



St Andrew's
HEALTHCARE

WALK THROUGH THE GARDEN
AND ENJOY THE FRESH AIR
25/8/18

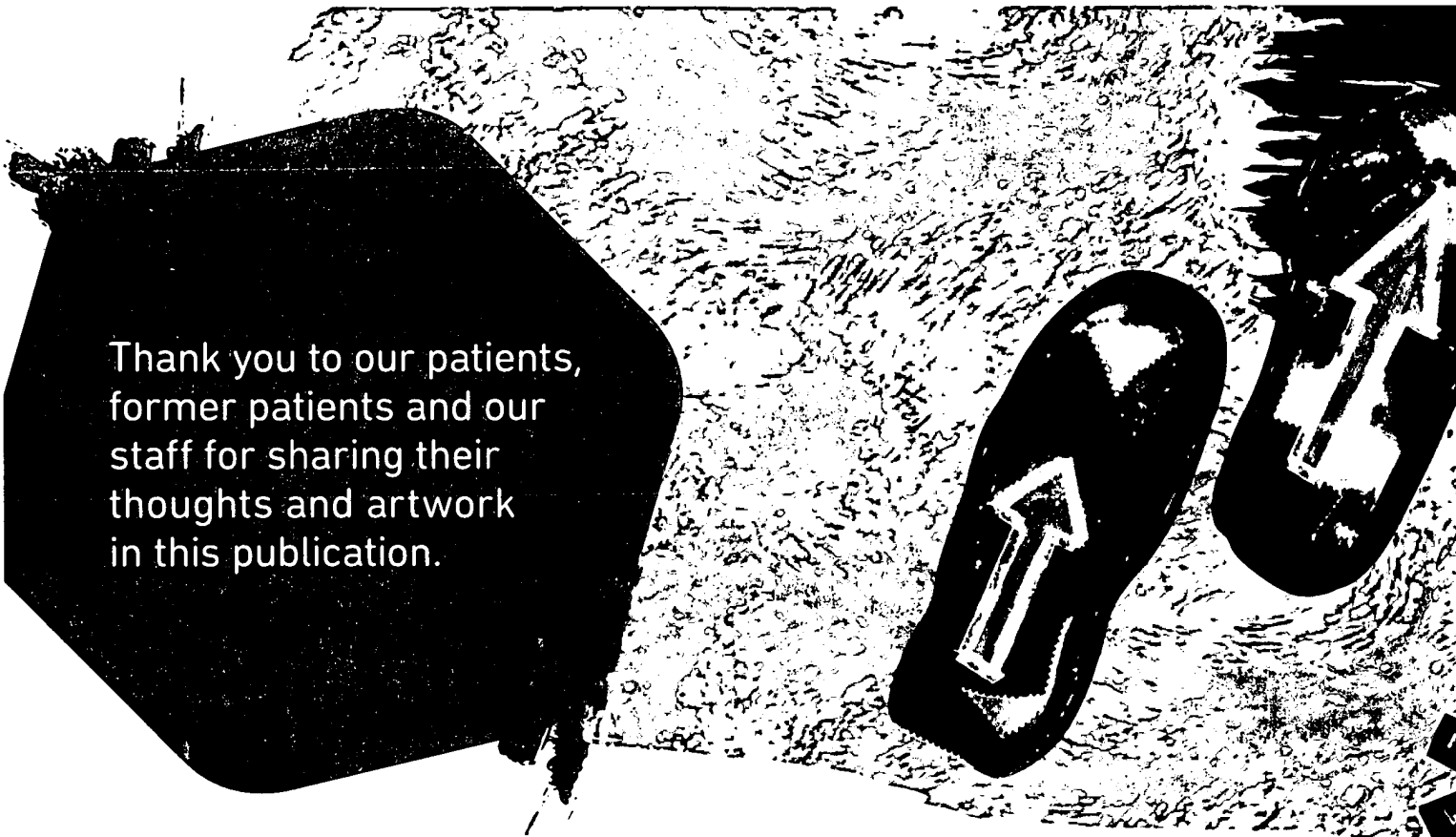


TUESDAY



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A15 21/08/2018 #34
COMPANIES HOUSE

Transforming lives together



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

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Hope

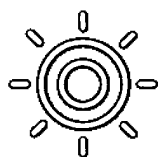
When it all gets too much and you find it hard to cope
 There's always light at the end of the tunnel,
 there's always hope
 There's always room to carry on
 There's always time for the bad things to be gone.

Put a smile on your face
 Because you're not always gonna be in a bad place
 Just believe in yourself, you'll go far
 Just keep wishing on that shining star
 Nobody can do it for you
 You have to see the hard times through.
 Hope and your heart will start to mend
 When you see it through to the end
 You'll see what you can do when you really try
 The hard times will fly by
 Soon you'll forget all the bad
 ...all the unhappy, all the sad
 So let in hope, it will prove alright
 Hold on to your dreams tight
 So when your heart is full of sorrow
 Believe in yourself. There's always tomorrow.

Poem by patients on Stowe
 and Seacole wards.



HOPE



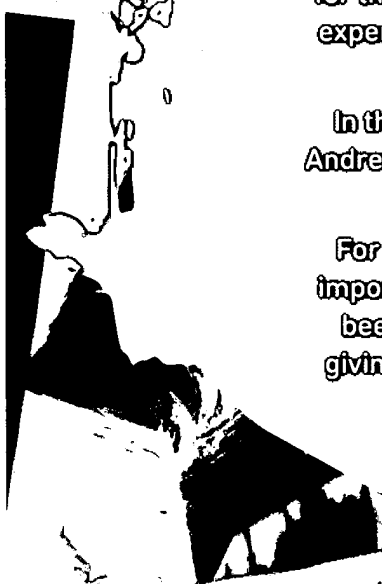
Welcome to our 2017/18 Annual Report, the document that explains to the people who matter most to our Charity how the last year has gone, and how we plan to continue to improve things for the future.

We know that when some of our patients first come to St Andrew's, they may be nervous of being in a new environment, concerned about the treatment and care they may receive and unhappy about being away from family and friends. The move to hospital care can also be a worry for the patient's family or carers, not knowing what their loved ones will experience, how long they will stay, who will look after them, and when and how they might be able to visit.

In the last year, we have worked really hard to change the focus of St Andrew's to concentrate more on the individual needs of our patients and carers, and to give each one of them a sense of HOPE.

For the first time, we have prepared this Annual Report for our most important audience – our patients and carers. We've set out what we've been doing over the last year, and what our plans are for the future, giving real life examples of the changes we have made and the impact these have had on the people we really care about.

We hope you enjoy reading it.



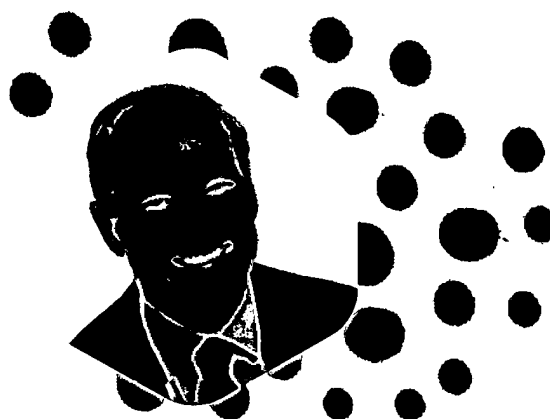
"Walk on with hope in your heart,
you'll never walk alone."

Shah Rukh Khan



HOPE

A welcome from our Chairman



2017/18 was a year of significant change at St Andrew's Healthcare. Whilst all organisations need to continually develop, improve their approach and become more efficient, the year can truly be called one of "transformation" for our patients and staff.

We changed our approach to patient care and treatment, adopting a model called "Value Based Healthcare". Value Based Healthcare places personalised patient care at the heart of everything we do, and in time will enable us to understand the cost of achieving better patient outcomes. To support this approach, we have re-organised the Charity into Integrated Practice Units (IPUs), which are smaller units, comprising a small group of wards, that support patients with similar health needs. This has involved not only a change of structure and approach, but for our staff a change in their way of working. We have encouraged staff to take more of a lead in how they provide care and treatment for their patients in their IPU and given them responsibility for their own budgets so that they can make decisions that best improve outcomes for their particular patient groups.

These changes have been made in a situation where the health service is lacking in funding and the commissioning environment is changing. The Charity is fully committed to both the

Transforming Care Programme, and Care Closer to Home initiative which are intended to ensure that more patients are looked after in the community and closer to their homes.

All of this has led us to re-visit our strategy to ensure that we can support these changes and provide appropriate care for our patients when they leave St Andrew's. The new strategy will therefore involve the Charity providing more community places, and offering new services, in the areas where we have the best skills.

Strong leadership has been an essential factor in driving these changes in the Charity over the last few years. I would like to thank Gil Baldwin for his commitment over the three years he spent with us, and welcome Katie Fisher, who joined us as our new Chief Executive in June 2018.

I would also like to express my thanks to our staff, volunteers and all those who invest their time to support us, for their ongoing dedication to our patients, and for their significant contribution to the Transformation Programme. And thanks too, to our patients and carers for the brilliant artwork, thoughts and stories that are displayed in this document, that demonstrate what "hope" means to them – thank you for sharing this with us.

Peter Winslow

Chairman, St Andrew's Healthcare



Transforming lives together

Who we are

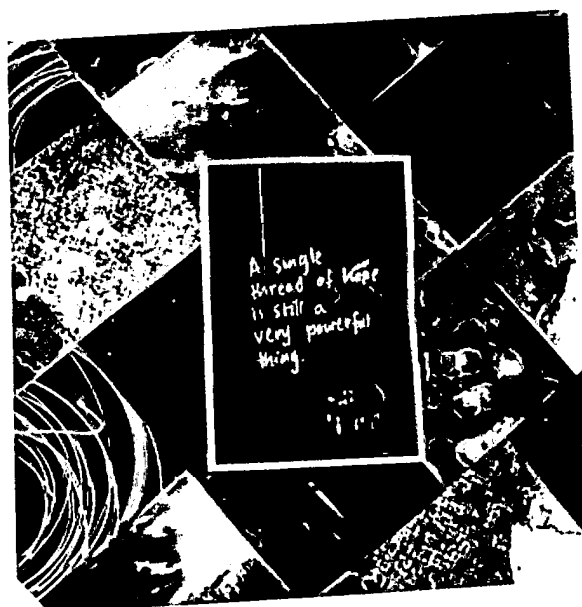
St Andrew's Healthcare provides specialist mental healthcare for people with complex mental health needs. We are a charity, and so any profit we make is reinvested into patient care; we have no shareholders or owners to pay dividends to, which means that we can always put our patients first.

Our headquarters and largest service is in Northampton, and we also provide services in Birmingham, Essex and Nottinghamshire. We provide treatment and care for over 800 patients who face challenges of mental illnesses, developmental disorders, brain injuries and neurological conditions. Over 90% of our patients have been detained under the Mental Health Act 1983, and of those, around half are "forensic" patients who have come to us via the criminal justice system for care and treatment in a secure environment. NHS England and Clinical Commissioning Groups (CCGs) from the area where the patient lives place them with us, when it is appropriate to do so.

In order to meet our patients' needs and support their journey towards achieving hope and purpose in their lives, we have a positive, welcoming, diverse and inclusive workforce made up of 3,487 permanent employees, and 989 workers who are engaged via our internal "bank" system. Over 90% per cent of our permanent staff (and 95% of our "bank" staff) are directly involved in clinical care and support for our patients.



The Charity was set up in 1838, and our purpose remains the same now as it was then – "to promote the healing of sickness, the relief of suffering and the relief of those experiencing mental disorder". This report sets out the ways in which we carry out our charitable aims and provide public benefit, and the Trustees are guided by the Charity Commission in relation to their obligations to do so.



What we do

A stay at St Andrew's is only ever intended to be a small part of a patient's treatment journey. Our aim is to provide individual care and support to enable our patients to recover and lead a fulfilling life. For some patients this may mean moving to a more local or lower-security environment, and for others will involve work and vocational training so that they are able to support themselves when they leave St Andrew's.

To do this, we offer truly personalised care, different for each of our patients. Everyone in our care has a tailored care plan created in partnership with them, their family or carers, to suit their individual needs and preferences, which is designed to give them hope for their future lives.

We believe that physical and spiritual health and wellbeing are as important as mental health. We offer a wide range of therapeutic services, from sports and physiotherapy, speech and language therapies, to educational, vocational and occupational therapies. We encourage everyone in our care to engage in a variety of activities to aid their recovery.

