



St Andrew's
HEALTHCARE



QUALITY ACCOUNTS

2022/23

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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 Quality Account, my first since I joined the Charity last September.

This report includes details of our achievements, successes and the challenges we are facing as an Charity – challenges we are tackling head on.

We have embarked on a new strategic direction which will see the Charity through until 2028. Over the next five years, our vision is to create a society in which everyone living with a mental health need is heard, valued, and has hope for their future. By 2028 we aim to be a leading voice in helping people with complex mental health needs transform their lives. We have exciting plans to help us achieve our ambitions; these include a focus on quality, providing more care in the community, and investing more in research and education which will improve the lives of those we serve.

As you know, it has still been a challenging year for the healthcare sector. As an Charity we are still feeling the impact of the pandemic, and - much like our colleagues in the NHS - the national shortage of healthcare staff.

Our Thrive Programme, which you can read more about on page 27, will focus on us investing in frontline staff in order to ensure our patients have the support they need and the best quality care possible, and can access the full breadth of therapies and activities, seven days a week.

We are entirely committed to continuous improvement, and improving the quality of care we provide. We aim to always respond positively to constructive challenge in order to learn and grow. During the past year we have been fortunate enough to work closely with some highly experienced and knowledgeable people from five local NHS trusts as part of the 'Buddy Programme', who have helped us to improve the quality of our care. This partnership working has led to some real improvements and the development of some lasting relationships which will continue to support us on our journey. We are grateful to NHS England for supporting this work and particularly to Northamptonshire Healthcare NHS Foundation Trust (NHFT) for their involvement.

Many thanks for reading.



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 2022/23.



Section 2

Reflections

> Priorities for improvement 2023-24

These priorities have been formulated with involvement from patients and staff. Over 200 patients and members of clinical and non-clinical staff from across the Charity have been engaged with workshops and meetings to identify key areas of focus. The key areas identified by staff and patients have been grouped into three priority areas that will feed in to the Charity's improvement strategy. The below measures will be monitored via the Integrated Quality Performance Reviews.

Quality Priority 1:

Improve how we work in partnership with patients, families and carers

Why:

We know from our quality improvement work that improvements in patient experience are achieved, but delivering impact on patient outcomes takes several years of commitment to identifying the interventions and adapting these across the Charity.

Making sure that people who use our services receive the best care is essential and by being at the centre of the process they can provide valuable insights in to the quality and delivery of our services.

What:

- > Embed the Co-production Strategy across the Charity
- > Develop a Patient and Carer Experience Strategy
- > Improve the complaints response process.

Measures:

- > Improved Patient Reported Experience Measures (PREMS / My Voice)
- > Implement improvements based on My Voice feedback
- > Demonstrate progression up the co-production ladder
- > Develop a system for carer feedback (based on My Voice)
- > Improved timeliness of response to complaints.

Quality Priority 2:

Support and listen to staff

Why:

Our people are our most valuable asset. Making sure that everyone feels supported with frequent opportunities to show initiative and improve the work of their teams and departments is essential. It leads to improved levels of staff engagement, productivity and effectiveness where we collectively strive to continuously improve patient experience and outcomes.

What:

- > Ensure that staff receive high quality clinical and management supervision
- > Ensure Quality Matrons are trained to undertake continuous quality improvement
- > Establish a programme of engagement events
- > Implement retention framework.

Measures:

- > Improved staff engagement scores on Your Voice survey to 60%
- > Achieve 90% mandatory training
- > Clinical Supervision rates of 90%
- > Management Supervision rates in line with policy.



Quality Priority 3:

Improve our patient safety culture

Why:

This priority supports the implementation of NHS England's Patient Safety Incident Response Framework through the application of system-based approaches to learning. This will strengthen our patient safety culture through the education and empowerment of staff to identify and implement improvements.

What:

- > Implement the Patient Safety Incident Response Framework (PSIRF)
- > Refresh the REDUCE programme priorities.

Measures:

- > Launch training in line with PSIRF requirements
- > Develop measures for the four PSIRF requirements.



> Statement of Assurance from the Board

Review of Services

Between 1 April 2022 and 31 March 2023, St Andrew's Healthcare provided services in the field of mental health, learning disability and brain injury to 1024 patients. Of these around 95% were funded by NHS services or organisations. Non-UK organisations, private funders or individuals fund the remaining 5% of patients.

Participation in National Clinical Audits

During 2022/23 the Charity participated in five national clinical audits. The National Clinical Audits that the Charity participated in, and for which data collection was completed during 2022/23, 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 Audit of Inpatient Falls, Falls and Fragility Fracture Audit Programme Royal College of Physicians – data submitted is for applicable patient cases	3/3 (100%)
Prescribing of Antipsychotic Medication in Adult Mental Health Services, including High Dose, Combined and PRN Prescribing Observatory for Mental Health (POMH-UK) – data submitted, awaiting report	243/243 (100%)
The Use of Melatonin Prescribing Observatory for Mental Health (POMH-UK) – data submitted, awaiting report	5/5 (100%)
Improving the Quality of Valproate Prescribing in Adult Mental Health Services Prescribing Observatory for Mental Health (POMH-UK) – data submitted, awaiting report	109/109 (100%)
Monitoring of Patients Prescribed Lithium Prescribing Observatory for Mental Health (POMH-UK) – data submitted, awaiting report	24/24 (100%)

The Charity was eligible to participate in the following projects but did not have any cases in scope:

- > Maternal, New-born and Infant Clinical Outcome Review Programme
- > Mental Health Clinical Outcome Review Programme
- > Child Health Clinical Outcome Review Programme - Transition from child to adult health services – the Charity questionnaire has been submitted during 2021/22, and there were no cases in scope for the 2022/23 audit stage.

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

The reports of three national audits were reviewed by the Charity in 2022/23. Below are examples of the actions that the Charity has taken to improve the quality of healthcare provided following these reviews:

- > In response to the findings of the 2022 National Confidential Enquiry into Patient Outcome and Death: A Picture of Health? (A review of the quality of physical healthcare provided to adult patients admitted to a mental health inpatient setting) we ensured our practice is in line with the national audit recommendations. The audit findings have been reviewed and where necessary changes have been, or are in the process of being, implemented as part of the Physical Healthcare Group work
- > An action plan in response to the findings of the 2021/22 National Audit of Care at the End of Life has been created and is in the process of being implemented as part of the Mortality Surveillance Group
- > An action plan in response to the findings of the 2021/22 National Audit of Inpatient Falls has been created and is in the process of being implemented as part of the Falls and Frailty Group work.

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

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

During 2022/23, 20 local Clinical Audits were completed, and six audits were commenced and 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

NICE NG 69 - Eating Disorder

NICE CG 176 - Neurological observations Follow Up

PEG Feeding – Gastronomy (NICE CG32)

Post Fall Care (NICE CG161, QS86, CG176)

NICE PH38 – Preventing Type 2 Diabetes - risk identification and interventions for individuals at high risk

Discharge Planning

Community Service Follow Up

Language audit in Women's wards

Care of Deteriorating Patients (NEWS 2)

Individual Care Plan Reviews Thematic analysis

Research Approvals

Capacity (NICE NG108)

Advocacy Follow-up

Clinical Peer Reviews Thematic analysis

Workplace Health Management Practices (NG13)

Search Process

Nasogastric Feeding (NICE CG32)

Deaf Service Evaluation

RiO Progress Notes Audit for Outpatient Clinic

Enhanced Support Care Plans & Observations

MAPPA Notifications (report is being drafted)

Closed Culture Follow-up (report is being drafted)

Long Term Segregation Follow-up (report is being drafted)

Vitamin D Monitoring Follow Up (data collection in progress)

NG54 – Mental Health Problems in people with LD (data collection in progress)

Green Light Toolkit (data collection in progress)



Following completion of audits, action plans based on the findings are formulated and delivered with improvements monitored through follow-up reviews. Some examples of actions taken include the introduction of an electronic NEWS2 chart to improve the monitoring of physical healthcare and escalation when concerns arise, and the development of an electronic observations system aimed at improving the observations recorded during episodes of enhanced support.

Other examples include appointing a responsible owner and an accountable group for ensuring the requirements of the Use of Force Act are carried out. A number of policies and procedures, along with e-learning/training, and recording forms have been amended to improve some aspects of patient care and information recording. This reduces bureaucracy and duplication, for example surrounding search practices, to free staff time for patient facing activities.

Research

Participation in Clinical research

The new Research Strategy, which is focussed on five core areas: physical health, trauma, community mental health; data and technology and precision medicine, was approved by the Board in 2022.

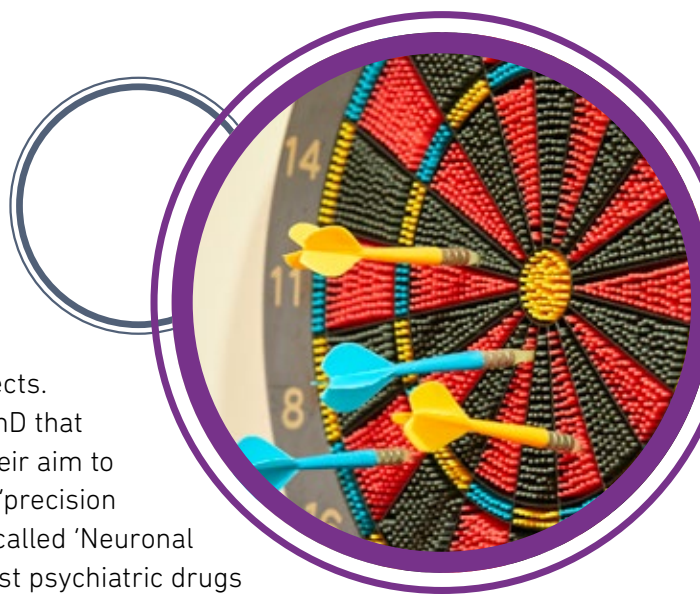
Collaborations in these areas have delivered some exciting projects. As a flavour of the research we are involved in, is a co-funded PhD that has generated the 'Move More toolkit', which supports staff in their aim to get patients to be more physically active. In contrast and on the "precision medicine" front, we received an Innovate-UK grant for a project called 'Neuronal Screening Platform for Improved Mental Health'. This looks to test psychiatric drugs on neuronal stem cells 'in a dish', rather than on a person in order to develop the next generation of more effective medicines.

