St Andrew's HEALTHCARE

QUALITY ACCOUNTS 2024/25

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Section 1

Quality Statements

A welcome from Dr Vivienne McVey, our Chief Executive Officer

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

We continue to work within our strategic direction, which will guide the Charity until 2028. 'Hope', our five-year strategy, outlines our ambitions and demonstrates our commitment to helping people with complex mental health needs. St Andrew's has a proud history of helping people with serious mental illness who require intensive support. Our Hope strategy will build on our history, and focus on our mission to be a leader in helping people to transform their lives.

As you know, it is still a challenging year for the healthcare sector, but we are committed to continuous improvement and enhancing the quality of care we provide. We have exciting plans to help us achieve our ambitions; these include a focus on our quality fundamentals, providing more care in the community, and investing more in research and education, which will improve the lives of those we serve.

We know that we, St Andrew's, are only one part of a much bigger picture, but by working together we can achieve our vision - a society where people with complex mental health needs are included, valued and have hope for their future. We are committed to working in partnership with the people in our care, and their loved ones, as a triangle of care - as together we can transform lives.

As you will see in this Quality Account, we are taking great steps to ensure we are fulfilling our potential, with particular emphasis on our quality, our colleague experience, and our finances. We have been investing in the right places, including our frontline staff, clinical leadership and maintenance of our estate, whilst making efficiencies to support these investments.

Many thanks for reading.

Vivienne

A statement from Ash Roychowdhury, our Chief Quality Officer

24/25 is Year 2 of the Quality Strategy, with the commitment to become a provider '*at the forefront of best practice, delivering high quality, personalised care, every day*'. The strategy sets out how we are going to achieve this, through the embedding of a quality management system, supported and enabled by the right culture and leadership and the foundations of quality: skilled, motivated staff, data and analytics, and quality environments in which to deliver care.

Year 2 saw some positive achievements as well as challenges:

Key achievements included embedding of the Patient Safety Incident Response Framework, with significant strengthening of triage, assurance visits to ensure actions are embedded post learning responses and learning from near misses. We have also significantly improved the timeliness of our complaint's responses. Our CAMHS service received a GOOD rating from the CQC, and we saw a steady improvement in feedback from quality service reviews from the IMPACT Provider Collaborative. We have revised our own internal inspection process to align with the Single Assessment Framework.

This year saw an iterative revision of our clinical governance systems with the launch of the Charity Quality Fundamentals, which set out the core standards and practices that in-patient wards need to do consistently to achieve high quality care, and the external standards set by our regulator and commissioner. These set out 'what' needs to be done. The 'how' will be a continuous improvement cycle of people, processes technology and information to make it easier over time.

The Charity Quality Improvement Plan was fully revised based on internal and external feedback and learning from incidents and is a key part of our overall Getting to Good plan.

Key challenges have been in the areas of staffing skill-mix and composition, estates issues and the quality of observation practice. Our overall CQC ratings for our 3 sites remain Requires Improvement, and we recognise that we are on a journey to embed a whole organisational quality approach and remain committed to the realisation of our quality vision that is central to our overall Charity vision and mission to help those with complex mental health needs transform their lives.

Statement of Director's Responsibilities

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

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

The Directors confirm to the best of their knowledge and belief that they have complied with the above requirements in preparing the Quality Account for 2024/25.

Section 2

Reflections

Priorities for improvement 2025-2026

Priorities for 2025 – 2026

THEME	PLANNED IMPROVEMENT ACTIONS
Improving Observation Practice	• Improving frontline staff competency through practice development and advanced face to face training • Using CCTV for training, learning and as part of Quality Matron audits
Reducing Restrictive Practice	• Launch Reducing Restrictive Practice Strategy • Embedding of HOPE(S) programme to support reduction in LTS • Reduction of Enhanced Observations through use of zonal observations and technology
Nursing standards & competency	• Redefine roles & responsibilities • Launch & embed competency framework • Design & rollout Nurse in Charge Development training

Statement of Assurance from the Board

Review of Services

During 1st April 2024 and 31st March 2025, St Andrew's Healthcare provided services in the field of mental health, learning disability and brain injury to 1,114 patients. Of these around 96% (1,068) were funded by NHS services or organisations. Non-UK organisations, private funders or individuals fund the remaining 4% (46) of patients.

Participation in National Clinical Audits

During 2024/25 – the Charity participated in Six National Clinical Audits. The National Clinical Audits that the Charity participated in, and for which data collection was completed during 2024/25, are listed below, alongside the number of cases submitted to each audit as a percentage of the number of registered cases required by the terms of that audit or enquiry.

TOPIC	SUBMISSIONS
National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) Mental Health Clinical Outcome Review Programme	**1/1** (100%)
The use of melatonin Prescribing Observatory for Mental Health (POMH-UK) - The audit data has been submitted in July 24	**6/6** (100%)
The use of opioids in mental health services Prescribing Observatory for Mental Health (POMH-UK) - The audit data has been submitted in November 24	**54/54** (100%)
Rapid Tranquilisation in the context of the pharmacological management of acutely-disturbed behaviour – Prescribing Observatory for Mental Health (POMH-UK) – The audit data has been submitted in April 24	**29/29** (100%)
National Audit of Inpatient Falls, Falls and Fragility Fracture Audit Programme, Royal College of Physicians The audit data has been submitted in April 24	**1/1** (100%)
Use of Clozapine - Prescribing Observatory for Mental Health (POMH-UK) – In progress (data collection running across March-April 2025)	**In progress**

During 2024-25 the Charity was eligible to participate in audits under the following programmes but did not have any cases in scope:

- Maternal, New-born and Infant Clinical Outcome Review Programme

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

Improvement Following National Audits

The reports of three national audits were reviewed by the Charity in 2024/25. Below are examples of the actions that the Charity is taking to improve the quality of healthcare provided following these reviews:

- Since the Rapid Tranquilisation POMH Audit, there have been changes in the way that patients are monitored following rapid tranquilisation with roll out of the electronic rapid tranquilisation monitoring form and checks at ward and division governance meetings. Alongside this, Pharmacy will raise awareness of the findings of the POMH audit with the medics and senior nurses and will raise standards requirements with clinical teams as part of medication review process.
- Following the Use of Melatonin POMH audit the Pharmacy will follow up Melatonin use with prescribers and MDT as part of the Medication Review CQI three month rota process.

The Pharmacy will also review Melatonin products in current use as well as indications in all patients currently prescribed Melatonin including off-label use with prescribers. Results are also being discussed with senior Doctors to look at improving recording and review process with feedback provided at Medicine Management Oversight Group and Medics Meeting.

- Following the National Audit of Inpatient Falls, in relation to the quality of Multifactorial Falls Assessment:

  A Continuous Quality Improvement (CQI) to improve the quality of multifactorial falls assessment was completed in 2023/2024 with the following aims:

  - Review of risk assessment to ensure items align with NICE
  - All risk factors to be reviewed and modifiable identified at ward level by the nurses
  - Generated individual action plan to be automatically sent out to relevant professionals for review and intervention
  - Post incident risk review – post fall checklist has been developed to support review during daily huddle

  As part of the CQI, and following NAIF, during 2024-25 Improvements were made to support the following:

  - All patients who are assessed at ward level are being assessed by Physiotherapy team within set timeframe. Automatic referrals are subject of review at Physiotherapy team triage;
  - Lying & Standing Blood Pressure (L&S BP) – a new Riot form has been developed to support ongoing monitoring. Staff are regularly reminded about measurements. L&S BP is now included in Physical Health Observations training;
  - Delirium – improvement work planned for 2025 – delirium recognition and management as a part of a daily nursing routine;
  - Medication review – collaborative work with Pharmacy. Further Procedure review is currently being completed to improve monitoring of side effects increasing the risk;
  - Continence – CQI project led by nursing team. Approved continence screening tool has been developed, and should be live on riot shortly

  Within the Business Intelligence portal – further development of falls analysis dashboard report has been requested. This is to include PRN / culprit medication as well as continence issue as risk factors. The dashboard report will support high quality falls risk review (lessons learned, themes / risk

factors), which will then result in better individually tailored care planning.

MDT response to multifactorial action plan (assessment, care plan and intervention) to be followed up in 2025 by Falls Coordinator with support from physiotherapy students.

Participation in Local Clinical Audits

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

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

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

Since April 2024, 18 local Clinical Audits were published (these are included in the table below), and four further audits are currently in various stages of completion. Actions arising from each local clinical audit are addressed at Divisional level or Charity-wide level.

COMPLETED & PUBLISHED LOCAL CLINICAL AUDITS
Post Fall Management (NICE QS86) (Published October 2024)
Service User Experience in Mental Health - NICE CG136 (Published July 2024)
DNACPR – Charity-wide (Published July 2024)
Patient Involvement in Least Restrictive Practice (Published July 2024)
Search – Charity-wide (Published September 2024)
Safeguarding (Published December 2024)
Search – Birmingham (Published November 2024)
Bowel Monitoring (Published January 2025)
Core Neurobehavioral Skills – Neuropsychiatry (Published September 2024)
Rapid Tranquilisation – CAMHS (Published August 2024)
Baseline health checks prior to commencing ADHD medication in the Private Therapy Clinic (Published June 2024)
DNACPR - Birmingham (Published May 2024)
Enhanced Support - LDA (Published April 2024)
Dietetic Department RiO Entry (Published April 2024)
Patient Property (Published January 2025)
Enhanced Support (Published March 2025)
Diabetes Type 1 and 2 Follow-up (Published March 2025)
Care Plans – Patient Involvement and Personalisation (Charity-wide review completed – with Divisions and action plan to follow)
Care Coordinator (Charity-wide review completed – with Divisions and action plan to follow)
Community Meetings (Charity-wide review completed – with Divisions and action plan to follow)
Patients Discharge Follow-up (Completed – awaiting management agreement ahead of publication)
Mechanical Restraint Follow-up (In progress)

Improvement Following Local Clinical Audits

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

- Nutrition Screening audit - the Nutrition Screening Tool in RiO was updated to automatically calculate patient BMI and prompt the required intervention. This was in response to the audit finding a number of erroneous recording and under-referral due to patients being placed in the wrong category following an incorrect calculation of their BMI;
- MAPPA audit - a RiO form was created to capture details on patient MAPPA status and internal risk screening. This replaced a spreadsheet which suffered from lack of control and contained incorrect and outdated information when reviewed;
- Search audit - forms have been created within RiO to assist compliance with the relevant standards. The forms prompt staff, through the Ward Board when routine room searches are required for patients based on a set care planned frequency. Also, a form for recording search details to capture all information and reduce duplication across systems;
- Patient capacity audit - the capacity assessment progress note type changed to incorporate best interest discussion. Health Records group has begun review of Capacity Assessment checklist in RiO to update it following the nationally used templates.
- Use of PRN audit in the Low Secure Division, all Responsible Clinicians reviewed medications for the Division and reduced unnecessary medication. This will be reviewed every 3-6 months. A monthly review has been set up with Pharmacy, which may roll out to all Responsible Clinicians if capacity allows.

Following a local clinical audit on Post Falls Protocol and the National Audit of Inpatient Falls the following improvements have been made:

- The Falls Management Procedure, has been updated to include recommendation from National Audit of Inpatient Falls "Supporting best and safe practice in post-fall management in inpatient settings";
- Further review of post fall assessment form to include compliance issue from the patient – currently being addressed by RiO team;
- Further review of post fall assessment form – is being addressed by RiO team to include compliance issues from the patient;
- Roadshow by Falls Coordinator to raise awareness of post falls care, and to support with processes / documentation;
- Review and amendments to Falls e-learning to include Post Falls Protocol;
- Scenario based in person training need has been escalated to the Learning & Development Team;
- Post Falls Protocol included in divisional QIP / Risk Register;
- Daily monitoring of compliance at divisional and ward level by Quality Matrons;
- Development of dashboard report – post falls assessment of injury and neurological observations for ongoing monitoring / analysis and prompt response;
- Review of existent mandatory Clinical Manual Handling training (to include safe retrieval from the floor) planned for 2025;

Following the Neurological Observations follow-up audit the following improvements have been made:

- Neurological observations training (e-module) has been assigned for all nursing staff and:
- Ward based competency assessments are being developed for staff which will include neurological observations training.
- Head injury e-module has been reviewed and is available for staff
- New head injury procedure was created
- Neurological observations form added to the E-obs platform
- The head injury monitoring forms are going to be made available on the E-obs platform. A small working group has been set up to look at reviewing the process to make it clearer and more aligned to NICE guidelines. This will be supported by mandatory training. In relation to this, the head injury e-learning has been also requested to be mandated for a number of high risk wards.

