempt Resuscitation orders
- ✓ Greater level of patient input into CAMHS menus
- ✓ Clearer processes for recording and checking electronic devices on one of the Medium Secure wards
- ✓ Greater number of nasogastric (NG) feeding trained staff
- ✓ Trauma informed care training for staff
- ✓ A number of staff have undergone additional supervision or training following complaints about their attitude, competence or behaviour.



During 2021/22, our focus will be the development of comprehensive training on handling complaints, with an emphasis on the culture of complaints handling and the importance of learning from complaints. In the first quarter, we aim to make considerable improvements to Datix to support the reporting and tracking of complaints. A review of the Complaints Policy and Procedure will be undertaken, with a view to improving clarity for members of staff who do not work within the department as well as improving the process for complaints involving an SI or SG. We will also be focusing on the quality of complaint investigations and responses to increase satisfaction and reduce the number of re-opened complaints.

## Diversity and Inclusion

At St Andrew's we are committed to inclusion in all its forms, and we know that diversity is one of our greatest strengths - contributing positively to both our success, and to the care we provide for our patients.

St Andrew's has made great strides in inclusive leadership over the past couple of years, including the appointment of our first female Chief Executive Officer (CEO), Katie Fisher, and first female Chief Finance Officer (CFO), Alex Owen. Our Charity Executive Committee of 20 individuals includes six females and three people from Ethnic Minority backgrounds.

Around 20% of staff at St Andrew's are Black, Asian and Minority Ethnic which is favourable against the national average of 12%, and in line with the NHS where 21% of staff identify as Black, Asian or Minority Ethnic. 27% of Senior Leadership at St Andrew's are from Black, Asian and Minority Ethnic backgrounds.

Showing our commitment to transparency and being an inclusive organisation is important to us and the Charity's Ethnicity Pay Gap ratio was published for the first time in March 2020. This showed our median ethnicity pay gap is -2.8%, meaning, on average, our BAME employees receive a higher hourly rate of pay in comparison to our non-BAME colleagues.

## Board and Directors

Earlier this year we welcomed five new Non-Executive Directors (NEDs) to our Board of Directors, each with an extensive background in the mental healthcare, psychology or commercial sector. The appointments, which include Professor David Sallah, Elena Lokteva, Professor Stanton Newman, Tansi Harper, and Andrew Lee, are part of our plans to restructure in order to deliver the very highest quality of care. The new Non-Executive Directors sit on the Board of Directors and are Trustees of the Charity, and support the development of the Charity's strategy and culture, while ensuring that management, compliance and performance are being done well.

## Court of Governors

Many of our Governors play an active role in the Charity through ward and service visits, reviews of compliments and complaints and patient engagement, all of which provide an important form of assurance to the Governors and helpful intelligence to the Board of Directors and Charity Executive Committee regarding current issues.

In order to bring more diversity to the Court of Governors, in December 2019, we appointed four new 'Constituency' governors who bring different experiences to the Court. Karen Irvine and Sandy Howse joined us as Carer Governors and they bring with them the perspectives of patients and their families in relation to the Charity's strategy. We also welcomed Ria Stanyer and Denford Jeyacheya as Staff Governors, and the pair give our staff a voice in key decisions.



## > Involvement and Feedback from Key Stakeholders

St Andrew's is positively engaged in working with our Key Stakeholders to improve our service. A number of these were provided with a draft copy of this account for comment. At the time of the report being submitted for publishing the following comments were received.

### Healthwatch Northamptonshire

Healthwatch Northamptonshire welcomes the opportunity to comment on the St Andrew's Healthcare 2020/21 Quality Account. We have been kept up to date on the progress and improvements the organisation has made by addressing the concerns raised by the Care Quality Commission's 2019 inspection report by attending the Quality Assurance Board and appreciate St Andrew's candour and desire to share progress. We are also aware of and support the changes made to St Andrew's estate and enhanced facilities to support the quality of patient care.