Looking in-house, our Clinical Research Fellows are nearing the end of their secondments, and the two unique tools they are developing are taking shape. One is an assessment questionnaire for use during the admission process that is aimed at improving the sexual health of the young people coming into our care. At the other end of the age spectrum, the second tool has been developed to facilitate the co-production of care plans with our patients living with dementia. Both endeavours have been enriched by the support and involvement from external partners, such as The Alzheimer's Society.

We now have 42 projects in our current portfolio. This is made up of 28 research projects, seven service evaluations and seven innovation/service development projects. We have initiated some new and exciting research programmes, which although at an early stage, have the potential to create a step change in the treatment of severe mental illness.

Building external relationships and partnerships across a range of mental health institutions and organisations will be critical to our success. Of the 28 research projects, we are collaborating with 15 UK universities and a number of mental health charities. We aim to promote a positive, research active culture across our care teams. Being research active will not only bring benefits to our patients, it will encourage and support the best clinical staff and enhance the reputation of the Charity.

This year 262 of our patients were recruited to take part in research and service evaluation projects; additionally over 975 patient records were used to generate anonymous data for six projects. Over 730 members of staff also took part in various research projects; this included completing questionnaires, surveys and face-to-face interviews.








Research data for the Quality Account 1 April 2022 – 31 March 2023:

ARTICLES AND BOOK CHAPTERS		
Published Articles	Accepted for Publication	Book Chapters
25	2	1

CONFERENCE ATTENDANCE	
Oral Presentation	Poster Presentation
9	16

PATIENT PARTICIPATION IN RESEARCH STUDIES							
Medium Secure	Low Secure Locked Rehabilitation	Community Partnerships	CAMHS	Neuro	LD/ASD	Essex	B'ham
56	20	15	3	91	39	3	35

Affiliations

- > Imperial College London
- > University College London
- > London South Bank University 
- > Loughborough University 
- > University of Birmingham
- > University of Buckingham 
- > University of Kent 
- > University of Nottingham
- > University of Warwick
- > University of York
- > MeOmics  - innovative start-up company, recently spun out of Cardiff University, which is developing a platform to improve the process for identifying new mental healthcare drug therapies.



Indicates Memorandum of Understanding (MOU)

Universities involved in research/innovation/service evaluation projects at St Andrew's

- > Loughborough University
- > Nottingham Trent University
- > Teesside University
- > The Open University
- > University College London
- > University of Bath
- > University of Birmingham
- > University of Brighton
- > University of Cardiff
- > University of Central Lancashire (UCLAN)
- > University of Derby
- > University of Kent
- > University of Nottingham
- > University of Roehampton
- > University of West England.

REF NO.	SHORT TITLE	START DATE	END DATE	PGR	STATUS	PROJECT TYPE	SHORT DESCRIPTION	DIVISION	PARTNERSHIPS
13	Exploring Perceptions	05/05/16	30/05/22 (overrun)	PhD	Complete- awaiting report	Research	Exploring perceptions of public and private space within forensic mental health accommodation	LSSR Medium Secure	London Southbank University (LSBU)
72	Exploring Seclusion	01/06/17	01/07/22 (overrun)	PhD	Complete	Research	Exploring seclusion and the experiences of women with learning disabilities within secure forensic services in the UK	ASD/LD	Birmingham City University
127	VR and Social Avoidance	19/12/19	27/01/23	No	Complete – awaiting report	Research	Virtual Reality and social avoidance: an exploratory study of acceptance, feasibility and preliminary effectiveness	CAMHS Medium Secure ASD/LD Birmingham	Oxford VR
130	Sleep Quality	01/10/19	01/12/22 (overrun)	PhD	Complete – awaiting report	Research	A stakeholder informed intermittent physical activity intervention, aimed at improving sleep quality in psychiatric patients	Medium Secure LSSR	Loughborough University
144	EMS study	01/05/19	08/11/22	DClin	Complete	Research	The mediating effects of Early Maladaptive Schemas on the relationship between childhood trauma and offending behaviour	Community Partnerships	University of Nottingham
149	Servant Leadership	24/02/20	12/01/23	DClin	Complete	Research	Servant Leadership and Psychological Well-Being: The mediating role of Worklife	Charity-wide	University of Birmingham
152	Psychiatric disorders in HD	03/03/20	15/07/22 (overrun)	MSc	Complete – awaiting report	Research	Psychiatric disorders in Huntington's Disease patients admitted to Psychiatric Inpatient Units: Prevalence and impact on length of stay	Neuro	University of Birmingham
162	Pathways to emotional outbursts	05/07/21	03/01/22 (overrun)	DClin	In write-up	Research	Pathways to emotional outburst in a forensic ASD population within an inpatient setting	ASD/LD	University of Birmingham
177	Impact of Video Remote Interpreting	23/11/20	30/08/22	No	Complete	Service Evaluation	Video Remote Interpreting in a medium secure psychiatric setting: deaf patients experience of video remote interpreting in St Andrew's Healthcare during the COVID-19 lockdown	Medium Secure	
181	Why are we stuck in hospital?	11/05/21	05/01/23	No	Complete -awaiting report	Research	Why are we stuck in hospital? Understanding service user, family and staff perspectives when transforming care for people with learning disabilities and/or autism	ASD/LD	University of Birmingham
184	PSW experience transition	16/02/21	13/05/22	No	Complete	Service Evaluation	Transition from secure care: peer support workers' experience	Medium Secure	
186	Creative Ability and Violence	02/03/21	31/05/22	No	Complete	Research	Levels of creative ability and violence: understanding the relationship in secure settings	LSSR Medium Secure B'ham	
197	Suicide Risk Probation	01/04/21	01/06/22	DClin	In Write-up	Research	Risk factors for suicide within men under probation supervision: can we predict the likelihood of acting on suicidal ideation?	Community Partnerships	University of Nottingham
203	Genetic testing – Clozapine	09/07/21	01/10/22 (overrun)	No	Complete	Research	Genetic Testing for the use of clozapine	Medium Secure LSSR	Psychiatric Genetic Testing (PGT)
207	Patient pathways in brain injury services	03/09/21	26/05/22 (overrun)	No	Complete - awaiting report	Research	A qualitative study exploring the patient pathways in secure brain injury services	Medium Secure	Lancashire and South Cumbria NHSFT
208	Prevalence and Clinical Impact of Moral Injury	14/09/21	05/07/22	DClin	Complete	Research	The prevalence and clinical impact of Moral Injury in a UK Secure Care Population	Medium Secure SSR B'ham Essex	University of Birmingham
210	Snr leaders experience of COVID-19 pandemic	01/10/21	01/08/22	No	In Write-up	Innovation / Service Development	Experiences of senior leaders in healthcare during the COVID-19 pandemic	Charity-wide	
212	MI experiences of healthcare workers	03/01/22	03/10/22	PhD	Complete	Research	Exploring the potentially morally injurious experiences of healthcare workers in forensic mental health settings: A Delphi Survey	Charity-wide	University of Central Lancashire (UCLAN)

REF NO.	SHORT TITLE	START DATE	END DATE	PGR	STATUS	PROJECT TYPE	SHORT DESCRIPTION	DIVISION	PARTNERSHIPS
214	VBR exploration	24/01/22	21/09/22	No	Complete	Research	An exploration of 'Values Based Recruitment' (VBR) at St Andrew's Healthcare: right people, right values, right roles	Charity-wide	
216	Exploring Hearing Therapists	13/01/22	01/04/22	DClin	Complete - awaiting report	Research	Exploring the relationship between Hearing Therapists and Deaf clients	Medium Secure	Teesside University
219	HCR-20 quality assessment	01/03/22	30/05/22	DClin	Complete	Service Evaluation	Quality assessment of HCR-20v3 in a low secure forensic psychiatric service	Birmingham	
221	Evidencing personalised care	08/03/22	08/05/22	MSc	Complete	Service Evaluation	Evidencing personalised Care: What are the challenges to patients co-producing care plans and goal setting with Neuropsychiatry patients	Neuro	
222	Vets physical health impact	08/04/22	30/09/22	MSc	Complete	Service Evaluation	Veterans' physical health impact on engagement in psychological therapy	Community Partnerships	
225	Neuro Non-Pharma Effectiveness	01/05/22	01/09/22	No	Complete	Service Evaluation	Effectiveness of non-pharmaceutical psychosocial interventions in inpatient neuropsychiatric older adult care: A consideration of clinical outcomes	Neuro	
227	Nursing clinical supervision	14/07/22	03/2/23	DClin	Complete-awaiting report	Service Evaluation	A service evaluation investigating the adherence to, and engagement in, monthly clinical supervision for qualified and non-qualified nursing staff in a women's low secure forensic psychiatric service	Birmingham	University of Birmingham
229	Obesity & Least Restrictive Practice	01/09/22	06/01/23	MSc	Complete	Research	Staff's understanding of the role of least restrictive practice in development of obesity in psychiatric inpatients	Birmingham	Birmingham City University
230	Impact of Hormones - CAMHS	08/08/22	01/10/22 (overrun)	MSc	In write-up	Research	An exploration of the perspectives of different healthcare professionals (HCPs) on the impact of hormones and hormone treatments on the mental health of young people	CAMHS	University College London
232	Recovery Themes and quality of care	04/10/22	08/10/22	MSc	Complete	Research	A qualitative study of recovery themes in patient feedback as a measure of quality of care during staff shortages, and their relationship to patient outcomes	LSSR Medium Secure B'ham Essex	Henley Business School

Goals agreed with commissioners

CQUIN

A proportion of St Andrew's Healthcare's income during Q1-Q4 was conditional on achieving quality improvement and innovation goals agreed between St Andrew's Healthcare and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

During Q1-Q4 there were 2 CAMHS CQUINS:

- > PSS6 – Delivery of formulations or review within 6 weeks of admission
- > PSS7 – Supporting Quality improvement in the use of restrictive practice.