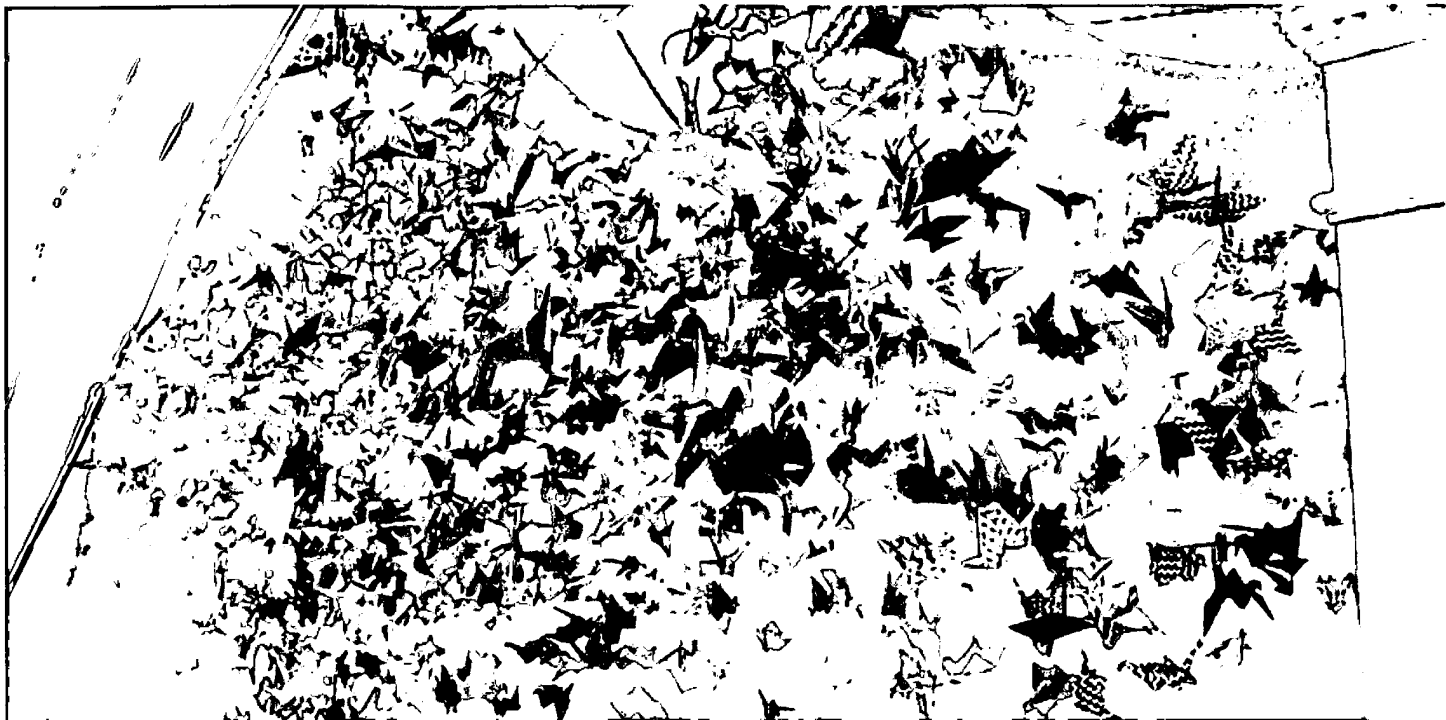
Pictured: Tee, during an interview with BBC Breakfast news, where she shared her feelings about being discharged from St Andrew's, and her hopes for the future.



TEE'S STORY

"Being a patient at St Andrew's really did change my life. I was sceptical and had many negative and doubtful thoughts towards the beginning of my admission, but they quickly changed. Without the support from staff and the opportunities I was given I wouldn't have the hope that I can achieve whatever I put my mind to. Since being discharged in February, I now have a part-time job in a little café which I absolutely love. I'm also going back to college in September to study my access course in social sciences (with the hope to go to university to study my Occupational Therapy degree), which is something that I finally have the confidence to do again. In October I'm also going to be running my first half marathon to raise money for Mind, which will be such an achievement!

I've always wanted to show people that there is always hope in every situation so I started my own blog to help raise awareness for mental health (www.positivi-tee.co.uk) and to help people feel less alone. I lived the majority of my life feeling like I was one thing away from completely losing myself but with the help of St Andrew's I finally have my life back. I don't intend to throw that away anytime soon, either."



How we do it

The only way we can deliver our vision and strategy is through the skill, experience, professionalism and enthusiasm of our staff. We have an amazing team of staff and volunteers who deliver compassionate and effective care and treatment to our patients every day.

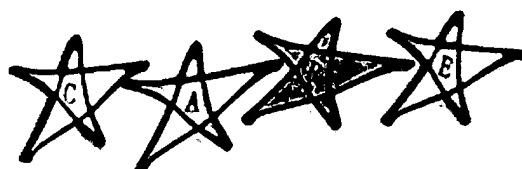
Our vision is Transforming Lives Together. The word **together** is vital, as it represents the partnership between our staff, patients and carers that is at the heart of transforming lives. It refers to how we work alongside each patient to care for them in a personalised way, how we work as an organisation and share good practice, and how we work together as colleagues.

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

Throughout the year, we celebrate members of staff who demonstrate our CARE values, recognising the difference their commitment makes to patient care. Our CARE Awards culminate in an annual awards ceremony which acknowledges the year's outstanding achievements across the Charity.

"Hannah is relatable. She treats you how you treat her. She knows when I am low and talks, which calms me down. I have the utmost respect for her."

CARE Award nomination from a patient on Sinclair ward, about a member of staff.





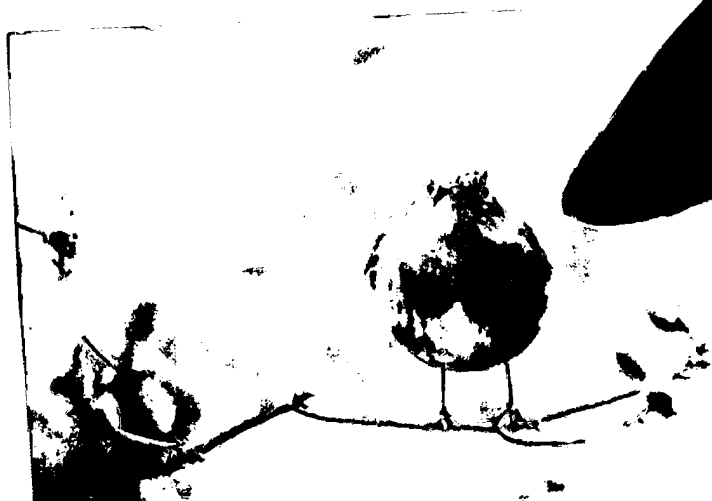
Who pays for it

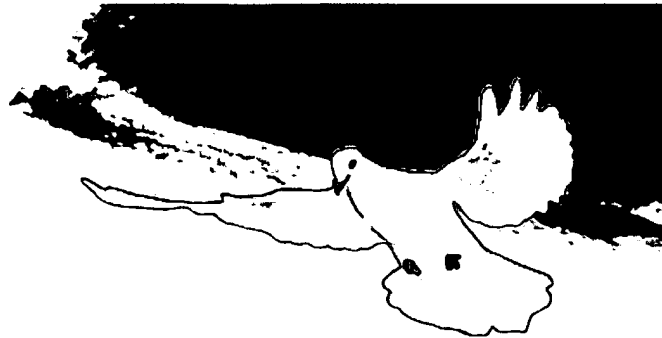
The Charity receives almost all of its income from NHS commissioners. We do from time to time receive donations, and in most of these cases the income is reserved for a particular cause; however this is currently significantly less than 1% of our income.

Our single biggest source of funding is from NHS England (NHSE), which is the centralised body that places the most complex patients with appropriate providers of care. Our other main source of income is from Clinical Commissioning Groups (CCGs), who also commission our services for their patients with complex needs. We received income from around 200 CCGs in financial year 2017/18, the same as in 2016/17.

We are extremely conscious of our duty not only to provide the best outcomes for our patients but to do so in an efficient manner. Our aim is to maximise the outcomes for every pound spent on delivering those outcomes. We do therefore aim to make a profit and invest 100% of that profit back in to providing better outcomes for patients. We keep a certain amount of money in reserve, which means that in a challenging year, or one where we need to spend on "one-off" items, we can make a loss if we believe this is in the best interests of our long term charitable objectives.

We continue to invest in our buildings, to ensure that we can offer the best facilities and a broad range of options for our patients. Our recent focus has also been on investment to improve our IT systems, to facilitate more efficient working and ensure robust underlying platforms and security, ensuring that our data is both manageable and well protected. In 2017/18 we spent less than normal on IT and Estates, as we needed to spend money on the development and implementation of the Transformation Programme, which introduced Value Based Healthcare. The Board felt that this was in the best interests of the long term future of the Charity.





Who checks that we are doing it well

We have many internal processes that are designed to check and audit the services we are providing to our patients. These include audits conducted by our Internal Audit team and clinical audits conducted by both clinicians and clinical staff, as well as reviews and analysis done by our Clinical Audit and Assurance Team. These are further supported by our Quality Business Partners and Quality Assistants within the IPU's who complete both compliance and quality checks on a ward by ward basis.

We are regulated by a number of different organisations. The main regulator of the quality of care we provide is the Care Quality Commission (CQC), but other bodies also review aspects of what we do. These include all of the CCGs, Ofsted, Safeguarding Boards for Adults and Children in the areas where we operate, NHS Improvement and the Charity Commission. The inspections that are carried out by these bodies provide an ongoing pressure for improvement – which we welcome.

Our aim is to be rated as Outstanding by the CQC in all of our services, although we recognise that this will not be easy to achieve. The current

position is that 5 out of 7 of our registered services are rated as 'Good'. The ratings of the seven registered services are broken down by IPU's in the table.

In May 2017, the CQC carried out an inspection in the Charity's Men's Service in Northampton which identified a number of serious concerns and resulted in a Warning Notice. The Charity immediately took steps to address their concerns and welcomed the CQC back in December 2017 to demonstrate the improvements we had made. As a result of that visit, the Warning Notice was removed.

Each year we produce a Quality Account, which sets out how we plan to improve the quality of our treatment and care, and whether we are achieving our objectives. You can see a copy of the Quality Account on our website <https://www.stah.org/assets/Uploads/St-Andrews-Healthcare-Quality-Account-2017-18.pdf>.

IPU	Overall CQC Rating*
Brain Injury - Rehabilitation and Care	Good
Dementia and Huntingtons Disease Care	Good
LD & ASD Secure Care (Notts)	Good
LD: Secure Care	Requires Improvement
ASD: Secure Care	Requires Improvement
Men's Mental Health: Medium Secure	Requires Improvement
Men's Mental Health: Low Secure/Locked	Good
Mental Health and ASD: Secure Care (B'ham)	Good
Psychiatric Intensive Care (PICU)	Good
Women's Mental Health: Medium Secure	Good
Women's Mental Health and Personality Disorder	Good
Women's DBT	Good
Mental Illness and Personality Disorder (Essex)	Good
CAMHS	Requires Improvement
CAMHS Developmental Disorders	Requires Improvement

* All ratings are an average across the wards within each IPU, correct at the time of publication.



Patient audit group

Within our Learning Disability service, our staff and patients formed a 'Patient Audit Group', and have been designing and carrying out their own audits to help us improve the care we offer. This group has been running for nearly two years. Recently, the group audited their own care plans, using a recognised tool that was adapted to an easy read format.

They were inspired to conduct the audit as they felt the care plans did not include enough of their input, instead focussing too much on NHS England and St Andrew's requirements.

The results of the audit are being used to improve care plans in the LD IPU.

How they did it

The Group developed a questionnaire, and worked together with a speech and language therapist to make sure the questionnaire was service user friendly. In community meetings, patients were asked if they wanted to audit their own care plans so that we could check if care plans were doing the job we needed them to do.

Findings

Twenty-five patients within the Learning Disability service agreed to audit their own care plans. Patients, supported by assistant psychologists (who didn't help write the patients care plans), reviewed their care plans using the care plan audit tool adapted by the group. Overall, the audit found that patients were happy with their care plans, and most felt very positive about their timetables, the frequency of reviews and the helpfulness of their care plans. The audit found that patients were less happy with their discharge plans and reviews following incidents. Overall, patients were very confident that their care plans would help them make progress.

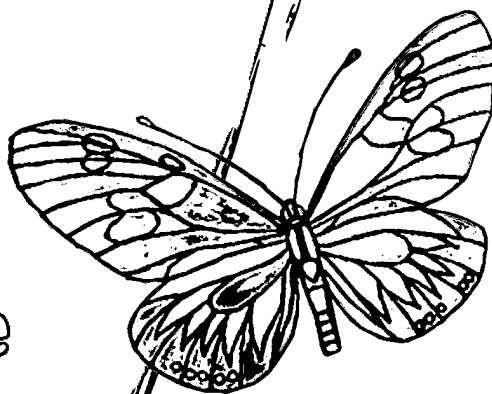
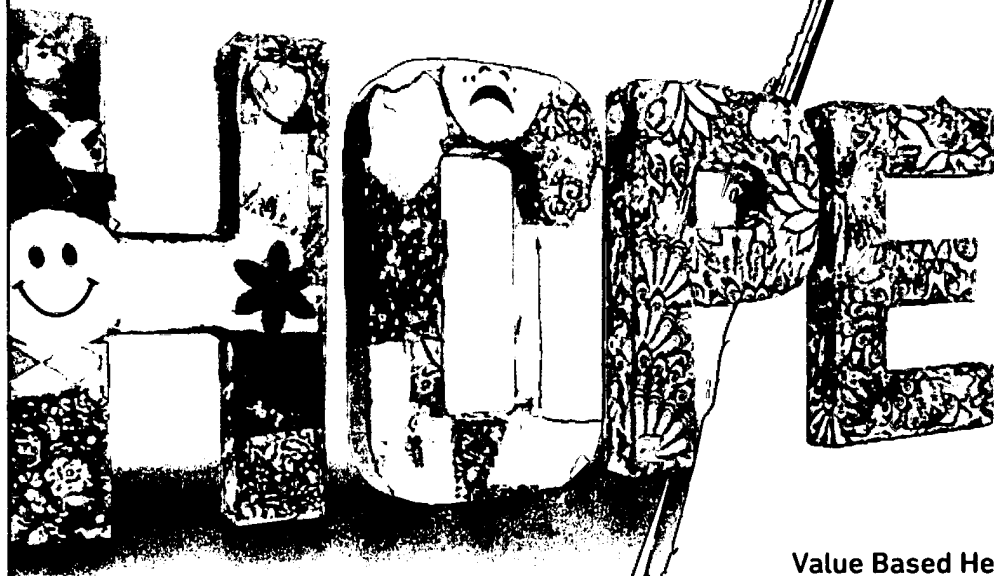
Recommendations

The Patient Audit Group made several recommendations to staff following the audit. They suggested that St Andrew's make posters for the wards to explain the Mental Health Act, and have easy read booklets available for the different sections. They also recommended that the wording used on care plans was changed - especially the

medical words - to ensure they are easy to understand, with a list at the end of the care plan explaining what the unfamiliar and medical words mean. The group also suggested that care plans should reflect the present situation for the patient, rather than just the past.