We support the 2020/21 quality priorities and plans to focus on getting the basics right to ensure that patients receive the right treatment at the right time, which includes emphasis on safeguarding. The commitment to involving patients and carers in quality of care assessments by having meaningful conversations and utilising their feedback is unquestionably welcomed by Healthwatch. We also welcome the attention to staff safety, support and training by improving staff engagement across the service as well as dedication to a culture of learning and transparency.

We look forward to continuing to work with St Andrew's Healthcare over the coming year to support them in making sure the voices of patients, carers and families continue to be heard.



# Section 3

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## Review of Quality Performance

**Reflection on the Previous Quality Priorities which were:**

- > **Continuous Quality Improvement**
- > **Improved External Quality Ratings**
- > **Better staff, patient and carer engagement.**

**Priority 1: Continuous Quality Improvement****Why did we choose this priority?**

Over the past 12 months we have continued our journey to evolve and develop our approach to, and culture of Continuous Quality Improvement. Our small CQI team continue to work with early adopters across the Charity, promoting the use of CQI tools and thinking differently around techniques to make safety and quality improvements within our services. Some examples being:

- > **Sports 4 Growth** - Making sports and physical activity accessible to improve both physical and mental health
- > **John's Campaign** - Recognising the importance of working with family and carers in the care and support with people with dementia
- > **Patient Cycling** - Improve the sedentary lifestyle of patient groups

The progress of our PDSA activity is reported through to Divisional Governance and QSG meetings via a CQI 'Dashboard' and news 'success stories' are shared Charity-wide via the Charity's communication HUB and CQI Intranet pages.

Whilst our CQI journey is at an early stage, our CQI Awareness month was a real springboard to formally launch CQI within the Charity, encouraging teams and individuals to generate innovative ideas to improve efficiency and effectiveness via a CQI Poster Competition. Winners were supported with financial assistance to establish and progress their ideas, which included:

- > **Technology for Occupational Engagement** - Introduce use of technology to support OT engagement with patient groups
- > **Patient Engagement** - Co-production of ward based games room to give patients the choice of games and activities

During the Covid-19 pandemic, the CQI team have supported and facilitated three cohorts of Infection Prevention Control QI training, working with NHSE/I colleagues. A further four cohorts are planned to take place through the remainder of 2021. Whilst developing our CQI community, this training has developed a number of CQI initiatives to improve IPC practices across the Charity.

Our strategy to further develop our culture of Continuous Quality Improvement and innovation includes:

- > To become a QSIR (Quality, Service Improvement and Redesign) registered training facility, supported by NHSE/I. This will enable St Andrew's to set up a QSIR faculty, join the QSIR network and deliver accredited CQI training





- > Carry out a training and development programme across the Charity that will support colleagues in delivering their improvement ambitions
- > Provide innovative space to assist teams in 'thinking differently' and work collaboratively to generate innovative solutions to improving quality and safety.



## Priority 2: Improved External Quality Ratings

### Why did we choose this priority?

This priority recognised the impact that meeting and exceeding the standards and expectations set by external stakeholders and organisations including commissioners, regulators and those bodies responsible for professional accreditation such as the Royal College of Psychiatrists Centre for Quality Improvement can have a direct impact on the experience and outcomes for patients. This priority was written prior to the Covid-19 pandemic and as such has been impacted by the limited access to the services by external organisations.

### What did we achieve?

During the year, the CQC carried out one inspection with regard to the fundamental standards. This was at our CAMHS service where the service was noted to have improved from inadequate to requires improvement.

The Women's service was in special measures at the beginning of the financial year. This was principally due to concerns about staffing levels, ability of staff to complete enhanced observations of patients in line with the National Institute of Health and Care Excellence guidance and the reporting and undertaking of actions following incidents. We have continued to drive the improvements that commenced following the inspection and focused on the additional actions identified in the July inspection. In March 2021 we received the positive notice that the conditions of registration that had been placed on the service had been removed.



### Next Steps?

**Continue to embed our governance structures, and the clinical approach to quality.**

**Continue to strengthen and build our relationships with external agencies.**



## Priority 3: Better Staff, Patient and Carer Engagement

### Why did we choose this priority?

Embedding patient and carer involvement is an ongoing priority that will be achieved through increasing the representation of patients and carers who contribute to the development of services and quality of care; improving feedback mechanisms and how they affect change; to recognise patients, families and carers as valued partners and for shared decision-making to be standard practice.