We have fully achieved the 1.25% in Q1-Q3 and are on track for Q4 achievement.



> 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 CQC has issued our Essex service with two warning notices during the financial year. This was following an inspection in June 2022. The notices covered; a lack of call alarms in bedrooms; access to resuscitation equipment; timely exits from seclusion; following policies and procedures in relation to enhanced support. We acknowledge that in these areas in the Essex service, we have some way to go to consistently deliver the quality of care our patients deserve. The CQC carried out a re-inspection of the Essex in March 2023, and we are awaiting the updated ratings and report.

	INSPECTION DATE	 SAFE	 EFFECTIVE	 CARING	 RESPONSIVE	 WELL-LED	 OVERALL
St Andrew's Healthcare	January 2020	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
Women's	April 2022	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Men's	October 2022	Requires Improvement	Insufficient evidence to rate	Insufficient evidence to rate	Good	Requires Improvement	Requires Improvement
Neuro	October 2022	Requires Improvement	Insufficient evidence to rate	Good	Good	Requires Improvement	Requires Improvement
CAMHS	September/October 2020	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
Birmingham	June 2018	Requires Improvement	Good	Good	Outstanding	Good	Good
Essex	June 2022	Inadequate	Inadequate	Requires Improvement	Requires Improvement	Requires Improvement	Inadequate
Winslow	September 2021	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Broom	January 2023	Good	Good	Good	Good	Good	Good
Community Partnerships	December 2021	Requires Improvement	Good	Good	Good	Good	Good

During the year, the CQC carried out five inspections with regard to the fundamental standards. These were at our Community service based at Broom Cottage, Men's service at Northampton, Women's service at Northampton, Neuropsychiatry services at Northampton, and our services in Essex.

St Andrew's has the following conditions on registration, which we have applied to remove, as all of the conditions have been met consistently and new processes and procedures put in place to ensure concerns have been addressed. We are currently awaiting a decision from the CQC.

CQC Registered Location: Northampton

Conditions on Registration:

1. The Registered Provider must ensure that the wards listed in paragraph 1 (Meadow, Marsh, Fern, Hawkins, Sunley, Acorn Church, Oak, Ashby, Upper Harlestone, Naseby, Bracken, Maple, Willow) have sufficient numbers of suitably qualified, competent, skilled and experienced persons deployed, as assessed by the Registered Provider in order to meet service users' needs and to undertake service users' observations as prescribed.
 - (a) Commencing from Friday 3 September 2021 and thereafter on a fortnightly basis, the Registered Provider must provide the Commission with details for the previous two weeks as to when required staff numbers have not been achieved, the reasons for this and the steps they took to mitigate risks arising from this. This shall include all wards listed in paragraph 1.
 - (b) By 17:00 on Friday 3 September 2021 and thereafter on a fortnightly basis, the Registered Provider must report to the Commission relating to section 17 leave, including prescribed levels vs. hours taken.
2. (a) The Registered Provider must ensure individual service users' observation levels are reviewed as and when their individual circumstances require, and no less than once per month. This shall include all wards listed in paragraph 1.
 - (b) Commencing from Friday 3 September 2021, the Registered Provider must ensure that service users are observed in accordance with the review undertaken under (a) and any subsequent reviews undertaken. This shall include all wards listed in paragraph 1.
3. (a) The Registered Provider must ensure that staff undertaking observations on the wards listed in paragraph 1 do so in line with the provider's engagement and observation policy and protocol.
 - (b) Commencing from Friday 3 September 2021 and on a fortnightly basis, the Registered Provider must carry out audits on observations and report to the Commission on these audits within three working days of the audits taking place. This shall include all wards listed in paragraph 1.
4. (a) The Registered Provider must ensure any identified training from the learning needs analysis is completed by Monday 20 December 2021.
 - (b) Commencing from Friday 3 September 2021 and thereafter on a fortnightly basis, the provider must ensure audits are carried out to ensure incidents are being recorded and match what is contained in progress notes and report to the Commission on these audits within three working days of the audits taking place. This shall include all wards listed in paragraph 1.

Following the CQC inspection of the Northampton Women's services in April 2022 and the Men's services in June 2022, the Charity's Men's and Women's services have been rated 'Requires Improvement'. This was an improvement for the Women's service and although not a rating change for the Men's service, significant improvements were noted by the inspection team. The improvements followed a comprehensive quality improvement programme that was implemented with support from members of the East Midlands Alliance and led by Northamptonshire Healthcare NHS Foundation Trust.

The Men's service were inspected in October 2022 and whilst they did not review all the domains, the CQC noted an improvement in the Responsive domain, rating it good. This reflected the work that had been carried out with the Northamptonshire Healthcare NHS Foundation Trust.

Broom Cottage was inspected in January 2023 and we were pleased to maintain a "Good" rating across the board. The CQC highlighted that the Registered Manager had identified areas for improvement to promote people having a fulfilling and meaningful everyday life and that those working at Broom supported the improvement plan to ensure people's wishes, needs and rights were the focus of everything they did.

A responsive CQC inspection was undertaken in October 2022 in our Neuropsychiatry service following concerns about the safety and quality of services on one ward. The concerns raised in the report were around the leadership on one ward, and qualified staffing levels being below the required numbers. However the report also acknowledged that while nursing shifts had not started with the planned number of staff, managers filled gaps with known bank staff to bring staffing levels up to safe numbers. They also noted that there are now improved pay and conditions for staff, and measures had been put in place to address both recruitment and retention of staff.

Whilst recognising significant improvements have been made, we are not delivering the services consistently in a manner we strive for. As such and to support the ongoing improvements required, a new Quality Strategy has been agreed. This is being implemented with a focus on: workforce capacity and capability; strengthened clinical governance processes and procedures; patient safety and the implementation of the new national PSIRF ; and the embedding of the Co-production Strategy to increase the involvement of patients and carers in all that we do.

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

Actions arising from all CQC inspections are monitored via a bi-weekly Improvement Meeting and in-turn through the Quality Safety Group, Quality and Safety Committee and the Charity Executive Committee.

Data Quality

St Andrew's has invested significantly in our capability to produce meaningful data to support our staff in the work that they do. This includes a number of dashboards which display clinical data such as outcome measures, physical health parameters, and safety data among others, as well as operational dashboards supporting the effective deployment of staff across the clinical Divisions. The information and data is presented in a way that can support decision making while ensuring the appropriate Information Governance processes are followed and that data is kept secure. Where applicable, our datasets are visualised using Statistical Process Control methodology as advocated by the NHS. Good quality information underpins the effective delivery of patient care and is essential if improvements in the quality of care are to be made. Improving data quality will thus improve patient care and improve value for money.



NHS Number and General Medical Practice Code Validity

Aligned to other Mental Health service providers, St Andrew's does not submit records for inclusion in the Hospital Episode Statistics. 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 NHS providers need to provide information security and protection assurances to the NHS on an annual basis. These assurances are provided through completion of an online assessment tool, the NHS Data Security and Protection Toolkit (DSPT). As part of the Charity's contract with NHS England, the Charity is required to meet a 'Standards Met' compliance status. The Charity met this requirement in June 2022.

Clinical Coding Error Rate

St Andrew's Healthcare was not subject to the Payment by Results clinical coding audit between 1 April 2023 and 31 March 2023 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 of the core indicators that are applicable to St Andrew's.

INDICATOR	MEASURE	2021/22	2022/23	
The percentage of patients aged:	(i) 0-15	Percentage	0%	0%
	(ii) 16 or over	Percentage	0.27%	0.68%
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.				
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	25,464	22,111	
Patient safety incidents that resulted in severe harm or death	Number (%)	13 (0.05%)	22 (0.099%)	

There were three readmissions to report for the period of 1 April 2022 to 31 March 2023 – all from our PICU wards. Our PICU services provide tailored treatment programmes that are developed to recognise individual need. All of our PICUs are members of the National Association of Psychiatric Intensive Care and low secure Units (NAPICU) and comply with their standards and admission criteria.

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

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

Patient Safety

The Charity remains committed to improving the quality of incident investigations and recommendations to support Charity-wide learning and improvement. We are currently developing our PSIRF strategy which includes training 30 senior staff as Engagement Leads and Response Leads. We will be working towards a systems based approach with the patients and their families at centre stage to inform learning. We have also appointed a Lead for Reducing Restrictive Practices and Patient Safety.

We have signed off our new Quality Strategy at the end of Q3 and implementation plans have been launched in Q4. In addition we have launched a new Surveillance model.

Serious Incidents

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

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

Throughout the investigation, we commit to being honest and transparent with service users and carers and involve them wherever possible. Our investigations seek to understand the root cause(s) of why the incident occurred and to share lessons learned to prevent or reduce the risk of reoccurrence.

The Charity is now working with our collaborative partners to implement the new National PSIRF. Currently, an implementation team is working through the plan for adoption in Autumn 2023.