Following the Patients Discharge audit, the following improvements have been made:

- The Low Secure Division brought together a local improvement group with individuals from a cross section of functions to discuss and plan improvement ideas including tracking and capturing planned discharges, tracking discharge summaries following policy and reporting on compliance. A compliance check was created for Divisional discharge summary tracking. Further local audits confirmed compliance;
- Neuropsychiatry Division has also implemented a local process to monitor and audit discharges;
- Following clinical audits, a number of policies and procedures, along with e-learning/training, and/or recording forms have been amended to improve some aspects of patient care and information recording, such as: MAPPA Enhanced Support, Head Injury and Capacity and Best Interest policies and procedure, to name a few.

Clinical Peer Review Process

Following completion of several rounds of Clinical Peer Reviews, and feedback from stakeholders, the standards and process of CPR were updated. Clinical Peer Review is a process where clinicians (namely psychiatrists) review clinical practice of their peer group, with the aim of providing a supportive and collaborative approach to identify areas of improvement and also highlight areas of good practice. A peer review supports addressing the challenges raised by variations in standards of care while maintaining professional and clinical autonomy. The objective is to improve the quality of care offered to patients by sharing good practice.

The standards reviewed are a vital part of ensuring high quality care is being delivered on wards. The benefits to those taking part include learning from the practice of peers, having an audit for appraisal and professional development.

Changes made include:

- Reduced number of questions where assurance is now provided by other means, so that clinicians can focus on the areas included.
- 'Live reviews' – To foster collaboration and improvement we have changed the review format to be carried out jointly by the reviewer and reviewee. This will allow any discrepancies or rationale to be discussed and resolved during the review, so that by the end of the review both parties agree with the findings, and action dates and responsibilities have been assigned.
- By reviewers now reviewing each other, the process should lead to enhanced learning and improvement..

The current round runs from January to March, with reporting to follow shortly after.

Research

Participation in Clinical research

Research and Innovation

Our strategy focusses on five core research themes: Physical Health & Mental Health, Trauma Focussed Care, Forensic Mental Health, Progressive Neurological Conditions and Technology in Mental Health. Service developments in these areas are underpinned and assessed by service evaluations to drive evidence-based change. Collaborations in these areas have delivered some exciting projects that support improved outcomes for our patients and, this year, 122 of our patients and 21 members of staff were recruited to take part in research and service evaluation projects. Data from 4,335 patient records were used to improve our understanding and treatment of mental ill health.

We recently completed an Innovate-UK funded project with MeOmics Precision Medicine Ltd, developing a screening tool to support early testing of next-generation psychiatric drugs, potentially improving clinical trial success. Our research nurse recruited 50 participants, and lab results have been promising. Additionally, we've delivered evaluations such as the CAMHS Transformation Evaluation project for NHS England, consulting patients, parents, and carers to identify their information needs prior to admission to secure care. These findings will inform the redesign of information resources within the East Midlands Provider Collaborative.

The outputs from our two clinical research secondments have spurred new initiatives. Plans to rollout Dr Charlie Staniforth's Trauma-Informed Sexual Health (TISH) Toolkit have begun in our CAMHS service, while the second Clinical Research Fellow, Dr Inga Stewart, is advancing our new research theme on progressive neurological conditions.

Building strong external relationships and partnerships with mental health institutions remains key to our success. We currently have 10 live research projects, including six collaborations with UK universities and mental health charities. We foster a positive research-active culture across our care teams, benefitting patients and clinical staff. Additionally, our portfolio includes 6 service evaluations aimed at improving service quality and ensuring we provide the best care for our patients and service users. This year also saw key governance developments, such as establishing the Charity's Service Evaluation and Research Approvals Committee (SERAC). For more details on applying to conduct research or seeking collaboration, visit our Research page on St Andrew's Healthcare: Research » St Andrew's Healthcare.

The number of patients receiving NHS services, provided or sub-contracted by St Andrew's Healthcare between April 2024 to March 2025, who were recruited to participate in research approved by a Research Ethics Committee within NRES, was 25. This number refers to patients participating in Research approved by an NHS Research Ethics Committee specifically.

Research data for the Quality Accounts 1 April 2024 – 31 March 2025:

ARTICLES AND BOOK CHAPTERS		
Published Articles	**Accepted for Publication**	**In submission**
22	0	15

CONFERENCE ATTENDANCE	
Oral Presentation	**Poster Presentation**
17	3

PATIENT PARTICIPATION IN RESEARCH STUDIES						
Medium Secure	**Specialist Recovery**	**Outpatients**	**Neuro**	**LD/ASD**	**Essex**	**B'ham**
22	37	8	26	14	10	5

Organisations we have worked with this year

1. Cardiff University
2. London South Bank University
3. Loughborough University
4. MeOmics Precision Medicine Ltd
5. Northamptonshire Healthcare Trust Foundation (NHFT)
6. Nottingham Trent University
7. Staffordshire University
8. The Alzheimer's Society
9. University College London
10. University of Birmingham
11. University of Brighton
12. University of Buckingham
13. University of Central Lancashire (UCLAN)
14. University of East Anglia
15. University of Kent
16. University of Leicester
17. University of Manchester
18. University of Northampton
19. University of Nottingham
20. University of Sheffield
21. University of Southampton
22. University of Roehampton

REF NO.	SHORT TITLE	START DATE	END DATE	PGR	STATUS	PROJECT TYPE	SHORT DESCRIPTION	DIVISION	PARTNER-SHIPS	LEAD RESEARCHER
136	AC/RC	01/12/19	01/06/22 (overrun)	No	In write up	Research	Pioneers not Guinea Pigs: non-medics as Approved Clinicians	Charity wide	University of West England	Kevin Stone
165	Older Adults Admission experience	05/07/21	31/05/24	DClin	Complete	Research	Experience of admission to a secure forensic mental health unit for older adults who have offended	Medium Secure Specialist Recovery Neuro ASD/LD	University of Birmingham	Jade Mitchell
173	Dramatherapy	01/03/21	01/03/25 (overrun)	No	In write up	Service Evaluation	Breathing Life into "Lifeless" Patient: An Evaluation of a Dramatherapy intervention for the treatment of trauma-related symptoms of depersonalization and derealisation for patients in a secure hospital	Birmingham	University of Roehampton	Katie Greenwood
178	Staff Moral Injury	16/11/20	21/12/20 (overrun)	No	In write up	Research	Prevalence of Moral Injury and its relationship to wellbeing in healthcare professionals in forensic services	Charity wide		Deborah Morris
182	Sleep quality and patterns	26/01/21	31/12/23 (overrun)	No	In write up	Service Evaluation	Assessing the sleep quality and sleep patterns for people with dementia in secure care, using AAS scores	Neuro		Inga Stewart
192	ACES and MS Division	26/04/21	10/08/24	No	Complete	Service Evaluation	The prevalence and impact of Adverse Childhood Experiences (ACEs) on treatment needs, progress and outcomes in the Medium Secure Division	Medium Secure		Deborah Morris
197	Suicide Risk Probation	01/04/21	01/06/22 (overrun)	DClin	In write up	Research	Risk factors for suicide within men under probation supervision: can we predict the likelihood of acting on suicidal ideation?	Outpatient Services	University of Nottingham	Georgia West
200	Sexual Health Toolkit for Young People	06/07/21	15/07/24	No	Complete	Research	Development of a Trauma Informed Sexual Health Toolkit for young people for mental health problems	CAMHS		Charlie Staniforth
201	Care Planning with Dementia Inpatients	01/10/21	31/01/25	No	Complete	Research	Co-producing care planning with people living with dementia within inpatient mental healthcare settings	Neuro		Inga Stewart
204	Physical Activity Intervention	01/07/21	01/12/24 (overrun)	PhD	In write up	Research	What works, for whom and in what context? A realist review of engagement in physical activity interventions for individuals with severe mental illness in inpatient settings	Charity wide	Loughborough University	Toby Keel
205	CAMHS Transformation	04/04/22	31/12/24	No	Complete	Service Evaluation	Service Evaluation of the East Midlands CAMHS Provider Collaborative	CAMHS	NHFT	Kieran Breen
210	Snr leaders experience of COVID-19 pandemic	01/10/21	01/08/22 (overrun)	No	In write up	Service Evaluation	Experiences of senior leaders in healthcare during the COVID-19 pandemic	Charity wide		Deborah Morris
211	Seclusion exploration	29/10/21	01/02/25	PhD	Complete	Research	An Exploration of seclusion and restraint practices within secure settings: views and capabilities of professionals and involvement of family and carers of the patients	ASD/LD	University of Derby	Madeeha Rahim-Rasool
223	NSP-4-IMH	01/06/22	31/01/25	No	Complete	Research	Neuronal Screening Platform for Improved Mental Health	Medium SecureASD/LD Birmingham	MeOmics University of Cardiff	Kieran Breen
224	Occupational Distress	30/05/22	01/10/25	No	In write up	Research	Patterns of Occupational Distress in Healthcare	Charity wide		Deborah Morris
228	ASD/LD Sleep Evaluation	18/07/22	01/10/24 (overrun)	No	In write up	Service Evaluation	Evaluation of sleep in adult ASD/LD wards, Northampton, St Andrew's Healthcare: Collection of qualitative patient data and existing quantitative data for sleep quality, variable health parameters and current management strategies	ASD/LD		Hiba Duhaimi
233	Autism in Women Guidelines	04/11/22	09/09/24	No	Complete	Research	Guidelines to assist in diagnostic assessments of autism in women: A Delphi Study	ASD/LD Birmingham Outpatient Services		Grace Trundle

REF NO.	SHORT TITLE	START DATE	END DATE	PGR	STATUS	PROJECT TYPE	SHORT DESCRIPTION	DIVISION	PARTNER-SHIPS	LEAD RESEARCHER
237	Attitudes towards sex offenders	16/01/23	29/10/24	DClin	Complete	Research	The impact of diagnosis and offence severity on negative attitudes towards sex offenders and perceived rehabilitation outcomes	Charity wide	University of Nottingham	Nadja Scarborough
238	Guidance preventing MI in workforce: Delphi Study	03/02/23	22/05/23 (overrun)	No	In write up	Research	Developing guidance for defining and describing organisations that manage, mitigate and prevent moral injury workforce: A Delphi Study	Charity wide		Deborah Morris
240	Pathways from MI	07/08/23	10/09/24	PhD	Complete	Research	Pathways from moral injury: Exploring associated wellbeing outcomes and the underlying cognitive-emotional mechanisms	Charity wide	University of Central Lancashire	Elanor Webb
247	Head banging study	02/10/23	09/12/24 (overrun)	No	In write up	Research	A study of head-banging among patient groups as a form of self-injurious behaviour	Charity wide		Kieran Breen
248	Patient awareness of R&I	03/10/23	31/10/25	No	In write up	Service Evaluation	Assessment of STAH patient awareness of R&I activity and interest in getting involved	Charity wide		Sarrah Fatima
249	Delphi9 Study deaf population	03/10/23	01/04/25	No	In write up	Research	Establishing consensus on the communication, assessment and treatment of psychological trauma in deaf populations: A Delphi study to inform best practice guidelines and priorities	Charity wide		Deborah Morris/ Alex Hamilton
251	Naseby Delayed Discharge	01/11/23	30/01/25	No	In write up	Service Evaluation	Exploring delayed discharges on Naseby: A comprehensive study of factors influencing discharge delays in St Andrew's acute male mental health ward	Specialist Recovery		Tharshania Tharmendra
252	10 top tips evaluation	22/11/23	30/02/25	No	Complete	Service Evaluation	Evaluation of LDA Division against 10 Top Tips	ASD/LD		Rachel Harwood
253	Grounds leave and incidents	01/12/23	01/07/24	No	Complete	Research	Access to grounds leave and incident reporting in a secure setting: a secondary data analysis	CAMHS	Loughborough University	Justine Anthony
255	TIC perceptions	16/12/23	26/11/24 (overrun)	DClin	In write up	Research	To explore the perceptions of service users residing within a female forensic inpatient hospital in relation to what impact a trauma-informed care has had on them: a qualitative study.	Medium Secure	University of Birmingham	Sandeep Chatha
257	PSW and incidents	15/01/24	30/05/24	No	Complete	Service Evaluation	The impact of the peer support worker role on incidents at a ward level	Specialist Recovery Medium Secure Neuro ASD/LD		Alan Boyce
258	Veterans' exercise engagement	01/07/24	30/06/26	No	In write up	Research	Understanding exercise engagement among post military veterans: a qualitative analysis	Outpatient Services	Staffordshire University	Roisin Hampden
259	Ethic minority experiences of detention	01/09/24	30/05/25	DClin	In write up	Research	Exploring the lived experiences of adults from ethnic minority and racially motivated backgrounds who have been involuntarily detained in hospital for mental health reasons	Birmingham	Staffordshire University	Krishna Chauhan
260	Discharge preparation patient perspectives	10/02/24	31/07/25	No	In write up	Service Evaluation	Patient perspectives on preparations through discharge process: a service evaluation	Charity Wide		Sarrah Fatima
261	Assessing Recovery College Impact	15/02/24	01/08/24	No	Complete	Service Evaluation	Assessing the impact of Recovery College interactions on key recovery outcomes - Evaluation project	Charity Wide		Stephen Parker
262	Mindfulness evaluation – ABI	15/10/23	30/06/24 (overrun)	No	In write up	Service Evaluation	Evaluation of Mindfulness-Based Intervention: Impact on Mental Wellbeing and Challenging Behaviour in Individuals with Acquired Brain Injury within an Inpatient Rehabilitation Service	Neuro		Emma Staddon

Goals agreed with commissioners

CQUIN

The national contractual requirement to have CQUINs was paused for 24-25 for all commissioner and provider organisations.