Dr Deborah Morris, Clinical Lead, explained: "Having patients as partners in the clinical governance process is key to ensuring that we ask the right questions and develop the most effective service improvement plans. Patients bring a unique insight into the developmental needs of the service, and their contributions have ensured that we are asking more relevant service development questions. Patients are incredibly dedicated to the group and frequently work on audit related activities in between meetings. We are currently working on an audit of medication, and other audits and service development plans are in process."

2017/18 – A year of change



Value Based Healthcare

In 2017 we decided to pioneer an emerging approach and adopt Value Based Healthcare across the whole organisation. This means that we constantly measure outcomes to ensure we are helping the people in our care to lead a meaningful life, with - where possible - discharge from a secure environment as soon as they are ready. We are now starting to manage and review the cost of providing those outcomes - so that we are able to work out whether we are spending our income on things that give the best value to our patients.

To deliver our ongoing improvements, over the last year we have restructured our entire organisation into 'Integrated Practice Units' (IPUs) - groups of wards that care for patients with similar conditions and needs. This is an evolution of our previous structure which was based around six 'pathways'. The IPU structure is allowing us to empower our clinical teams to become even more specialised and outcome led, with each managing their own staffing requirements, budgets and the support they offer to patients.



The Value Based Healthcare model, based on work by Sir Muir Gray in Oxford and by Professor Michael Porter at Harvard Business School, has been gaining traction across the world in recent years. Globally, several healthcare organisations have begun to adopt its philosophy, and a handful of mental health organisations are beginning to make strides towards it. However, they are doing this in bite-sized chunks, and primarily focusing their efforts on improving outcomes; currently we believe that St Andrew's is the only mental health provider to have adopted Value Based Healthcare holistically, across the whole organisation.





Changes in our Psychiatric Intensive Care Unit (PICU)

"When we began our transformation journey in July 2017, we wanted to really change the ways we did things in the PICU."

As a team we implemented risk assessed access to mobile phones. Previously, when patients were admitted their mobile phone would be taken from them and stored on the ward. Now, we focus on the positive aspects of patients having access to mobile phones, and use them on the ward as part of their coping mechanisms – for example, our patients can listen to their own music, and look at their photos.

We also introduced e-cigarettes to the patients on the PICU wards.

This has had a positive impact on patients being admitted from the community who are heavy smokers. The ward now has supervised vaping in the courtyards.

One of the biggest changes we made was taking away the long weekly ward rounds and replacing them with daily handovers. Previously ward rounds would often be long and were only held weekly; we now have daily handovers on both wards where key discussions take place regarding patient leave and discharge. This has been very positive and a model we are proud of on the PICU IPU."

Dean Robinson, Operational Lead, PICU

Patients

To ensure our patients lead meaningful, enjoyable lives, with hope for the future, both during their time at St Andrew's and on discharge, we work hard to ensure each person in our care can access different experiences and opportunities.



Preparing for community living

For some of our patients, a direct move back into the community can be a demanding and daunting step. To bridge the gap between a secure environment and a return to community living, we have several step down units where our patients can live with support.

In 2018 we opened a new unit, Billing Lodge in Northampton, to accommodate three patients in our care who have a learning disability. Billing Lodge offers these patients a homely, calm environment where they can start living independently before making a full return to community living.

Our step down facilities give patients the skills and experience to live independently, whilst still receiving the support they need. We encourage residents to develop their living skills, including cooking meals, managing laundry, maintaining the cleanliness of their bedrooms and managing their own budgets.





GIRLS ON THE EDGE DOCUMENTARY

After two years and a half of discussions, research and filming, a one-off BBC documentary about patients within our Child and Adolescent Mental Health Service was broadcast in February.

The hour-long, one-off observational documentary was entitled *Girls on the Edge* and followed three families whose daughters had been sectioned under the Mental Health Act to protect them from harming themselves. The teenagers were all, at the time of filming, being cared for at FitzRoy House in Northampton.

The girls' stories explored the impact their illness has had on them and their families, and was told in their own words with directness, courage and raw honesty.

Lisa Cairns, Service Director explained: "Taking part in the documentary wasn't something we took lightly; there was a rigorous three-step consent process for our patients, and we worked closely with the production team at Dragonfly to ensure both our patients and staff felt comfortable and confident being part of it. Each of the girls had similar reasons for taking part in the programme, and all felt that by sharing their stories they could help other young people who are struggling with their mental health. We're proud that the finished programme helped to de-stigmatise mental illness, demystify what secure mental healthcare involves, and gave our young people a voice."



Physical healthcare

It is important that our patients enjoy good physical health and we have dedicated services and facilities to promote healthy living and to support our patients with physical health problems. These include a primary care team with General Practitioners and physical health nurses, a dental service as well as specialist physiotherapists, speech and language therapists and specialist dieticians. Our aim is to make sure that all of our patients are supported to ensure they feel motivated and think positively about living a healthy lifestyle: this is one of the outcomes we measure.

We offer a range of sports and exercise activities, including dance, swimming, team games, racket sports, exercise to music and outdoor pursuits such as climbing and kayaking. Our dedicated staff offer one to one coaching, and provide personal fitness programmes and training sessions.

Within a secure facility, there are some structural barriers – locked doors and controlled access to facilities, for instance – which can make exercise a little more difficult, but we are working hard to ensure that all of our patients can access exercise and sporting activities. Many of our wards and buildings have their own dedicated sports facilities; William Wake House, for example, includes both a swimming pool and a gym.

There's a great emphasis on fun with our sports activities. Over the last year we have welcomed professional sports teams to our sites to help motivate our patients, and we regularly organise sporting events, including with some of our local clubs. We do face some challenges and we are not yet satisfied that we are able to provide all of the sports and exercise opportunities that our patients would like. To help to address this our staff supporting physical healthcare have moved into the IPUs, so that they can provide more bespoke support for individual patients and patient groups.





KIM'S STORY

Former patient Kim* has recently been discharged after being in our care for a number of years. As part of her recovery journey, our staff encouraged Kim to become more active. This had amazing results when she took part in Body Rockers, a 12-week patient activity and exercise programme.

The programme promotes physical wellbeing, and involves the whole multi-disciplinary team (dietitians, psychologists, occupational therapists and nursing staff), who work together with their patient. Once Kim started moving more, she started to notice real benefits. She explained:

"I'm so much busier, I love it. My mum and dad say that when they visit me I'm so much happier now, as it's good for me to keep busy."

"It's a lovely day for walking, not too warm. I think it's better to be outside on a walk than inside. Being out in the fresh air clears your mind. That's why I like to get out for a walk every day, I just love it. This place is gorgeous; on a walk I'll see birds, rabbits, squirrels. It's lovely in the summer, and I love it when the leaves turn brown and then turn green once again."

"I want to start doing even more. When I first started I could only do a couple of sit-ups. You build up each week, five more, 10 more. Now I can do 40 crunches, 50 sit-ups. I want to walk further and do more. When I'm home I will keep it up."

*Not her real name

Education

Children and adolescents

For our younger patients we have a dedicated college located within FitzRoy House, where patients can improve their academic skills and gain additional qualifications as part of their recovery. The college – which has an ‘Outstanding’ rating from Ofsted – delivers bespoke education programmes for each young person, based on their needs, interests, and existing skills.



“For our learners, this is one part of their journey, and we need to equip them with the right skills and qualifications to make successful transitions in their future lives.”

Julie Sadler, Head Teacher

Adults

Our Adult Education team provide support to the rest of our patients, whether that be help with basic skills or returning to study with a view to attending Further or Higher Education. We also offer a wide variety of vocational experiences and qualifications, all through the National Open College Network.

We are expanding our education provision, and in 2018 we will launch our Recovery College, which will provide additional courses that help patients, staff and carers to better manage their health and wellbeing. Courses will cover areas including mindfulness, spirituality, meditation and workplace skills.

On average we work with our patients to sit over 300 exams each year.





"The education at St Andrew's College is helpful, interesting and fun. We are taught by enthusiastic teachers in a personalised way and I'm very happy with my work and achievements that I have completed so far."

Patient on Willow Ward



SPORTS COACHING

This year we introduced a Sports Coaching Award which saw ten of our female patients achieve a qualification. This was a collaborative project between St Andrew's and Northampton Town Football Club. Our female patients really benefited from the 10-week course, gaining education and employability skills in the process.

One patient explained: "It's amazing, you feel normal, having fun, interacting with people – it's just like being young again. We've got a lot closer, passing more to each other, using names. When we first started we were stuttering, but now we can call each other's names. It's really good."

Another patient added: "It makes me feel free – not talking about mental health, just talking, about football. It makes you feel completely different and free. All the therapy we do is constant, it's nice to get the break and it's nice when people from the outside come in, and don't judge our health or our scars. It's great."

Dr Denise Poynter, Adult Education Lead Teacher, explained: "We've been able to tick boxes for team working and communications skills and the amount of maths we have managed to get out of playing football is really helpful. The thing that we really liked was that the patients can get so much more out of this project than just playing football."





"This placement was great; I've been pruning plants, collecting the leaves and helping in the University allotment. It was a great opportunity for me, and I hope it leads to other things."

Gary, who undertook a 12-week placement at the University of Northampton. He has recently been offered a paid role by the University.

Becoming 'work ready'

We offer various vocational opportunities for the people in our care to learn and develop work and life skills, in a fully supportive environment. All patients, whatever their skills, or level of leave, can get involved with activities including craft, textiles and woodworking.

Patients with community leave are able to use Workbridge, our vocational centre which includes a garden centre, ceramic and woodwork workshop, and an award-winning coffee shop. Workbridge offers a unique environment for people to work in a supportive setting, which is open to the public. In July 2018 we opened a Workbridge service in Birmingham, which will mean that we can offer these great opportunities to even more of our patients.

Working together with their multi-disciplinary team, patients are able to gain work skills and experience by working at St Andrew's, or by undertaking a work placement with a local employer. Over the past year, **46 placements** were undertaken by our patients, with many gaining a qualification in the process.

Our patients have worked for local organisations including Goodwill Solutions, The Good Loaf, The Daily Bread and The University of Northampton, undertaking roles as varied as warehouse operatives, baristas and academic assistants. By committing to help our patients to gain work, employers are helping us to reduce stigma while gaining a new and valued staff member.

While undertaking work placements, patients are able to gain qualifications, in subjects as diverse as horticulture, retail, customer services, finance and sports.



ALEX'S STORY

One patient, Alex, has been a volunteer with our Finance team for a year, volunteering three times a week within the Management Accounts team. This has helped improve her confidence and given her a new passion for the finance industry.

"Volunteering in Management Accounts has really helped improve my mental health. It has motivated me and given me meaning in my life. I am now much more confident and articulate and have gained many more skills.

"Volunteering has given me function, hope and purpose. I've proved I'm more than just a psych patient, that I can achieve things; something I often don't see. I have hope that things can change, that I can build a life outside of hospital, and that volunteering has given me the skills, ambition and confidence to succeed. It really has been the turning point in my life; changing my life for the better."

**THINGS
CAN
ONLY
GET
BETTER**



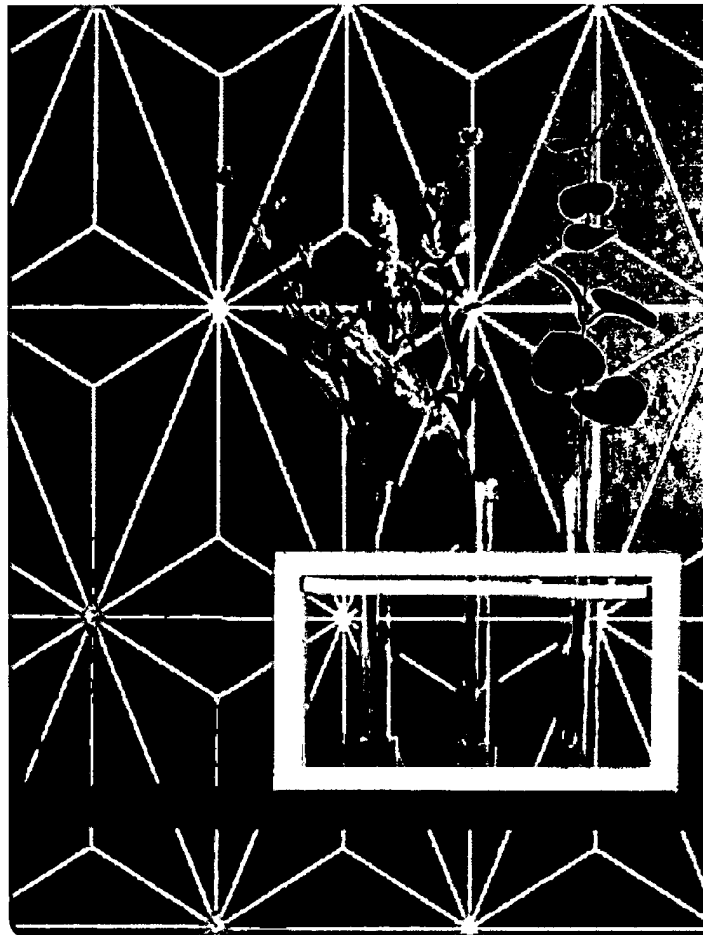
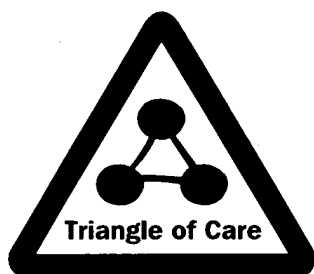
Carers

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

Our Carers Strategy sets the direction and focus for the Charity to bring about tangible and lasting improvements. We want to ensure that alongside the person using our services, their carers feel respected, valued and involved as expert partners in all matters related to the health and wellbeing of the patient.

We are committed to being transparent in our communications to carers, ensuring that they have access to high quality information and support in their role as a carer. As a principle, carers are partners in the processes of planning and evaluating care and treatment for the patient and more broadly, within service design, delivery and monitoring.

We adopt the principles of the Triangle of Care – a therapeutic alliance between the patient, staff member and carer that promotes safety, supports recovery and sustains wellbeing.