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 next of kin in investigations. The Charity's policy outlines Duty of Candour compliance in line with national regulatory and standard contract requirements. All Duty of Candour letters are approved by the Responsible Clinician prior to submission, and in all incidents where unexpected death occurs the Carer Engagement and Family Liaison Lead will provide dedicated independent support to families and carers. As well as offering support and advice to the ward teams in the appropriate engagement needed by families.

Mortality Review & Learning from Mortality Reviews

All expected deaths were subject to the mortality review process, using a structured judgement review tool. Serious Incident investigations, using root cause analysis methodology were undertaken where the death was unexpected or where it was felt that it was possible to gain more in depth Charity learning.

During April 2022 – March 2023, 17 St Andrew's patients died and mortality reviews have been completed for these patients and discussed at the Mortality Surveillance Group (MSG meetings).

The following table provides further detail on the deaths that occurred during the year:

PATIENT DEATHS RECORDED FROM 1 APRIL 2022 – 31 MARCH 2023	
Q1 (April, May, June)	1
Q2 (July, August, September)	1
Q3 (October, November, December)	8
Q4 (January, February, March)	7



The review process identifies opportunities for improvement and highlights areas of good practice.

Multiple examples of good/excellent care in all domains were evident in the majority of the reviews. There was good evidence of ongoing integrated care and active relationships with Advocacy services and external experts. There was evidence of supportive relationships with families, supported by positive feedback in majority of the reviews.

There is a focus on further improvements needed in terms of completing risk and capacity assessments for patients who persistently refuse physical health investigations and treatment. The Charity has developed robust plans to identify and manage patients with medication associated constipation. In addition the Charity will develop a system to record the administration of thickeners in fluids for individuals with dysphagia. There will also be a greater focus on the completion of Advance Care Planning and treatment escalation plans for patients, particularly those with increased frailty, multiple cardiac risk factors or those requiring admission to general hospital.

Safeguarding Annual Report

The total number of safeguarding incidents referred out to the relevant local authorities between 1 April 2022 and 31 March 2023 was 656. This identifies an almost stable rate of referrals when compared with the number of referrals for the same period in 2021/22 when the Charity referred out a total of 668 concerns (- 2%).

The key themes for safeguarding during this review period have been:

- > Concerns raised on night shifts including staff sleeping on shift
- > Concerns regarding closed cultures on some wards
- > Self-harm incidents whilst supported through enhanced support.

We recognise the importance of ensuring quality of care across a 24 hour period. Due to this we have implemented a rota system which ensures visibility from our senior nurses over a 24 hour period. This includes the introduction of our Quality Matrons.

Approximately 59% of all referrals sent out were returned as needing no further action (NFA). This is an increase on the same period in 21/22 when the number of incidents assessed as NFA was 52%. An increase in the number of incidents assessed as NFA by the relevant Local Authorities evidences the quality of the action and safety plans put in place immediately by the teams looking after the patient(s) involved.

Northampton Adult Services are required to submit completed reports within 28 working days as per the Care Act requirements. In addition regional sites are not required to complete section 42 investigations as they are completed by the local authority themselves. A revised extension request template has been devised and agreed with WNC which will place the onus on Divisional managers to ensure the criteria for all extension requests are met.

The quality of completed reports has significantly improved as the assurance system reviews all reports and gives feedback for improvements before submission to Northants ICB. The Charity has received positive partner feedback in regards to the improvements made in report quality.

Regular monthly meetings continue with both West Northamptonshire Council and Northants ICB to review and discuss any concerns within the Charity and any themes arising. These meetings are positive and productive and have encouraged increased partnership working with our external safeguarding partners. Links with external partners in the regional sites have continued to be strengthened and monthly meetings have occurred with external colleagues in Birmingham and Essex to discuss and review current safeguarding themes and issues.

A number of Northamptonshire safeguarding Adult Board (NSAB) related audits have been completed throughout the year as per collaborative guidelines and expectations. The outcomes of these audits have evidenced an improvement by the Charity to involve patients and carers/families in safeguarding investigations. The Charity continues to develop and strengthen ways of working to ensure patient and carer involvement is central to the process.

Information Governance

Compliance with the Data Protection Act

The Charity processes large amounts of personal and sensitive data about our patients and our staff, and also about carers, volunteers, and others. 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.

In the period concerned, we have introduced a layered approach to how we advise people how their personal information will be used. An easy read version of the Patient and Service User Privacy Notice has been created and we have also created a patient leaflet which has been distributed to the wards.



We have developed a Privacy by Design and Default Procedure and framework enforces that ensure privacy and data protection are embedded throughout the entire life cycle of technologies, from the early design stage through deployment, use and disposal.

We have also developed a centralised list of all suppliers that process personal data on the Charity's behalf. Previously, this information was held by a number of teams and there was no standardised process in collating and holding the data processing agreement. The Information Governance Team is now keeping all data processing agreements and evidence items in one place, which helps us to demonstrate our accountability requirements. We have developed a third party Information Governance Procedure which has gone out to all key contacts so they know what to do if they are thinking about working with a supplier or third party that will process personal data on behalf of the Charity.

The Information Governance Team is currently working on the updating of key documentation which is required for the 2022/23 toolkit submission which is due at the end of June 2023. An internal audit on some key requirements is currently being conducted to identify any areas which require further care and attention to ensure we maintain a 'Standards Met' position.

Subject Access Requests and information requests

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

A new Disclosure Requests Co-ordinator joined the Health Records Team in August 2022.

Internal Audit Team

The Internal Audit Team completed seven assignments on key clinical and quality processes (these are listed in the table below). The Internal Audit Team provides assurance on the effectiveness of risk management activities performed by the Charity's first and second lines of defence, which have a direct impact on the quality of care provided to our patients. Recommendations from internal audits are monitored and followed-up with management. The progress against completion of the actions is overseen by the Executive Committee and Audit and Risk Committee. The review of the 2021/22 Quality Account was focused on the National Core Indicators and mandatory sections.

COMPLETED & PUBLISHED AUDITS BY THE INTERNAL AUDIT TEAM – 7
Quality Account (2021/22)
Safeguarding
Waste Management
Pre-employment Checks
Health and Safety
EPRR
CQC Quality Improvement Plan

Clinical Peer Reviews

The Clinical Peer Review (CPR) process is facilitated by the Clinical Audit and Assurance Team. Clinical Peer Review is a process where clinicians review the clinical practice of their peer group using a set tool, with the aim of providing a supportive and collaborative approach to identify areas of improvement and also highlight areas of good practice.

In 2022/23, 43 CPRs were completed and covered 185 patients' records. The CPR recommendations are addressed at ward level – 38 out of 43 actions plans have now been closed, and five action plans are in the process of being addressed.

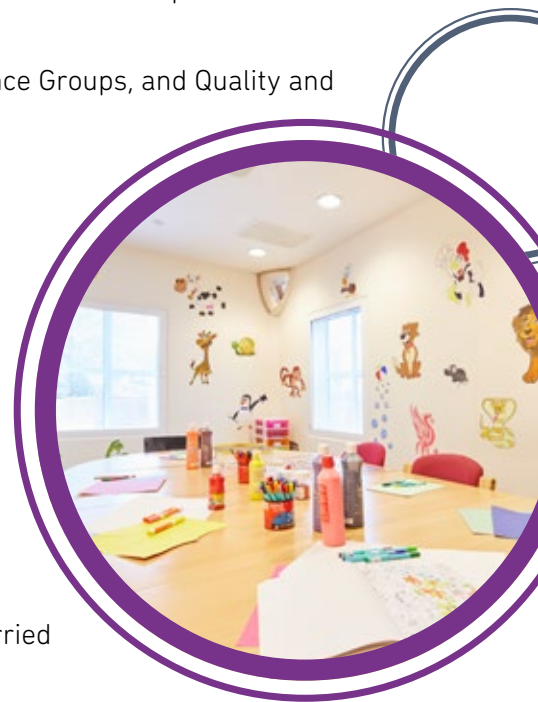
The CPR results are analysed and reported to the Divisional Clinical Governance Groups, and Quality and Safety Group.

Examples of good practice highlighted by the CPRs in 2022/23:

- > Patient needs being covered sufficiently by the care plan
- > Care plan update meetings documented within the required timeframe
- > Documenting the patient attending ward rounds or a reason for not attending given
- > T2/T3 in the Electronic Prescription and Medication Administration System
- > ECG having been carried out within the last 12 months.

Examples of areas for improvement:

- > Clearer documentation of capacity assessment for medication being carried out
- > Completion of the GASS (psychotic side effect assessment) documentation
- > Evidence of documentation of a follow up being attempted where the patient initially refused a GASS, ECG or blood test
- > Additional care plans being in date and relevant.



NHSE Specialised Services Quality Dashboard

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

NHSE Specialised Services

Specialised services are those provided in relatively few hospitals, accessed by comparatively small numbers of patients but with catchment populations of usually more than one million. These services tend to be located in specialised hospitals such as St Andrew's. As a part of the contractual arrangements with NHS England, St Andrew's works to provide its services in accordance with the service specifications. Staff from St Andrew's meet with colleagues from NHS England Specialised Services on a quarterly basis to scrutinise contractual achievement. St Andrew's is also required to make an annual self-declaration with the Quality Surveillance Team 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 Whistleblowing and Freedom to Speak Up Procedure. This is supported by a designated Non-Executive Director for whistleblowing and oversight from a risk and assurance perspective by the Audit and Risk Committee, who then provide an update to the Board of Directors. The primary methods to raise concerns are via individual line managers, our Freedom to Speak up Guardians and Safecall - an external, independent whistleblowing service, with all cases raised being investigated internally.

