



St Andrew's
HEALTHCARE

Quality Accounts 2016/17



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Transforming Lives Together

Gil Baldwin

Chief Executive Officer

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Our focus this year has been on strengthening our route to become a world class provider of specialist mental healthcare. We are making good progress towards our vision of transforming lives by following a clear and well-embedded strategy.

We achieved a great deal to be proud of during the year. One highlight was the creation of a short film featuring the young people within our Child and Adolescent Mental Health Service (CAMHS), describing the story of their recovery and offering a compelling insight into mental healthcare.

We have achieved new heights in the care of young people, with the opening of Fitzroy House in January 2017, Fitzroy was purpose built to meet the needs of 11-18 year olds and we involved patients at every step, especially in its aesthetics. We can now provide bespoke programmes of care under a single roof, improving the lives and outcomes for many more young people.

A first for St Andrew's during the year was the acquisition of a six-bed residential facility to support those living with Autistic Spectrum Disorder (ASD) and/or Learning Disabilities. Known as Winslow, this facility creates a seamless journey for those ready to leave hospital. It helps people live safely in the community in a calm and homely environment and with the support of highly skilled staff.

No year is without its challenges, however. The Care Quality Commission (CQC)'s inspections of our Northampton and Essex sites concluded that our services required improvement. Whilst this was disappointing, we were encouraged by the many positive observations by the inspectors, including the quality of our care and the dedication of our staff.

In Northampton specifically, the CQC commended the enormous improvement made since the previous inspection. We were pleased that the number of must-do requirements reduced from 77 in 2014 to just seven in 2016. We welcomed the CQC back in May 2017 to review our progress and await the results of their inspection.

The level of passion and commitment shown by our staff and patients is what makes St Andrew's such a unique and inspirational organisation. I thank all our staff, carers, volunteers and Governors for their ongoing dedication to transforming lives.

Gil Baldwin
CEO



Developing World Class Care

Dean Howells

Executive Director of Nursing and Operations

Our vision is to transform lives by delivering against three key objectives: to deliver world class care, develop innovative therapies and treatments, and to put people first.

In the last year we've made clear progress in each area. Last year's Quality Account set out eight quality priorities for the year. You can read in detail how we performed against these later in the report, but I'd like to share a few highlights.

Firstly, we've made great strides in safe staffing, reducing our use of agency staff from 11% to 6% over the year, and recruiting more than 300 nurses to our wards.

As part of our dedication to holistic healthcare we became smoke-free at every site – and created new fitness initiatives and weight management sessions for patients and staff.

We've also delivered in reducing restrictive practices. Our Safewards pilot saw restraints falling by 32%, prone restraint by 38%, assaults by 18%, seclusion by 17% and rapid tranquilisation by 8%. Rolling out Safewards across the charity is now a quality priority for the coming year.

A major milestone was to create the Quality Strategy, pulling together existing areas of work to create a clear, outcome-focused roadmap that will mean safe and better quality care for all our patients.

I'd like to recognise our Quality and Safety Committee for its exceptional progress – not only creating the Quality Strategy, but in aligning each committee member to a key care domain: safe, effective, caring, responsive, well-led and quality improvement.

Creating accountability in this way is helping us deliver against our KPIs. The Quality Strategy is a vital part of how we will put people first and deliver world class care in the coming months and years.

Dean Howells

Executive Director of Nursing and Operations

1.2 - Statement of directors' responsibilities in respect of the Quality Account

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:
 - Robust and reliable
 - Conforms to specified data quality standards and prescribed definitions
 - Subject to appropriate scrutiny and review
 - 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 2016/17.



Peter Winslow, Chairman

Date: 30/06/2017



Gil Baldwin, Chief Executive Officer

Date: 30/06/2017



2.1 – Our Quality Priorities for 2017/18

The table below details our chosen quality priorities for the coming year (2017/18). Progress with the implementation of these priorities will be monitored through the Quality and Safety Committee throughout the year. Specific targets and trajectories for improvement will be developed where appropriate.

2017/18 Priority	Why we have chosen this priority	Measuring Progress
Safe		
Reduce the number of Deliberate Self Harm (DSH) incidents by 20%	Deliberate self-harm continues to be one of the key themes across our serious incidents. We want to improve the safety of our patients by making a concerted effort to reduce the number of this type of event.	<ul style="list-style-type: none"> DSH data is reviewed by the Reducing Restrictive Practice Monitoring Group (RPMG). A systematic review of DSH being undertaken across the charity which is due to complete by 1 August 2017. The RPMG are undertaking a review of ward based safety models used within the charity, due to be completed by 19 July 2017.
Reduce restrictive practice to ensure the 'least restrictive' principle is applied for all patients.	Safewards has been piloted in 18 wards and has had some fantastic results in helping to reduce restrictive interventions. On this basis Safewards will be rolled out across the wider charity.	<ul style="list-style-type: none"> The Safewards programme is to be rolled out across the Charity. A full roll out plan is currently being developed. All policies relating to Reducing Restrictive Practices are now being reviewed within the RPMG, an annual schedule of review being formulated. Further progress is due to report to the RPMG on 19 July 2017.
Reduce the use of long term segregation by 50%	Long term segregation is very resource intensive and costly. Through the work on reducing restrictive interventions and the further roll out of MAPA training we can reduce this type of patient management.	<ul style="list-style-type: none"> LTS use continues to be reviewed by pathway within the RPMG, Strategies being developed to reduce the use of LTS. Patients currently in LTS who are access assessed as requiring transfer to an increased level of security or bespoke care package are being checked for transfer progress. Progress being reviewed by RPMG on 19 July 2017.
Caring		
Ensure closer engagement with carers through newsletters, events and better face to face communication	Carers have made us aware that they do not feel sufficiently engaged with the Charity.	<ul style="list-style-type: none"> Formally sign up to triangle of care following consultation with carers Complete charity self-assessment Hold carers conference in Feb 2018 Implement key priorities Launch of visitors centre Staff training on carer engagement Accurate and up to date carer database
Effective		

2017/18 Priority	Why we have chosen this priority	Measuring Progress
90% of clinical and ward based staff to be MAPA (Management of Actual and Potential Aggression) trained	There are currently 60% of clinical staff trained in this area. We want to push this further to underpin the priorities around reducing restrictive interventions.	Anticipated completion dates: <ul style="list-style-type: none"> • Notts - October 2017 • Essex - July 2017 • Birmingham - October 2017 • Northampton - January 2018
Responsive		
Improved physical health monitoring, recording and awareness	A thematic review of our physical healthcare monitoring has identified some areas for improvement.	<ul style="list-style-type: none"> • Annual audit of physical healthcare NEWS chart completion. • Training figures for healthcare assistants receiving NEWS training and Physical observations skills.
Well-Led		
Ensure that the Charity continues to enhance its culture of openness and transparency and encourage staff to have the 'freedom to speak up'	We want our staff to speak up about any concerns that they may have, for them to feel listened to and to have their concerns addressed	<p>Feedback and response mechanisms include;</p> <ul style="list-style-type: none"> • 'Ask The Exec' which is a platform open to all. Staff can choose to remain anonymous. A Key Performance Indicator has been set for responses to be sent within 5 working days. • SafeCall is an independent service staff can use to raise concerns if they feel they are not being listened to. Any queries which are raised via this method are investigated by the responsible department and a report is raised at the Executive Board Meetings. • CareOpinion is an independent site for patients where they can post their feedback, comments and concerns about their treatment and care at St Andrew's. This facility is monitored by Patient Experience and issues raised directly with wards or care teams as appropriate. Since the service started in January 2017, 264 patients have posted their comments and 30 have led to changes. • YouVoice survey, annual staff survey carried out by an independent company (CEB). Within the survey there are questions focussed on communication and leadership. We aim to see a year on year increase in the favourable response to these questions. • A Risk Amnesty has also been undertaken across the charity. Staff have responded to this and identified issues that they are worried about. This is currently under review and will be re-run in November 2017.

Statements of assurance from the board

2.2 – Review of services

From 1 April 2016 to 31 March 2017 St Andrew's provided services in the field of mental health, learning disability and brain injury to 1444 patients, commissioned by 230 different bodies, of which 90% were NHS services or organisations. The remaining 10% of patients are funded by non-UK organisations, private funders or individuals. St Andrew's has reviewed all the data available on the quality of care in respect of the services for which it provides clinical NHS care. The services reviewed in the Quality Account for 2016/17 represent 100% of St Andrew's income that was generated from the provision of NHS services during the period 2016/17.

2.3 – Never Events

'Never Events' are described as 'serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented (National Patient Safety Agency (NPSA) 2009).

There has been one never event during this reporting period in one of our community houses from which a patient fell from an open window. The patient was treated for injuries and made a full recovery. A full investigation was carried out following the incident and we worked very closely with colleagues from Clinical Commissioning Groups (CCGs) and NHS England to ensure that as much as possible was done to prevent a similar event recurring.