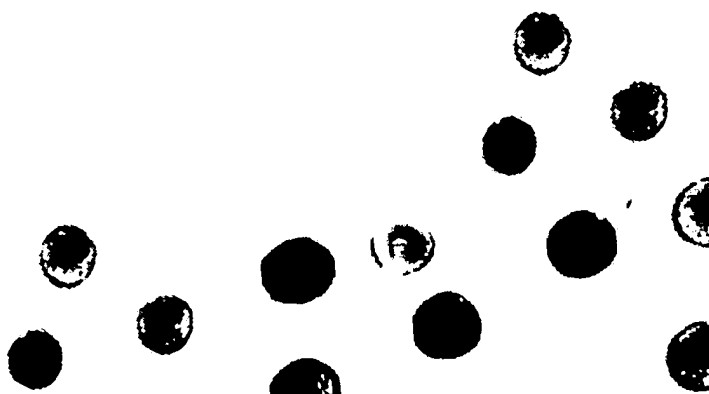


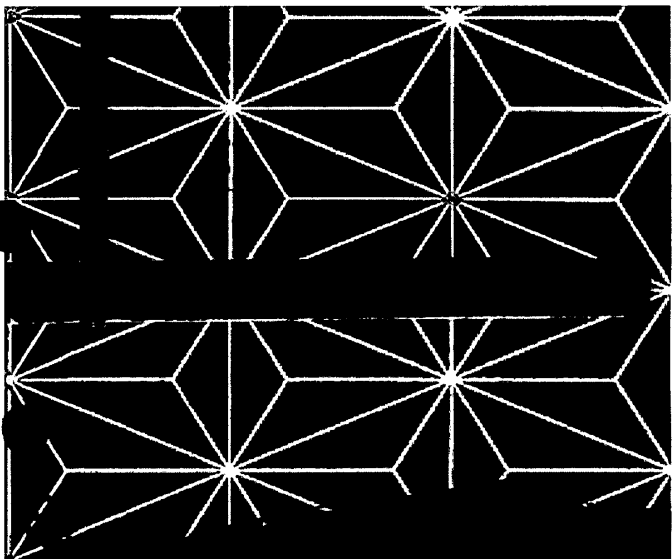
Coming soon: our Carers Centre

In July 2018, we opened the doors to our new Carers Centre, on the Northampton site. The Carers Centre will offer a central support and contact point that provides information, access to support groups and local services together with the provision of relaxation and private space. We have also set up Carer Support Groups that meet regularly to discuss common issues and concerns.

"St Andrew's gives great care for those they care for, and gives care for those who care"

Carer





Helping us to choose the right staff

Andy is a carer who is actively involved with St Andrew's, assisting with job interviews by sitting on panels and asking questions of candidates. He explained: "I find it very proactive, relevant and inclusive that St Andrew's involves carers and patients in the interview process for senior executive medical appointments. Being involved in interviews for the top posts helps me to have faith that the right people are coming in, and that things are right for the patients and for us."

"Sometimes it's been quite tough, but with carers and health professionals working together, we can overcome the challenges."
Carer

Hope



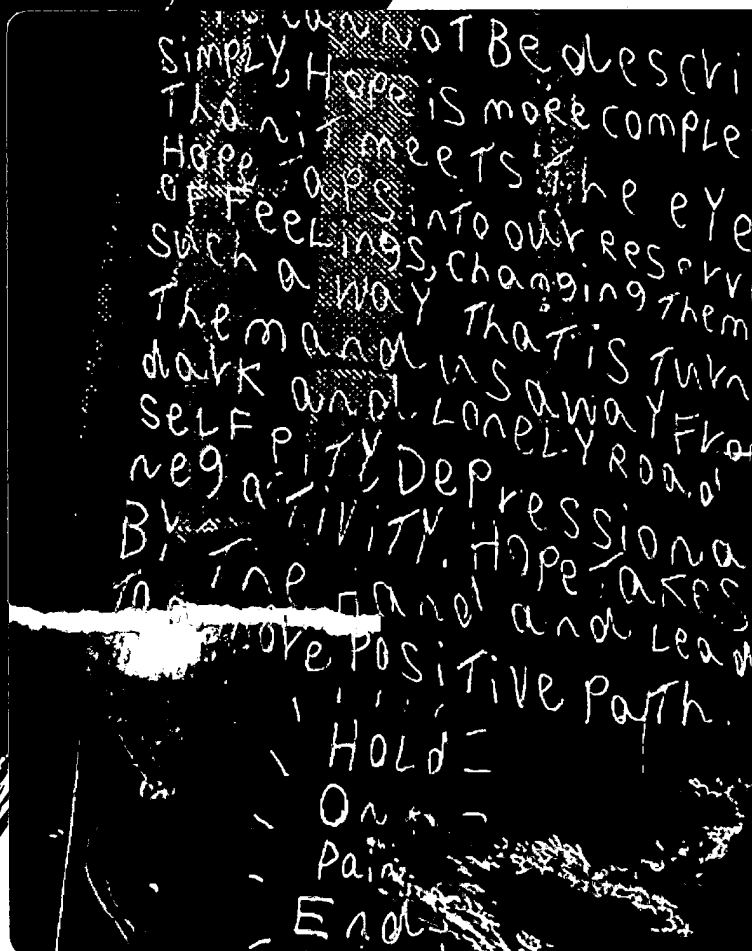
Staff

Transformation Programme

As part of the Transformation Programme that we started in 2017/18 we looked not only at introducing Value Based Healthcare, but also at how we ensure that we have an appropriate workforce in place to support our patients and deliver our plans. We have adapted a tried and tested model that enables each ward to know what level of staffing is required for a particular group of patients. This sets a minimum "safe" level and an "optimum" level that enables us to deliver the therapy to bring hope to patients and improve their outcomes. We have used this model to set our staffing levels for 2018/19.

23,000 days:

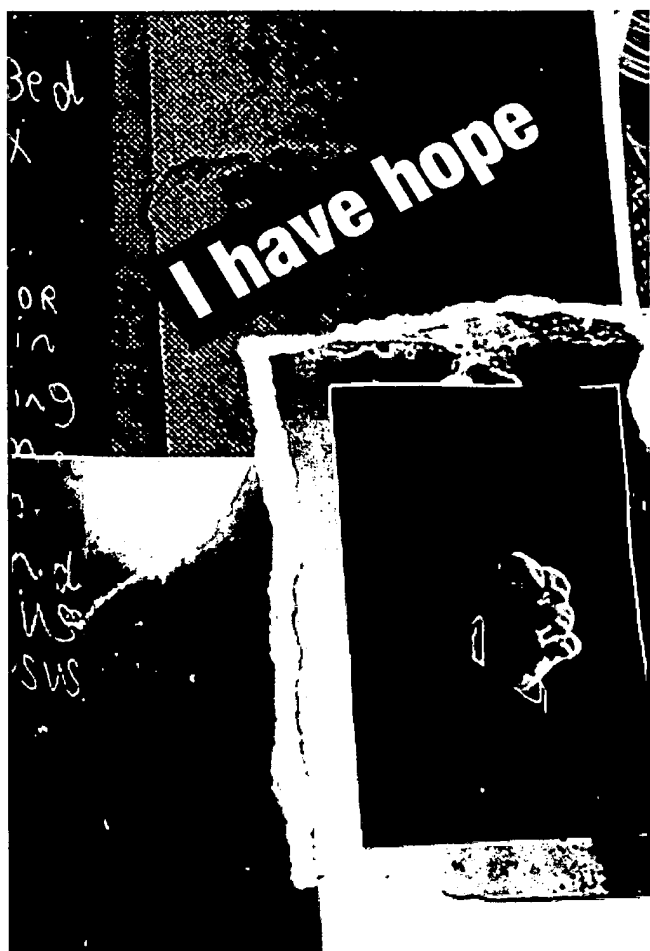
Staff completed 23,000 days of learning – that's 5.7 days of learning per staff member



To transform lives and do the very best for patients in our care, we need motivated and engaged staff who feel comfortable in speaking up and sharing their views. That's why we're so committed to listening to our people and making improvements across our Charity.

Our 'Ask the Exec Live' roadshows have been attended by a record number of staff across all sites, giving our staff the opportunity to ask our Executive Leadership Team questions, and to discuss ideas with them. We also host Ask the Exec questions on our intranet site, so that anyone can raise an issue with the Executive team at any time.

Our 2017 Your Voice survey – which all members of staff have the opportunity to complete – told us that our employee engagement score is 64%. This was the same as it was in 2016. Of the 56 questions we asked, the results of 53 of these have either improved or remained the same year on year. The survey received over 2,000 comments from staff, which has given us a great insight into how people feel within their roles.

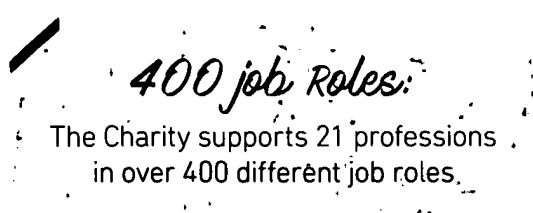


Diversity and inclusion

St Andrew's celebrates the diversity of our workforce and our patients, and values the enrichment that a diverse workforce brings to patient care. We promote inclusion and equality of opportunity in all aspects of employment, irrespective of disability, gender, race, religion or belief, age, sexual orientation, gender identity and marital or civil partnership status.

Our commitment has been recognised; we were recently chosen to be part of the prestigious NHS Employers' 2018-19 Diversity and Inclusion Partners' programme, and over the next 12 months we will have the opportunity to share examples of our good practice with the NHS. For three consecutive years we have featured in the Stonewall Top 100 Equality Index, and we have been awarded Gold Standard in the Race for Opportunity nationwide benchmark, demonstrating a continuous improvement in our diversity policies and practice.

Our Disability Confident employer status signals we are able to attract, and recruit, people with disabilities and other health conditions. This is embedded in our well-being strategy that includes an in house occupational health service to provide pro-active support for colleagues affected by both physical and mental health needs. Underpinning this, our sickness absence approach encourages colleagues back to work, assessing where reasonable adjustments are required and supporting staff in their return to work.





HOPE

Learning and development

We have a culture of lifetime learning and professional development, and are committed to ensuring our staff have the skills needed to deliver excellent patient care and develop their careers.

Underpinning this culture is our portfolio of over 200 internal courses, a programme of Higher Education modules and courses, a comprehensive Continuing Personal Development (CPD) programme, and a range of modern apprenticeship opportunities.

£3.5 million:

We invested £3.5 million on staff education and career development

"A service user once told me: "This is my home and you are my family, it's all I have and all I know". This has resonated within me ever since, and is what motivates me on a daily basis to give individuals in our care the best quality of life and care possible."

Staff Member

ASPIRE

We started our ASPIRE programme to address the national nursing shortage; it allows our Healthcare Assistants to combine their learning and experience from our robust induction and Certificate in Mental Health programmes, and jump straight into the second year of the University of Northampton's Mental Health Nursing degree – completing a nursing degree in two years. While they are studying, the charity supports staff with a £15,000 per annum salary support initiative, in addition to pastoral support. So far, 92 people have started the ASPIRE journey with us, and 18 have graduated as Nurses.

ASPIRE received national praise in 2018 when it was shortlisted in the Student Nursing Times Awards, and the programme leader, Ged Rogers was awarded 'Programme Director of the Year' by Health Education England.

5 days of additional training invested in for **all 3,000 clinical staff** in reducing restrictive practices.

"As a volunteer, it's a delight to come on site and see so many happy faces."

Sylvia, volunteer

Volunteers

In the past year our volunteers have gone to incredible lengths to enrich the lives of our patients.

Our team of volunteers have given us their time, energy and expertise. They've supported patient events like our Christmas Cracker Market and fireworks displays, helped run our Patient Recreational Club (PRC), and assisted our patients in activity sessions. They have committed to befriending - visiting people on the wards who do not have visitors - and spent time chatting and playing games. They've also bought their Pets as Therapy dogs to our wards, so the people in our care can spend time with their animals and experience the joy, comfort and companionship that friendly animals and wagging tails can bring.

We now have 166 volunteers, and we're always looking for more. We've just launched our 100 Thousand Hours campaign with a group of local mental health charities, with the aim of reaching 100,000 hours of volunteering over the next year.



Pictured: The Rock Choir performing at our Christmas Cracker Market.



"It's lovely to see patients interacting with my dog, Cookie and enjoying their time together. You can instantly see the joy and benefits that it gives and it makes me very proud to be involved."