What others say about St Andrew's

Statements from the CQC

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

We are registered to carry out the following regulated activities:

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

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

The Charity has one Registered manager per site.

	INSPECTION DATE	SAFE	EFFECTIVE	CARING	RESPONSIVE	WELL-LED	OVERALL
St Andrew's Healthcare (Northampton)	November 2024	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Birmingham	November 2024	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement
Essex	March 2023	Good	Good	Good	Requires Improvement	Good	Requires Improvement
Winslow	September 2021	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Broom	March 2025	Good	Good	Good	Good	Good	Good
Outpatients (formerly Community Partnerships)	December 2021	Requires Improvement	Good	Good	Good	Good	Good

The St Andrew's site has been subject to a number of CQC inspections within the time period. The Northampton site has an overall rating made up of the ratings given to the divisions and services within it.

In April 2024, 2 of the wards within the LDA division (Sycamore and Hawkins) were inspected. The report was published on the 15.01.2025 and the division was rated Requires Improvement overall (RI for Safe and Well-Led and GOOD for Effective, Caring and Responsive).

The Neuropsychiatry service was inspected in July 2024 and the report published on the 20.01.2025 - it received an RI rating overall (RI in Safe, Caring and Well-Led, GOOD for Responsive and Effective was NOT RATED)

The CAMHS service was inspected in November 2024 and report published in February 2025 and was rated GOOD overall (GOOD for Safe, Caring, Responsive and Well-Led and RI for Effective)

The Birmingham site was assessed in January 2024 and received an RI rating overall (all domains RI except a GOOD for Caring). It was re-assessed in November 2024 but the final report was not received within the time period of this Quality Account

The medium secure division was also assessed in Nov 2024 and has been subject to the Factual Accuracy process, but we have not received the final report.

In March 2025, the CQC began a comprehensive inspection of the St Andrew's, Northampton site that is still ongoing at the time of this report.

There are NO current enforcement actions or conditions in place from the CQC

CQC have issued warning notices related to published reports in the time period:

LDA - Regulation 18 Staffing – which expired on the 13.01.2025 and we provided evidence of addressing the required actions to the CQC on this date.

Data Quality

Data Governance and Quality Brief

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

Data Quality is a shared responsibility and requires coordination between Information Governance, IT, Data, and Information Asset Owners When data quality is 'poor', it is a by-product of a systemic issue and can only be resolved through coordination. This is Data Governance.

Asset Owners

Business owners of information assets e.g. Clinical Operations, Social Care, and Outpatients that represent areas of practice or departments.

IT Applications

Maintains products e.g. RiO including data fields, system logic, and access management that determine how data is captured and pulled into the data warehouse.

Data & Performance

Builds the data warehouse and data model that enable Business Information, reporting, and analysis.

End Users

Use the data to support operations, quality improvement, and decision making.

What do we need to do?

Effective Data Governance and Quality is vital to being an 'expert in data'. Data plays a hugely important part in our journey and will continue to do so. It is therefore important that we continue to adhere to the Data Security and Protection Toolkit (DSPT) and Cyber Security Framework (CAF) which are necessary for us to achieve our ambitions safely.

We will further improve our processes focused on collaboratively resolving data quality issues with an initial focus on Commissioner and Contractual reporting. We will also expand the role of Information Governance, currently focused on data protection and policies, to include data governance and quality. We will ensure that our efforts to further strengthen our data quality and governance processes are resourced appropriately. This will allow any data quality issues to be managed effectively and efficiently and allow us to make more progress with the implementation of the data strategy.

NHS Number and General Medical Practice Code Validity

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

Data Security and Protection Toolkit

Compliance with the NHS Data Security & Protection Toolkit

All independent providers to the NHS need to provide information security and protection assurances to the NHS on an annual basis. These assurances are provided through completion of an online assessment tool, the NHS Data Security and Protection Toolkit (DSPT). As part of the Charity's contract with NHS England, the Charity is required to meet a 'Standards Met' compliance status. The Charity exceeded this requirement in June 2024 and achieved a 'standards exceeded' status. The toolkit work is being overseen by the Information Governance Group, which is chaired by the Charity's Senior Information Risk Owner (SIRO). Currently, we are conducting the audit to identify any areas which require further care and attention to ensure we maintain at least a 'Standards Met' position. This audit is planned to be completed during April for the 2025 DSPT submission in June 2025.

Last year the Charity was categorised as a Category 1 provider of essential services, which changed some of the requirements of the DSPT, and in 2025/2026 there will be further change as the Charity moves from the DSPT to the Cyber Assurance Framework (CAF) along with other Category 1 providers. Although the Charity will only move to this updated framework in the 2025/2026 submission, the Information Governance team will be conducting a GAP analysis and prepare the Charity for this change to ensure the Charity is ready and compliant (meaning that we achieve the "standards met" as the highest compliance status this new framework has.)

Clinical Coding Error Rate

St Andrew's Healthcare was not subject to the Payment by Results clinical coding audit during 1st April 2024 and 31st March 2025 by the Audit Commission.

Never Events

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

National Core Indicators of Quality

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

INDICATOR		MEASURE	2021/22	2022/23
The percentage of patients aged: Readmitted to a hospital, which forms part of the Charity within 28 days of being discharged from a hospital, which forms part of the Charity during the reporting period.	(i) 0-15	Percentage	0%	0%
	(ii) 16 or over	Percentage	1.39%	1.31%
Patient safety incidents (Patient safety incidents are any unintended or unexpected incident which could have, or did, lead to harm for one or more patients receiving healthcare)		Number	21,594 (total number of patients in hospital during period 1,162)	22,349 (total number of patients in hospital during period 1,114)
Patient safety incidents that resulted in severe harm or death**		Number (%)	23 (0.11%)	29*** (0.13%)

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

** This includes expected deaths

*** 18 deaths were recorded in the year, relating to 29 incidents.

There were 535 discharges within the period of 1st April 2024 to 31st March 2025. There were 8 readmissions to report for the period of 1st April 2024 to 31st March 2025.

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

The Charity Executive Team has oversight of all Patient Safety Incidents that require Patient Safety Incident Investigations (PSIIs), under PSIRF (Patient Safety Incident Response Framework) on a bi-weekly basis.

The Charity utilises a Patient Safety Action Notice system, through which, any learning from incidents can be cascaded Charity-wide with immediate effect. A Bi- monthly Patient Safety Incident Group meets to review trends and learning from Patient Safety Incidents. A monthly (Charity-wide) Lessons Learnt Group meets to review learning charity-wide and nationally. On a bi-monthly basis the Quality and Safety Group (QSG) meets with standing agenda items encompassing safety, effectiveness and experience and reports into the Board level sub-committee, the Quality and Safety Committee (QSC).

Patient Safety

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

The central Patient Safety Team support our PSIRF trained Engagement Leads and Response Leads to embed PSIRF responses across the charity. The responses now include Duty of Candour prompts to ensure compliance.

Our triage systems embrace PSIRF and we are moving towards a governance structure to support internal and external reporting under LFPSE (Learning From Patient Safety Events). Central Triage now includes a separate triage for Near Misses to ensure lower level incidents/near misses are captured and responded to when required.

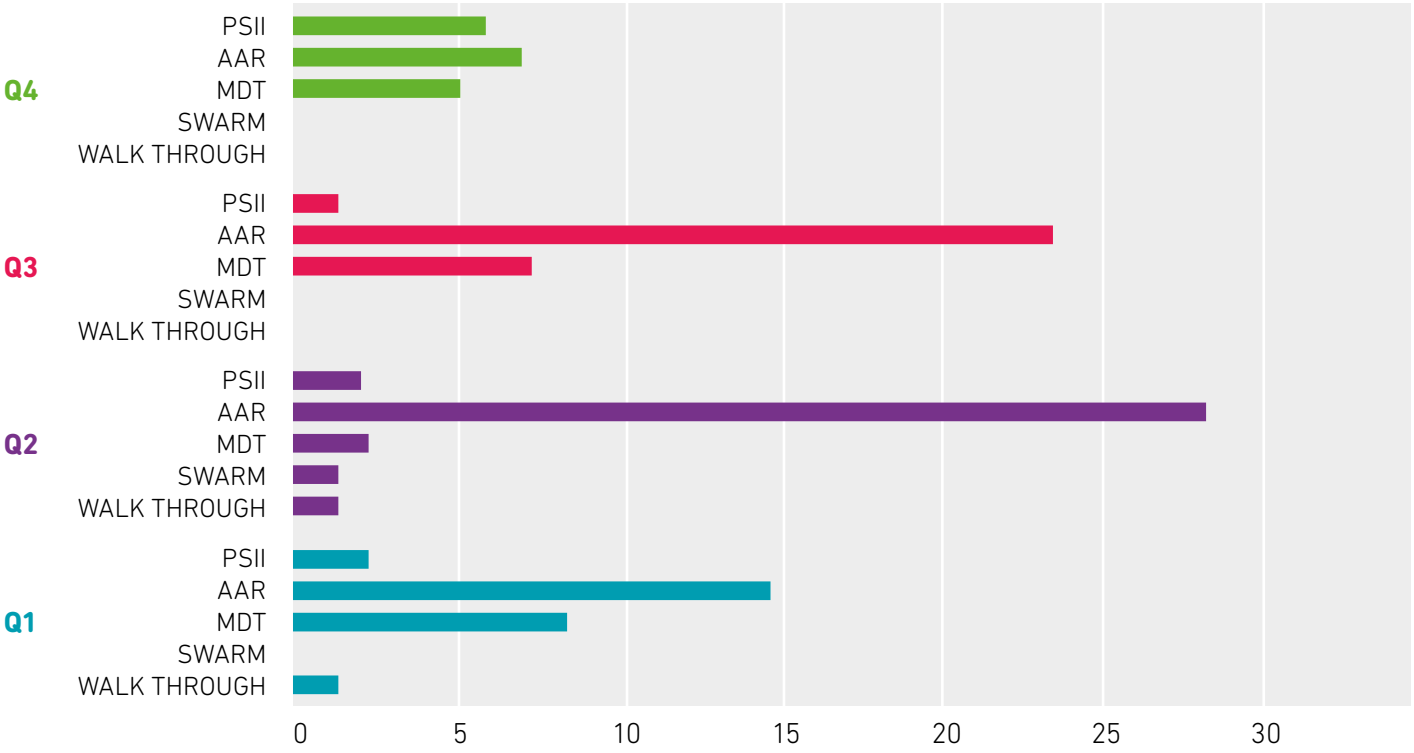
Our central team provides training sessions for divisions to ensure PSIRF responses are promptly and effectively utilised. Our central team consists of a number of new roles including; Associate Director for Patient Safety, Patient Safety Lead, Patient Safety Co-ordinator, 2x Patient Safety Practitioners.

Patient Safety are working with the wider quality team to ensure CQI projects and lessons learnt are embedded following patient safety incidents. This includes supporting the divisions to enter SMART actions onto the Quality Improvement Plans.

We have also now implemented an Assurance Process in which a Patient Safety Practitioner revisits the ward/area to confirm if actions have been completed/embedded. Any area of concerns are escalated to the Divisions IQPR process.

To ensure initial learning is generated and actions implemented – we have adapted the process to include an initial fact find and the consideration of Patient Safety Action Notices where required.

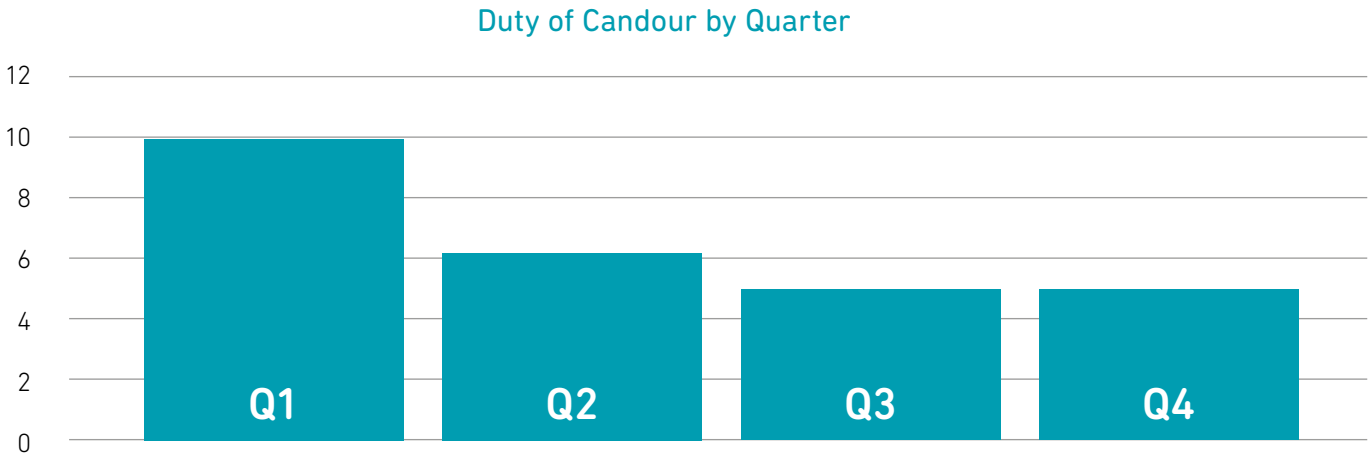
Among the PSIRF responses, After Action Reviews continue to be the most frequently used throughout the year.