Participation in Clinical Audits

2.4 - Participation in national Clinical Audits

The national clinical audits relevant to St Andrew's are those co-ordinated by the Royal College of Psychiatrists Prescribing Observatory for Mental Health UK (POMHUK). The topics we participated in for 2016-17 included:

'Prescribing high dose and combined antipsychotics on adult psychiatric wards'. Data was submitted in line with the closing date of 31st March 2017. We are expecting the report to be made to us within approximately 3 to 4 months.

'Monitoring of patients prescribed lithium' - 30 cases were submitted these being 73% of the number of registered cases required.

The reports of these national audits are reviewed by the Medicines Management Operational Group and the Quality and Safety Committee. St Andrew's intends to improve the quality of healthcare provided by including links and guidance regarding prescribing and side effects, mandatory review dates and indications for specific medication within the electronic Prescribing and Administration system (ePMA). This is currently being rolled out across the Charity and medication templates have been developed to incorporate this information.

2.5 - Participation in local Clinical Audits

During 2016/17 13 local clinical audits were completed and 20 are currently in draft, these are detailed in the table below:

Completed Audits	Draft Audits
Quality of HCR -20 version3 in low secure	Advance statements and decisions
Compliance with medicines reconciliation procedure	Patient transfers into the community
DATIX dif 2 forms – with particular emphasis on post incident reviews	Falls outcomes – analysing data incidents time of day etc.
Seclusion environment	Covert medication
Information for patients on their rights – Section 132	SLT Therapy outcome measures, comparing scores at beginning and end of intervention
Quality assessment of the use of behavioural chain analysis to assess the quality of current use and the outcomes of the intervention	Essex NHS Wales care plan checks
Utility of RAID reminder sessions to promote green behaviour recordings	OT service evaluation project – WWH
Effectiveness of adaptation of ROSS programme	Transition for adolescent to adult services
Tribunal medical report writing	Care plans – Northampton
Impact to changes made to the safety level system on behaviour and the quality of life	Care plan communication assessments
Required care outcomes – NHS Wales	Change in legal status – patients admitted on section 2 that were converted to section 3
Good practice in relation to restrictive practice initiatives with ALS pathway.	Essex Care plan preparation checks
Assessment of staff cultural competence in LSU	Food and fluids in seclusion
	Rio audit of care plans, additional care plans and leave entitlement
	Allegations of abuse
	Food , Fluids and vital signs in seclusion RTM
	Duty of Candour
	Diet and fluid needs of patients in seclusion
	Physical health check on seclusion and RTM
	Ward spot check assessments

2.6 - Learning from Clinical Audits

The clinical audit strategy ensures clarity in the use of auditing and embeds clinical quality at all levels of the Charity. This helps to create a culture that is committed to learning and continuous organisational development. It also helps to deliver demonstrable improvements in patient care through the development and measurement of evidence based practice.

Two audits undertaken this year have been detailed below as examples of our learning:

1. Physical Health check on Seclusion and Rapid Tranquilisation

The CQC identified an issue with the recording of physical health checks for patients in seclusion and whom had received rapid tranquilisation medication (RTM). In order to understand the extent of the issue an audit on a sample of 70 seclusion records from Northampton Adolescent, Men's and Women's pathways was carried out to review whether staff were completing and recording physical health checks appropriately for this group of patients.

The audit revealed excellent compliance to the recording of the name of the medication administered, the dosage and the administration route both in the patient record and on the incident management system. Compliance in these areas varied between 96% and 100%.

Areas for improvement included the recording of physical health observations and the recording of physical health concerns.

As a result of these findings a full review of the Seclusion Policy has been undertaken to include a new Seclusion Pack to ensure that the required information is both requested and recorded. The revised policy has been published on our intranet and all clinical staff have been made aware of this. Implementation has been made charity wide.

2. Section 132 Patient Rights

Section 132 of the Mental Health Act 1983 (MHA) requires hospital managers to ensure that patients who are detained in hospital under the Act understand important information about how the Act applies to them. This action is delegated to the ward staff. All patients should be informed of their rights including informal status patients. For those patients detained under the Mental Health Act with the patient's consent, the information must also be given to their nearest relative.

Following admission, rights should be read to a patient every six months as a minimum period, however if the patient lacks capacity to understand them, was too unwell at the time or was confused about a particular subject; the rights should be revisited more frequently. It is good practice to record every event when rights are discussed.

The audit aim was to assess St Andrews compliance with the standards described above.

A sample of 555 patient records were reviewed and key findings included 97% of rights forms had been completed within the last six months, where patients did not understand their rights the rationale for this was documented in 95% of cases. Other areas of good practice noted were related to patient tribunals, manager hearings, advocacy support and rights being explained to patients in an informal manner to assist understanding. Overall the audit identified that key risks were covered by adequate levels of control.

We did however identify that further improvements could be made, these included enhancements to the paperwork to comprise the marking of mandatory sections and making the form more interactive. The form has been revised and is being rolled out across the charity.

2.7 – Participation in clinical research

Participation in research allows us to better understand the needs of our patients, what interventions and treatments work to improve outcomes and develop, adapt and adopt more effective therapies and treatments. We actively seek to fill gaps in knowledge, identify new therapies and treatments, design research proposals, identify collaborators, obtain resources, recruit participants, collect and analyse data, report results and apply findings. This allows St Andrew's to deliver improved quality of care.

The number of patients receiving NHS services provided by St Andrew's in the 2016/17 reporting period that were recruited to take part in research approved by the research ethics committee during the reporting period was 113.

'Forensic Child and Adolescent Mental Health: Meeting the Needs of Young Offenders' was published by Cambridge University Press in May 2017. The book provides a practical guide for practitioners and policy makers in relation to the needs of young people at risk of entering the criminal justice system. Three of our current clinicians, Enys Delmage, Ernest Gralton and Charlotte Staniforth, authored separate chapters of the book and it is appropriate to recognise

their work in this Quality Account. The book is a valuable resource for those working in the field as well as for those considering it.

Academic data for the Quality Account 1 April 2016 – 31 March 2017

Articles and Book Chapters		
Published Articles	Accepted for Publication	Book Chapters
21	5	7

Conference Attendance				
Oral Presentation	Poster Presentation	Symposium	Workshop	E Poster
14	7	2	2	0

Patient Participation in Research Studies				
MMH	WMH	NPS	CAMHS	LD/ASD
12	4	39	18	40



Affiliations:

- Institute of Psychiatry, Psychology and Neuroscience (IoPPN)
- University of Northampton
- University of Birmingham
- University of Buckingham
- University of Cambridge
- London South Bank University
- University of Oxford
- University of Kent



2.8 – Goals agreed with the Commissioners

The Commissioning for Quality and Innovation (CQUIN) programme provides a national framework for improving quality and innovation within NHS funded care to realise better patient outcomes. First launched in 2009/10, the scheme sets annual quality improvement goals. Despite increasingly challenging requirements, St Andrew's has maintained 100% achievement since their inception. 2.5% of the Charity's income during 2016/17 was conditional on achieving these goals.

The CQUINs relevant to the specialist care provided by the Charity in 2016/17 are summarised below, along with our success in achieving them.

CQUIN Title	Q1	Q2	Q3	Q4
Recovery Colleges for Medium and Low Secure Patients	100%	100%	100%	100%
Reducing Restrictive Practices within Low & Medium Adults Secure Services	100%	100%	100%	100%
Improving CAMHS Care Pathway Journeys by Enhancing the Experience of the Family/Carer	100%	100%	100%	100%
Mental Health Discharge Planning and Care Planning	100%	100%	100%	100%
Data & Information Reporting	100%	100%	100%	100%

2.9– What others say about St Andrew's

The Care Quality Commission

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

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

- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Treatment of disease, disorder or injury.

St Andrew's has no conditions attached to its registration.

The CQC has not taken any enforcement action against St Andrew's during the 2016/17 reporting period.

In February 2017 St Andrew's took part in a CQC focussed inspection of its learning disability wards following concerns raised by other organisations nationally about the use of restraint in learning disability services. The CQC does not rate this type of inspection but does publish the full reports.