Claire, Pets as Therapy volunteer

**To all our volunteers
- you have helped us
to transform lives.**

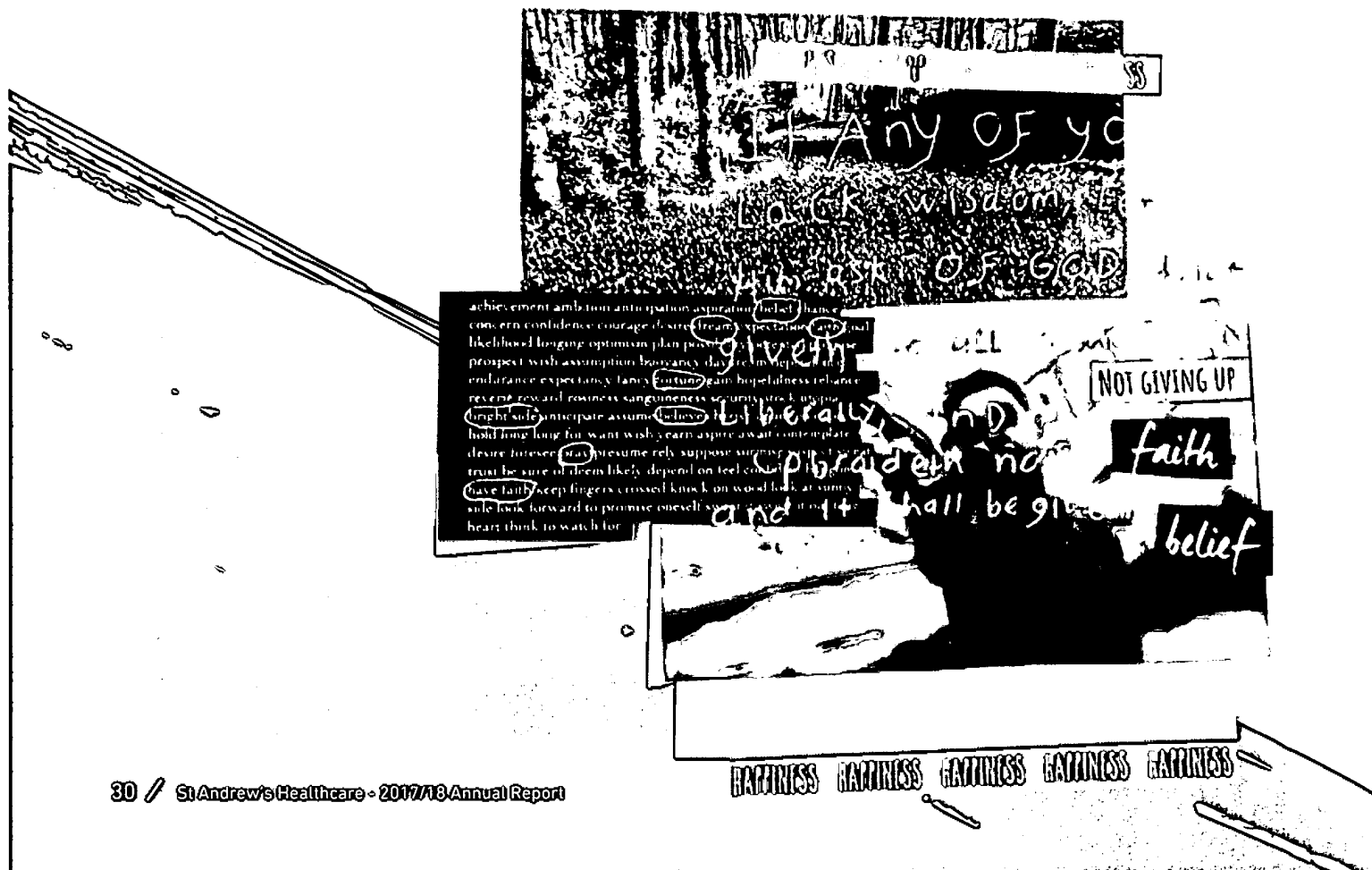
Thank you.

Fundraising

The vast majority of our funding comes from the NHS, but we do occasionally receive donations from family members and members of the public for specific causes, and we actively fundraise for our own Light Bulb Fund. The fund was set up several years ago to raise money for discretionary items that benefit patients, but which are outside the scope of the Charity's funding.



So far – thanks to a series of staff and patient events such as Strictly St Andrew's and numerous raffles - the fund has raised over £20,000. With this money we've helped pay for new events equipment in Birmingham, funded an Autism Awareness event within William Wake House, upgraded our Patient Recreation Centre, and paid for a projector and screen for the chapel in Northampton.



Research

Research taking place at St Andrew's has the potential to enhance the lives of the people we look after.

The number of people who currently experience untreated or undertreated mental illness is growing worldwide, and we need a new generation of therapies that will deliver better outcomes for those with mental ill-health. This is why we recently decided to set up a Research Centre at St Andrew's.

The Research Centre is just getting started and will be focussed on addressing the current needs of people experiencing severe mental ill-health, while also investigating the daily issues faced by clinicians and carers. We aim to do this by working in partnership with Universities and other research groups, which will be funded both by St Andrew's and by grants that we are able to source from government and other organisations.

Exploring virtual reality with our dementia patients

Eight of our patients with complex dementia have recently been exploring the use of virtual reality headsets, as part of an exciting research project in collaboration with the University of Kent.

The participating patients have each been offered a 'menu' of different virtual environments to experience, such as a forest walk, exploring a sandy beach or a cathedral. By wearing the virtual reality headsets, our patients can experience different simulated natural environments from the comfort of their ward, which can offer a positive and stimulating experience.

The initial feedback has been exceptionally positive.

Researcher Vienna Rose, a research assistant funded by our Research Centre, is working on the project. She explained: "The aim of the study was to explore how feasible it is to use virtual reality equipment with our patients who are living with dementia. The whole multi-disciplinary team – including psychologists, occupational therapists and nursing staff – were involved with this project, which enabled us to combine our research with clinical knowledge and expertise; an approach that is integral to St Andrew's research strategy."

"Our initial findings demonstrate a significant increase in pleasure and alertness, which has been supported by positive feedback from both patients and caregivers. Also, contrary to clinical and carer expectation, all eight of our patients were content to wear the headset."

Further analysis by St Andrew's and the University of Kent is now taking place, and the two organisations are working together to explore how use of this technology could be extended to provide new therapies for patients with complex dementia.



STRATEGIC REPORT

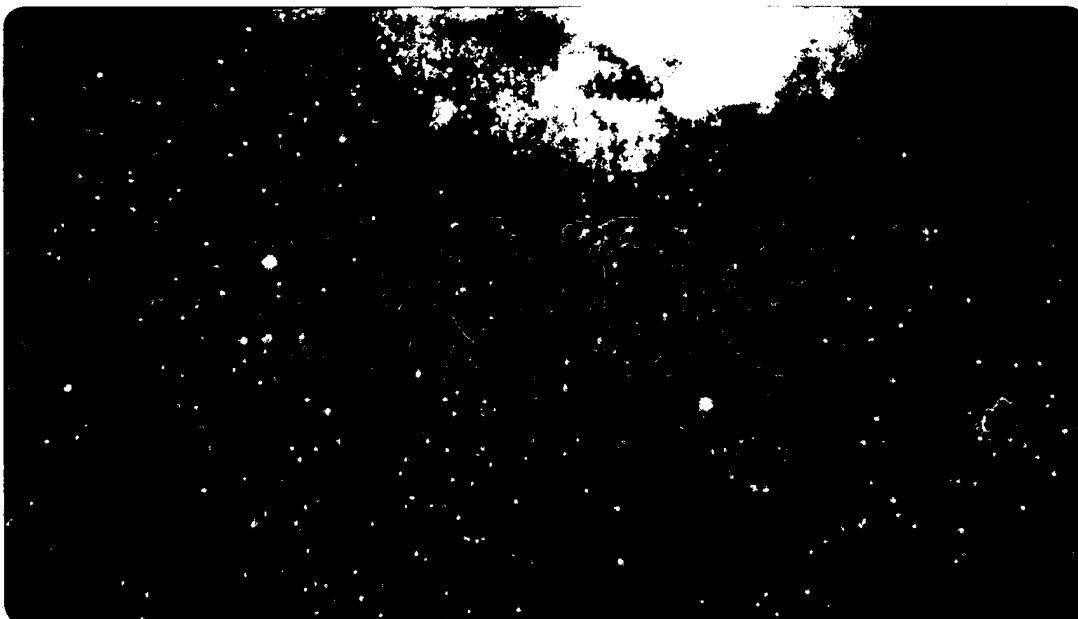
Our plans for the future

There is strong momentum today to provide more support to those suffering from mental ill health in the UK. There is also a recognition that this should be done as close as possible to home and with the least restrictive interventions possible.

The Government's Care Closer to Home and Transforming Care agendas aim to move patients out of a hospital environment and into a community setting. We think these are important aims, but there is likely to remain a requirement for patient focussed hospital care, often for relatively short periods, for the most acute cases. There also remains a serious lack of good support for many people in their local area and in community settings which is

appropriate for many of our patients. That's why we are planning to expand into providing our own community and supported living accommodation over the next few years.

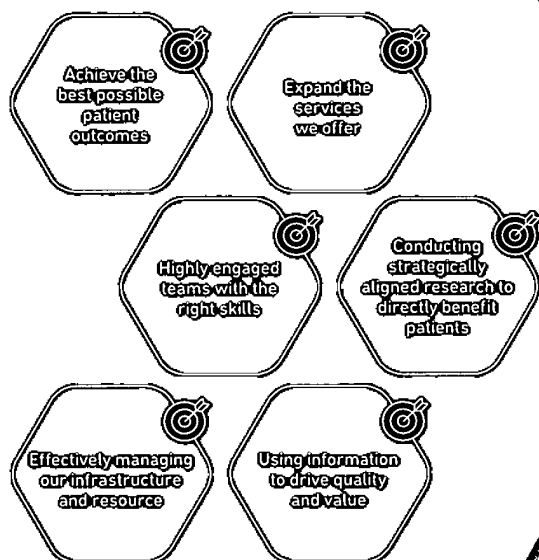
In early 2018, we launched a new strategy, to take us through the next 4 years of our journey. Our plan is described on the next page.



Hope is when I can
wake up and stay up
in the mornings.

Transforming lives together

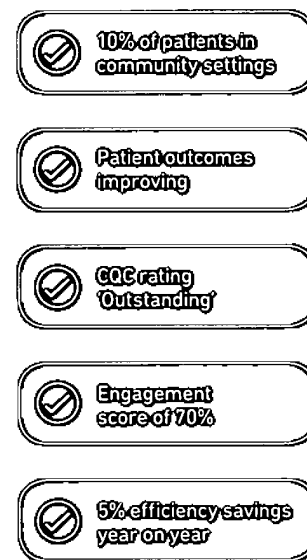
Where we want to be



How we will get there

Initiatives
and projects

How we are doing



Compassion

Accountability

Respect

Excellence

There are six areas where we will focus to ensure we are Transforming Lives Together.

- Achieve the best possible patient outcomes
- Expand the services we offer
- Create highly engaged teams with the right skills
- Effectively manage our infrastructure and resource
- Use information to drive quality and value
- Conduct strategically aligned research to directly benefit our patients.

Every initiative and project that forms part of the Strategy will have its own targets and goals, but the most important ones that we aim to achieve by 2022 are:

- 10% of patients in community settings
- Patient outcomes improving
- CQC rating 'Outstanding'
- Staff engagement score of 70%
- 5% efficiency savings year on year.

Risks and Uncertainties

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

We are keen to share these risks with you so that you know that we are aware of them and, most importantly, what we are doing to minimise them.

Our management teams identify and record the risks and uncertainties they've identified in 'risk registers'. Risk registers are managed on a risk management software system that records who is responsible for monitoring and managing the risk, and whether any additional actions are required to reduce the uncertainty associated with the risk to an acceptable level.

If our managers identify a risk or uncertainty they believe could affect the wider Charity, these are reported to our Executive Leadership Team who assess the risk relative to the objectives in the Charity's Strategy (which is determined by assessing each risk against the Charity's strategy). If the risk is considered material, it is adopted by the Executive Leadership Team as a 'Material Risk' which they then review every three months.

Our Board of Trustees is responsible for the risk management process which they review twice a year together with the register of 'Material Risks'. In addition, the Audit and Risk Committee monitors the arrangements for identifying risks and uncertainties to satisfy itself that the approach is working effectively.

We have set out here some of the things we are doing to manage our Material Risks.

What are we doing...

We have a robust recruitment and retention plan for staff, we offer significant opportunities for training and development to our staff and we ensure our pay and benefits are competitive.

We're doing this because...

We need to recruit and retain sufficient numbers of clinical and management staff to deliver operational excellence and implement our Strategy.

What are we doing...

We have implemented an 'Outcomes Framework' with patients and carers, involving measures relating to physical as well as mental health and we're refining the way we deliver physical healthcare to our patients to ensure that it is appropriately targeted, monitored and reviewed.

We're doing this because...

We need to have the staff skills and capabilities in place to effectively deliver the integrated healthcare model.

What are we doing...

We've implemented a new organisational structure to give our IPU's greater involvement in decision-making and the setting of priorities. We've introduced leadership training; and we continue to re-inforce our CARE Values.

We're doing this because...

We want to develop a culture where staff feel positively supported and able to challenge when it's appropriate.

What are we doing...

We are developing a plan to improve the quality of the systems and data available to management, which includes improving the skillsets of our staff in the use of data and information decision-making.

We're doing this because...

The information and data we have available may not be sufficient to support the delivery of the objectives set out in our Strategy. Without complete and consistent data it can mean decision making is more difficult and open to error.

What are we doing...

We have a health and safety plan which we're progressively implementing to provide training and other support for managers and employees. Health and safety is a key topic monitored by the Board and Executive Leadership Team.

We're doing this because...

The health and safety of our staff and patients is important to us and we have to make sure that our health and safety arrangements keep pace with wider changes being implemented by the Charity.

What are we doing...

We're implementing a 'value-based healthcare' approach to the delivery of patient care, focussing on achieving 'best patient outcome'. We've reorganised our care delivery teams into 'Integrated Practice Units', which will be more agile and adaptable in addressing patient needs and changing commissioning requirements. We're also investing in developing our community care services through a range of initiatives across the UK and entering into partnership arrangements with other providers where this benefits patients.

We're doing this because...

There will always be changes to the way the health economy operates and therefore how our services are commissioned. This could impact the number of patients we look after and therefore the income that we receive.

What are we doing...

We're continually introducing and refining our specialist technologies to protect our systems against cyber attack. We also run an on-going campaign across the Charity to ensure our employees understand what they must do or not do to prevent our systems and data being exposed to cyber attack.

We're doing this because...

Like most organisations, we depend on information systems and data to run the Charity effectively. Cyber threats are constantly changing so we must be proactive in developing our defences to prevent the risk of major systems disruption, data loss and 'ransom-ware' attack.

What are we doing...

We are proactive in speaking regularly to our external stakeholders so they understand what we are doing and why. We actively use social media to explain our position and to positively engage with users.

Should we have a problem to address such as a serious incident or a major disruption, we have an Incident command framework to communicate with stakeholders and the media to tell them what we're doing and why.

We're doing this because...

Our reputation could be damaged because of media reports, adverse events, false rumours or the negative effects of risks occurring.