### What did we achieve?

We have developed patient advisory groups in order to get greater patient insight and input on key areas e.g. Least Restrictive Practice; Patient Involvement Strategy; Co-production. Despite restrictions due to the pandemic, our patient forum has continued but virtually.

A new Carers Advisory Group has been set up with members co-producing carer engagement training for staff and contributing ideas to improve the carer experience. As a result, a new on boarding process for new carers has been trialled.

Whilst the carers centre has been closed due to the pandemic, a Carers Support Line is open Monday to Friday 9am-6pm and support is available via telephone and email.

A new sub-Board Committee, the People Committee commenced in September 2020. This new committee meets every other month and provides oversight and guidance on the Charity's overall Engagement Strategy building positive links between patients, carers and staff. It has patient and carer representative members, as well as Constituency Governor members, together with staff from across all services within the Charity.

### Next Steps?

**Rolling out the Charity's new Patient, Carer and Employee promise. The Promises have been developed to highlight the commitments of the Charity to all of the St Andrew's family and also to clearly document expectations. The development of the Promises has involved significant consultation with all parties via patient representatives in BENS, a Carers working group and the Employee Forum. They have all been designed in the same format ensuring they are easy to read, visual and consistent.**

Finalisation  
and roll out  
of carer  
engagement  
for staff

Review and  
update of both  
our Patient  
Involvement  
and Carers  
Strategies

Continued work  
on increasing  
knowledge and  
expertise on  
co-production

Charity-wide  
roll out  
of PREMs

### How do we give assurance to the Charity?

- > The Patient and Carer Engagement strategies are reviewed and progress monitored by the People Committee which is chaired by a Non-Executive Director. The People Committee is a sub-committee of the Board of Directors.

Data and content for this account has been provided from functions and Divisions across the Charity. The priorities for the 2021/22 have been agreed following discussions with a variety of staff of all levels across the Charity. There is significant focus on improving the patient voice a program in design to ensure that the patients' voice is central to any further work on the quality account.

# Section 4

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## St Andrew's Healthcare Showcase

A number of changes have been implemented over the past year to improve the experience and outcomes for our patients and staff. The following section demonstrates some of the improvements and successes experienced over the past year.

## Music and wellbeing for Dementia patients

One of the latest projects supported by our Continuous Quality Improvement team has focussed on the effects music has on the wellbeing of people who are experiencing symptoms of dementia. The project team from Aspen Ward thought of different ways music could be accessed by their patient group. With help from patients on the ward, the team decided to provide individualised playlists on wireless headphones.

**Natasha Montgomery, Occupational Therapist, explained:**

*"We involved patients, their families and the rest of the Aspen ward team by asking their opinions on the current music activity provision and how this could be improved for the patients living on the ward. 50% of the patients responded to the questionnaire, and for those who were unable to communicate their opinions, the use of visual questionnaires were used or contact was made with their families."*

The initiative was trialled with one of the patients living on Aspen. The Likert Scale was used to determine the patients' mental wellbeing, both before and after the sessions. In addition, staff observed the patients throughout the listening experience, and completed a Dementia Care Map to record their mood and engagement.

**Natasha explained:**

*"In the initial trial, the patient – who has minimal verbal communication skills – was able to complete the rating scales using a visual prompt sheet. He identified an improvement in his mood after using the headphones, which was also identified in the Likert Scale results and Dementia Care Map. This was a successful outcome for all of those involved."*

## New Village helps our patients live well with Dementia

In August 2020, ahead of World Alzheimer's Day, we opened our new 'village' that will support people to live well with Dementia. The new Lowther Hub complex is situated in the grounds of our Northampton hospital. It is home to around 40 patients with complex dementia and Huntingdon's disease. Based around a village theme, the hub aims to offer a more therapeutic environment than a hospital or nursing home. Instead, it features areas such as:

- > a village green where family and patients can meet and spend time together
- > a post office and pillar box
- > a village hall which acts as a social hub for meetings, activities and get-togethers.