Duty of Candour

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

Since April 2024 there have been 26 Duty of Candours recorded as carried out on Datix.



Mortality Review & Learning from Mortality Reviews

This report considers the data from 1 April 2024 to 31 March 2025 inclusive. There have been a total of 18 deaths in the Charity during this period in comparison to 16 deaths in the previous year.

This document is presented to the Board of Directors, to provide assurance regarding the efficacy of the Learning from Deaths (LFD) process, in line with the National Quality Board (NQB) guidance on learning from deaths (March 2017). The expectation from the NQB guidance is for the Charity to collect and publish information on deaths to generate learning.

All expected deaths were subject to the mortality review process, using a structured judgement review tool. Patient safety incident response framework/patient safety incident investigation was undertaken where it was felt that it was possible to gain more in-depth organisational learning. As per policy and procedure, the CQC and relevant commissioning bodies are notified in the case of all deaths.

Total summary figures are as follows:

PATIENT DEATHS RECORDED FROM 1ST APRIL 2024 – 31ST DECEMBER 2024	
Q1 (April, May, June)	1
Q2 (July, Aug, Sept)	4
Q3 (Oct, Nov, Dec)	6
Q4 (Jan, Feb, Mar)	7

Summary of Findings

Overall Findings

- The number of deaths this year (18 was slightly higher than the previous year (16)). There were no Covid-related deaths.

- Most MSR's found that care was excellent or good. There was evidence of integrated MDT care and relationships with advocacy services and external experts e.g., the Palliative Care Team. There was evidence of supportive relationships with families, with several families/carers providing positive feedback in the reviews.
- There were 3 unexpected deaths, which are/have been subject to PSII, due to significant concerns related to care delivery. However, as these PSII's are current or awaiting completion – there are further learning recommendations which will be considered/reviewed through quality and assurance processes at the Charity.

Improvement Opportunities

Table 5: Learning and actions taken

LEARNING THEME	ACTION TAKEN	ASSURANCE PROCESS
Documentation of capacity assessments around end-of-life care including treatment escalation and resuscitation status.	Appropriate support and escalation through the divisional leadership teams.	Assurance process to ensure capacity assessments to be completed for all patients considered to need end of life care.
Falls and following the post falls protocol. Update falls risk assessment following falls	Communication to all members of staff to familiarise with post falls protocol. To ensure that head injury management is embedded in basic life support training. Escalation through the divisional leadership teams.	Through ward and divisional governance and physical healthcare team.
Documentation of rationale for intermittent observations including more specific instructions to direct observing staff about how the observation should be carried out, in order to ensure patients are safe. Wider issue of observation practice – observations being carried out correctly.	Communications with staff and leadership teams in relation to observation practice. Changes to Rio form to include details of what staff should look for when a patient is on observations.	Through ward and divisional governance.
Documentation of information concerning the purpose of investigations and physical health interventions, clear plan for follow-up if refuses and capacity assessments to refuse investigations and interventions.	The physical health dashboard is currently being developed which will help highlight patients at risk of cardio-metabolic disease. The recent addition to the Rio front page of the UpToDate clinical decision support tool to provide clinicians the latest information on managing a range of conditions in our patient group.	Liaison with divisional leadership teams, physical healthcare team.
Appropriate and care planned use of lap belts.	Communication on use of lap belts sent through Patient Safety Action Notice (PSANs).	Through ward and divisional governance.
Liaison with General Hospital when patient is transferred to ensure patient is medically fit to return to our care.	Leadership teams to ensure that there is a focus on improving communication between services through good clinical liaison.	Through ward and divisional governance.

Safeguarding Annual Report

Safeguarding (April 2024-March 2025)

Safeguarding Data & Analysis

- The total number of safeguarding incidents referred to the relevant local authorities between 01 April 2024 and 31 March 2025 was 675. This identifies a decrease of 13% when compared with the number of referrals for the same period in 2023/2024. This remains within the Charity's common cause variation. this is likely due to the decision making framework (thresholds document) that was introduced in April 2024, supporting the decision making following a safeguarding concern.
- New guidance was introduced in April 2024 with a requirement to record low level safeguarding concerns. We can see this practice is now embedded as the number of safeguarding incidents overall has increased from 619 in 2023 to 1144 in 2024
- Datix has been updated to ensure that the decision making is clearly documented of which the central safeguarding team maintain oversight.
- Approximately 52% of all safeguarding referrals sent out were returned as requiring no further action (NFA). This is a slight decrease on the same period in 2023/2024 when the number of incidents assessed as NFA was 59%.
- 34% of referrals met requirements for a Section 42 enquiry 12% were provider enquiries which were completed by the charity, 22% were completed by the Local Authority. The charity has seen a significant reduction in the number of S42 provider enquiries compared with the number for the same period in 2023/2024. This is positive as it is the duty of the local authority to undertake these enquiries independently and it creates capacity for our staff to focus on direct patient care.

TOP 5 NATURE OF EVENTS THAT WERE REPORTED TO THE LOCAL AUTHORITY FROM 01 APRIL 24 - 31 MARCH 25	Total
Physical Aggression and Violence	194
Allegations of Abuse by Staff	122
Self Harm	123
Sexual Activity	36
Physical Health	44

- Themes have remained consistent however we have seen an increase of Sexual safety concerns, this is mainly due to the new Sexual wellbeing and sexual Safety policy that was published in November 2024. We have also updated our Datix to support the recording of any incidents or concerns and evidence that co-produced protection plans are in place at the time

Stakeholder Engagement

We have continued to strengthen our relationships with external partners. Regular meetings with West Northamptonshire Council and Northants ICB are ongoing and a bi-monthly meeting with key partners specifically focussed on safeguarding assurance has been regenerated. In Birmingham and Essex our Lead Social Workers meet regularly with the local authority safeguarding teams to ensure referrals and investigations are timely and address safeguarding concerns.

In addition we have developed strong links with our local Police Prevent Team and they have delivered robust and comprehensive training around the complexities of safeguarding those patients most at risk of radicalisation. Links between the charity and the local CT police have continued to strengthen to ensure clear oversight and consistent communication between agencies.

The Charity was added to the regional Domestic Abuse Health Steering group in October 2024.

Our Safeguarding Navigator programme has continued to strengthen over the last 12 months, the charity is working closely with our ICB and other local providers to create a network / collaboration with the Charities Navigators and wider System. St Andrews Safeguarding team will be leading on this initiative with the view to creating a positive share and learn forum to promote this valuable role.

Assurance

Alongside the audits undertaken by Northamptonshire Safeguarding adults Board (NSAB) as per collaborative guidelines we also completed the self-assessment template from NHSE Midlands Safeguarding Team. Our internal Clinical Audit & Assurance Team completed a clinical safeguarding audit from July to October 2024.

We have collated the findings and identified the following themes;

What we do well...	What we need to improve...
We take safeguarding seriously and have an executive lead and non-executive lead for safeguarding	We need to embed the principles of Making Safeguarding Personal and ensure patients and carers are included in protection planning
We ensure our safeguarding information is transparent and produce an annual report	We need to show we continually learn and evidence that we adapt our practice to reflect lessons learned
We deliver effective training to all staff commensurate with their role and in accordance with the intercollegiate safeguarding competencies	We need to support divisions to improve safeguarding processes and embed a safeguarding culture
We ensure safeguarding is part of everyone's induction	We need to strengthen our safeguarding supervision

Safeguarding Priorities 2025-2026

1. Safeguarding Policy Review – Safeguarding Children & Adults, Domestic Abuse, People in a Position of Trust (PIPOT)
2. Introduce and roll out the Charities Domestic abuse policy and strategy
3. Safeguarding Navigator / Champion networking

Information Governance

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

The organisation processes large amounts of personal and sensitive data about our patients and staff, and also about carers, volunteers, and other third parties. This means that we are obliged to ensure that we uphold the privacy rights of individuals, and that we make sure we collect, handle and store personal data in accordance with Data Protection requirements. To ensure we follow best practice we have reviewed our policies and procedures to ensure they are up to date and fit for purpose. The Information Governance Team is continuing the process of having all the required reports (Information Asset Register (IAR), Record of Processing Activity (RoPA) and External Information Sharing) updated and ready for the Data Security and Protection Toolkit (DSPT) submission on 30 June 2025. This will help the Charity ensure its compliance with the Data Protection legislation and the IT certifications we hold.

The Charity continues to deal with a large number of Subject Access Requests (SAR) and information requests from patients, staff, and their representatives. There have been no reported issues or complaints received relating to dealing with these requests. In 24/25 (Jun 24 to Apr 25) the Charity received 883 data SARs relating to staff and people the Charity cared for.

In 2024 we have reported 1 incident to the DSPT not meeting the threshold to be reported to the Information Commissioners Office (down from 2 reported to the DSPT in 2024).

In 2024 the Charity was reaccredited for ISO 270001 following an external audit. The Charity also continues to hold Cyber Essentials Plus.

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 IMPACT collaborative. 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 and IMPACT collaborative on a quarterly basis to scrutinise contractual achievement. St Andrew's is also required to make an annual self-declaration with the Quality Surveillance Team of its compliance levels with the service specification.

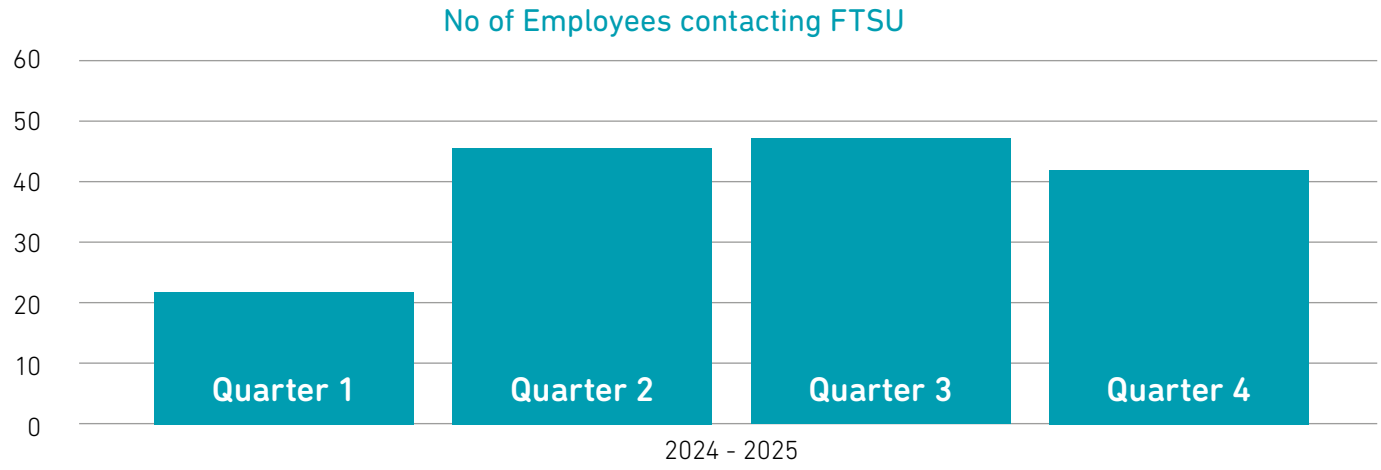
Freedom to speak up

The Charity offers multiple channels for staff to speak up with an overarching Freedom to Speak Up (FTSU) Policy. This is supported by the CEO and oversight from a risk and assurance perspective by the Audit & Risk Committee. The primary methods to raise concerns are via individual line managers, our Freedom to Speak up Guardians and Safecall (confidential reporting line). All cases raised are investigated internally.

The Freedom to Speak Up Guardian Team currently consists of one Lead Guardian and 8 Freedom to Speak Up Guardians who are located across all sites including community services. The Guardians are recruited from a range of professions/teams. As a team, they have been actively working to raise the profile of 'speaking up' as well as sharing the learning from themes raised.