Much improvement has been noted such as the strengthened implementation of positive behaviour support (PBS) plans, the knowledge of staff about using least restrictive practices, the use of restraint as a last resort, the downward trajectory in the use of restraint and prone

restraint and the high levels of staff mandatory training compliance. One regulatory action has been identified for which we have been required to address seclusion care plans not being in place for four patients. The full reports can be viewed on the following link: [CQC Reports](#)

During the year the CQC carried out three inspections with regard to the fundamental standards to our sites in Northampton, Winslow (Nottinghamshire) and Essex. The first of these was to St Andrew's Northampton in June 2016, the results are detailed below:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Forensic inpatient/secure wards	Requires improvement	Requires improvement	Good	Good	Good	Requires improvement
Long stay/ rehabilitation mental health wards for working age adults	Good	Requires improvement	Good	Good	Good	Good
Child and adolescent mental health wards	Good	Requires improvement	Good	Good	Good	Good
Wards for older people with mental health problems	Good	Requires improvement	Good	Good	Good	Good
Wards for people with learning disabilities or autism	Good	Good	Good	Good	Good	Good
Services for people with acquired brain injury	Good	Good	Good	Good	Good	Good
Overall	Requires improvement	Requires improvement	Good	Good	Good	Requires improvement

Whilst we were disappointed in the overall rating given at this inspection, we were encouraged with the improvement in the core services across the domains and that we moved from a 'requires improvement' rating for well-led to 'good'. The CQC did note in their report that there had been improvements since the last inspection. The leadership had been strengthened and new ways of working implemented to improve the patient experience. Improved governance systems were in place and recruitment drives implemented. Most wards were safe, visibly clean, homely and well furnished. Patients could access the garden areas and open spaces. Staff undertook comprehensive assessments and developed care plans that were thorough, holistic and patient centred. Staff were passionate about their job and knew patients well. There were also many other areas of good practice identified in the report. The report noted seven regulatory actions to be taken concerning the environment, risk assessment documentation, heating on one ward, physical health check improvements, improvements to meeting and recording hydration and nutrition needs, sufficient numbers of suitably skilled and qualified staff; improvements to mental capacity assessments.

The second of these inspections was to St Andrew's Winslow in June 2016. This inspection was undertaken less than a month after St Andrew's acquired the site. The CQC noted in the report 'At the time of the inspection a new provider, St Andrew's, had been managing the

service for a month. Although there was more still to do, it was evident that the provider had introduced many positive changes.' The report was made to the previous provider and all areas were rated as requires improvement. As the new provider St Andrew's will continue with the work already undertaken to ensure sustained improvement.

The visit to our Essex hospital took place in September 2016. Whilst the caring and well-led domains were rated as 'good' the overall rating was 'requires improvement'. Areas of good practice included patients reporting that they felt safe on the ward and that staff supported them; staff response to patients in an emergency; the Safewards initiative; staff awareness of their safeguarding responsibilities; the detailed care plans; effective Multi-Disciplinary Team working and cleaning records. The CQC identified eight regulatory actions to be taken concerning improving ligature risk assessments; protecting patient privacy and dignity; environmental; accuracy of duty rotas; sufficient numbers of suitably skilled and qualified staff; medicines management; seclusion and segregation practices and management supervision.

We continue to work closely with the CQC as we make our improvements and we are looking forwards to welcoming them back in June 2017 to check on our progress.

The CQC undertook 36 unannounced inspections under the Mental Health Act across the Charity during this year. Overall our position with regard to findings in these reports is very positive, where actions plans have been required, 100% of these have been returned to the CQC within the defined timescales. Examples of the commentary made in the reports are:

Inspection of Thoresby Ward, Nottingham in the Learning Disabilities Pathway – June 2016

'We found all patients whose records we checked were being treated under the appropriate authority. On seven of the records checked, we found that discussion and assessment about capacity to consent to treatment was recorded.'

Inspection of Tavener Ward, Northampton in the Neuropsychiatry Pathway – June 2016

'Family and carers were involved throughout the patients' treatment. They were invited to care programme approach (CPA) reviews The neuropsychiatry care pathway provided the opportunity for carers to be involved through a regular forum as well as through ongoing discussion with ward staff.'

Inspection of Audley Ward, Essex in the Men's Mental Health Pathway – July 2016

'One patient told us that "the admission was done professionally they treat me in a respectful manner." Regarding leave the patient said "yes I understand" and of discharge said that he "does not want to be discharged yet. Needs a few months to get his act together".'

Inspection of Foster Ward, Northampton in the Men's Mental Health Pathway – August 2016

'We noted that reports for tribunals were produced in a timely manner and had good detail.'

Inspection of Ashby Ward, Northampton in the Men's Mental Health Pathway – October 2016

'Another patient told us that the "staff are fine, I get on well with the staff and patients". They told us they were aware of their care plan and saw their key worker, at least once a week. The patient was aware of the discharge planning process, and they confirmed that this had been discussed with them".'

Inspection of Sunley Ward, Northampton in the Women's Mental Health Pathway – October 2016

'The ward had support from an "Advanced Nurse Practitioner" who supported the ward to identify and provide specific training relevant for staff supporting patients with a range of complex mental health issues and personality disorders. '

Inspection of Compton Ward, Northampton in the Neuropsychiatry Pathway – December 2016

'Each care record showed that patients had a full physical health check on admission and routine screening where needed, for example, regular blood tests. In addition to the medical staff, a physical health care nurse was available for the patients on the ward.'

Inspection of Fenwick Ward, Northampton in the Child and Adolescent Mental Health Pathway – December 2016

Quotes from patients included:

'Staff treated them with dignity and respect.' Patients said that their 'physical healthcare needs were met.' One patient said their 'sessions with the assistant psychologist were helpful.' One patient said "Staff are fun – they listen to you, they understand you and support you when you are upset".

The CQC also carried out a focussed Mental Health Act visit to review assessment, transport and admission to hospital. The primary aim of the visit was to identify current practice, look at any improvements and where there is limited national data gather evidence to inform future policy positions. The visit focussed on two things:

- The rising and varying number of detentions nationally and the impact of this for patients and services, and
- Look at the patient pathways under the MHA with a focus on assessment and admission under the Act and the role of the Approved Mental Health Professional.

The CQC concluded that along with various other independent mental health inpatient providers St Andrew's continues to meet the need for detained patients who are not able to access the appropriate care and support in their local area. This is partly due to the specialised nature of the services that St Andrew's Healthcare provides and partly due to a lack of inpatient resources across the country and abroad.

Other external agencies

Subsequent to the NHS Wales quality visit to the St Andrew's site Northampton in November 2016 a 'Q' was deducted from the three 'Q' status. The issues raised around care plans and care plan update meetings (CPUM) minutes are being addressed and we're expecting the three 'Q' status to be restored.

In March 2017 NHS Wales carried out a Provider Focused Review of Lot 3 - Adult Male Medium Secure MH - Cranford, Prichard and Robinson wards. A one 'Q' issue was identified around care planning, this is currently being addressed.

NHS Wales carried out a quality visit to the St Andrew's site Birmingham in March 2017 and the one 'Q' issue around care planning and CPUMs has been addressed and the three 'Q' status has been restored.

A focused review by NHS Wales was carried out in May 2017 at the Nottingham site. One Q was deducted however evidence is being resubmitted to regain the 3 Q status.

In June 2017, NHS Wales carried out a quality inspection of the Essex site for which feedback is awaited.

The Royal College of Psychiatrists carried out a Quality Network review in our Men's Mental Health pathway in Northampton in February 2016 and will be visiting again in May 2017. Reviews were also undertaken out our Essex and Nottinghamshire locations.

The Men's pathway achieved an overall score of 89% in the low secure standards with a 100% score in the areas of Admission, Discharge, Procedural Security, Governance and Equalities.

For the medium secure standards the Men's pathway achieved an overall score of 93% with a 100% score in Physical Security, Procedural Security, Relational Security, Safeguarding and Family and Friends.

Overall, St Andrew's Essex met 87% of low secure standards; achieving 100% in the areas of Recovery, Physical Security and Procedural Security.

A review of the Women's Mental Health Pathway in Northampton was also carried out on 21st and 22nd March 2017, the report of this review is awaited.

Channel 4 Dispatches

In March 2017 Channel 4 broadcast a Dispatches special focusing on three former St Andrew's patients, claiming that their care had been inappropriate. We were not afforded any opportunity to contribute to the programme other than providing a written statement.

We proactively engaged with our commissioners, patients, carers and families, the Care Quality Commission (CQC) and safeguarding boards. Three of our Non-Executive Directors, on behalf of the Board and Governors, carried out a full review which enabled the development of an action plan.

The action plan had a quality and value focus with distinct component parts including leadership and culture; stakeholder management; lessons learnt; and carer engagement, all of which will ultimately enable better patient outcomes.

St Andrews acknowledges the huge opportunity for learning and improvement that this experience has provided us and is totally committed to delivering improvement as part of the Transforming Care agenda.

2.10 - Data Quality

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

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

One of our key deliverables for 2016/17 was the development of a data quality strategy. This strategy has been developed and outlines strategic goals, improvements in data quality, agreed tactics to drive deeper understanding and shared responsibility for data, and targeted tactical interventions. We have initiated the development of data management capabilities with investments across people, process and technology, aiming to enable a data-driven culture based on timely, relevant and accurate information.

2.11 – NHS Number and General Medical Practice Code Validity

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

2.12 – Information Governance Toolkit

St Andrew's Information Governance Assessment Report overall score for 2016/17 was 95% and was graded 'green'. St Andrew's is required to reach at least a level 2 in all standards, and we are very pleased to confirm that this was achieved, with a level 3 also being attained in some areas.