How we are organised

Status and Structure

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



Court of Governors

The Governors are the members of the Charity. There are currently 30 Governors and 8 Honorary Governors (who have been active in the past but now play less of a role).

The Court of Governors meets 3 times a year, including for the Annual General Meeting, where the Governors receive the Annual Report and Accounts and elect or re-elect Trustees. The Board informs the Governors about the Charity's recent performance and future development.

Some of the Governors play an active role in the Charity through ward visits and reviews of complaints and patient engagement, which provide an important form of assurance to the Governors and helpful intelligence to the Executive Directors regarding current issues. Some Governors also act as Mental Health Act Managers, and others are involved as directors of the Pension Trustee company, and as members of Board Committees.



The Board

The Charity is governed by a Board of Trustees, who are also called Directors. The Board is made up of 11 Trustees, including six Non-Executive and five Executive Trustees. All Trustees are also Directors of the company. All Non-Executive Trustees are also Governors of the Charity. Gil Baldwin, a Trustee and the CEO, resigned on 1 January, 2018 and Alice Parshall, Chief Medical Officer, resigned on 30 April, 2018. Sanjith Kamath was appointed as the Charity's new Executive Medical Director on 1 May 2018, and Katie Fisher joined the Charity as CEO on 25 June 2018. Peter Winslow acted as Executive Chairman between 1 January and 25 June 2018.

Non-Executive Trustees are appointed for an initial 3 year term, that can be extended for a further 3 year term. Peter Winslow and Stuart Richmond-Watson have served as Trustees for longer than the timeframe recommended by the Charity Governance Code. The skills and knowledge of both individuals are deemed by the Board to be valuable to the Charity at this time, and making an exception to the Code is therefore justified.

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

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

Board Responsibilities

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

The day to day running of the Charity is the responsibility of the Executive Leadership Team.



Court of
Governors

Board of
Directors

Research
Committee

The Research Committee

Provides strategic leadership and direction to the Charity's Research Centre and the approach to research. This is a new Committee which will hold its first meeting in September, 2018.

Nominations
Committee

The Nomination Committee

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

Remuneration
Committee

The Remuneration Committee

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

Audit & Risk
Committee

The Audit and Risk Committee

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

Executive
Leadership
Team

The Executive Leadership Team

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

Quality
and Safety
Assurance
Committee

The Quality and Safety Assurance Committee

Provides governance over all aspects of quality and safety, by defining, monitoring and measuring the quality strategy and recommending implementation of controls of associated risks.

Investment
Committee

The Investment Committee

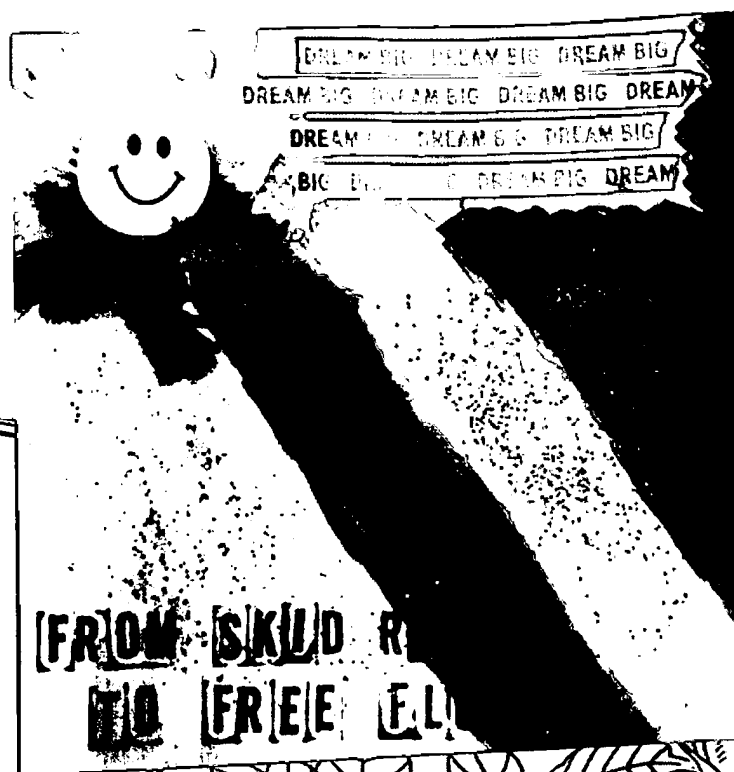
Advises and makes recommendations to the Board and to the Pension Scheme Trustee on the appointments of fund managers, investment strategy and other investment matters regarding the separate investment funds.

Hope is when people move
on to low secure from
here.

Remuneration Policy

St Andrew's has set a strategy and agenda for change that will not only improve the lives of the patients currently at St Andrew's, but will impact the development of treatment and care of patients with mental illness globally. In order to achieve that ambition, it is important that the Charity attracts and retains individuals who can make a real contribution to the future of the Charity. As a result the Nominations Committee and the Board have sought to engage senior leaders who have come from many backgrounds, not limited to healthcare, who bring with them a range of skills and experiences that will support and drive the change that is needed in the Charity to deliver the strategy and ambitious goals that have been set.

The Remuneration Policy sets the position for salaries between the upper quartile for the largest charities and the NHS and the median for division and subsidiaries of private sector companies. Remuneration for roles at the Executive level are benchmarked regularly, with the support of external advisers, using salary survey data from the charitable, private and public, and healthcare sectors.



FINANCE REVIEW

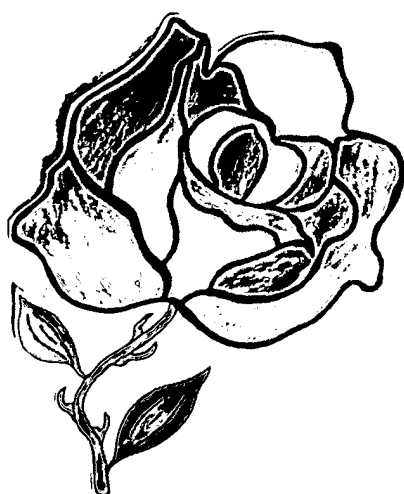
Statement of Financial Activities

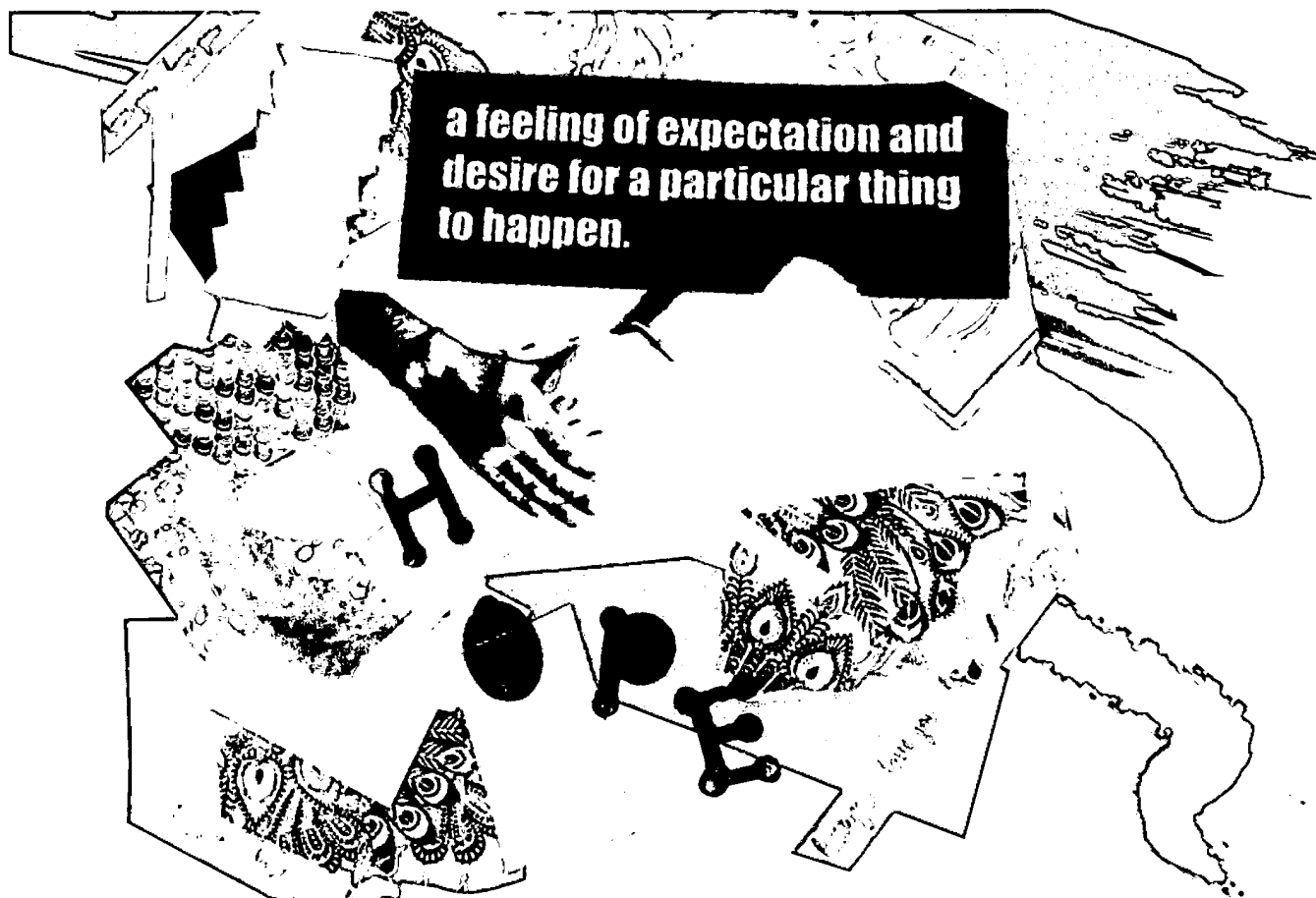
This statement summarises the activity of the Charity in the year to 31 March 2018. Simply put we earn income from a number of sources and then use this income in different ways (expenditure) to help deliver the best outcomes for our patients. This year our total income was £201.5m and our underlying expenditure was 195.7m leaving a small underlying surplus of £4.0m.

	2018 £m	2017 £m
Income	201.5	205.6
Expenditure	(195.7)	(194.3)
Investment Returns, Tax and Minority Interests	(1.8)	(0.9)
Net (Expenditure)/Income	4.0	10.4
Non underlying costs	(9.3)	(3.2)
Adjusted result	(5.3)	7.2

Income includes £180.0m from commissioners, mostly NHS bodies, linked to each patient in our care and paid on a per day basis for every day they are with us. It also includes £20.9m of other income, mostly from our Three Shires joint venture with BMI hospitals, which receives income from insurance companies and NHS bodies for general medical care. Finally we have a small amount of income from donations and investments, which was £0.6m this year. Income overall has reduced by 2% year on year as a result of lower occupancy.

Our underlying expenditure of £197.3m consists largely of the wages and salaries that we pay our dedicated 4476 staff who work to improve outcomes for our patients. The rest of our expenditure is on all those things that make it possible for our staff to do their jobs and on the administration functions that ensure that we keep our patients safe. This includes the interest we pay on money borrowed (£1.1m) and the accounting charge we make to depreciate/amortise our assets (£16.3m). Our underlying expenditure has increased only





marginally year on year as we strive to focus our energies on those activities that have most benefit for patient outcomes.

Alongside this underlying expenditure we have non-underlying expenditure of £9.3m. This year we launched a major change initiative, the Transformation Programme, aimed at reorganising the Charity to align all its resources with getting better outcomes for patients; we have spent £4.9m on this programme. We renegotiated a 5 year IT outsourcing contract incurring a one off cost of £0.6m. We also negotiated a new significantly cheaper bank facility for the next 5 years that cost us £1.7m in exit charges. Over the last 3 years we have been exploring the possibility of building a new 80 bed facility in Birmingham and incurred £2.1m costs in doing so; during the year we concluded that the returns were not sufficiently certain on the £45m total investment and therefore concluded that the costs associated with architects' plans and models have no future value to the Charity.

All of this means we have made an underlying surplus of £4.0m but a net overall loss of £5.3m. This is a disappointing result for the Charity but one that is manageable in the context of the period of change we are managing through. The Charity can afford to make a loss in any one year, as it has significant reserves brought forward and we have reduced our level of capital expenditure while we have been investing in the Transformation programme. As the Transformation programme extends into 2018/19 we anticipate a similar level of result in the 2018/19 financial year, while still managing to maintain a strong balance sheet.