The village feel aims to normalise hospital care. This is a concept based on De Hogeweyk; a gated model village in the Netherlands which was designed specifically as a Dementia care facility. The environment aims to reduce restrictions as much as possible.



**Dr Inga Stewart,  
Consultant Clinical  
Psychologist,  
explained:**

*"The physical environment for people living with dementia is often the silent partner in improving their engagement and overall quality of life. The new village at our Northampton hospital is fantastic, balancing patients' safety and security, in a comfortable, homely and welcoming environment."*

We incorporated visual clues into the building's design, such as memory boxes, coloured doors and visual prompts, which aim to aid recognition and reduce confusion and frustration. The village also makes good use of technology. Circadian Rhythm lighting (which follows the 24-hour internal clock, or rhythm) helps the mind to be active during the day and restful at night.

Other features include Dementia-friendly bathroom taps, which look like traditional cross-headed taps but will report changes in cognitive ability, for example if someone repeatedly leaves the taps on.

Reminiscence sessions, arts and music are all standard on our Dementia wards. The new environment ensures patients have the space to enjoy these activities. There is also easy access to the communal gardens, with raised beds to make gardening easier for patients to enjoy.

## Education

Education is vastly important to everyone at St Andrew's – not just in the training of our expert staff, but for the patients, too.

Every individual in our care is given access to learning opportunities to enhance their lives and provide them with the skills they need to live independently. We know that education and learning contributes to the recovery of our patients, and we work hard to ensure that people are able to learn in the best way for their particular needs and interests – and this often leads to awards or qualifications.

The certificates are a bonus, as more importantly education allows people to enhance their skills and knowledge, and boost their confidence and self-esteem. Together, this helps people to reach their full potential.

Education is not just a focus for patients; all of our staff are offered training and opportunities for development to improve the way they work with the people in our care. Over the past year, our staff have completed over 23,000 days of learning – that is six days of learning per staff member. The learning opportunities they have undertaken range from entry level support to nursing degrees, leadership and development.

## St Andrew's College

St Andrew's College is the school at the heart of our Child and Adolescent Mental Health Service. The College aims to provide a safe and caring space where young people can experience individualised opportunities to learn, achieve and believe in themselves.

The College - which is rated Outstanding by Ofsted - teaches a range of subjects including Art, Business, English, ICT, Maths, PE, Science and Vocational topics. 86% of students at the College are making expected or better than expected progress towards their targets this year.

Lessons at St Andrew's College are not just classroom based. Here's a few of the enrichment activities that have taken place this year.

- > Our Achievement Awards ceremony – with certificates and entertainment
- > Duke of Edinburgh Expedition around the grounds



- > Climbing and trampolining awards
- > Mountain trip – hiking in the Peak District
- > Election Day – a mock general election which provided young people with an understanding of elections, democracy and party manifestos
- > Donations to the Hope Centre (a local homeless shelter)
- > Health and Wellbeing Week (from sexual health and dental care, to healthy baking and tai chi!)
- > Environmental Enrichment Day – a day exploring climate change and the global environment
- > World Book Day.

## Adult Education

Education and learning contribute significantly to the recovery of our patients and service users. Many of the individuals in our care 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 past year, we have offered 12,143 teaching sessions and over 350 qualifications, including literacy, numeracy, economic wellbeing, healthy living, IT skills, sports coaching and employment skills.

### REDS Academy

The St Andrew's Recovery and Every Day Skills (REDS) Academy is a free, inclusive offering open to patients, staff and carers alike. REDS Academy aims to help people to improve their health and wellbeing, gaining positive feelings about today and confidence in their future.

Over the past year, 632 students from 36 different wards have taken part in REDS Academy courses, which include:

- > Managing money
- > What is Borderline Personality Disorder?
- > Labels Belong on Tins, not People
- > Finding Hope
- > Drama
- > Mindfulness.

### Staff learning

St Andrew's is unrivalled in its approach to staff education and development. On average, our staff members complete 23,000 days of learning each year, which equates to six days learning per person per year.