The Lead Guardian is in post as the Associate Director for Patient Safety, this allows for a triangulation of data between patient safety incidents, safeguarding and FTSU. A Freedom to Speak up Co-Ordinator has recently been appointed to assist in the development of the process and reporting systems.

Following a Gap analysis, the FTSU communications are focused through the Charity's diversity networks to ensure that those who may find it more difficult to speak up have access to the service. Since the recruitment of the new FTSU guardian team the rates of speaking up have increased with the last quarter at 42. This is due to an increase in visibility/promotion of the service. SafeCalls have reduced significantly since the increase in FTSU provision.



Priorities for improvement' for 25/26

1. Develop a FTSU specific offering for deaf staff
2. Develop stronger links within our community services
3. Raise awareness and promote speak up with the newly established role of FTSU Ambassador

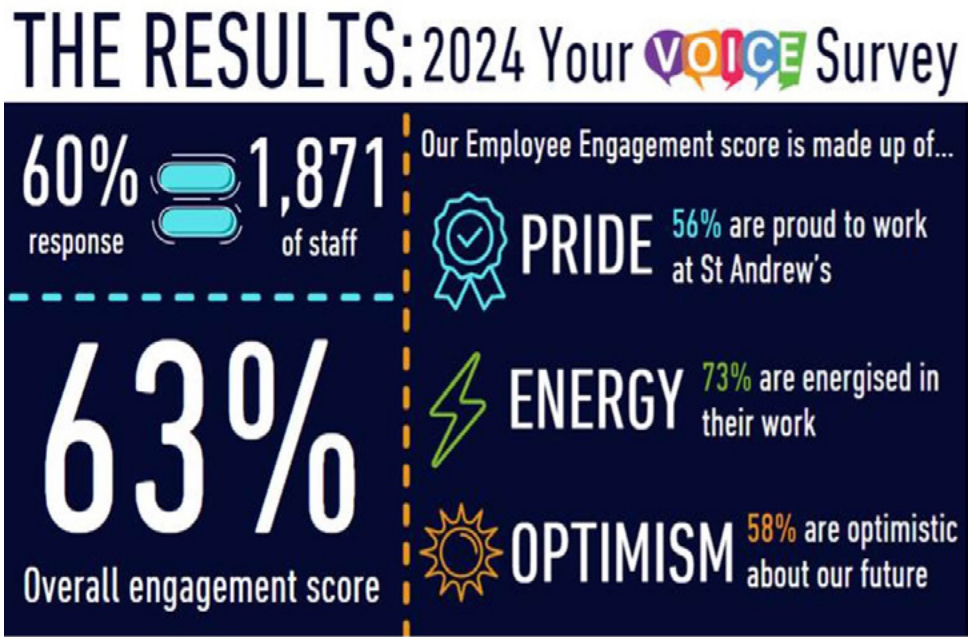
Moving forward we are developing outcome measures which we can use to help assess our effectiveness and benchmark ourselves against other providers including;

- Hours of visits – volunteer hours – this will be logged by each guardian into the new system to demonstrate visibility
- Outcome process from themes/ assurance process – Themes and what we have learnt/actioned
- Feedback figures and narrative – via the new electronic feedback form (confidentially submitted)
- Numbers of speak ups

Staff Summary

The results: 2024 Your Voice survey

Our 2024 staff survey received a 60% response rate, which means that almost 2,000 colleagues shared their thoughts on their experience of working at St Andrew's. The 2024 employee engagement score was 63%, which was 10% higher than the last full survey in 2021 (53%) and similar to our snapshot result in 2023 (64%).



As detailed in the graphic below, positively at a Charity-wide level more than 80% of responders noted favourable experiences in three areas including career progression, diversity and inclusion, and feeling valued by their line manager. However, there were some areas for us to improve on, including how we hear and listen to feedback, as well as our approach to sharing messages.

The results since 2020 have been

	Response Rate	Engagement Score
2020	51%	57%
2021	57%	51%
2023	50%	64%
2024	60%	63%

We are proud that the majority of our staff feel proud, optimistic and energised by the work that they do. We know that the more engaged people are with their organisation, the better they perform in their roles, and this will ensure that the people in our care have a more positive, enriching and therapeutic experience whilst they are with us.

Staffing priorities for 2025-2026

- Skilled colleagues
  - Support the skills development of colleagues who are new to role
  - Support improvement of skill levels in key areas
- Effective leaders
  - Develop a leadership framework to support highly effective leadership
  - Support improvement in management and leadership skills across the charity
  - Provide support for those leaders who are new to role
- Colleague essentials
  - Maximise the opportunity of the new ERP system to review processes to ensure they are user friendly and fit for purpose

Learning from feedback

Learning from Patient and Carer Feedback

Between 01 April 2024 and 31 March 2025, 245 complaints were logged with PALS (Patient Advice and Liaison Service) and Complaints, (200 complaints were raised last year (April 2023 – March 2024)). Despite an increase in the number of complaints, as we transitioned to align with NHS Complaints Standards last year, this year saw the process become better embedded and therefore complaints response timeframes improved from 32.5% (last year's comparison) to 53%.
This year focused on raising awareness and assessing our services against the Triangle of Care standards, streamlining patient and carer feedback channels and ensuring actions in response to patient and carer feedback (including complaints) are better monitored, completed and communicated.

OVERALL NUMBER OF COMPLAINTS RECEIVED APRIL 2024 – MARCH2025	245
Percentage of complaints responded to within the agreed timeframe	53%
Number of complaints received via PHSO	1 (PHSO supported St Andrew's outcome)
Most common theme of complaints this year	Poor staff attitude and behaviour in regards to conduct and ineffective communication
Most common theme of lessons learnt this year	To ensure communication between staff, patients and carers is effective and appropriate. Necessary staff training is conducted and staff follow agreed care plans
Most common complainant and source this year	Patient – Direct to PALS & Complaints
Number of compliments received	169
Most common theme of compliments this year	Overall quality of care

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

This year (April 2024–March 2025), feedback from complaints highlighted those improvements to staff attitude and behaviour, specifically staff conduct needs addressing. Actions have already been taken in response via specific staff training, support via HR processes, an increase of permanent frontline staff and reiterations of staff roles and responsibilities across the Charity.

The following are examples of what has been actioned in response to Patient and Carer feedback via Patient and Carer forums and PALS and Complaints across the Charity during 2024–2025:

- Increased permanent staffing and adaptations to staff allocation to meet patients' needs.
- Targeted Ward Manager development training.
- Improvements to other specific staff training in relation to patient and carer need(s).
- Improvements to estates and facilities.
- Review and potential expansion of peer support work.
- Televisions began to be utilised to communicate messages with patients.
- Policy changes ensure representation from patient and carer staff representatives to ensure necessary feedback is shared and potential impacts are considered and consulted.
- Developments and access to IT (Information and Technology).
- Development of menu options/variety and portion sizes.
- Patient and Carer activities and events delivered as requested.
- Recruitment of senior staff roles (including non-executives) where a patient panel informed decisions.
- Co-produced staff and patient training.
- Patient property processes reviewed and streamlined.

We recognise that our patients, service users, families, carers and external professionals have a wide range of experiences of working with our services. Their knowledge and feedback is vital in ensuring that the Charity continuously improves, makes decisions in patients' and carers' best interests, promotes best practice and learns from where the Charity may have fallen short of expectations. 2024-2025 saw the following improvements to Charity-wide systems and strategic deliverables relating to patient and carer experience:

- A new central quality tracking system that allows divisions and central functions to better monitor the progress of complaints, safeguarding concerns and patient safety incidences as well as actions in response.
- Complaints review/audit reflected positive practice and improved response timeframes.
- The Patient and Carer Experience Strategy deliverables now sit within the 'Champion' theme of the Charities' Strategy. Five subgroups have been established (supported by learnt and lived experience leads) to deliver these actions; 'Effective Mechanisms', PCREF (Patient and Carer Race Equality Framework), 'Improve Accessibility', 'Experts by Experience' and 'Co-production'.
- Carers' Voice system (built into My Voice) began to be developed. Questions were created by Carers for Carers and align with the Triangle of Care standards.
- A PCREF plan was developed and the Charity now plans to request data within patient and carer feedback systems in the hope to better understand people's experiences based on their protected characteristics.
- St Andrew's confirmed its position with NHSE (NHS England) as the first non-NHS Trust pilot site.
- An accessible Co-production Framework document was developed and circulated to support awareness, involvement and expectations Charity-wide.
- Triangle of Care self-assessments were conducted for each ward on all of our sites, to help identify areas for improvements in regards to patient and carers ongoing experiences. The Charity will be presenting their work to the Carers' Trust panel in June 2025.
- Began to improve feedback structures across the Charity to ensure each division has a patient and carer forum that feeds into the Charity-wide forums.
- Carers' Charity-wide forum has been established and meets monthly.
- Patient and Carer feedback is now included in divisional IQPRs (Integrated Quality and Performance Report) to ensure Patient and Carer feedback supports operational data.
- PLACE (Patient-Led Assessments of the Care Environment) audits were conducted.
- Improved attendance and engagement at patient and carer forums.

Compliments and Patient and Carer feedback (via My Voice and Patient and Carers forums) told us that the overall quality of care Patients and Carers receive is good, particularly in regard to certain staff members and teams, the support they have offered an excellence of care they have delivered. Compliments were received by Patients, Carers and/or External Professionals. Where feedback has been positive,

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

Patient and Carer Experience (including PALS and Complaints) Priorities for 2025-2026

The areas identified in response to patient and carer feedback have informed the priorities for next year and will be delivered in each of the sub-groups of the Champion theme of the Charity. These include (in no order of priority):

1. Continue to improve direct communication pathways with patients and carers.
2. To continue to expand and develop Expert by Experience roles.
3. To review all patient and carer feedback pathways to ensure feedback is embedded into governance from ward to board, actions are monitored and progress is communicated back to patients and carers.
4. To ensure and improve the accessibility of information for patients and carers.
5. To embed the Patient and Carer Race Equality Framework.

Diversity and Inclusion

We believe that diversity is key to our success and, more importantly, to the care and support we provide for our patients and colleagues. We have a diverse workforce with 33% of staff from an ethnic minority background (as at April 2024).

We have a clear commitment to being an inclusive employer with a number of initiatives in place to support this across the Charity. This includes four Staff Networks: WiSH (Women in St Andrew's), PRIDE, DAWN (Disability and Wellness Network) and UNITY supporting the experiences of people from diverse backgrounds.
Our Networks have engaged with experts by experience, and allies ensuring colleagues can identify and find support. Key events this year include:

- Progress to becoming a menopause-friendly accredited employer
- Various events for Mental Health Awareness week
- PRIDE events at the Summer Fayre
- A focus on men's mental health launching a support group
- Working with Carers UK to support working carers
- Running listening sessions across our sites, wards and departments.

Our annual D&I Report highlights the benefits that a diverse mix of staff can bring, and the support and efforts at St Andrew's Healthcare to maintain a positive, inclusive environment.

Pay Gaps

The Charity continue to monitor a number of inclusion statistics included in our annual report. The Charity's Gender Pay Gap ratio, published in 2024, shows a median pay gap of 3%, significantly better than the national pay gap of 14%. The median gender pay gap is calculated by listing all pay rates by gender and finding the ones in the middle. A pay gap of 0% means that our median male and female hourly rates of pay are exactly the same.

Our mean pay gap has decreased from 5% in 2023 to 4%. This is calculated by working out the average rate of pay for each gender (which includes overtime hours worked).

The Charity's Ethnicity Pay Gap ratio in 2024 shows a median of -3.7%. Our negative median pay gap means that employees from an ethnic minority background have a slightly higher overall rate of pay when considering total remuneration (i.e. including unsocial hour's payments).

Quality and Safety Committee (QSC)

This Board Committee is chaired by a Clinical Non-Executive Director, Stephen Shrubb, currently supported by two other Non-Executive Directors, Ruth Bagley and Karen Turner (in position until 21st February) holding committee member positions, as well as three Executive Directors - Executive Medical Director, Chief Operating Officer (in position until 7th March) and the Chief Quality Officer. The QSC seeks assurance on all aspects of quality and clinical safety, including standards of quality, safety and effectiveness of clinical care, on behalf of the Board, as well as providing effective governance over the effectiveness of patient experiences, clinical governance and risk management systems.

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

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

Continuous Quality Improvement

IMPROVEMENT APPROACH

This year we have worked to strengthen the alignment of our improvement activities with our organisational priorities, using the St. Andrew's Quality Approach. Our Continuous Quality Improvement (CQI) team consists of improvement specialists who support both local and cross-functional improvement activities. In parallel with this work, our Improvement Faculty has continued to build local capability and capacity using both the nationally accredited Quality Service Improvement and Re-design (QSIR) Programme, and in-house training support, both of which deliver learner focused training and education.

Education & Training

Developing our capability and capacity to identify and realise improvement opportunities is an important element towards the Charity's vision for all services being rated as Good or Outstanding, strengthened by use of our Quality Management System. Our Improvement Faculty is made up of 5 QSIR Associates, who support the delivery of the Charity's accredited training programme throughout our workforce.