Balance Sheet

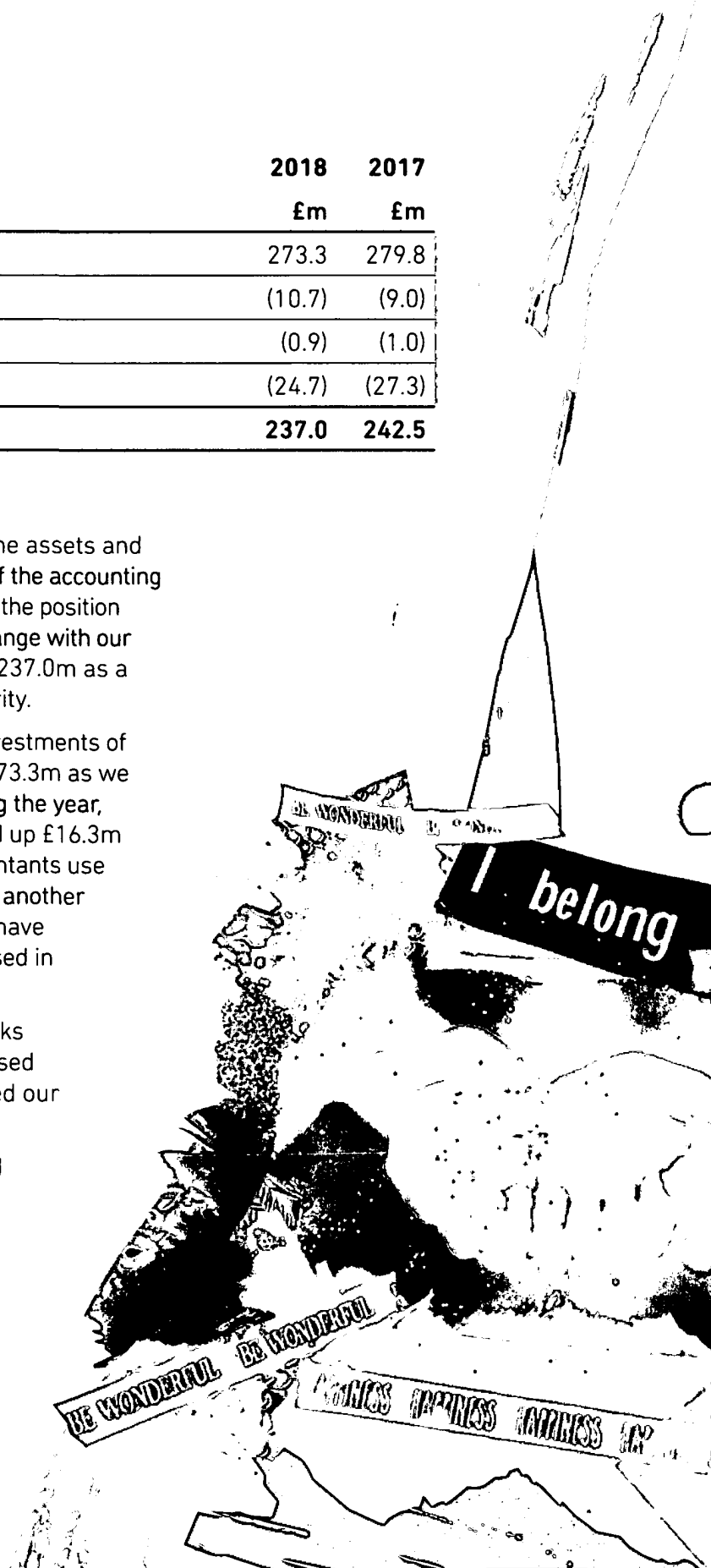
	2018	2017
	£m	£m
Fixed Assets	273.3	279.8
Net Current Assets (excluding cash/debt)	(10.7)	(9.0)
Creditors Over One Year (excluding debt)	(0.9)	(1.0)
Net Debt (debt less cash)	(24.7)	(27.3)
Net Assets	237.0	242.5

The balance sheet of the Charity measures the assets and liabilities that the Charity had on the final day of the accounting year, 31 March 2018, and compares these with the position a year earlier. Overall there is no significant change with our net assets reducing slightly from £242.5 to £237.0m as a result of the small net loss made by the Charity.

Fixed assets, the buildings, equipment and investments of the Charity have reduced from £279.8m to £273.3m as we have spent £11.7m on new fixed assets during the year, while the accounts assume that we have used up £16.3m in depreciation – this is a measure that accountants use to reflect the using up of an asset. So, to put it another way we have “used up” more assets than we have purchased new. Our investments have increased in value slightly from £13.0m to £13.2m.

Net debt, the amount borrowed from the banks less the amount of cash we hold, has decreased from £27.3m to £24.7m as we have managed our borrowings prudently in changing times.

All other assets and liabilities have remained broadly unchanged and the Charity remains in a healthy financial position.



Cashflow

	2018	2017
	£m	£m
Net Profit	(5.3)	7.2
Add Back Depreciation/Amortisation (not cash)	16.3	15.5
Purchase of Property, Plant and Equipment	(11.7)	(29.8)
Sale of Investments	1.8	9.5
Reduced Borrowings	(11.9)	(3.9)
Other Net Cash Movements	1.5	(0.6)
Total Cash Used	(9.3)	(2.1)
Opening Cash	13.9	16.0
Closing Cash	4.6	13.9

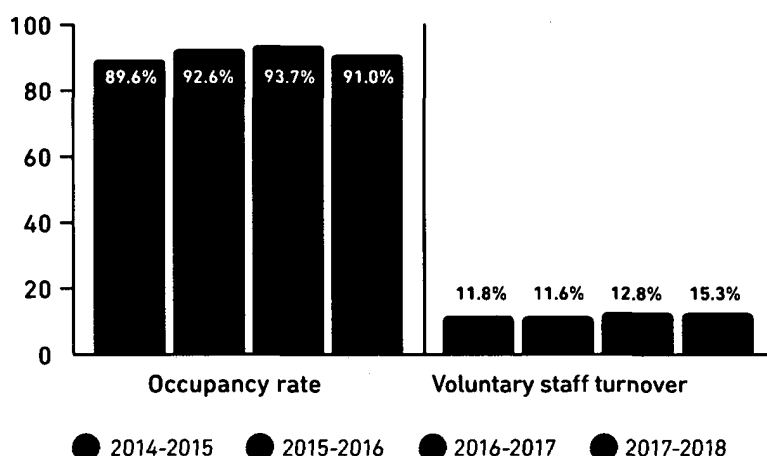
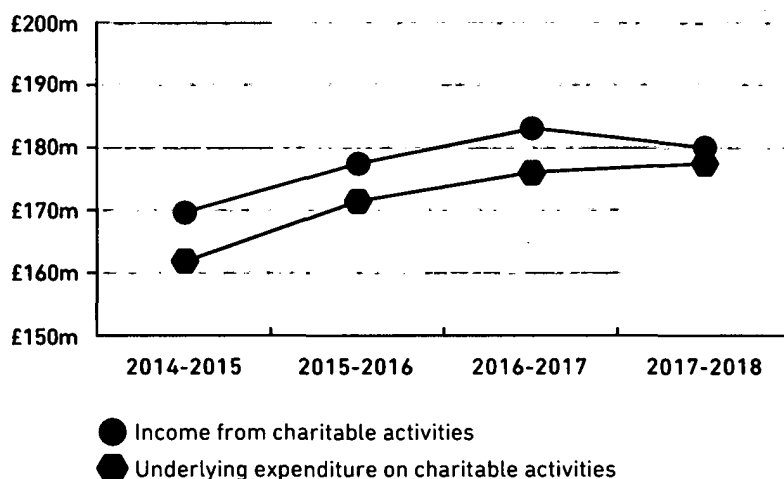
In any business, and St Andrew's although it is a Charity is also a business, managing cash is critical. We started the year with £13.9m of cash and ended the year with £4.6m, a reduction in cash of £9.3m. However we used £11.9m of this to reduce our debt and therefore reduced our interest payments, so actually we have improved our overall net debt (cash less borrowings) position by £2.6m from one year to the next. You can see this movement in the reduction of net debt in the balance sheet from £27.3m to £24.7m.

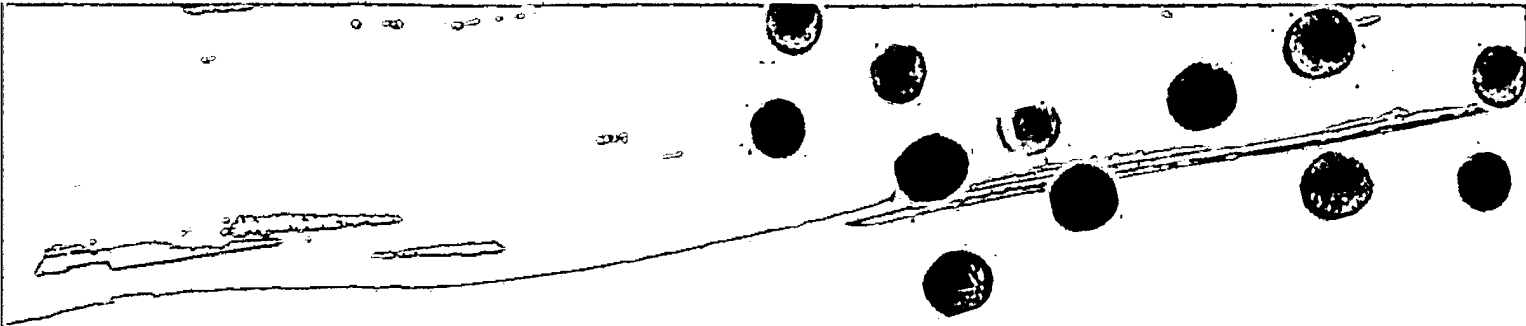
This statement shows that we generated £11.0m from our operations (the net loss of £5.3m adding back the non-cash depreciation charge) and used this to invest in £11.7m of property, plant and equipment (capital expenditure). This is significantly less than last year when we completed the major investment in FitzRoy House, which is now successfully operating and transforming the lives of more than 80 young people. We are not currently investing in major new building programmes and therefore the level of capital expenditure has returned to more normal levels. In order to fund part of the investment in FitzRoy House last year we sold some of our Charity investments in the prior year.

Key Performance Indicators

In order to track our performance as a charity we have identified 4 Key Performance indicators (KPIs). These are good indicators of both our financial performance and also a useful tracker of our strategic delivery. These KPIs are easily measurable and trackable week by week and month by month as distinct from our strategic targets, that are point in time goals. The KPIs are:

- Income from charitable activities: this should increase in the future as we adjust the delivery of services to be more community focussed
- Expenditure on charitable activities: this should reduce as a percentage of income as we improve the efficiency of our operations
- Occupancy rate: is an indicator of the overall attractiveness and efficiency of our organisation
- Voluntary staff turnover: should reduce if our staff feel they are valued and are really delivering improved outcomes for patients.





The performance against all these KPIs has stalled in the last year. This is because we have spent the whole year preparing the Charity for the future.

- Income has declined as we have seen the anticipated effect of getting patients looked after as close as possible to home and where possible in the community. Our strategy is to develop more community facilities.
- Expenditure has increased as a % of income, as we have absorbed wage inflation, without being able to pass it on to our customers. This should change as our IPU structure, and focus on outcomes, increases the efficiency of our operation.
- The occupancy rate has decreased as we have not been able to reduce bed numbers in line with the reduced patient numbers. The IPUs should help improve this but we will continue to be under pressure as we go through a number of years of adjusting our patient mix to increase our community based proportion.
- Voluntary staff turnover has increased as a result of a change in the method of calculation and the significant changes in the Charity in 2017/18. We expect this to decrease as loyalty to IPUs increases.

Going concern

The Directors have a responsibility to make sure that the Charity continues in existence for the foreseeable future and to do so they have to be sure that they always have sufficient funds not only to pay the Charity's bills as they fall due but also to fund commitments to future capital expenditure. This is known as being a "going concern". The Directors are confident of being a going concern despite the fact that the balance sheet has negative current assets. This is because we have a long term bank facility that is sufficient to meet all foreseeable requirements. We manage this facility very carefully and only borrow the money that is actually required for the immediate future.

Investment and reserves policy

The Charity has significant reserves of £237.0m that it uses to fund its long term capital development programme. The long term strategy may require an increase in borrowing that the Board will monitor closely and is restricted by bank covenants where net debt cannot exceed three times profit before interest, tax and depreciation. The Board also has a policy of holding a

long term investment reserve of at least £10m. These investments are managed by the Charity's Fund Manager on a discretionary basis without restriction. Investment performance is measured against a composite benchmark aligned with St Andrew's objectives for the fund.

Financial Risks

The Charity is exposed to interest rate risk as a result of its borrowings. The risk of exposure to fluctuating interest rates has been reduced by swapping this exposure for a fixed interest rate. There is no material foreign currency exposure.

Political donations

The Charity made no political donations in the year.



Peter Winslow CBE
Chairman



Martin Beer
Chief Financial Officer

The Board of Trustees



Peter Winslow,
Chairman

Peter Winslow, CBE, was Group Chief Executive of BGL Group Limited from 1997 to July 2013 and is currently Chairman. Peter qualified as a chartered accountant and prior to joining BGL was CEO of Harper Collins UK. Having served as a Governor of St Andrew's Healthcare from 2005, Peter joined the Board in 2007 and became Chairman in 2014. In January 2018, following Gil Baldwin's resignation, he became interim Executive Chairman. He was awarded a CBE in the 2012 New Year's Honours List in recognition of his contribution to Financial Services.

Appointed as a Trustee: 27 July 2007



Stuart Richmond-Watson

Stuart Richmond-Watson is a chartered surveyor, and a Director and Fund Manager at LaSalle Investment Management, part of the JLL Group. Stuart has worked at JLL his entire career. He joined St Andrew's as a Governor in 1987.

Appointed as a Trustee: 30 July 2004



Dr Michael Harris

Mike Harris is a consultant psychiatrist. He has previously held executive roles at St Andrew's Healthcare and Nottinghamshire Healthcare, and acted as a sub dean of the Royal College of Psychiatrists. Mike is currently Chair of Improving Lives and Vice Chair of The Lucy Faithfull Foundation.

Appointed as a Trustee: 31 July 2015



Frances Jackson

Frances Jackson has been fully committed to the not for profit sector for the past 25 years following early careers in energy policy and in finance at Citibank. She has served in leadership roles at both national and local levels, was a member of the Independent Monitoring Board at HMP Grendon and Springhill, and is currently Chair of the Board of the Institute for Food, Brain and Behaviour. Frances became a Governor of St Andrew's in July 2009.

Appointed as a Trustee: 25 July 2014



Jane Forman Hardy

Jane Forman Hardy is currently a Director of a family business and a non-practising solicitor. Jane has previously served as a member of the Parole Board and the Mental Health Act Commission (now Care Quality Commission), and was formerly a member of the Independent Monitoring Board at HMP Nottingham. Jane became a Governor of St Andrew's in 2008.

Appointed as a Trustee: 25 July 2014



Paul Parsons

Paul Parsons was formerly senior partner of Greenwoods Solicitors, having practised as a solicitor for over 30 years. He was formerly a member of the Independent Monitoring Board at HM Prison Woodhill, and is a trustee of the Northamptonshire Community Foundation and governor of Blakesley C of E Primary School. Paul joined St Andrew's as a Governor in 2016.