The Freedom to Speak Up Guardian Team, introduced in 2019, currently consists of one Lead Guardian and five individuals, from different professional backgrounds, who work across the Charity. The Guardians provide confidential advice and support to employees about any concerns they have about risks, malpractice or wrongdoing in the workplace. As a team, they have been actively working to continue to raise the profile of 'speaking up' through raising awareness of the service, as well as sharing the learning from themes raised. The Lead Guardian has had particular success through her night visits engaging with night staff to understand concerns. The Lead Guardian meets with the Chief Executive Officer once a month to discuss key themes.

Staff Summary

Changing our culture

In Autumn 2021, St Andrew's began working with a number of NHS Trusts in the East Midlands to improve our quality of care in the wake of disappointing feedback from the CQC.

One of the key 'work streams' within this buddy programme was to create a Culture of Patient Safety and High Quality Care. We have worked particularly closely with Leicester Partnership NHS Trust, an organisation which has successfully addressed cultural issues and improved CQC ratings in the past few years. A key step for Leicester Partnership NHS Trust was to assess its culture via a detailed staff questionnaire, and it was agreed that a similar survey would benefit St Andrew's.

Details of the Culture Survey

The Culture Survey was designed to identify our cultural strengths and weaknesses.

The survey consisted of over 45 questions focusing on key cultural themes, gauging how much or how little staff agreed or disagreed with a wide-ranging set of statements about our culture.

It was an anonymous, online survey open to all staff including WorkChoice (bank) employees. Letters with a link were also sent to employees on parental leave or long term sick leave.

The results have since formed part of the data being assessed by our Lead the Change programme, identifying achievable ways for St Andrew's to change for the better.

For information, our annual Your Voice survey was pushed back to avoid 'survey fatigue' among staff. Our plan now is to do a shorter Your Voice survey this Autumn (2023) to gauge people's opinions of the Charity.

A further Culture Survey will take place in Spring 2024.



Response rate

More than 1,400 staff completed the survey. 46% of all permanent staff responded to the Culture Survey, or 42% if you include our WorkChoice staff.



Immediate actions

In response to feedback from the survey, and from our regulators, we have recently launched The Thrive Programme. The programme consists of a series of transformation projects running over the course of the next year which aim to unlock our potential and enable us to reach our bright future. The main focus of the Thrive Programme is to invest in our frontline clinical services and help us deliver high-quality care, consistently.

Following feedback, we have already made some changes to our Long Service events and CARE Awards, by improving food, providing entertainment and involving patient and service users.



We are pleased to see that we have recently achieved record numbers of nominations for Annual Awards process, which has reached over 1,000 nominations.

We have listened to feedback from our Essex and Birmingham hospital staff, and are shortly launching Long Service and CARE Award events at our regional sites to ensure that all staff feel a part of our Charity.



We know that a thank you can go a long way, and we recently developed some thank you cards which were distributed to line managers across the Charity. Managers are encouraged to write a handwritten note of thanks to their teams so they feel valued for the hard work they do.

The detailed findings of the Culture Survey have been explored by the Lead the Change Team to identify further themes and opportunities to drive positive change. We hope that the changes we are making will lead to more positive results in our next survey, providing us with analytical data which we can build upon year on year.

Learning from feedback

As an Charity, we are keen to learn from feedback and we have various mechanisms through which we hear what our stakeholders have to say about our care. One of the most important sources of feedback is from our complaints where we are able to understand the challenges our patients and others face while accessing care and this provides opportunities for us to improve the quality of our services and the experience of individuals receiving care at or from St Andrew's. The following provides specific detail regarding complaints, with further detail regarding the formal compliments received available in Section 4.

Learning from Feedback

Between 1 April 2022 and 31 March 2023, 159 complaints were logged with PALS (Patient Advice and Liaison Service) and Complaints. This is noted to be significantly fewer complaints than last year (72% reduction). This year focused on aligning complaints processes to the NHS Complaints Standards. The transition of which may have caused a delay in response times, as active complaints timeframes were adapted to meet the needs of the investigations. Staff capacity and resources, within Divisions, during this period also resulted in delaying complaint responses.

OVERALL NUMBER OF COMPLAINTS RECEIVED APRIL 2023 – MARCH 2023	159
Percentage of complaints responded to within 30 days	26%
Percentage of complaints responded to within 60 days (but over 30 days)	32%
Collective percentage within 60 days	58%
Percentage of complaints responded to after 60 days	42%
Number of complaints received via PHSO	0
Most common theme of complaints this year	Staff attitude and behaviour
Most common theme of lesson learnt this year	Issues with communication
Most common complainant and source this year	Patient direct to PALS and Complaints
Most common theme of compliments this year	Overall quality of care

People continued to contact 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 telephone.

We recognise that our patients, service users, families, carers and external professionals have a range of experiences of working with and using the PALS and Complaints services. It is their feedback that is vital in ensuring that the Charity continuously improves, promotes best practice and learns from lessons where the Charity may have fallen short of expectations.

2023-2024 will see changes being implemented to operational structures. New roles and responsibilities for PALS and Complaints will be added at a Divisional level rather than this service being entirely centralised. This structural change will aim to improve response times and strengthen patient and carer relationships and experiences going forward. In conjunction with these changes, the new Patient and Carer Experience Strategy will be drafted with a view to be implemented in 2023/24.

This year (April 2022 - March 2023), the feedback from complaints highlighted that there is a need to ensure improvements in regards to staff behaviour and attitude as well as maintaining and improving communication. This was followed by issues relating to staff availability and the impact this had on/for patients. In addition to ensuring Divisional accountability for complaints and patient and carer experience, the following have been actioned in response to feedback:

- ✓ Increased staffing and capacity at ward/Divisional level
- ✓ Targeted safeguarding training
- ✓ Improvements to other specific staff training in relation to patient need(s)
- ✓ Increased activity levels on the wards
- ✓ Building/estates improvements
- ✓ Development of menu options, including dietary intolerances
- ✓ Involvement in system-wide forums to share good practice and discuss common issues
- ✓ Tailoring complaints response times to align with the needs of the complaint
- ✓ Specific family/carers support and single points of contact.

Where feedback has been positive, continuity of this care and good practice is shared and exemplified across the Charity. Patients and carers continue to provide feedback at various Charity-wide patient groups (where patients meet and share experiences with senior and executive staff), internal and external Service User Reference Groups (SURG) and Divisional specific groups, such as carers' forums and community meetings.

Priorities for 2023-2024

The areas identified in response to patient and carer needs have informed the priorities for next year. These include:

1. A new Patient and Carer Experience Strategy
2. Complaints process mapping and training
3. Embedding co-production
4. Establishing an Expert by Experience advisory group
5. Reviewing the Complaints policy and procedure to reflect Divisional responsibilities.



Diversity and Inclusion

At St Andrew's Healthcare, we know that diversity is one of our greatest strengths, contributing positively to our success and, most importantly, to the care we provide for our patients. There is significant evidence that when diversity practices and trust co-exist in an organisation, it increases employee engagement, staff feel valued and their wellbeing improves. With the healthcare system undergoing a period of significant change, ensuring a culture of inclusion is critical to being successful.

Our Diversity and Inclusion Plan is focused on achieving our Guiding Principle, as defined within our overarching Our St Andrew's People Plan to 'respect difference and treat people as individuals'.

As a charity we take great pride in our diversity and inclusion initiatives and we are extremely proud of our results. We have a diverse workforce, where 64% of our staff are female and almost a quarter of our staff are from an Ethnic Minority background. A core pillar of our Diversity and Inclusion Plan is to ensure leadership diversity and we continue to make progress in this area. In 2022 we welcomed a new female Chief Executive Officer and Chief Operating Officer to the Board of Directors and Executive Committee. We continue to monitor both gender and ethnicity pay gaps, our latest Gender Pay Gap ratio is 2.7% (at 31 March 2022), significantly ahead of the national pay gap of 15.5%.

Inclusion projects

We have four established Employee Networks; PRIDE, DAWN (Disability and Wellbeing Network - covering physical disability, sensory, neurodiversity and mental health) UNITY and our WISH Network (Women in St Andrew's Healthcare). All Networks have an Executive level Sponsor and are led by two Co-Chairs who along with Network members raise awareness, promote inclusive practice and engage staff in a number of events throughout the year.

Key highlights this year included:

- > Our annual PRIDE walk with staff and patients
- > A Black History Month conference
- > Celebrating International Women's Day
- > Rolling out menopause guidance for managers alongside support forums for staff
- > Holding various events for Mental Health Awareness week.

During 2022/23 we appointed a Head of Patient Co-Production and Inclusion for a 12 month secondment focused on increasing the diversity data we have available for our patients, expanding the work of our Staff Networks to further support patients and relaunching our patient and manager anti-racism training.

We continue to see fantastic results from our Peer Support Worker programme, which brings people with lived experience of mental health recovery to support our patients. We also continue to offer tailored unconscious bias training to all of our staff ensuring they have the tools needed to challenge their own decision making and fully embrace diversity.

1 team,
80+
nationalities



We're a
globally diverse
team, working together to
improve patient lives

Quality and Safety Committee (QSC)

This Board Committee is chaired by a Clinical Non-Executive Director, Stephen Shrubbs, with three other Non-Executive Directors, Professor Stanton Newman, Ruth Bagley and Karen Turner holding Committee member positions, as well as three Executive Directors also on the Committee. Executive members include our Chief Nurse, Executive Medical Director and Chief Operating Officer. The QSC seeks assurance on all aspects of quality and clinical safety 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, as well as defining the Charity's Quality Strategy, and monitoring the implementation and delivery of it. The Committee meets bi-monthly, providing an escalation and assurance report to the Board following each meeting, and also oversees the clinical risk processes by identifying associated risks and providing recommendations for mitigating controls.