QSIR Fundamentals is a 1-day programme that offers participants an introduction to a range of tried and tested service improvement tools and approaches. During 2024/25, we have trained 116 staff, through 8 cohorts, supporting our Preceptorship programme, Ward Manager Development and teams who have specific improvement aims they would like to achieve.

The QSIR Practitioner Programme is an 8-module programme delivered over 5 days, aimed at providing participants with the know-how to design and implement more efficient and productive services. During 2024/2025 we have trained 43 staff, over 4 cohorts. Our accredited training is available to all staff regardless of their role, who can commit to practice their learning by leading a small test of change in their work area. Our QSIR feedback is overwhelmingly positive with people describing the programme as excellent, insightful, thought provoking and 99% of them recommending the programme to a colleague.

Our Improvement Faculty also supports the delivery of CQI Lite, which positions the importance of Improving Quality by way of the St. Andrew's Quality Management System, and opportunities to engage with existing QI activity or training. We are currently sitting at 78% of our strategic aim to training 35% of staff in Quality Improvement, commensurate to the level of their role, by 2027.

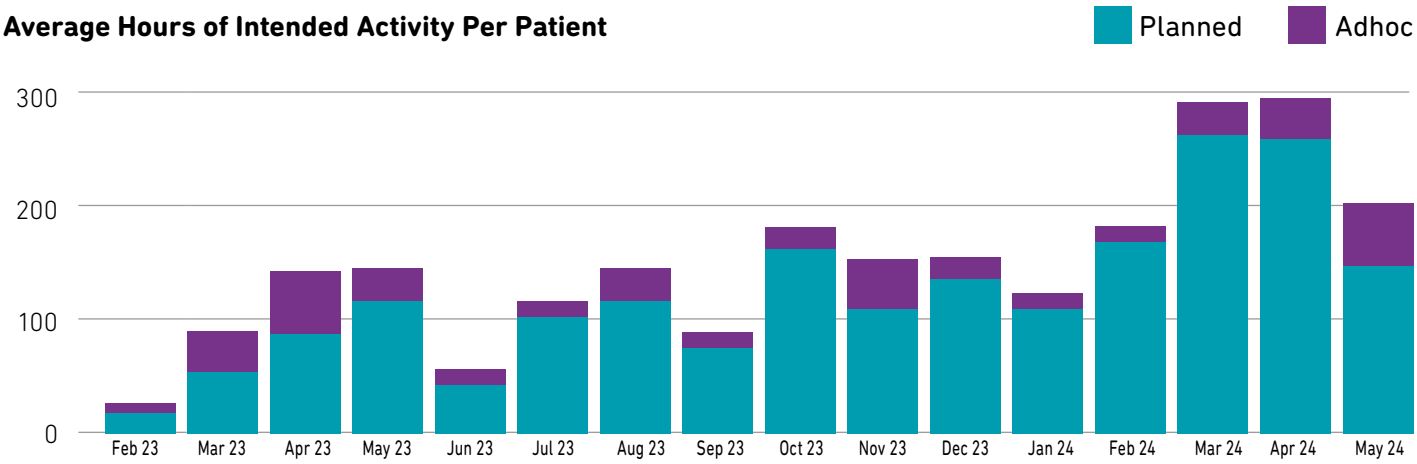
Projects

During 2024/2025 staff and patients participated in 32 QI projects across the Charity, each contributing value in various forms. Our QI projects focus on improving how services are delivered and received, and the experience of people interacting with them. Among these, projects have contributed to demonstrable improvements in patient safety and outcomes.

Engaging All in Therapeutic Activity

Work was undertaken in our Low Secure Services, where it was recognised, we had an opportunity to improve meaningful activity engagement between patients and staff. The team on Naseby Ward, created an interest matrix for staff and patients to complete, which was completed and tested to establish which activities received the best engagement. Staff were asked to complete their section to highlight their areas of interest and their personal skills, and patients were supported to do the same. The results were then brought together, reviewed, and directly used to enable an improvement to meaningful activity engagement, benefiting patients' recovery journeys and improving staff morale.

Average Hours of Intended Activity Per Patient



Culture of Care

This major programme aims to improve the culture of inpatient mental health services to ensure they are safe, therapeutic and equitable places to be cared for, and fulfilling places to work. Three of our wards, Sunley, Berry and Edgbaston are taking part in the collaborative and have support from both an external QI Coach from the National Collaborating Centre for Mental Health (NCCMH) and support from our QI Faculty. Wards are beginning to test small change ideas to ensure care is autism informed, trauma informed and anti-racist.

Mental Health Act

This national QI Collaborative is being supported by The Virginia Mason Institute and the PSC (Public Service Consultancy) in partnership with NHS England. Staff and patients from Robinson Ward are making small changes to ensure their work improves the equity of experience for patients who are currently detained. There is a particular focus on improving equity for individuals with a learning disability, who are from a BAME background or who are autistic.

Sexual Safety

Part of the Patient Safety Network through the Health Innovation East Midlands collaborative, St. Andrew's is taking part of the Sexual Safety workstream. Staff on our Bracken and Sunley wards are working on initiatives to improve the feelings of sexual safety for staff. Sexual safety falls under the umbrella of least restrictive Practice (LRP) and this community of practice was established in 2021.

Key Achievements

In April, we hosted our first virtual **National Quality Improvement Conference** which saw over 90 people from across the public and private healthcare sector with whom we shared our QI journey, some of the improvement work being delivered, and how we use information and technology to help provide better care for our service users. We also welcomed Dr Amar Shah, Chief Quality Officer at East London NHS Foundation Trust and National Clinical Director for Improvement at NHS England, who spoke about the opportunity of Quality Improvement and what it really takes.

For the third year running, we held our annual CQI Forum. This 3-hour event is an opportunity to share, engage, and find out more about CQI activity within the Charity. In November, the forum saw around 50 attendees and 16 posters. Colleagues from across the

Charity presented their posters and spoke about the QI work they have done.

2024/2025 our year in numbers

2024/2025 has brought some of our biggest QI achievements to date, from our first national QI conference with over 90 people attending, a continued increase in staff attending our QSIR accredited training, and numbers of projects being delivered.

Clinical Informatics

Overview

The period from early 2024 through to spring 2025 has been a productive period for Clinical Informatics across St Andrew's Healthcare. Through iterative innovations, we have continued to enhance the digital tools supporting patient care, governance, and assurance. With sustained progress across our core systems – we are witnessing tangible improvements in patient safety, care quality, and staff experience.

Rio Developments: Strengthening Core Clinical Workflows

1. Ward Boards and Workflow Visibility

The Rio Ward Board has become an integral tool for inpatient teams, offering a dynamic overview of patient status, outcome measures and pending actions. Enhanced with alerts (e.g. care coordinator 1:1 session, abnormal physical health, discharge, etc), this dashboard-style functionality now serves as a central hub for the ward's clinical activity.

2. Referral Module and Bottleneck Visibility

The referral management module has been successfully implemented and operationalised. It streamlines referrals and reduces reliance on fragmented communication (e.g. emails), while also allowing tracking of delays and bottlenecks. This facilitates a more transparent overview of the referrals.

3. Use of mobile devices for clinical data input

There has been a marked increase in the use of mobile devices for direct clinical documentation. Originally deployed for physical health vital signs, the use has expanded significantly to include neurological observations post-fall or head injury, rapid tranquilisation monitoring, food and fluid intake, monitoring bowel movements, behavioural monitoring, postural hypotension and bowel movements, recording meaningful activities.

This broadened functionality has contributed to improved data accuracy and timeliness, while reducing missed patient observations—now consistently below 0.5% in most areas.

4. Other Rio development

Further amendments to meaningful activity module have been implemented, making it easier for staff to schedule and record meaningful activity.

New processes to record MAPPA requirements have been implemented which have significantly improved our ability to have an overview of risks related to MAPPA, as well as the caseloads.

The care education and treatment review (CETR) module has been developed and made live to support this process for patients with learning disability. This is being operationalised currently.

We are also attempting to use Rio which is primarily designed for inputting data related to patients as a mechanism to also record ward based clinical activity such as recording fridge temperatures, equipment checklist, Ward manager's checklist, et cetera. Accompanied by developments by the data team, this has the ability to provide greater assurance of the processes that inform quality of care and patient safety. This will also help reduce the need for audits periodically by providing live overview of the information collected.

EPMA: Enhancing Medication Safety and Efficiency

While ongoing speed issues persist in our Electronic Prescribing and Medicines Administration (EPMA) system, substantial improvements have been made:

The Clinical Applications Team has developed automated scripts that monitor and resolve performance degradation.

Prescriptions that had been repeated over 800–1000 times were identified as contributors to slow loading. Adjusting these has improved software responsiveness.

We are now also developing automated alerts if a medication takes over five seconds to load, enhancing prescriber experience and reducing frustration during medication rounds.

These enhancements are already reducing wait times at medication hatches, leading to fewer delays for patients and freeing up over 30 hours per week of nursing time—a significant step toward reducing the risk of medication errors.

Data Dashboards and Digital Assurance

1. Patient Journey Dashboard

The patient journey dashboard is now live, offering an insightful view of patient progress by aligning admission dates to monthly milestones after admission. This tool is enabling a more structured evaluation of clinical effectiveness and is being considered for broader research and innovation applications.

2. Governance Reporting

The Integrated Quality Performance Report (IQPR) automation now supports governance meetings by providing monthly slide packs populated with live data, reducing manual reporting effort and improving consistency.

3. Clinical Supervision and Referral Dashboards

A clinical supervision effectiveness dashboard has been approved and implemented, shedding light on the perceived quality of supervision.

The referral management dashboard now provides a charity-wide overview, helping streamline admissions and reduce delays.

4. MyVoice and PCREF Integration

MyVoice, our primary patient feedback platform, is being expanded to capture carer, relatives and friend feedback and support the Patient and Carer Race Equality Framework (PCREF). AI-driven sentiment analysis and summarisation of free text data is being attempted which will enable more meaningful use of unstructured feedback.

5. Advancing Physical Health Monitoring

Significant strides have been made to integrate physical health tracking into clinical pathways. Digitisation of post-fall, post-rapid tranquilisation, and neuro-observation forms is complete. Peak flow, food and fluid intake, and bowel movement charts have been developed.

A dashboard based on the Lester tool is under development to identify, treat and monitor cardiometabolic risk factors such as hypertension, hyperglycaemia, and cholesterol, conditions with profound impact on life expectancy in patients with severe mental illness.

Digital Innovation:

We are currently entering a new phase where we are exploring ways in which to use innovative digital technologies to improve the processes within the organisation. This improved efficiency will have the benefit of freeing up valuable time of our staff and clinicians to focus even more on providing excellent care consistently as well as creating systems and processes that make the experience of staff and patient better.

Additional Strategic Developments

A digital staff handover board is in development, designed to centralise shift-critical information.

Work is progressing on a patient portal, initially for ADHD outpatient clinics, which will eventually be expanded to inpatient services. This will allow patients to access medication lists, care plans, Section 17 leave authorisations, and more.

Digitisation of the seclusion medical review process has commenced, marking the start of a broader project to modernise restrictive practice documentation.

Sharing Our Work and Looking Ahead

The improvements to physical health monitoring have been nationally recognised, with a "highly commended" recognition of the poster from the Royal College of Psychiatrists. They work with respect to physical healthcare monitoring and improvements was shortlisted as a finalist at the HSJ Awards for Clinical Excellence.

We have also continued to build internal capability by training and supporting ward managers and consultant colleagues in the use of clinical data to inform decision-making, reinforcing a data-informed culture.

In the year ahead, we aim to:

- Implement integration of AI-based tools to inform quality including care plan summaries, risk summaries, and attempting creation of handover notes
- Complete integration with the NHS Spine, enabling access to vaccination history, primary care medication records, and summary care records
- Digitise key legal and clinical forms including the RESPECT form, and Mental Capacity/Best Interests assessments
- Finalise and roll out the cardiometabolic risk dashboard, supporting proactive physical health management
- Launch the electronic seclusion pack and extend digitisation of restrictive practice reviews

Conclusion

This has been a year of robust innovation, collaboration, and meaningful progress. Through collaborative work between clinical, data, and application teams, and in close partnership with frontline staff, we continue to strengthen the digital foundation of care at St Andrew's Healthcare. The future is promising, and we remain committed to ensuring that our digital tools enhance care quality, safeguard patients, and empower our workforce.

Section 3

Review of Quality Performance

Review of 2023/2024 Quality Priority 1

"Improving our Quality control by creating a visual management system on wards"

Why did we choose this priority?

Empowering frontline staff with the information they need to manage the service minute by minute and day by day is a key objective of any quality management system. Anticipating, solving and addressing issues as they arise or preventing them from happening is key to ensuring that safety is improved and the outcomes for patients are optimised.

What did we achieve this year to improve this?