Significant improvements were made in the area of Information Governance (IG) in 2015/16 and this good practice has continued in 2016/17. The IG team is based within the Charity's Quality and Governance Directorate and forms part of its compliance function. Following on from the July 2015 audit by the Information Commissioner's Office, the Charity agreed an action plan and completed all of the actions within the agreed deadline during 2016. The Charity has continued to make improvements to ensure compliance with the Data Protection Act. The Charity's network of Information Governance Champions continues to increase, covering a mix of clinical and non-clinical areas. The focus of the IG team during the past year has been on continuously improving staff awareness of IG matters and this has been achieved through face-to-face training and the increased availability of training and guidance materials. Compliance with requirements at level 2 is at 100%. This has been achieved by the IG team working with action owners to gather the required evidence and the active management of these relationships.

2.13 - Clinical coding error rate

SNOMED CT is the fundamental standard for healthcare terminology. SNOMED CT provides the vocabulary for recording structured data in relation to the health and care of an individual in electronic records; as such its use in systems is wide ranging. SNOMED CT also provides features that enable powerful analytics and a high level of expressivity of information about the health and care of the individual. Implementation of SNOMED CT is part of the national requirement for electronic patient records. St Andrew's is working towards implementing the SNOMED coding change, in line with the national requirement for compliance by 2020.

2.13 – NHS England 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.

2.14 – NHS England 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 Andrews. As a part of the contractual arrangements with NHS England, St Andrews works to provide its services in accordance with the service specifications. Staff from St Andrews meet with colleagues from NHS England specialised services on a quarterly basis to scrutinise contractual achievement. St Andrews is also required to make an annual self-declaration with the Quality Surveillance Team (QST) of its compliance levels with the service specification. This self-declaration is made in June of each year, at last submission (June 2016) full compliance was declared.

2.15 – National Core Indicators of Quality

	St Andrew's Healthcare			Commentary
	2014/15	2015/16	2016/17	
Emergency re-admission to St Andrew's within 28 days of discharge	0.24% (1 patient)	0.64% (3 patients)	0.6% (4 patients)	
Staff recommendation of St Andrew's as a place to work	61%	46%	52%	Please see Staff Survey Summary below
Staff recommendation of St Andrew's to family/friends	N/A	52%	57%	Please see Staff Survey Summary below
Domain 5 – Treating and caring for people in a safe environment and protecting them from avoidable harm				
Number of patient safety incidents and percentage resulting that were serious incidents	19,297 (1.19%)	18,637 (1%)	22,256 (1.05%)	During the reporting period there were 14 deaths of which 12 were within the 51-94 age range; 1 was below 50 and 1 above 94. 4 of these are identified as being from natural causes, 10 are awaiting coroner's inquests.

2.16 - Staff Survey Summary

Our 2016 Your Voice survey achieved an engagement score of 64%, which is an increase of 5% from the 2015 survey. This engagement score is made up of the answers to questions around pride, energy and optimism. It is a good indicator of how people feel and their commitment to St Andrew's. Whilst more people feel better about working for us than they did the previous year; it wasn't all good news. The results showed some key areas which we need to address to ensure that we continue to improve. We've since reviewed all 108 of the action plans collectively; to identify key themes across the charity, to ensure that the things that matter most are responded to. Key topics include staffing, pay and benefits, and communication.

What have we changed so far

The actions from last year's survey are ongoing and there are projects happening around the charity that are as a result of what people said. Some of these improvements include:

- The introduction of a new minimum rate for all employees of £7.65 an hour, 15p (2%) above the new National Living Wage.
- A new Monthly Executive Update e-newsletter to share the latest messages with staff from our Executive Team.
- The rollout of an Executive Roadshow, where our Exec Team are visiting locations across our charity to answer any questions and to share our plans for the coming year.
- To help us deliver better outcomes for our patients wherever they are being cared for, this year we're moving to a value based care model where "value" is measured as the best possible patient outcome for the best investment of our resources.
- We're also making a number of changes to improve resource, leadership and reward, along with plans to roll out a new wellness programme to improve staff health and wellbeing.

2.17 - Complaints

The charity received a total of 121 complaints during the year.

Pathway	No.	% of total
Adolescents (now CAMHS)	10	8
Autistic Spectrum Disorder	21	17
Learning Disability	10	8
Men's Mental Health	34	28
Neuropsychiatry	14	12
Women's Mental Health	28	24
Other	4	3

St Andrew's responded to complaints within the agreed timescales with the complainant in 55% of cases. This average was impacted in April and May 2016 when there was a delay in the completion of some of the investigations resulting in the complaint not being able to be closed. Systems were put in place to improve this and from June 2016 to March 2017 the percentage of complaints closed within the timescale rose to 74%. The total number of complaints upheld for the year was 33, compared to a total of 80 upheld complaints during the 2015/16 period.

When a complaint is closed we seek feedback from the complainant to ensure that they are satisfied with the handling of their complaint. All complaints and feedback provide the charity with the opportunity to make changes to ensure that services are improved.

The top themes for Complaints in the period of 2016-2017 were Communication and Clinical Treatment.

- Keeping in touch with relatives and carers can be difficult at times as people are not always available to have the conversations. It is therefore really important for us to ensure that we have arrangements in place to be able to make contact at times that are mutually convenient. We must also make sure that contact details are up to date.
- Complaints around clinical treatment are also mainly caused by communication issues. The key to this has been to ensure that all patients are directly involved with any changes to their care. This must be supported by clear documentation detailing any changes in patient behaviour or mood. This approach leads to increased engagement from the patients as they are able to reflect upon their behaviour or mood supported by the facts as described in their health record. This in turn helps with their understanding and participation in their clinical treatment.



A photograph of two men sitting at a table, playing chess. The man on the left is Black, wearing glasses and a dark jacket over a light blue shirt. The man on the right is white, wearing a grey and white striped polo shirt. They are both smiling and looking at the chessboard. The chessboard is on a wooden table, and there are chess pieces and a wooden box on it. The background is a bright, modern interior with large windows and wooden chairs.

2.18 - Involvement and Feedback

In producing this document we have listened to a range of partners who have an interest in our work.

The people formally consulted on these accounts were:

- Our Lead Commissioner (NHSE)
- Clinical Commissioning Groups
- Northamptonshire Health and Social Care Scrutiny Committee
- Local Healthwatch
- POhWER
- Colleagues
- Patients

Below are the consultation responses we have received.

NHS England

Overall, the general impression was that the 16/17 Quality Account is an improved report from previous years and contains much more detail than previous accounts with more evidence to back up statements. St Andrew's has been able to demonstrate ongoing improvements in the quality of care delivered to patients and continue to demonstrate a willingness to receive and act on feedback from commissioners and partner organisations to further improve the care provided.

Specialised Commissioning continues to work closely with St Andrew's to seek assurance as to the quality and safety of the services they provide. As a result of the progress St Andrew's has made towards implementing actions to improve services, regular six monthly Partnership meetings were established in March 2016 with the Charity and partner organisations, including the CQC, associate commissioners and Healthwatch to discuss and review progress made against their quality improvement plans. In addition, work continues through routine monitoring at the quarterly contract meetings and regular case management and quality team support, as well as through questions asked of patients through their Care and Treatment Reviews.



Nene and Corby Clinical Commissioning Groups

The St Andrew's Healthcare annual quality account for 2016/17 has been reviewed by NHS Nene and NHS Corby Clinical Commissioning Groups (CCGs). It is noted that the account was reviewed in draft format. Nationally mandated elements that are relevant to St Andrew's have been included in the report.

The achievement of Commissioning for Quality and Innovation (CQUIN) schemes for 2016/17 is included within the account.

Achievement against quality priorities is outlined in the account.

NHS Nene and Corby CCGs support the 2017/18 quality priorities set by St Andrew's in relation to making improvements in the domains of safe, caring, effective, responsive and well led. The CCGs will continue to work closely with St Andrew's Healthcare to support ambitions to sustain high quality standards of care to people who use the services



Healthwatch

Healthwatch Northamptonshire has not visited SAH in 2016/17 but is pleased to be involved in regular meetings with SAH and its commissioners to ensure quality care and patient experience and to see the progress being made.

Although the Northampton SAH site received a rating of 'Requires Improvement' from the 2016 CQC inspection we are pleased to see that SAH has made good progress towards receiving a 'Good' rating, including the reduction of 'must do' actions from 77 in 2014 to seven in 2016. We look forward to seeing the report from the May inspection soon.

The use of restraint has been a concern of ours and we are pleased to see that progress has been made in reducing restrictive practices (restraint and physical interventions) and with the Safewards pilot. We hope the project rolls out across all their areas and becomes embedded and agree with the continuation of this as a quality priority.

We believe SAH has chosen appropriate quality priorities for 2017/18 and that they demonstrate that patient experience is an increasingly important component of quality at SAH. We are pleased see that SAH have prioritised improving communications with carers and physical health monitoring, especially as highlighted in the learnings from the audits on page 8.