Section 3

Review of Quality
Performance

Review of 2022/23 previous quality priorities which were:

- > Development of Patient Reported Experience Measures
- > Full Implementation of Right Staff, Right Place, Right Time
- > Right Culture, Leadership and skills

Quality Priority 1:

“Development of Patient Reported Experience Measures”

Why did we choose this priority?

We recognised that a patient’s perception about their care is not decided by a single interaction, it is influenced by all touchpoints along their journey. Understanding patients’ perceptions of their health and experiences through their journey are key to providing excellent patient-centred care.

What did we achieve?

The Charity placed a focus on receiving patient feedback through a number of methods including; a regular Patient Reported Experience Measures survey (PREMS), which aims to capture patient feedback in real time to enable us to make improvements; Regular Community Meetings, Divisional Patient Forum meetings and Charity-wide meeting, BENS.

The My Voice survey consists of a few questions which patients can rate on a scale of 1-10 and can be completed on a tablet in just a few minutes. One question is free text and allows patients to have their say in their own words with all comments anonymised. Patients can complete the questions on a tablet themselves or share the answers with a team of support workers and volunteers to assist patients to complete it on their behalf.

PREMs has enabled us to systematically measure and understand the quality of our patients’ experience of care at St Andrew’s, with the results being taken seriously and action taken.

Another focus of this priority was to ensure patients were informed of what was going to happen each day. As a result of this all wards have developed an activity diary which identifies therapeutic activities occurring for the week.

Our Complaints team have focused on supporting the wards and Divisions to ensure that any complaints are investigated and responded to within our agreed timeframes. Actions and learning from these incidents are monitored through the relevant quality improvement plans and are shared at the Charity-wide Learning Lessons Group and monitored through the local governance structures including the Quality and Safety Groups and Quality and Safety Committee.

Next Steps?

Continue to embed the Quality Strategy with increased focus on patient involvement and monitoring of outcomes.

To further develop IT solutions to enable real time monitoring of therapeutic activity at patient level demonstrating actual outcomes for individual patients.



Quality Priority 2:

“Full Implementation of Right Staff, Right Place, Right Time”

Why did we choose this priority?

Putting people first is central to the delivery of high quality care that is safe, effective, caring and responsive. Ensuring that we have the right staff, with the right skills, in the right place at the right time is essential to delivering the high quality care we strive to deliver. This priority focussed on this triangulated approach to staffing rather than making judgements based solely on numbers or ratios of staff to patients.

What did we achieve?

A full nursing establishment review has been completed for all wards, across all Divisions. This review was completed in line with our own Safer Staffing Policy, and also National Quality Board Guidance. This is the first full nursing review we have completed of this kind, whereby each ward clinical team was fully engaged in review, and MHOST results were triangulated with quality/safety data and professional judgement.

We have an agreed establishment review template to provide consistency in how we approach these for all wards. This forms part of our Safer Staffing policy and procedure. This template will be used for all establishment reviews and ensure these discussions are well documented for evidence.

MHOST training was rolled out across Charity during the summer as planned with senior nursing leaders trained in the use of this tool across all Divisions and regional sites. This has improved our capability of using the tool with accuracy.

The Registered Professional percentage is set specifically for specific areas based on best practice and benchmarked wards. This has not been amended. Where our professional judgement has deviated in any way from this percentage, this is well documented.

As a Charity total, this review is proposing an increase in the total number of staff we have in the ward establishments, including qualified staff. This total increase recognises the levels of enhanced support, occupancy and acuity that the wards have been experiencing

A monthly staffing report is provided with a safer staffing report presented to the Board to give an overview and assurance on staffing across the Charity. Oversight of the Safer Staffing report is provided by the Quality and Safety Group and the Quality and Safety Committee who review it in detail ahead of Board review.

A new e-Rostering system has been launched providing a number of benefits:

- > Visibility: A clear view of all schedules across all wards
- > Consistency: Leave and absence will be managed through one system Charity-wide
- > Safety: Each ward will be able to quickly see if they have the right staff to match patient acuity
- > Fairness: Shifts, leave and training will be determined by pre-populated guidelines (not individuals)
- > No more ‘clocking in’: Instead, to record attendance managers will use an online ‘Attendance Manager’ feature in SafeCare.



All wards have an agreed model of care including therapeutic activity and therapy timetables. There is an ongoing project to support the electronic recording of this activity in such a manner to support reporting of provision and outcomes.

Next Steps?

Staffing workforce and patient acuity will continue to be measured in real time via IT solutions being implemented. They will be monitored through the weekly staffing report. The People Committee will look at recurrent themes, gaps and assurance of recommendations having been completed and embedded and if these have resulted in improvement.

Safer Staffing work will expand to include the staffing requirements for all clinical roles including Allied Health Professionals and admin support.

Quality Priority 3:

“Right Culture, Leadership and skills”

Why did we choose this priority?

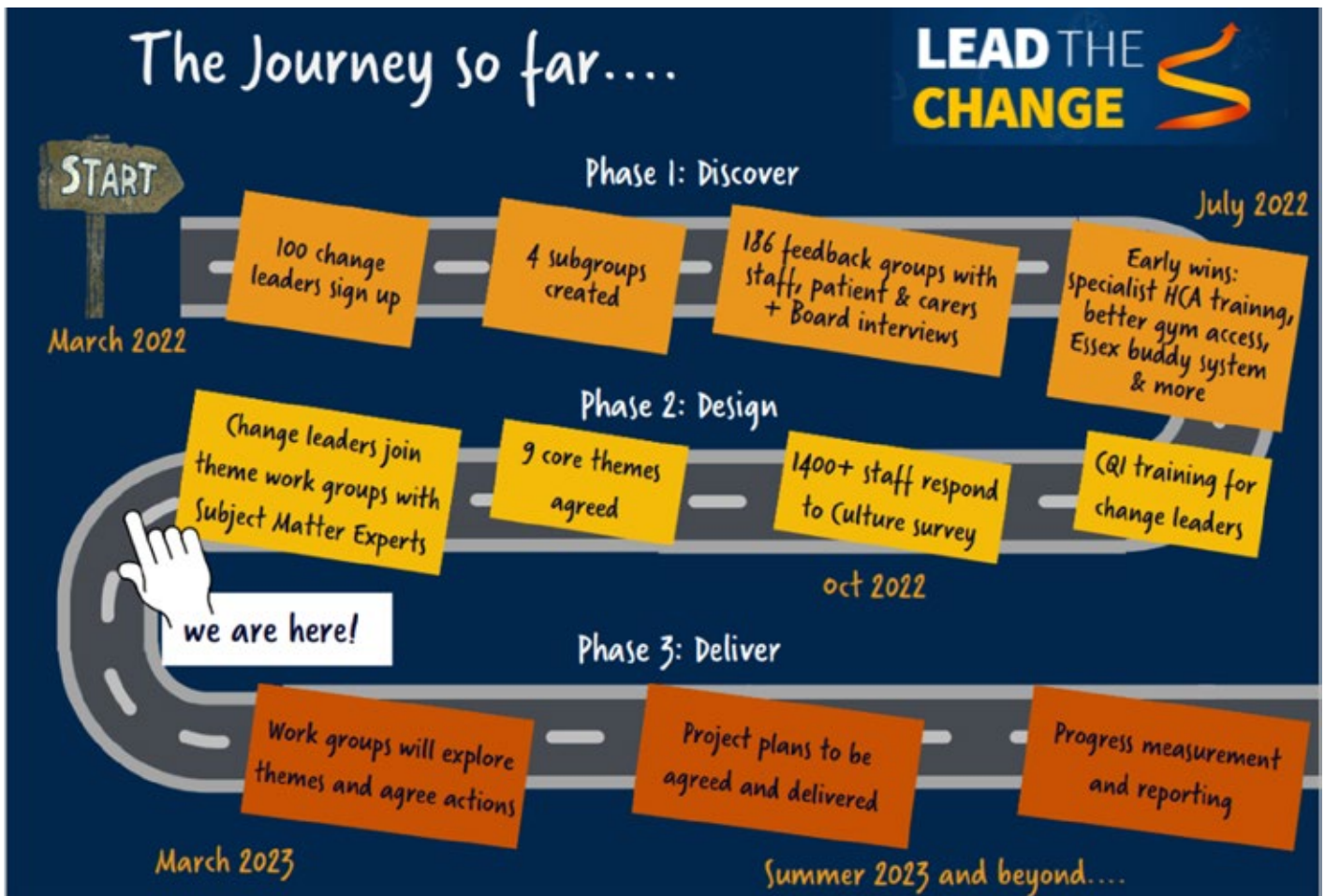
The most powerful factor influencing culture is leadership. This priority focused on creating a compassionate and inclusive culture, with positive and inclusive work environments where people want to come to work and deliver excellent care.

What did we achieve?

There are approximately 100 Change Leaders across the Charity who have over the course of the last year captured thoughts, feelings, ideas and the general consensus about life at St Andrew’s through discussion groups, reviewing Your Voice results, interviewing Board members, seeking patient and carer input and helping to deliver a Charity-wide Culture Survey. Change Leaders also completed Quality Improvement training sessions. Dedicated groups were set up to look at how the programme would work, including the Ways of Working for the whole team, and how to measure successful culture change.

The programme has completed phase one and two, which were focussed on discover, and design; collecting data, and establishing a number of workstreams to design the necessary projects to deliver change.





The themes identified were:

- > Patient care
- > Training, development and learning
- > Behaviours and values
- > Staffing
- > Wellbeing
- > Leadership
- > Retention
- > Recognition
- > Communication
- > Immediate actions.