We have developed a programme to ensure every ward and service has a digital screen to support staff with handover, communication and visual prompts and alerts for key tasks including required physical health or mental health observations, and upcoming activity and planned leave. Following a review of the aims of this project, and alignment against the current priorities, we have made the decision to pause this project while we re-evaluate the aims and expected impact on our Quality Fundamentals.

Review of 2023/2024 Quality Priority 2

"Improving patient meaningful activity levels and working on reducing blanket restrictions"

Why did we choose this priority?

Activity meaningful to patients is key to recovery and good outcomes, as well as with an emphasis on activities being therapeutic and evidence based. The ambition of any healthcare provider is to provide personalised care to each individual and blanket rules and restrictions limit that and can reduce the quality of patient experience.

What did we achieve this year to improve this?

This year has seen the continued development and embedding of our digital meaningful activity system, with 12 week MDT timetabling, linked to therapies derived from service clinical treatment models, being the foundation for planning. We have increased the ability to record ad hoc activity by extending this to mobile tablets as well as desktops, as well as simplified the categories of activity to enhance usability of the system. Offered and accepted meaningful activity has risen in the latter part of the year as the system embeds and offered activity was above the 25 hour/ week target in March 2025. By knowing the different types of activity and therapies offered and accepted, we can start linking these to clinical outcomes and begin the path to precision and personalised care.

Work on reducing blanket restrictions is supported by each ward having its own 'restrictive practice log' and

the expectation that these restrictions and their safe solutions are designed with patients through community meetings. The strengthened mechanism for patient and carer voice as outlined already in this quality account, will support the surfacing of issues and sharing of learning across wards and sites. In addition, we have started the introduction of networks across the Charity that allow similar services across sites to share challenges (e.g. PICU services in Essex and Northampton, Forensic Group across Northampton and Birmingham). One of their aims will be to ensure equity of practice across similar levels of security, as regards to blanket restrictions. This year, we published a Mobile Device procedure, that standardises practice with reference to basic and smartphone access, recognising the key part that these can play in patient recovery whilst ensuring risk is managed.

Review of 2023/2024 Quality Priority 3

"To improve our relevant and specialist training for staff so we can better meet the needs of our patients"

Why did we choose this priority?

St Andrew's looks after the some of the most complex and vulnerable patients in the UK, and it is essential we equip our staff with the competencies they need to provide high quality care every day.

What did we achieve this year to improve this?

During this year, the Charity has significantly improved mandatory training compliance across all of our services. Informed by the clinical treatment models, as well as external best practice, each service has had a full training needs analysis to outline required training beyond mandatory, divided into 'Essential' and 'Specialist' that differs by service. There are delivery plans in place and being enacted, with a new focus on ward based practice development and practical coaching to support more traditional e-learning and classroom based learning.

This year, we have launched the HCA and Ward Manager/RC development programme to strengthen the voice, clinical leadership and teamworking of clinicians.

Over 80% of ward managers have started the programme with additional cohorts in April and September 2025.

The HCA offer to existing HCA's is for a skills scan and personal development plan. The HCA skill scan assesses development needs for all permanent HCAs who joined prior to their division implementing the new HCA induction programme. This is based on the STAH HCA competency framework and completed with their line manager (or delegated manager). Once the skill scan is submitted the HCA will focus on their bespoke development needs with a trained mentor.

Over the last 12 months St Andrew's have also provided and commissioned over 40 specialist clinical training courses to around 100 staff to support the provision of high quality care and support to our complex patients.

In addition, St Andrew's have also supported training for more Advanced Clinical Practitioners within our physical health team. We have increased the number of Clinical Associates in Psychology which is a new role embedded into the Psychology career pathways. We have invested in our Practice education team who have undertaken qualification in higher education with one member of staff undertaking an MSc in Medical & Healthcare Education.

Involvement and feedback from Key Stakeholders

Together Advocacy

We were pleased to once again be invited to contribute to St Andrew's 2024/2025 Quality Accounts Report. Together were contracted since 2021 to provide Advocacy services within the different hospital sites at Northampton, Essex and Birmingham. We ceased delivering advocacy services in St Andrews on 31st March 2025. Throughout this time, we continued to be fully committed to supporting the patients within these settings and we are very pleased to see that St Andrew's priorities for improvement align with Togethers values.

During the last year, our Advocacy services provided statutory and general advocacy for St Andrews patients and family advocacy, where this was requested. We regularly visited patients to build strong and trusting relationships, which enabled us to collate their views and wishes. Advocacy provided patients, their families and/or carers support at meetings and provided feedback, as and when necessary, to ensure that any actions were always patient-centred and the voice of the patients was heard.

We remained committed to maintaining positive working relationships with staff to ensure effective communication, which in turn benefited the patients. Our holistic approach was demonstrated through continuing to liaise with friends and family networks to support their engagement with staff at St Andrew's Healthcare. Within our non-instructed work, we worked particularly closely with family members due to patients often not being able to voice their own opinions.

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

** Throughout 2024/25 we moved to statutory advocacy being commissioned by the Local Authority. Essex transferred in September 2024, Birmingham in January 2025, and Northampton transferred on April 1st, 2025.

IMPACT

IMPACT have continued to work alongside St Andrews to commission and provide care for patients requiring low and medium secure service environments. IMPACT work with both operational and strategic teams to oversee the delivery of high quality and compassionate care. The implementation of the Patient Safety Incident Response Framework within the Charity and subsequent learning responses have been well communicated to commissioners and work remains ongoing to triangulate incident, safeguarding and local knowledge into effective care plans and risk assessments to ensure patient safety. Assurance visits have continued throughout the year, with 7 wards seeing an improvement in their feedback compared to the previous year, supporting ongoing improvements and sharing of good practice seen across the collaborative. The Charity continues on their journey of improvements and with their "getting to good" CQC journey, which we look forward to continuing supporting them with.

Healthwatch North and West Northamptonshire

Thank you for sharing the Quality Account with Healthwatch for 2024-2025, we welcome the opportunity to comment on the progress made over the past year and the priorities outlined for the year ahead. We recognise the scale and complexity of the care provided by St Andrew's Healthcare and appreciate the commitment shown to quality improvement, particularly in relation to patient safety, staff development and learning from incidents. Also, we would like to acknowledge the collaboration and thank you for allowing us to visit the different mental health inpatient wards this past year with the IMPACT service.

In our review, we noted the achievements of a positive rating from the CQC for the CAHMS service and the improvement seen within the reviews from IMPACT, which shows quality care being delivered to patients.

We commend the embedding of the Quality Management System and Charity Quality Fundamentals, as this reflects a focus on improved governance. The updated Clinical Peer Review process, assurance visits and alignment with the Single Assessment Framework show a positive shift toward a stronger organisational learning culture and a continued desire to improve operations.

We did note concern around the number of patient safety incidents, including those that resulted in severe harm; however, we do recognise that these incidents are unexpected, unpredictable and require quick response from trained staff. We note the significant progress in implementing the Patient Safety Incident Response Framework and appreciate the enhanced triage processes, improved staff training and development of new roles within the central Patient Safety Team. The implementation of patient safety action notices and the inclusion of near misses in reporting are welcome developments within the service's improvements.

The marked improvement in complaint response times is encouraging, especially in the context of increased complaint volumes and the transition to NHS Complaints Standards. We feel that the creation of central tracking systems for complaints and safety issues will help ensure transparency and accountability.

We are in support the patient and carer forums as this enables the patients and carers to have a place to voice their concerns and experiences. These are vital mechanisms for ensuring that experiences inform service development and reflect that the service wants to listen to service users and staff.

We noted the increase in reported safeguarding concerns; however, we did note that this includes the new requirement to report low level concerns and therefore we felt this demonstrates better identification and documentation. We support the new recording practices in place within the service as well as the co-produced protection plans and improved coordination with local safeguarding bodies.

We feel that the use of digital dashboards is a proactive and innovative use of available technology, and we believe that the implementation of the Patient Journey Dashboard will have positive effects within the service. The ability to have insight into patient progress and to accurately visualise the patient's journey is a promising step and we agree that this will allow for more structured evaluation of clinical effectiveness.

The improvements in staff training, the QSIR programme and higher engagement scores in the staff survey are positive changes to see within the service. The transparency around the challenges with staffing mix and estate issues are acknowledged- given the complexity of services, we would be interested in hearing more about the long-term strategies to retain skilled clinical staff, particularly in areas previously highlighted as under pressure. We look forward to future updates on outcomes from workforce development initiatives.

We commend St Andrew's for its clear commitment to listening and learning from patient and carer feedback, particularly through the integration of new systems to track complaints, safeguarding issues and patient safety concerns. The improved response times, increased transparency and co-produced actions demonstrate meaningful progress toward person-centred care, which is key for positive patient experience. We noted that there were some complaints around staff attitude and behaviour and that the service acknowledged this area as one needing to be addressed. The response to introduce specific training and clarification of staff's roles and responsibilities is a positive step to improving this issue.

We are pleased to see the ongoing commitment to fostering diversity and inclusion, with well-supported staff networks and measurable improvements in pay gap reporting. We support the implementation of the Patient and Carer Race Equality Framework. These developments show a genuine willingness to evolve, act on feedback, and create a safer, more inclusive and responsive care environment.

Overall, we found the Quality Account to be comprehensive, open and clearly structured. It reflects genuine progress and an evolving culture of learning and collaboration. We appreciate the continued engagement with Healthwatch and look forward to working together in future to ensure local people receive safe, high-quality and person-centred care.

NHS England

NHS England are accountable for the specialised mental health services provided by St Andrew's Healthcare. We work with other providers and Integrated Care Boards in a collaborative arrangement to commission and monitor service provision. St Andrew's Healthcare continue to engage with commissioners in relation to their quality improvement strategy 'Getting to Good'. NHS England will continue to work with St Andrew's Healthcare and wider system partners to ensure any areas of concern are addressed.

Northamptonshire Integrated Care Board

Northamptonshire Integrated Care Board is Host Commissioner for St Andrews Healthcare, thank you for providing us with the opportunity to comment on your annual quality account for 2024/25.

The quality account was reviewed whilst in draft format. The hospital has included details of achievements against their two-year quality strategy, to include the embedding of the Patient Safety Incident Response Framework and revision of their clinical governance systems. Also included is information on key challenges and how they will continue to monitor progression against these.

The Quality Account clearly identifies priorities for 2025/26 and planned improvement actions.

The hospital has reported in an open and transparent way about the CQC inspections that have been undertaken.

NHS Northamptonshire Integrated Care Board quality and safeguarding teams have worked closely with the hospital teams throughout 2024/25 to try to improve the quality-of-service provision.

NHS Northamptonshire Integrated Care Board supports the hospitals ambition to provide high quality standards of care for people who use their services, and we hope to continue to support St Andrews Healthcare in the coming year to achieve their priorities.

Section 4

St Andrew's Healthcare Showcase

Showcase

Patient Safety and FTSU good news items

We have appointed a number of new FTSU Guardians and now provide coverage across all areas and divisions. We have launched a new reporting system which includes a staff feedback form which will help us evidence and improve practice.

Patient Safety Incident Response Framework has now been live in STAH for over 12 months. We have updated our policy and themes this quarter and presented this to other providers at the collaborate provider summit via ICB.

We have recently appointed a Patient safety Partner with lived experience. This role will enable us to review and shape our processes with patients at the heart of our focus.

50% of all staff are now trained within our safety syllabus for PSIRF (Patient Safety Incident Response Framework) online module.

We have recently launched our Patient Safety Strategy to run alongside our Nursing and Quality Strategy. This will ensure focus and direction is maintained.

As part of PSIRF, we have implemented an assurance process to monitor actions uploaded to the WAL/QIP (which ensures actions are not lost and are monitored). Patient Safety Practitioners visit the wards post incident to review if actions have been achieved.

Some examples of Improvement have been in regard to; search practice, patient property (risk items), care planning and Enhanced Observation practice. A number of responses carried out have resulted in Patient Safety Action Notice (PSANs) which have been shared internally and with other providers via commissioners to enable shared learning. Several responses have also resulted in updates to training e.g. relational security and updates to Policy/Procedure e.g. Discharge Policy for remissions.

Data & Innovation

- We have delivered the 'Patient Journey Dashboard' which offers an insightful view of patient progress by aligning admission dates to monthly milestones after admission. This tool is enabling a more structured evaluation of clinical effectiveness and will be a key enabler for broader research and innovation.
- The Integrated Quality Performance Report (IQPR) automation now supports governance meetings by providing monthly slide packs populated with live data, reducing manual reporting effort and improving consistency. This provides standardised information to ward governance meetings, divisional governance meetings, senior leadership team and for the board.
- The improvements to physical health monitoring have been nationally recognised, with a "highly commended" recognition of the poster from the Royal College of Psychiatrists.
- Improvements to physical healthcare monitoring and its benefits as realised by St Andrews was shortlisted as a national finalist at the HSJ Awards for Clinical Excellence.