This Quality Account demonstrates that mental health discharge planning targets have been met. However, we have heard of an incident where the relative of a patient believes a patient was discharged too early and without sufficient support or notification, which led to harm of the patient. We would like to encourage SAH to ensure that all the necessary support is in place for patients once they are discharged and there is some monitoring during the transition.

We look forward to working more closely with SAH over the coming year to support, challenge and assist them in ensuring high quality, innovative and patient-centred care.



Northampton County Council Health Adult Care and Wellbeing Scrutiny Committee

A working group of the above Committee considered a response to the Quality Accounts for 2016-17. In relation to all Quality Accounts the group considered the following:

- It was felt it would be useful for Scrutiny to receive summary quarterly updates from providers of progress data against the key actions taken to deliver the objectives set in the Quality Account for that year. This would be consistent with the Department of Health guidance that discussions between OSCs and providers of the Quality Account should be conducted throughout the reporting year.
- Whilst the 'ransomware' attack on IT systems had happened in the current year, it might be nice to be able to report its affects to reassure the public that their information remained safe.

In relation to St Andrews Healthcare Quality Accounts the following comments are made:

- It was difficult to ascertain from the document the progress that had been made against the organisation's priorities but it was pleasing to note that work was being undertaken to rectify this issue in the following year's quality accounts.
- It was difficult to ascertain from the document what measures were in place with other organisations such as those in the voluntary sector and the NHS to support patients to go back into the community and to ensure they did not return to hospital.
- There was a need to better understand benchmarking as different

organisations appeared to record figures in different ways and it was noted St Andrews were changing the way in which they recorded incidents in line with those other organisations to ensure like for like figures were recorded.

- It was pleasing to see there had been a reduction on agency staff and the Aspire Scheme was considered to be an excellent part of this.
- The priority to achieve a reduction in the number of people self-harming was welcomed.
- It was good to note that the third 'Q' had been regained quite quickly following the move to Fitzroy House in January 2017.
- Some really good activities such as the Family Christmas lunch, summer party and fireworks were noted.
- There was a good complaint process in place and it was pleasing to note relatively few complaints given the complexity of patients' conditions.
- The priorities in the quality accounts that related to the results of inspections were welcomed. It was also suggested the Committee might wish to monitor these as the year progressed.
- There was also a recommendation that St Andrews Healthcare become more involved with the Northamptonshire Health and Wellbeing Board and for the Health Adult Care & Wellbeing Scrutiny Committee to work closer with St Andrews Healthcare.





POhWER

POhWER's local Manager and Regional Manager have developed strong working relationships with all levels of management at St Andrews. This is a collaborative working relationship which also recognises the needs and boundaries of an independent advocacy service for the good of our mutual clients/patients.

As part of this collaborative approach, we have together made significant improvements to processes which were in place with the previous provider of advocacy services. These improvements are designed to re-enforce the independent nature of the service and include moving away from using the St Andrews mail and IT systems along with taking over the organisation and facilitation of the patient forums.

Another significant improvement has been the way in which we work together on safeguarding issues. The process now ensures safeguarding concerns are raised appropriately, without possible duplication to the local council, but with independent escalation where required. The emphasis is on safety for the individuals, not just tick box record keeping. Our local manager sits of the Safeguarding Board with St Andrews leads and other agencies.

POhWER has worked closely with colleagues in St Andrews on awareness raising of the service. As well as informally on the wards, we have also had presence at awareness raising events such as the Garden Party and two carers events.

POhWER's view is that we have a strong and continually developing relationship with St Andrews.



Review of Quality Performance

The Charity has made considerable progress in the implementation of our Quality Priorities as demonstrated below.

Priority 1 – Quality Improvement Strategy

Develop the Quality Improvement Strategy and Implementation

Plan aligned to the Quality Improvement Strategic Direction approved by the Board

Why did we choose this?

To ensure that high quality care is embraced by every member of staff, in collaboration with patients and carers as a customary way of working. This will enable us to demonstrate progress towards personalisation and both physical and mental health.

What did we achieve?

This priority has been achieved.

- The current Quality and Safety Committee was established in August 2016 as a strategic, forward looking body with key priorities around streaming data flow to enable the tracking of trends, normalisation of data, benchmarking and the early identification of risk. The Committee has been instrumental in the development of the Quality Strategy and the defining of Quality across the Charity.
- To provide alignment to the quality improvement strategic direction of the Charity, component parts have been detailed and each of these is synchronised to a CQC domain. This is helping us to drive improvement in the care and safety of our patients and a greater ability to demonstrate CQC compliance.

What next?

The Quality Strategy will continue to be the driving force behind quality improvement across the Charity. We will maintain the monitoring of its implementation through the reporting of progress to the Quality and Safety Committee.

Priority 2 – Improved Health Outcomes

Improve health outcomes for our patients through implementing a robust outcome management capability with established processes for directing improvement efforts

Why did we choose this?

To establish the Charity as a Learning Health System through the identification of desired health outcomes, measuring them, evaluating their value and developing a strong clinical evidence base.

What did we achieve?

This priority has been achieved.

Over the last year we have made significant progress in developing a framework of 'outcomes' which will allow the charity to prioritise, measure, track and analyse clinical results, creating a truly value based healthcare organisation:

- We have conducted multiple focus groups with patients to discern which outcomes are most meaningful and important to them and used the expertise of our clinicians to start the process of co-producing a clear outcomes framework in three distinct areas: mental health, physical health and personalisation.
- Our clinicians have engaged with leading national groups (UK Routine Outcomes Measurement in Mental Health Network) and renowned international organisations (Harvard University, International Consortium for Health Outcomes Measurement, and 'Te Pou' in New Zealand) to benchmark trends in this evolving area and support delivery of the 'Five Year Forward View for mental health'.
- We have focused on the optimisation of existing outcome tools and data collection within the charity (HoNOS) in order to analyse these data to produce meaningful information which can be relayed back to clinical staff to improve clinical performance through reflection and organisational learning.

What next?

We will continue on the journey of cultural transformation to place 'value' for patients at the very heart of our daily work, by engaging with key stakeholder groups within the Charity through workshops and educational sessions.



Priority 3 – Restrictive Interventions Reduction Programme

Delivery of year 2 of the Restrictive Interventions Reduction Programme.

Why did we choose this?

In support of positive and proactive approaches, we are continuing to develop our culture within which physical interventions are only ever used as a last resort.

What did we achieve?

This priority has been partially achieved.

- 60% of clinical staff across the Charity have been Management of Actual and Potential Aggression (MAPA) trained. This training includes verbal de-escalation and physical disengagement techniques in order that aggression can be dealt with in a calm way.
- Reinforce Appropriate, Implode Disruptive (behaviour) training continues. RAID supports the Positive Behavioural Support (PBS) model of care. This is being operationalised with a bespoke approach in each Pathway to meet the needs of the individual patients.
- The pilot of Safewards was extremely successful demonstrating significant reductions in:
 - Restraint down by 32% against baseline
 - Prone restraint down by 38% against baseline
 - Assaults down by 18% against baseline
 - Seclusions down by 17% against baseline
 - Rapid tranquilisation down by 8% against baseline

What next?

The MAPA and RAID training will continue to be rolled out to all appropriate clinical staff.

In order to provide a focus on continuing to reduce restrictive interventions, specific targets are being set for the coming year and these are detailed in the Quality Priorities for 2017/18.



Priority 4 – Safe Staffing

Ensure safe staffing and re-configured clinical teams underpin effective safe care and treatment at ward level

Why did we choose this?	To further embed the work already started through our people strategy to support recruitment, retention, employee engagement and training.
What did we achieve?	<p>This priority has been partially achieved.</p> <ul style="list-style-type: none">During the year we have maintained a focus on increasing staffing levels through on-going campaigns to increase the number of both registered and non-registered nursing staff on our wards (please see table below for key achievements).The employment markets across all our locations, particularly for qualified nurses and specialist healthcare and clinical professionals, became ever more challenging and more competitive during 2016 and this has remained the case into 2017.Recruitment activity has been focussed around the hiring of RGNs to enable more physical healthcare nursing experience on our wards and provide better support to patients.
What next?	<p>A revised recruitment strategy has been developed for the coming year to enable us to plan for and meet the challenges within the different markets in which we operate. We will continue to hone our strategy and plans for each pathway as each has different staffing challenges and requirements.</p> <p>Retention and engagement plans in each pathway are also a key focus for the coming year.</p>

Safe Staffing Key Achievements

	March 2016-Feb 2017	March 2015-Feb 2016
Total number of employees hired during the year	1264	1002
Total number of Band 5 nurses hired	159	145
Total number of health care assistants hired	348	245
Number of Band 5 nurses in pipeline	70	105
Number of HCAs in pipeline	51	159

Priority 5 – Patient Safety

Prioritise, identify and promote patient safety as an outcome supported by measureable KPI's delivered through strengthened and fit for purpose Serious Incident and Safeguarding (Adults and Young People) processes

Why did we choose this?	To build further on the work undertaken to embed an open and learning culture across the Charity and to further improve upon our safety of care.
What did we achieve?	<p>This priority has been partially achieved.</p> <ul style="list-style-type: none">• A process mapping session was held with staff and key external stake holders to identify how we could improve our Serious Incident process• Discussions have been held with NHS England and Clinical Commissioning Group colleagues to improve thresholds and streamline reporting• We continue to work closely with local safeguarding boards to ensure that our processes remain fit for purpose
What next?	Continue with the work already started to bring about policy change and implement a process that supports timely closure of learning from serious incidents.