During this programme a number of immediate actions have been successfully implemented which include:

- > Water coolers on every ward
- > Hand/foot massage training for ward staff to support patients.
- > Improving the tone of HR letters
- > Meal deals for staff in the cafes
- > Provision of yoga and other exercise classes
- > Staffing fill rates improved
- > Improvements in enhanced observation monitoring.

Next Steps?

The Change Leaders will work with the themes to design actions and programmes to drive positive change at St Andrew's.

> Involvement and feedback from Key Stakeholders

Healthwatch North and West Northamptonshire statement on St Andrew's Healthcare Draft Quality Account 2022/2023.

Healthwatch North and West Northamptonshire appreciates the honesty of this report and the target recommendations to improve things.

We are aware that CQC inspections have resulted in actions to improve the quality of services and that these are still ongoing. Some changes and improvements have been made; however, this report clearly shows there is still much more work to be done.

We note the emphasis on patients and giving them a voice and the development of the new Patient and Carer Experience Strategy, which we hope we will be consulted on and have an input into. We hope that this, and the other changes made, will improve how complaints are handled, that feedback is welcomed, and service improvements made. We are disappointed that the main reasons for complaints continue to be about poor staff attitude and behaviour.

We are pleased that there have been no 'never events' during this reporting period however we do note that with an overall decrease in patient safety incidents there has been an increase in patient safety incidents resulting in severe harm or death. St Andrew's may have missed an opportunity with the Serious Incident Group, by only having clinicians on it and not having service users, carers and /or a patient representative group as member.

With regard to safeguarding we note the introduction of Quality Matrons but it is unclear from the report what their remit is and how many of them there will be across the charity as a whole.

The THRIVE programme is a positive action going forward, staff should be thanked for doing a good job as recognition makes a real difference to staff morale and culture.

The ASPIRE Programme is commended; the 'grow your own' nurses idea is a positive way of considering and improving future staffing capacity.

Overall, there have been improvements since the last review, with changes being made in some areas, however this report clearly shows that there is still much more to work to do. The increased liaison with other service providers and partnership working is a positive move that will help support this.

We look forward to next year's report and wish you success with your goals.

Northamptonshire Integrated Care Board (ICB)

Thank you for providing us with the opportunity to comment on your annual quality account for 2022/23. Although not the lead commissioner the quality account has been reviewed by NHS Northamptonshire Integrated Care Board (ICB).

The quality account was reviewed whilst in draft format. The hospital has included details of some of the achievements against their three quality priorities for 2022/23. Where priorities haven't yet been achieved the hospital have included some information as to how they will continue to monitor progression against these.

The quality account clearly identifies why the hospital has chosen three priorities for 2023/24 and how they plan to improve. It was positive to see how the hospital has engaged with both patients and staff to develop these indicators. The hospital could strengthen the information included on how they will measure improvement and report on their progress.

The hospital has reported in an open and transparent way about the CQC inspections that have been undertaken. Improvements have occurred in year. The hospital may wish to review the information within the quality account in relation to not learning from deaths as details only include expected deaths and not all the national requirements have been covered. The hospital has included lots of additional information, above and beyond the requirements of a quality account including safeguarding, staff culture, complaints, and diversity.

NHS Northamptonshire Integrated Care Board safeguarding team have worked closely with the hospitals safeguarding team throughout 2022/23 to try to improve the quality of service provision. It would be useful for the hospital to include information about the work that has been undertaken with support from IMPACT provider collaborative.

NHS Northamptonshire Integrated Care Board supports the hospitals ambition to provide high quality standards of care for people who use their services.

Together Advocacy

Thank you very much for inviting us to contribute to St Andrew's Quality Accounts report. We have been contracted since 2021 to provide Advocacy services within the different hospital units at Northampton, Essex and Birmingham. We are fully committed to supporting the patients within these settings and we are very pleased to see that St Andrew's priorities for improvement have that focus too.

In particular:

Quality Priority 1 - Improve how we work in partnership with patients, families and carers

Our Advocacy service will continue to work with patients as well as providing family advocacy. We will be regularly visiting the patients to ensure good rapport and collate their views. Advocacy will continue to offer support at meetings and provide feedback, as and when necessary, to ensure that any actions are always patient-centred.

We are committed at maintaining positive working relationships with staff to ensure effective communication, which in turn benefits the patients. Our holistic approach will be 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 work particularly closely with family members due to patients often not being able to voice their own opinions.

This person-centred approach is provided daily, based on a long-term, trusting and mutually respectful relationship between the advocate and the individual being supported. In spending time with the individual, the advocate builds up a picture of their lifestyle, preferences and needs which is aided by the advocate's independence from service systems. The advocate is in a unique position to describe and, where necessary, represent the individual's views. In doing so the advocate is putting forward the individual's unique perspective, and as such is promoting a person-centred approach to service delivery and decision making.

Advocacy works in partnership with the carer engagement and family liaison team and will proactively communicate any areas for development should they arise, based on patient/family feedback.



Quality Priority 2 - Support and listen to staff

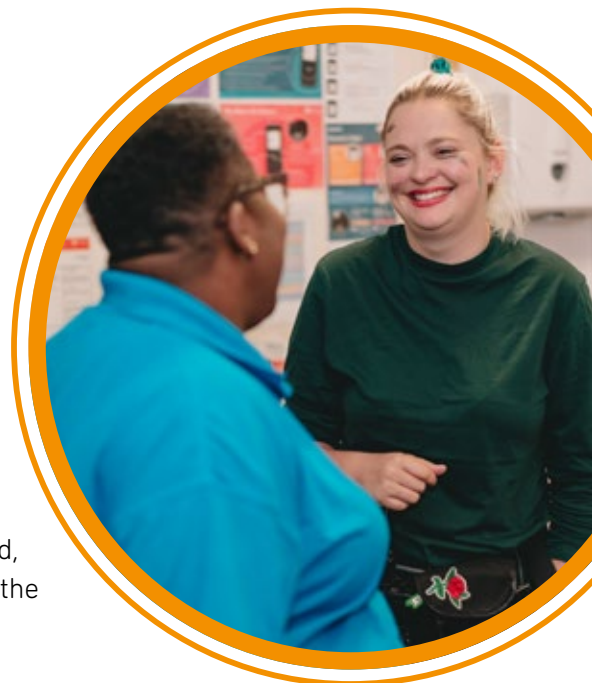
We will continue to regularly meet with the commissioners of our service and ensure regular feedback is maintained between both services, so that any improvements that are needed are implemented. We will also maintain our commitment in supporting and promoting our staff's wellbeing, through regular training and ongoing continual professional development. We will continue to improve the work of our teams and ensure the patient experience is ever evolving.

Quality Priority 3 - Embed our patient safety culture

We will remain a confidential and independent of St Andrew's Healthcare service, ensuring patients have a safe space to raise concerns/incidents relating to their care and treatment. We will continue to raise these concerns/incidents in an efficient and timely manner, supporting St Andrew's learning and allowing them to act in a timely manner to mitigate any risks.

We regularly meet 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 are looking forward to continuing working with you at St Andrew's and, again, as an independent provider we will remain committed in ensuring the patients are always at the centre of their support.



IMPACT

Ward/Divisional Quality: Wards have continued to engage with the regular case manager visits and the annual Quality Service Reviews (QSR's). Wards have always been welcoming and have engaged well with the reviews. We have seen some issues around oversight and monitoring of Quality Improvement Plans (QIP's) and completion of actions – but recognise this is an area of development for St Andrew's with their new Thrive programme and there are new governance systems being embedded to assist with that oversight.

Central Team: This team have been instrumental in helping to organise the annual quality service reviews. They have sent relevant data for these reviews and supported on the day with access to RiO notes and laptops etc. They also have played a big part in co-ordinating the response to the QSR's and submitting the QIP's to us which are submitted within anticipated timeframes.

Patient Safety Team: We have very regular engagement with the Patient Safety Team around the monitoring of Serious Incidents. The team are responsive and we have a good working relationship. We are aware that this responsibility for co-ordination of Serious Incidents will be moving to the Divisional leadership and there have been concerns raised about the responsiveness and timeliness of reports. We think there is work to do around moving towards the implementation of PSIRF and continued commissioner engagement/awareness of incidents and actions being taken.

Overall I think there is potential work for the future around working with the new Quality Matrons and General Managers to support and advise on quality improvement work and sharing best practice.

Section 4

St Andrew's Healthcare
Showcase

> Showcase

We are continuously transforming, and a number of changes have been implemented over the past year to improve the experience and outcomes for our patients and staff. Over the past year our inpatient services, community homes and community services have supported and cared for almost 3,500 people. More than 420 people have been positively discharged from our inpatient services, and over 50% have moved to lower levels of security, many stepping down to community services, closer to their home area.

The following section demonstrates some of the successes experienced over the past year.

Environmental impact

We recently published our Green Plan, which demonstrates our strong commitment to becoming a genuinely Green Charity.

We are proud to play our part in helping the environment, and supporting the Greener NHS programme. In just one year, the Charity has reduced its total emissions by 12%, 99% of the Charity's general waste was diverted from landfill, with over 30% being recycled. This adds up to a saving of more than 29 tonnes of CO2 through downstream emissions. This is not only helping us save money but crucially, helping the planet, too.

LightBulb Roadshow

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

Last year the College launched LightBulb, a mental wellness programme for schools, and during Children's Mental Health Week in February we took the programme on tour. We're proud to share that more than 3,000 children across Northamptonshire received some form of mental health awareness as part of our very first LightBulb Roadshow.