Our Voluntary Service team has received the highest award a voluntary group can receive in the UK – The King's Award for Voluntary Service for 2024

This prestigious award, equivalent to an MBE, acknowledges the exceptional contributions of our 450 volunteers across our hospital sites in Northampton, Birmingham, and Essex and within the community. Their unwavering dedication significantly enhances the well-being and recovery of our patients with complex mental health needs. From the Befriending program to organising weekly social clubs and facilitating Pets as Therapy visits, our volunteers bring a unique and invaluable presence to our community.

AHP Quality Report – Successes

This year, Allied Health Professionals (AHPs) have focused on delivering person-centred interventions that support recovery, skill development, and inclusion. Their work has contributed to service improvement, professional development, and community engagement, while aligning with the Charity's strategic priorities.

The Recovery and Enablement Team achieved several milestones, including relocating the music and art studios from the Tennent site to the newly launched Kemsley Art Space and reopening the Light and Heavy Workshops at William Wake House (WWH). The refurbished Kemsley studios, now centrally located within the hospital, enhance accessibility (especially for patients with limited mobility) and have enabled the safe reinstatement of unescorted one-to-one sessions that promote therapeutic engagement and independence.

The revitalised Light and Heavy Workshops, largely unused since the COVID-19 pandemic, now operate a full programme of vocational activities, including textiles, woodwork, and mechanical tasks, enterprise projects as Patient Facilitator roles, providing a structured progression from ward-based participation toward community reintegration. A formal launch event is planned to celebrate this development.

Art Therapy provision expanded beyond CAMHS into Medium Secure Services, while trainee Art and Drama Therapists were introduced in the Deaf Service and Learning Disability and Autism (LDA) division. This represents a significant step in broadening access to creative therapies for diverse patient groups. Plans are in place to evaluate outcomes, introduce an Art Therapy Apprenticeship role in Essex, and increase trainee placements during 2025/26.

Rebound Therapy, delivered collaboratively with Sports & Exercise and Occupational Therapy teams, gained international recognition this year through German television and specialist publications. This innovative approach continues to demonstrate measurable benefits for physical, sensory, and emotional wellbeing—particularly within the sensory treatment pathway.

A national webinar on the Arousal Curve in Secure Services, delivered by the Lead Speech and Language Therapist and Director of AHP, attracted over 300 attendees and was also featured at the first Northamptonshire-wide AHP Conference. The event fostered collaboration, shared learning, and resulted in the Recovery and Enablement team facilitating the co-creation of the AHP Council logo.

The Dietetics Team made a valuable contribution to the forthcoming Mental Health chapter of the national Dietetic Manual (due 2026) and showcased their triage model to the national Dietetic Forensic Group. The model was well received, with several services expressing interest in adoption—highlighting the team's national impact and innovative practice. As part of their commitment to continuous quality improvement, the department conducted a Food and Fluid and Nasogastric (NG) documentation audit. The reviews identified opportunities to enhance consistency in documentation practices on RIO and in the use of electronic versus paper forms. The team is actively developing targeted actions to strengthen these areas, including standardisation of documentation processes and workforce training.

To support both staff and patients, the team have also developed twenty First Line Guidance sheets covering thirteen clinical conditions—seven tailored for staff and thirteen for patients. These aim to enhance access to clear, evidence-based nutritional information. Easy Read versions are currently being developed to further improve accessibility and health literacy.

The Speech and Language Therapy (SALT) Team led service innovations, including a new triage system on Psychiatric Intensive Care Units (PICUs). Over 18 months, this system identified speech, language, and communication needs in approximately 25% of PICU admissions (n=58), with early indicators showing improved responsiveness and a reduction in restrictive practices. The Clinical Director has reported that SALT involvement has significantly reduced frustration and violence, while strengthening therapeutic relationships.

The team also presented at national forums, including the National Forensic Learning Disability and Autism Conference at Rampton and the Lightbulb Conference, further contributing to specialist knowledge dissemination. Additionally, SALT expanded external training delivery, supporting multidisciplinary staff at University Hospitals Coventry and Warwickshire NHS Trust with tailored communication strategies, generating income to reinvest in professional development. The team also raised £779 for the Huntington's Disease Association, demonstrating a strong commitment to community engagement.

The Physiotherapy and Sports & Exercise teams delivered a wide range of initiatives promoting physical activity, independence, and wellbeing for patients and staff. Programmes such as ACTIVE and the Strong and Steady group have supported functional mobility, reduced sedentary behaviour, and enhanced therapeutic engagement across diverse clinical groups. Events like the Christmas Jumper Walk and Neuro Sports Day provided inclusive, morale-boosting opportunities for social participation and rehabilitation. Clinical developments including the Pain Management Clinic, Spasticity Clinic, and a student-led physiotherapy clinic have and will continue to support early intervention, personalised care, and service innovation.

In Essex, the Occupational Therapy team introduced an innovative placement opportunity for Sport Science students in a mental health setting—believed to be the first of its kind in the region. Partnerships with Basildon Council, New Life Wood, and Sport for Confidence continue to strengthen, supporting community-based occupational and vocational engagement. The Therapeutic Resources budget also enabled refurbishment of the ADL kitchen, creating an ergonomic and safe space for patients to develop daily living skills.

Throughout 2024/25, AHPs have delivered impactful, recovery-focused care and shared best practices across professional networks. Looking ahead, they will continue building on these achievements by aligning quality initiatives with the Charity's strategic priorities and quality fundamentals.

OFSTED Report

The Charity's CAMHS College had its OFSTED inspection and received an overall rating of Good, with a rating of Outstanding for the domains of Behaviours and Attitudes as well as Personal Development.

Dietetics:

- Co-production on the mental health chapter in the latest Dietetic Manual
- Presentation to the Dietetic Forensic group regarding Triage process; other services wish to adopt out approach to better their services.
- Food and fluid chart audit, NG tube placement audit
- Introduction of Dietetic and Nutrition First line guidance sheets for patients and staff - link to hub page.

Speech & Language

- SaLT article in the Neuro Rehab Times: How speech and language therapy transformed a patient's journey to connection and recovery - Neuro Rehab Times
- SaLT Guest Speakers at National Forensic LD and Autism conference at Rampton
- SaLT helped raise £779 for the Huntington's Disease Association
- SaLT delivered bespoke training on ASD, LD and MH for UHCW, generating income.
- SaLT introduced a triage system for the PICU wards with success in reducing restrictive practices such as seclusion times, and being able to offer communication support quicker for those who need it in crisis.
- SaLT guest speakers at Lightbulb Conference, on "Communication and Challenging Behaviour in Schools".

Essex OT

- The first hospital/department in Essex who started initiative of offering placement to Sport Science students in mental health setting. It has been a huge success; with our next student starting in a couple of weeks' time.
- Community- partnerships with Basildon council, New Life Wood, Sport for Confidence - bring meaningful activity and occupations into the community.
- Refurbished ADL kitchen through 100k proposal.

HOPE(s) at St Andrews Healthcare

The HOPE(S) Model of Care is a human rights-based clinical approach developed by Mersey Care NHS Foundation Trust to reduce the use of long-term segregation and restrictive practices in inpatient settings for individuals with learning disabilities, autism, and mental health conditions. It aims to transform care environments by promoting dignity, autonomy, and recovery. The model emphasizes a human rights-based, trauma-informed, and person-centred approach to care.

The model is structured around five core principles:

H – Harness the system through key attachments and partnerships.

O – Create Opportunities for positive behaviours, meaningful and physical activities.

P – Identify Protective and preventative risk and clinical management strategies.

E – Enhance the coping skills of both staff and people in services.

S – System management and development to provide support throughout all stages of the approach.

These principles guide staff in creating a supportive, person-centred environment that reduces reliance on segregation and promotes positive outcomes for individuals

Key Achievements and Outcomes

Staff Training and Empowerment: Over 150 staff members and teams have been trained in the HOPE(S) model, equipping them with the skills to implement person-centred interventions and reduce restrictive practices. The two-day training continues to be provided to clinical teams supporting individuals in long-term segregation (LTS). Additionally, awareness sessions are scheduled to be rolled out charity-wide in the upcoming period.

Barriers to Change Checklist: Clinical teams have utilised a "Barriers to Change" checklist, fostering innovation and enabling the creation of targeted interventions to address challenges and improve care delivery.

The **Long-Term Segregation (LTS) Audit Comprehensive Tool** is a structured framework designed to assess and enhance the quality of care for individuals in long-term segregation within inpatient settings. By systematically evaluating practices, the tool helps identify areas of excellence and pinpoint gaps that require attention.

National Recognition: The HOPE(S) model has been recognized for its effectiveness, receiving the Restraint Reduction Network's "Best Initiative of the Year 2023" award and being highly commended in the Learning Disabilities Initiative of the Year category at the HSJ Patient Safety Awards.

What are our patients and carers saying?

The following are examples of comments directly from people who have used St Andrew's services in 24/25:

Compliments:

Examples of compliments

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

Carer, Neuro (MAR 2025)

"The professionalism displayed and co-ordination of this placement were superb. You have done excellent – communication, working together as an extended team - lovely. Thank you so much – I would be happy to take any referrals from you in the future."

External Professional, Neuro (OCT 2024)

"A massive thank you for helping to host the IMPACT Roadshow today. The turnout was brilliant; X the IMPACT Rep was overwhelmed and said that this is the best attendance they have had so far....X was particularly impressed with the Fairbairn patients and their interpreter, please be sure to pass on thanks to Ward Managers, OT's, Social Workers and all escorts that helped patients attend. X also enjoyed being on the wards that we briefly took him to and said how engaged the patients are."

External Professional, Medium Secure (MAY 2024)

"Thank you for the care and compassion you have shown towards my son and myself during the time you have been his social worker. As a mother, it has been such an enormous help to know that my son has someone looking out for him who cares - like you so obviously do...Thank you for being so kind, dedicated and ready to help. Thank you for seeing the absolute good in my son and for fighting his corner."

Carer, Medium Secure, (FEB 2025)

"Thank you and your team so much for all of your efforts, I truly don't have the words. I'd not have survived this without the assurance my husband was safe and being so well cared for. I can imagine it is a thankless task at times, but I can't tell you how much his family and I recognise what you've all done for him and us."

Carer, Low Secure (MAY 2024)

"We would like to say a huge thank you to all the staff involved in the care and support of X over his time at St. Andrew's. X has been on a huge journey over the past seven years and we feel that St. Andrew's has had such a huge impact on him. With all your support, X's future looks positive and he now has the tools to move forward with X and work towards independent living and the prospect of fulfilling his own dreams and aspirations."

Carer, Low Secure (AUG 2024)

"Just to say we think that X has settled in well at St Andrews, he certainly is a different boy since being there, our relationship with him is the best it's ever been. We are also very grateful that X has finally had his operation, it was discussed many times at his other placements, but nothing was ever done about it. We would like to thank you and all the staff who take care of him."

Carer, LDA (MAY 2024)

"It was evident that the team had been working with the service user to prepare her for the visit and support her with any anxieties around it. The service user was well kempt and dressed in bright colours/uplifting stickers and badges in accordance with the theme she had chosen. She also brought two soft toys with her. It was evident that staff had supported her very well with this. She was being supported by two staff - Their engagement with her was exemplary and in the case of one of the staff, I would say inspiring. Both staff clearly knew the service user and her care plan very well and were very responsive to her needs."

External Professional, LDA (FEB 2025)

"Your team is one of the best partner agencies I have worked with, you all communicate very well."

External Professional, Outpatients (JUL 2024)

"I am still processing that you are leaving and am still a bit shocked and sad though wanted to let you know that you have really helped my whole family and I am very happy to write a testimonial if you ever need one! I also wanted to let you know that even though things were very dark this time last year, you don't have to worry when you leave as I think I am probably going to be ok from now on as I feel like a very different person and am in a much better place and heading upwards."

Service User, Outpatients (OCT 2024)

"Thank you for helping me bake all the time and making time to chat to me. I find you easy to talk to and very understanding. I think this member of staff should get a pay rise. I think they should be recognised for their good qualities as a nurse and for making time for patients and taking care of everyone."

Patient, Birmingham (MAR 2025)

"Patient congratulated nurse: His polite and professional attitude towards me and his work. Others who work alongside him are to be commended also. So, a big thank you."

Patient, Birmingham (MAR 2025)

"I wish to give my sincere thanks and a huge compliment to X. He is an asset to the team. He has time and energy for all the people he cares for and a unique ability to adjust himself, his attitude and demeanour to perfectly fit the situation and person. Spending my S17 leave with him has been a gift I shall not forget."

Patient, Essex (JUN 2024)

"Thank you St Andrews for helping me with my road to recovery and path to a better future. Mindfulness that the psychologists have taught me and utilise this going forwards. I have enjoyed my stay at St Andrew's I have met great staff who have helped with my recovery. I feel better and positive about my future."

Patient, Essex (AUG 2024)