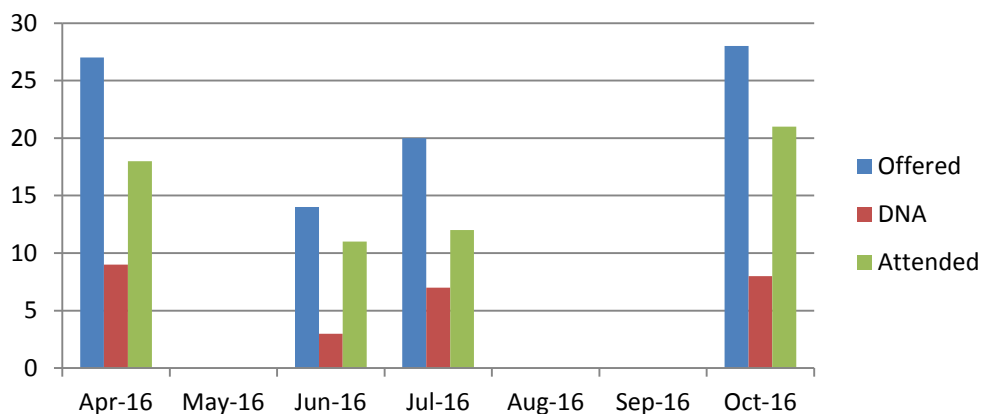
Priority 6 – Implementation of Physical Healthcare Strategy

Full implementation of the Physical Healthcare strategy, including smoking cessation, weight management, effective antibiotic management and healthcare screening

Why did we choose this?	The Charity is committed to the implementation of a preventative/outcome driven clinical strategy. This priority will incorporate existing work with regards to these areas.
What did we achieve?	<p>This priority has been partially achieved.</p> <ul style="list-style-type: none">• In 2016 around half of our patients were smokers. All smoking patients were offered smoking cessation advice and nicotine replacement therapy options. All the physical health team along with over 50 other charity care staff were trained to support the patients. Across the charity between 70-90% of patients offered support reached the required standard of being a successful quitter. The Charity became totally smoke free from 1 January 2017.• National Screening is offered to all patients covering retinopathy, breast, cervical and abdominal aortic aneurysm (AAA). The uptake can vary for each set of screening as some patients are reluctant to undergo these. Despite this the physical healthcare team are innovative and encouraging when arranging screening (see Retinopathy Screening chart below).• Antibiotic Stewardship is a priority for the Charity and in line with NICE Guidance 15. Electronic prescribing, local campaigns and an antibiotic formulary assist prescribers in appropriate antibiotic prescribing (see 'antibacterial drug issues by ward' below).
What next?	There is still more work to do around weight management and improved physical health monitoring, recording and awareness, therefore this will continue as a Quality Priority for 2017/18.

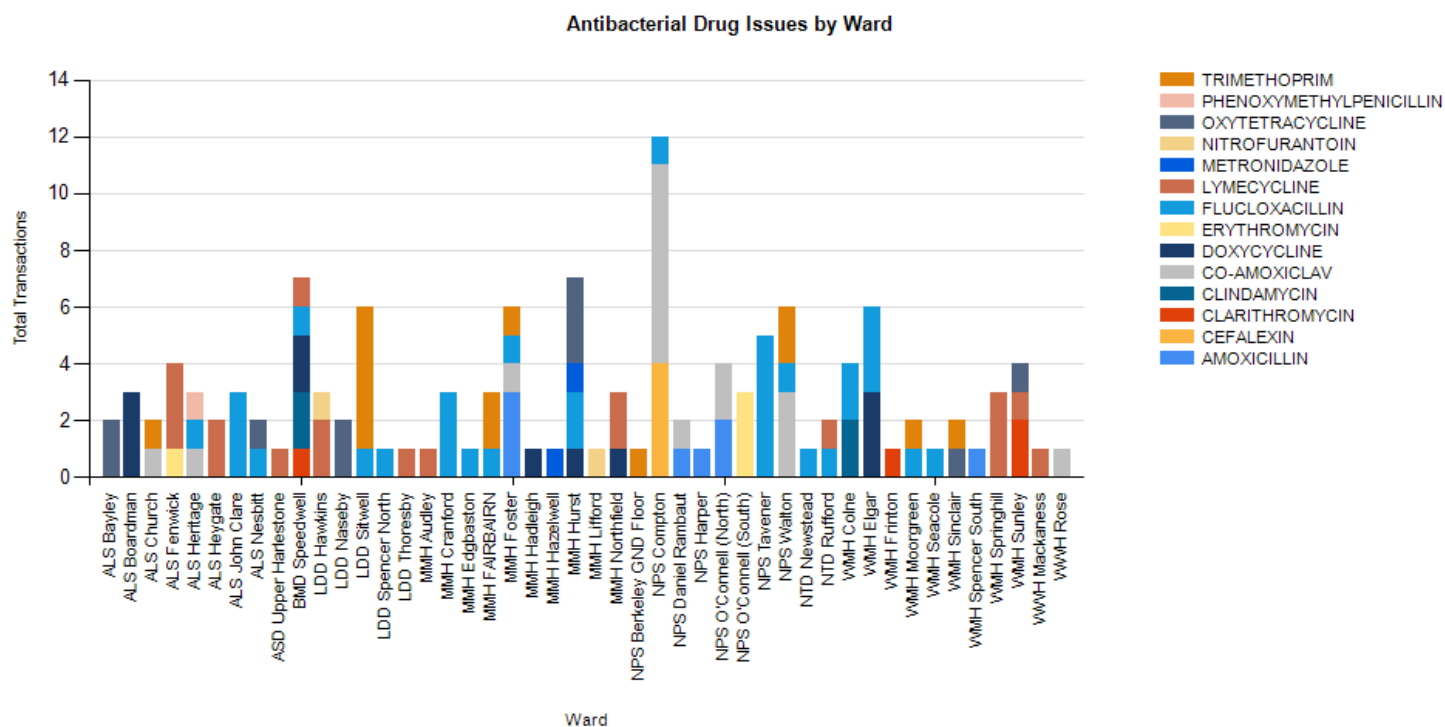
Retinopathy Screening 2016

The chart below shows the retinopathy screening uptake of 75% which is close to the UK National average uptake of 80%.



Antibacterial Drug Issues by Ward

The antibiotic prescribing decisions remain consistent and are monitored closely as below.



Priority 7 – Morbidity Mortality Review

Develop an effective Morbidity Mortality Review arrangement aligned with the NHSE Avoidable Mortality requirements

Why did we choose this?	By reviewing each death we will be able identify any clear learning points and ensure implementation of actions through the learning lessons framework.
What did we achieve?	<p>This priority has been achieved.</p> <ul style="list-style-type: none">• We have an established Mortality Group that reviews each death using a standardised framework. This Group reports into the Quality and Safety Committee.• Some of the learning identified in these reviews included the need to review where electronic documentation is stored on our RiO (electronic patient record) system, staff to have greater confidence in stopping an investigation when this is not needed and better support to staff following a death.• Examples of outstanding care at end of life have also been identified during the year. <p>We are reviewing and updating our End of Life Policy to reflect an emphasis on staff and carer experience and include the managed clinical network and learning from mortality review.</p>
What next?	We will finalise our End of Life Policy, publicise this and monitor implementation. We will continue to monitor and review all deaths to provide learning.

Priority 8 – Patient Engagement Strategy

Advance the Charity's Patient Engagement strategy on multiple levels to ensure the patient's voice is heard and acted upon.

What next?	To support the Charity's commitment to quality and therefore improved services for our patients.
What did we achieve?	<p>This priority has been partially achieved</p> <ul style="list-style-type: none">• Our patient involvement strategy was launched• Our Care Opinion website was launched giving patients the opportunity to share their experiences with us. To date 264 stories have been with many of these leading to change• We carry out face to face contact meetings with patients to gather feedback which works particularly well for those patients with restricted internet access• Feedback indicates that patients are feeling listened to• Stories and feedback are cascaded to relevant staff enabling our staff to respond to this in a timely way
What next?	Excellent inroads have been made with the progress in this area but we still have more to do. Over the coming year we will also be focussing on carer engagement and involvement which is why we will carry this forward as a quality priority for 2017/18.