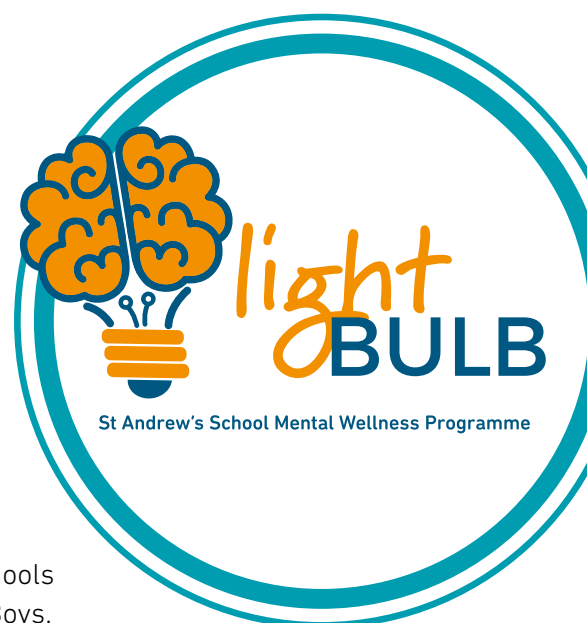
Throughout the week, our LightBulb Team delivered workshops, assemblies and mindfulness sessions to nine primary and secondary schools across the county, rounding off the week at the Northampton School for Boys.

Feedback from LightBulb Children's Mental Health Week 6-10 February 2023:

Barry Road School

Year 2 teacher: *"Please thank your staff for a wonderful day. The children and staff were so positive following on from the sessions. We will be adding wellbeing days in our last week of term on a more permanent basis."*
"Just to say, yoga was AMAZING! So calming and relaxing, for me too! It would be great to do this lots! The people showing us were fantastic!"

Year 2 Teacher: *"The children thoroughly enjoyed the yoga session, they were so calm and came out of the session feeling very positive. We will definitely be embedding mindfulness and yoga into the school day following on from this session"*



PSHE/RSE lead: "As a school we are currently on a journey to developing a wholeschool-approach to mental health and improving the wellbeing of our staff and pupils. We were very lucky to have the staff and teachers at St Andrew's Healthcare come and join us for our Whole School Wellbeing day. The staff provided engaging assemblies for our KS1 and KS2 pupils. Throughout the day the pupils had the opportunity to take part in yoga, emotion sessions and the opportunity to discuss the importance of looking after their mental health."

Pupil Feedback: "I didn't think I would like yoga, but it was really fun and I learnt how to do calm breathing, I could always use this if I needed to take some time out"

"I enjoyed the lesson, it helped me to think about my feelings. We talked about what we could do if we needed help with our emotions and how we could feel safe".

ASPIRE

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

Launched in March 2016, the ASPIRE programme has replaced the former nurse bursary scheme to help and support the career aspirations of our caring teams. Each year, we offer 20 staff members the opportunity to undertake their Nursing degree under our ASPIRE programme. The students each receive pastoral care and salary support while they undertake their BSc in Mental Health or Learning Disability Nursing. This support enables them to concentrate on their studies and be the best they can be as students.

There are currently over 60 St Andrew's people at various stages of their academic journey, and as of September 2022, 116 Aspire students had qualified as Registered Nurses and returned to our wards.

The Mental Health Safety Improvement Programme - Reducing Restrictive Practices (RRP)

Since August 2021, St Andrew's Healthcare has been participating in the Reducing Restrictive Practice (RRP) work stream. This is part of the Mental Health Safety Improvement Programme (MHSIP) delivered by the East Midlands Academic Health Science Network (EMAHSN) MHSIP and is one of NHS England National Patient Safety Improvement Programmes. The Charity's Executive Medical Director, Dr Sanjith Kamath, is the current Chair of the Patient Safety Network of the EMAHSN. The collaborative supports learning and improvement around reducing restrictive practices in the region.

At St Andrew's, three wards were identified to participate in this programme, namely:

- > Seacole (Child and Adolescent Mental Health Services),
- > Bracken (Medium Secure Mental Health- Women) and,
- > Fenwick (Neuropsychiatry Division).

The programme aims to see Seacole, Bracken and Fenwick wards reduce their use of restrictive practices (seclusion, physical restraint and rapid tranquilisation) by 20% by 31 October 2023.



Progress to date explained in terms of special cause and common cause variation

Seacole ward: From September 2022 to March 2023, there is common cause variation on all the three quality indicators.

Bracken ward: there is special cause variation improvement on the reduction in the use of rapid tranquilisation, the other two quality indicators show common cause variation to March 2023.

Fenwick ward: showed a special cause variation concern up to February 2023, however there is common cause variation in March 2023 on the use of rapid tranquilisation. Restraint and seclusion both showed common cause variation in March 2023.

Data collection and sharing of learning

- > The wards collect RRP data on Safety Crosses and this is submitted to EMAHSN via workbooks provided on a monthly basis, Statistical Process Control (SPC) charts are used to visually display the data to understand the variation in the system
- > Root cause analysis was facilitated for the wards by the Quality Matron and completed, results were used to create a driver diagram with change ideas for testing
- > There is continuous learning at every stage of the project, done internally and externally
- > Project progress is captured on LifeQI, with monthly updates at the St Andrew's Restrictive Practices Monitoring Group, CQI design huddles and CQI Forum via poster presentations (17 November 2022)
- > The three wards were supported by a Quality Matron to develop a poster that was successfully shared and celebrated on 21 March 2023 at the Mental Health Safety Improvement Programme Learning Event hosted by EMAHSN
- > The three wards also completed a RRP self-assessment checklist as required and this was submitted to EMAHSN in November 2022 and the Charity completed a similar RRP-assessment exercise on 3 February 2023, results also shared with EMAHSN
- > Regular updates are also done at the monthly RRP Community of Practice hosted by EMAHSN
- > With regards to service user and carer involvement, there is ongoing support to actively review the use of blanket restrictions which are now captured on the new least restrictive practice logs rolled out in February 2023 across the Charity
- > All the sensory items on Seacole ward-sensory room were chosen by the young people. This work is ongoing and will continue throughout the remainder of the year.

Future plans

Following a meeting with a representative from EMAHSN on 25 April 2023 that was attended by the Quality Matron and the three wards, the Charity was advised data collection will end at the end of October 2023. EMAHSN will write the final report including any learning from the data that was collected since the programme began in August 2021.



> What are our patients and carers saying?

We received 224 compliments throughout the year with the majority being in relation to 'Overall Quality of Care' Please find below some examples from the year April 2022 – March 2023.

Compliments:

Examples of compliments

I can't believe how much I have learnt and grown with your help and advice in such a short space of time, I will forever be grateful.

Carer, Relative or Friend, May 2022

I fully agree that the transition has gone smoothly; do please pass on our thanks to your team for their effective and helpful input at all times. After so long, it must be with some sadness that you and your colleagues are saying goodbye to SS. We at Symbiosis will endeavour to match the professional and sympathetic care and support that St Andrew's have clearly provided for SS over the years.

External Professional, April 2022

Today I booked leave with a clinician and I am proud to say they have been exemplary in listening to my needs and I am very grateful for their support. I would like to extend gratitude and credit to the Ward Manager, Clarence and their staff for their help in being helpful for my needs.

Patient, June 2022

The care has been excellent and the communication is absolutely brilliant and we feel that we have been listened to when it comes to X's care and treatment

Carer, Relative or Friend, February 2023

Thank you for all your help these past weeks, you've done an amazing job and me and my family are very grateful that you and other people at Heygate took such good care of my dad.

Carer, Relative or Friend, May 2022

I miss you all so much it's unreal. You guys never gave up on me and really set me up to succeed. You guys are the reason I'm living a life now. Thank you so much.

Patient, July 2022

Thanks for all your hard work and perseverance with X compared to where X was on admission to now is incredible and an absolute achievement for the team.

External Professional, March 2023

'Now that I have finished the work with X I just wanted to say how impressed I was by the staff who support X on a day to day basis. It has been both fantastic and refreshing to see the excellent relationships X has with her staff team (HCA's), in particular Sylvia, Debbie and Vanessa (who I met). I really hope that X's new provider is able to find staff with as much spark, commitment and belief in X's ability to live a different life.

**External Professional,
December 2022**

Since being on the ward, L has shown me so much respect. Nothing is ever too much for him. L finds himself time to play scrabble with me daily and he even lets me win! I know that when I first arrived at hospital I was extremely unwell. But with L's support and encouragement I feel a million times better. I'm hopeful of being discharged back home soon but I will always remember L, he is a legend!

From an Essex patient

Zero noise, impeccable service at lunch. Superb communication and actions taken to my concerns and well skilled response by these members of staff today.

Patient, November 2022

Thank you so much for all your compassion and dedication and expertise, trying everything to make sure X has made the best recovery possible. X has been difficult in many respects, but you never gave up and kept trying and we have achieved success greater than we thought possible. Thank you for being so approachable and being so kind. I am so very glad X was under your care during this horrendous time. You will always be in our thoughts and prayers.

**Carer, Relative or Friend,
October 2022**

Hello my name is X and I am a patient near the end of my rehabilitation at St Andrews and I really would like to highlight how everything is, it's just so lovely of an establishment to be fixing yourself in after a serious head injury in my case, it's so family orientated and such a caring and friendly place to live, I will never forget the time I spent and rehabilitation I achieved here along with the caring and loving people that run it. I have never been a very religious person growing up but this has been a blessing for me. In my own kind words x.

Patient, January 2023

Where feedback has been positive we will try to ensure that continuity of this care and good practice is shared and exemplified across the Charity. Patients and Carers continue to feedback at various Charity-wide groups and Divisional specific groups, for example, ward specific Carer Feedback Forums, BENS (Birmingham Essex and Northampton Services) Patient Feedback Forum (where patients meet with senior staff every two months), Service User Groups and Patient Advisory Groups.