The learning opportunities on offer range across entry level support for literacy and numeracy, apprenticeships, nursing degrees, training for nonmedical staff to become Approved Clinicians, leadership and development skills at levels suited to the individual, and continuing professional development in many different areas.

Over the past year, 90 staff have completed entry-level qualifications, 110 apprentices are currently on programmes, and staff have passed 55,687 e-learning courses over the last 12 months.





## ASPIRE

ASPIRE allows the Charity to 'grow our own' nurses, through recognising motivated and talented individuals who are keen to develop both personally and professionally.

Each year, we offer 20 staff members the opportunity to undertake their Nursing degree under our ASPIRE programme. The students each receive pastoral care and salary support of £17,347 whilst they undertake their BSc in Mental Health or Learning Disability nursing. This support enables them to concentrate on their studies and be the best they can be as students.

There are currently 60 people at various stages of their ASPIRE journey and 76 staff members have qualified and returned to us since the programme began.

## Low Secure and Specialist Rehabilitation

Our Low Secure and Specialist Rehab division aims to help people to progress to the least restrictive setting as soon as possible, by equipping them with the skills required to live as independently as possible, closer to communities of their choosing. Over the past year all of the specialist Rehab wards have moved into one building (Isham House) which is enabling the teams to share resources, and work collaboratively to improve patient outcomes.

Over the past year, the division has much to be proud of. Three Occupational Therapy staff have now completed their central Infection Prevention and Control (IPC) training and are leading on IPC projects which are making real changes. The three have put all of their energy into the training, and their engagement, attitude and performance has been complimented by both the course facilitators and a member of our Charity Executive Committee. In addition, another Occupational Therapist from the division is undertaking her Master's in OT, with her research based around clinical outcome measures and patients' progress.

The division has also launched an innovative and thorough induction programme for new recruits. The induction programme is ensuring that staff quickly become accustomed with the wards and patient environments, with sessions focussed on topics such as managing unsafe behaviours and compassion-focussed staff support.

## Medium Secure

We have opened a new deaf specialist supported living environment for up to two patients, 23A. It has been fully equipped for patients with hearing impairments, featuring flashing lights for doorbell and fire alarm. One patient has successfully moved in, and is benefiting from the environment and ethos to promote independence.

## CAMHS

As noted in the December 2020 CQC report, significant improvements have been made. Communication with families has improved with families each receiving a daily phone call. A monthly carer's advisory group has been set up and is also attended by senior members of the multi-disciplinary team including educational staff.

We started doing welcome meetings for families, where possible ahead of admissions, for them to meet members of the team and to see the ward. Previously families were not allowed onto our wards in FitzRoy house, but now (notwithstanding Covid-19 restrictions) parents are invited to see the wards and their child's bedroom.

We aim to co-produce all of our patient and parent/ carer resources from welcome booklets to leaflets. A great example is seen on Stowe ward which has co-produced with young people their ward booklet receiving positive feedback from the patients and families/carers.



# > What are our patients and carers saying?

**We received 463 compliments, the majority about staff, and 16 stories were shared on Care Opinion. Just under a quarter of all compliments are in relation to Community Partnerships**

*I wish I could see them to thank them myself. Over the years I have dealt with many people over his care and I can genuinely say that this team really are the best.*

*Compassionate, down to earth - easy to relate to.*

*P has said what a huge amount of pressure you are all under with Covid-19 and staff shortages. Also that you have been helping directly on the ward. Me and all P's family really appreciate what you are doing.*

*Thank you very much for what you have done for me and it has made an improvement to mine and my family's life.*

*X has been absolutely brilliant! He was very, very good. He kept us updated every day about our son, who was in NGH. He did not stop informing us about him, the communication was amazing. We were just so overwhelmed at how much he did for us, it was so reassuring as we cannot be there – we cannot thank him enough.*

*I would just like to say thank you for all the hard effort that you have put into my care. I really don't believe that I would have made these huge steps forward without your treatment plan. One major difference for me was that you actually listened and took on-board what I said (and what I have said through my mam). I wish you all the best in the future. Thank you.*