St Andrew's
This section highlights some of the important successes for our patients and new initiatives for the Charity during the year.

Patient Success story

The Staff on Spencer South have taught me to like myself again. They have taught me to say no and not to accept people talking down to me or talk to me in a way that I am unhappy with.

My MDT is made up of all women and they all work together. I didn't like them at first and felt they were too harsh on me and they wouldn't give me any leave. For nine months they would not give me unescorted leave and when I eventually got it, I cried and cried. I was so pleased. I have had my level 5 for one and a half years now. I used to find self-esteem in ways that were not good for me but the

team taught me that not everyone is against me. They gave me positive criticism and for some reason they got me to listen to them. All of my skills including my coping skills, I have learned from my MDT and these skills have helped me with so many situations and I am so proud of myself. Previously I have had to re-start and start all over again, but not on this ward. My doctor went with me to look at placements and I can see that they actually care.

The team have seen how much I have worked, I've cried and I've fought. This ward is so empowering.

“Staff at St Andrew’s have taught me to like myself again.”





Patient Experience Facilitators

An expert panel of six patients from our Men's and Women's pathways have been recruited to work alongside the Patient Experience team and help raise awareness of the patient involvement strategy; deliver the patient involvement toolkit, inform senior leadership team; support other patients to get involved and assess performance against the strategic priorities. Additionally, volunteer roles, collecting patient feedback and support increased involvement, will be developed in 2017. We will aim to initially attract one volunteer per care pathway, with a view to extending this if the roles embed well.

Family Christmas Lunch

Staff listened to a presentation from a carer speaking about having a family member in a secure unit; explaining that she had never seen where her son lived, what his bedroom looked like nor had they had a Christmas together for a number of years. This inspired the staff to arrange a 'family' Christmas dinner over the festive period. 47 people attended, families had their picture taken with their family member (patient) and this was placed inside a card as a memento. A drinks reception was followed by Christmas lunch in the Pop up Restaurant, (transformed training room), culminating with each patient presenting their families with presents from under the tree.

Safe Staffing

Training

There are a number of key initiatives directly influencing safe staffing and effective safe care and treatment of our patients. A training needs analysis (TNA) process ensures that training is in place to meet the strategic and clinical needs of all areas of the Charity. This TNA provides a systematic mapping of training needs against the Charity's in-house portfolio and also reviews and specifies how we will meet needs not included in the portfolio (e.g. through external training; internal coaching and mentoring; and the development of new in-house resources). Through the TNA process managers determine the training requirements for staff in each role within their team.

Induction

All people working for the Charity are required to attend a Corporate Induction programme at the beginning of their period of employment. Corporate Induction provides an introduction to the organisation, expectations of staff working at St Andrew's, and an opportunity for new staff to complete initial mandatory training including Safeguarding, Basic Life Support, MAPA (Management of Actual or Potential Aggression) Foundation and Information Governance. The duration of Corporate Induction is dependent on the individual's role

Mandatory Training

The Charity determines a programme of mandatory training in consultation and in-line with commissioner and regulatory requirements. Mandatory training is delivered as either a face-to-face course or as an e-learning module. Requirements for mandatory training are mapped to staff dependant on their role and the area of the Charity they work in.

ASCEND (Non-Medical Approved Clinician Programme)

At St. Andrew's, the role of the Approved Clinician historically has been restricted to Psychiatrists. However, there is a great

opportunity for non-medical professionals to be developed and train to take on the AC role. This also provides them with a senior role that maintains clinical involvement and use of their acquired knowledge and experience.

Transform

TRANSFORM was launched in June 2016 and provides a bespoke framework for our clinical leadership development programme. It is designed to help aspiring, new and existing leaders gain or improve in a range of skills in leadership and management.

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.

The Aspire Programme is an initiative which provides both financial and on-going pastoral support (for a period of up to two years). The programme enables St Andrew's staff to complete their Nursing degree and is available to individuals who are either starting on their career journey in either mental health or learning disability nursing, or for those who are already part way through their MH/LD nurse training. There are currently over 60 St Andrew's people at various stages of their academic journey.

Staff Engagement

For staff engagement our goal is to achieve at least a 75% engagement score in our annual staff survey by 2020. In our 2016 survey we achieved an engagement score of 64%, which is 5% higher in comparison to 2015. We have formulated action plans to identify key themes across the charity, to ensure that the things that matter most to our staff are responded to, both locally and charity-wide, in order to continue our success in increasing employee engagement.



Finance Team: Working with nursing staff to improve processes

The Finance team has a desire to constantly improve our service to patients and the way we work. We introduced a facility for cashless purchasing on site for patients, and moved the online purchasing support into the Patient Finance team to ensure purchases for patients were given more focus and priority during the year. We also turned our attention to how we support patients accessing their money and information about their finances.

We consulted patients about what is important to them, and their feedback was that patients wanted to be able to get their cash and information on their money quickly and when convenient to them. So Finance has been working closely with staff in three wards across three pathways to develop and implement a new approach which provides patients with what they have told us is important, whilst also reducing the related administration required, so that our carers have even more time to spend with patients.

Patients in these wards have said they feel more in control, and like being able to get their money even when the Cashiers office is shut. Nursing staff have said they feel better because they can sit with patients and help them on a one to one level (with all they need available on the ward), and that they spend much less time on paperwork; “This saves a lot of time sitting in the office and more time with the patients”; “This process is helping with patient engagement. It also means they are actively taking part in their finances.” There have of course been parts of the new process that we didn’t get right first time, and through ongoing discussions and feedback we are refining and improving it together.

We hope to extend this new process, and all the benefits that go with it, to the whole of St Andrew’s over the next year, and to continue improving it as we go along.

Positive and Safe

In 2014 the Department of Health published 'Positive and Safe' requiring all care providers to review their practices and implement plans to eliminate unnecessary restrictive practices. St Andrew's went into partnership with Crisis Prevention Institute (CPI) to design and implement a culture change programme. The focus was to embed the values of care, welfare and the safety and security of all members of St Andrew's community, via the roll-out of a Management of Actual and Potential Aggression (MAPA) development programme.

MAPA

The MAPA programme includes communication, deceleration and de-escalation techniques, as well as emergency holding skills. The programme also embeds a culture of continuous improvement whereby staff are skilled and inspired to question current practice and innovate best practice when managing crisis situations.

MAPA launched in January 2016, delivered by a team which includes one peer support worker who is a previous patient of St Andrew's. The programme scope includes all staff, students and volunteers. The first implementation phase focused on the Adolescent Service.

The initial programme consisted of the MAPA5 and MAPA1. Following a short break in delivery during summer 2016, the delivery plan was reviewed and a number of changes were agreed;

A new MAPA4 programme was introduced for new employees, resulting in a combination of three programmes being rolled out. The pace of delivery would be slowed down to two courses per week in Northampton and one per month in each regional site to accommodate ward staffing needs. To prioritise the allocation for attendance for high risk wards and environments, where current percentages were low, ensuring MAPA is delivered to those environments that have the

greatest needs, this was completed in collaboration with Modern Matrons

Refresher training was to commence at 24 months or after the programme rollout (whichever was sooner) and would be blended in design using digital learning and physical skill assessment.

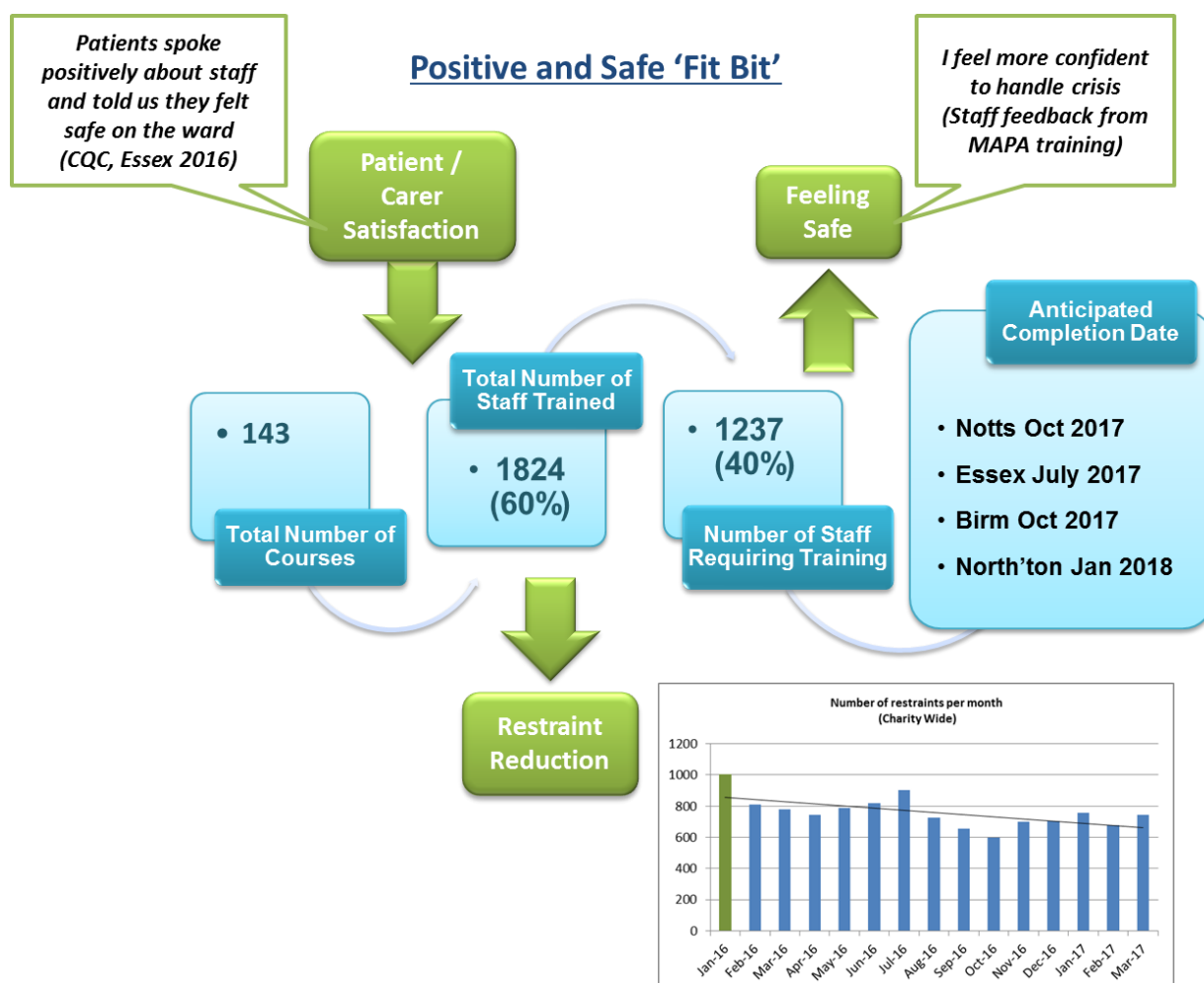
Additional programmes and projects which provide support to the Positive and Safe Project include;

- An eLearning module providing an introduction to the guiding principles of positive behavioural support
- An increase in the rollout of RAID training; RAID training is a 3-day course delivered by The Association of Psychological Therapies (APT) to promote proactive management of risk behaviours which focusses on positive communication techniques which incorporating the principles of positive behavioural support
- The introduction of Safewards; which identifies a range of interventions which are proven by research to make a difference to the day to day management in mental health / learning disability settings. Eighteen wards were selected across the Charity to pilot Safewards interventions; these included ASD Newstead, LDD Naseby, and LDD Sitwell.



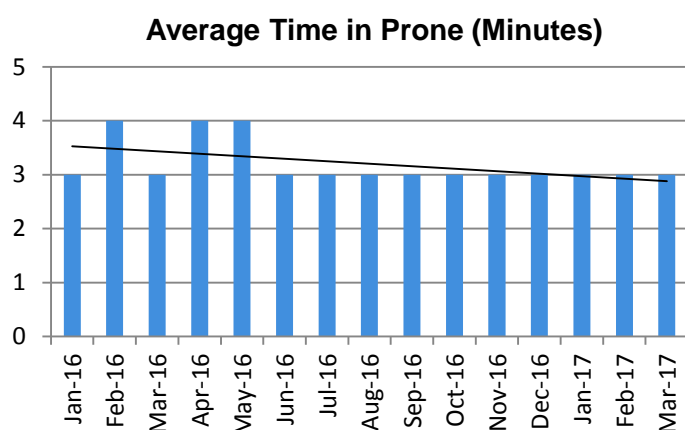
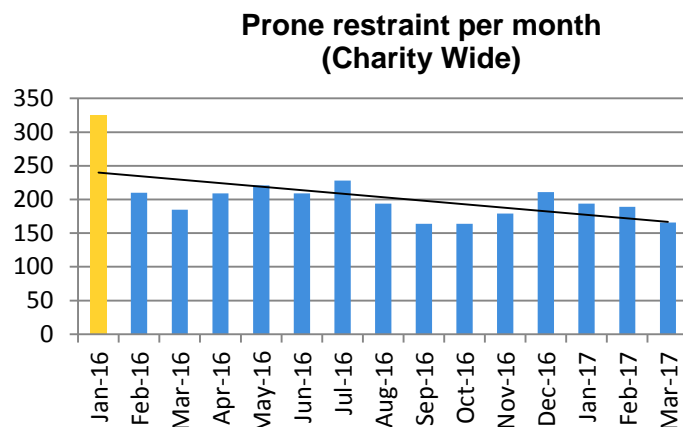
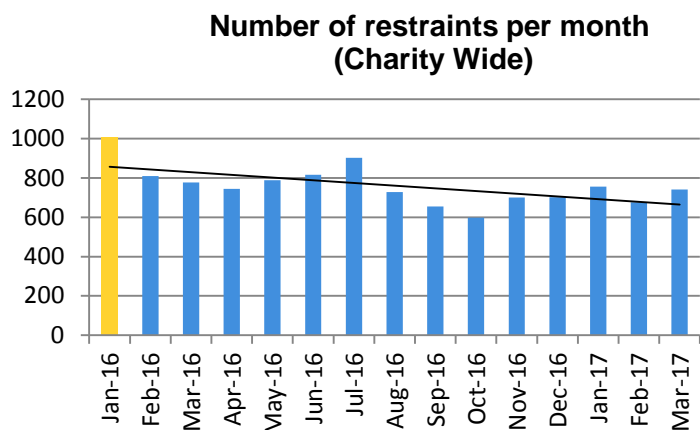
Progress

The Positive and Safe 'Fit Bit' below provides a snap shot of the overall progress in the Positive and Safe project:

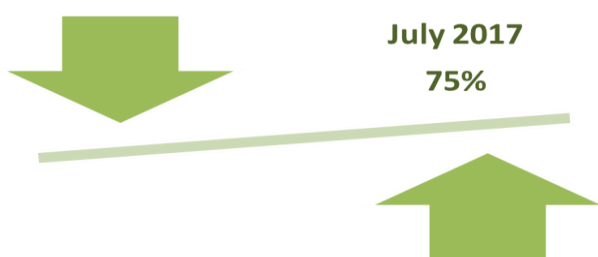


Reduction of Restraint

The graphs below illustrate the reduction in restraint that has been experienced across the Charity during the previous fifteen months, commencing in January 2016 when the MAPA rollout commenced to March 2017.



Tipping Point – the point at which culture change begins to have the biggest impact; however for this to have traction each ward needs a plan and clear targets for change. Therefore this has been maintained as a quality priority for the 2017/18 period.



Safewards

Safewards is an evidenced based model of care the focus and outcomes being to reduce conflict and containment. Informed by international research, the author of Safewards, Professor Len Bowers from the Institute of Psychiatry visited St Andrew's Healthcare in 2014 to present to an interdisciplinary group at the first extended CPD session focusing on restrictive practices i.e. seclusion, enhanced support and restraint.

The main conclusion of this research is that simple interventions aimed at improving staff relationships with patients can reduce the frequency of conflict and containment. These interventions include Clear Mutual Expectations; Soft Words; Talk Down; Positive Words; Bad News Mitigation; Knowing Each Other; Reassurance; Calm Down Methods; Mutual Help Meetings and Discharge Messages.

The research demonstrates that the introduction of Safewards in mental health settings has positively impacted on the following areas:

- Patients and staff working in partnership to make the wards safer places for all and to minimise the use of restrictive practices
- Increase safety, reduce coercion
- Create more peaceful wards
- Fewer assaults, fewer injuries
- Less time is spent on containment which frees up time to be spent in engagement

Our Progress

We piloted the Safewards model on five wards in the Women's pathway, two wards in the Men's pathway, two wards in the Learning Disability pathway, two wards in the CAMHS pathway and two wards in the Neuropsychiatry pathway. Several improvements were identified at the end of the pilot which included a reduction in the number of restraints by 32%, prone restraints were down by 38% and the use of seclusion was down by 17%.

Next Steps

Given the success of the Safewards pilot in reducing restrictive interventions, the Charity has agreed to maintain this as a Quality Priority for 2017/18. A clear plan has been developed for Charity wide roll out and progress will be monitored through the Restrictive Practices Monitoring Group.

The Safewards Model:

Conflict and Containment

Conflict: Potentially harmful events

- Aggression
- Rule Breaking
- Substance/alcohol abuse
- Absconding/missing
- Medication refusal
- Self-harm/suicide

Containment: preventing harm

- PRN medication
- Coerced IM medication
- Special observation
- Seclusion
- Manual restraint
- Time out





St Andrew's HEALTHCARE

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