Appointed as a Trustee: 3 February 2017

The Executive Leadership Team

The Executive Leadership Team is made up of the following members:



Katie Fisher, Chief Executive Officer and Trustee

Responsibilities: Katie is responsible for leading the development and implementation of the Charity's vision, strategy and values, and for the day to day management and operation of the Charity. She acts as a liaison between the Board and management and plays a key role in external stakeholder engagement.

Appointed as a Trustee: 25 June 2018



Dean Howells, Executive Director of Nursing and Operations and Trustee

Responsibilities: Dean's role encompasses providing professional leadership to the nursing and associated healthcare professionals workforce alongside operational delivery of safe and effective care via the IPU structure. Dean is also responsible for ensuring regulatory compliance with the CQC and other key stakeholders. Dean is the Charity's Caldicott Guardian, Director of Safeguarding and Director for Infection, Prevention and Control.

Appointed as a Trustee: 29 July 2016



Martin Beer, Chief Finance Officer and Trustee

Responsibilities: Martin's role encompasses both financial and commercial responsibilities. He drives robust financial processes and controls to ensure both short and long term financial sustainability for the Charity. In 2017/18 Martin took on the role of Transformation Programme Director, and, from 1 January, also has executive responsibility for the Charity's IT Function. Martin is the Charity's Senior Information Risk Owner (SIRO).

Appointed as a Trustee: 4 July 2016



Martin Kersey, Executive HR Director and Trustee

Responsibilities: Martin is responsible for setting the strategy for, and implementing, all people based activities in the Charity from a strategic and operational perspective. This includes resource planning and recruitment, development and training and the development of the reward strategy for the Charity. Martin also has executive responsibility for communications, Workbridge, staff and patient education and St Andrew's College.

Appointed as a Trustee: 17 November 2014



Dr Sanjith Kamath, Executive Medical Director and Trustee

Responsibilities: Sanjith is responsible for leading and implementing the clinical direction of the Charity. He provides medical oversight, expertise and leadership to ensure the delivery of Value Based Healthcare for patients.

Appointed as a Trustee: 1 May 2018



Claire Carless, General Counsel and Company Secretary

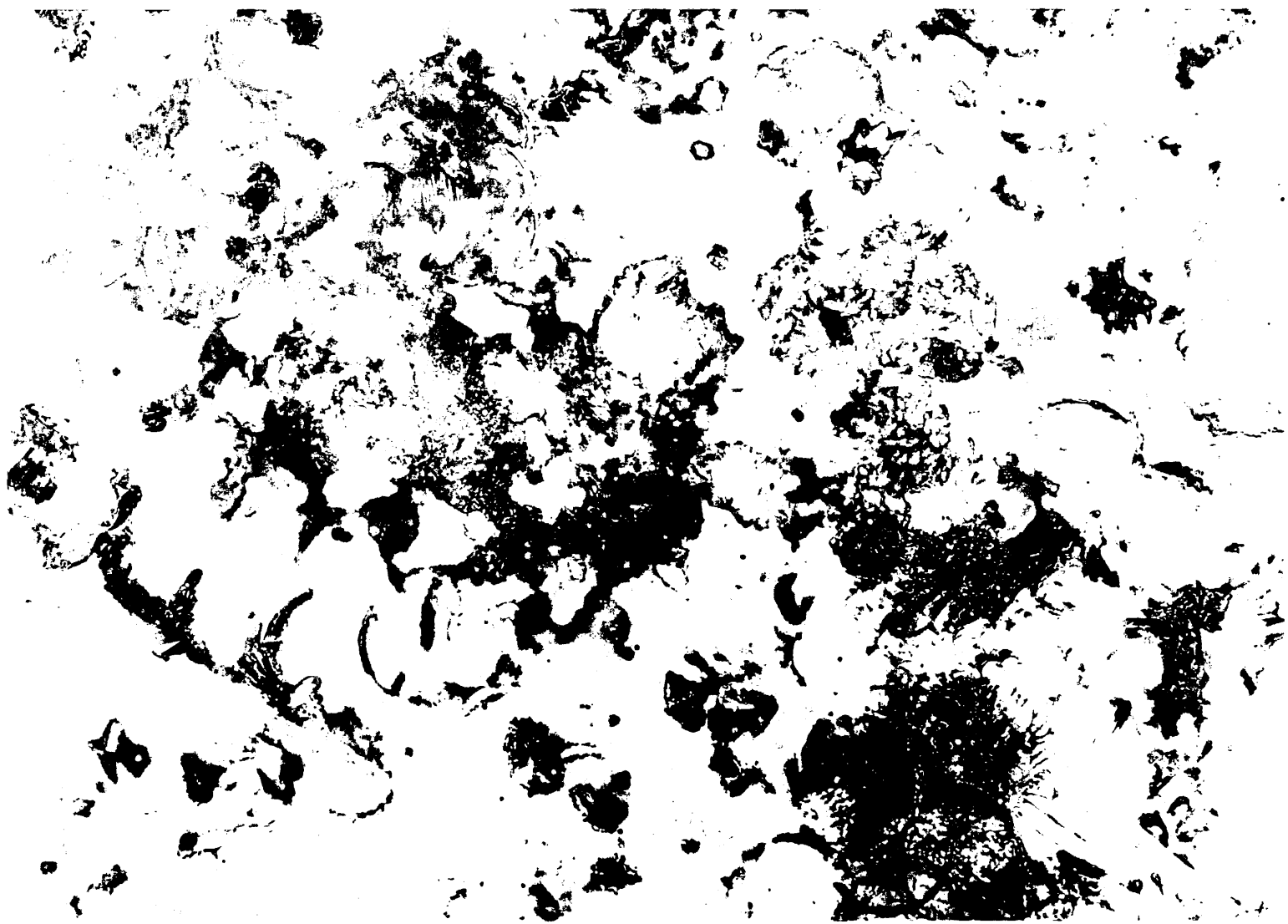
Responsibilities: Claire is responsible for managing legal risk and ensuring appropriate governance for the Charity. Her role also encompasses the audit function (both internal audit and quality assurance), risk (including health and safety, insurance and emergency planning), and the Mental Health Act administration team. Claire also has executive responsibility for Research, and Estates and Facilities.

Appointed as Company Secretary: 3 October 2016



› Financial Statements

for the year ended 31 March 2018



› Statement of Trustees' Responsibilities

The trustees (who are also directors of St Andrew's Healthcare for the purposes of company law) are responsible for preparing the Trustees' Annual Report (including the Strategic Report) and the financial statements in accordance with applicable law and regulation.

Company law requires the trustees to prepare financial statements for each financial year. Under that law the trustees have prepared the financial statements in accordance with United Kingdom Accounting Standards, comprising FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland", and applicable law (United Kingdom Generally Accepted Accounting Practice). Under company law the trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of the affairs of the charitable company and the group and of the incoming resources and application of resources, including the income and expenditure, of the charitable group for that period. In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Statement of Recommended Practice: Accounting and Reporting by Charities (2015);
- make judgments and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards, comprising FRS 102, have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company's transactions and disclose with reasonable accuracy at any time the financial position of the charitable company and the group and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and the group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustees are responsible for the maintenance and integrity of the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

In so far as the trustees are aware at the time of approving our trustees' annual report:

- there is no relevant information, being information needed by the auditor in connection with preparing their report, of which the group's auditor is unaware, and
- the trustees, having made enquiries of fellow directors and the group's auditor that they ought to have individually taken, have taken all steps that he/she is obliged to take as a director in order to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

› Independent auditors' report to the members of St Andrew's Healthcare

Report on the audit of the financial statements

Opinion

In our opinion, St Andrew's Healthcare's group financial statements and parent charitable company financial statements (the "financial statements"):

- give a true and fair view of the state of the group's and of the parent charitable company's affairs as at 31 March 2018 and of the group's and parent charitable company's incoming resources and application of resources, including its income and expenditure, and of the group's cash flows, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards, comprising FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland", and applicable law); and
- have been prepared in accordance with the requirements of the Companies Act 2006.

We have audited the financial statements, included within the Annual Report and Financial Statements (the "Annual Report"), which comprise: the consolidated and company balance sheets as at 31 March 2018; the consolidated statement of financial activities (including consolidated income and expenditure account), the consolidated cash flow statement for the year then ended; the consolidated statement of changes in funds and the notes to the financial statements.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities under ISAs (UK) are further described in the Auditors' responsibilities for the audit of the financial statements section of our report. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Independence

We remained independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, which includes the FRC's Ethical Standard and we have fulfilled our other ethical responsibilities in accordance with these requirements.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which ISAs (UK) require us to report to you when:

- the trustees' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the group's and parent charitable company's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

However, because not all future events or conditions can be predicted, this statement is not a guarantee as to the group's and parent charitable company's ability to continue as a going concern.

Reporting on other information

The other information comprises all of the information in the Annual Report other than the financial statements and our auditors' report thereon. The trustees are responsible for the other information. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except to the extent otherwise explicitly stated in this report, any form of assurance thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If we identify an apparent material inconsistency or material misstatement, we are required to perform procedures to conclude whether there is a material misstatement of the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report based on these responsibilities.

Based on the responsibilities described above and our work undertaken in the course of the audit, ISAs (UK) require us also to report certain opinions and matters as described below.

Strategic Report and Annual Report

In our opinion, based on the work undertaken in the course of the audit the information given in the Annual Report, including the Strategic Report, for the financial year for which the financial statements are prepared is consistent with the financial statements; and the Strategic Report and the Annual Report have been prepared in accordance with applicable legal requirements.

In addition, in light of the knowledge and understanding of the group and parent charitable company and their environment obtained in the course of the audit, we are required to report if we have identified any material misstatements in the Strategic Report and the Annual Report. We have nothing to report in this respect.

› Independent auditors' report to the members of St Andrew's Healthcare (Continued)

Responsibilities for the financial statements and the audit

Responsibilities of the trustees for the financial statements

As explained more fully in the Statement of Trustees' Responsibilities set out on page 50, the trustees are responsible for the preparation of the financial statements in accordance with the applicable framework and for being satisfied that they give a true and fair view. The trustees are also responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the group's and parent charitable company's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the group and parent charitable company or to cease operations, or have no realistic alternative but to do so.

Auditors' responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditors' report.

Use of this report

This report, including the opinions, has been prepared for and only for the charity's members as a body in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and for no other purpose. We do not, in giving these opinions, accept or assume responsibility for any other purpose or to any other person to whom this report is shown or into whose hands it may come save where expressly agreed by our prior consent in writing.

Other required reporting

Companies Act 2006 exception reporting

Under the Companies Act 2006 we are required to report to you if, in our opinion:

- we have not received all the information and explanations we require for our audit; or
- adequate accounting records have not been kept or returns adequate for our audit have not been received from branches not visited by us; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- the financial statements are not in agreement with the accounting records and returns.

We have no exceptions to report arising from this responsibility.

Gillian Hinks

Gillian Hinks (Senior Statutory Auditor)

for and on behalf of PricewaterhouseCoopers LLP
Chartered Accountants and Statutory Auditors
East Midlands

27 July 2018



Consolidated Statement of Financial Activities (including consolidated income and expenditure account)

For the year ended 31 March 2018

	Note	All Restricted and unrestricted funds			All Restricted and unrestricted funds		
		Underlying result	Non-underlying result	Group Total	Underlying result	Non-underlying result	Group Total
		£m	£m	2018 £m	£m	£m	Restated' 2017 £m
Income from:							
Donations		0.3	-	0.3	0.2	-	0.2
Charitable activities	4	180.0	-	180.0	183.0	-	183.0
Other trading activities	5	20.9	-	20.9	22.1	-	22.1
Investments	6	0.3	-	0.3	0.3	-	0.3
Total income		201.5	-	201.5	205.6	-	205.6
Expenditure on:							
Charitable activities	7	(178.0)	(7.6)	(185.6)	(176.0)	(3.2)	(179.2)
Other trading activities		(16.6)	-	(16.6)	(16.4)	-	(16.4)
Interest payable and similar charges	19	(1.1)	(1.7)	(2.8)	(1.9)	-	(1.9)
Total expenditure		(195.7)	(9.3)	(205.0)	(194.3)	(3.2)	(197.5)
Taxation	9	(0.1)	-	(0.1)	(0.2)	-	(0.2)
Net (loss)/gain on investments	16	(0.1)	-	(0.1)	1.6	-	1.6
Net (expenditure)/income		5.6	(9.3)	(3.7)	12.7	(3.2)	9.5
Net income attributable to minority interest share	8	(1.6)	-	(1.6)	(2.3)	-	(2.3)
Total net (expenditure)/income attributable to Charitable Group		4.0	(9.3)	(5.3)	10.4	(3.2)	7.2
Other recognised gains/(losses)							
Actuarial gains/(losses) on defined benefit pension schemes	22	-	-	-	(1.1)	-	(1.1)
Cash flow hedge gains/(losses) on change in value of hedging instrument	23	0.5	-	0.5	-	-	-
Net movement in funds		4.5	(9.3)	(4.8)	9.3	(3.2)	6.1
Reconciliation of funds:							
Total funds brought forward				240.0			233.9
Dividends paid				-			-
Total funds carried forward				235.2			240.0

The statement of financial activities includes all gains and losses recognised in the year.

All income and expenditure derive from continuing activities.

The Charity has taken advantage of the exemption in section 408 of the Companies Act from disclosing its individual statement of financial activity. The Charity's net loss before other recognised gains was £2.0m (2017: net income £6.8m).

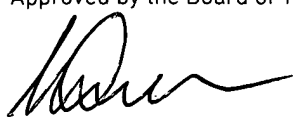
* See note 2

Consolidated Balance Sheet As at 31 March 2018

		Group Total	Group Total
		2018	2017
	Note	£m	£m
Fixed assets			
Intangible assets	15	10.2	9.3
Tangible assets	15	249.9	257.5
Investments	16	13.2	13.0
		273.3	279.8
Current assets			
Stock		0.8	0.8
Debtors falling due within one year	17	14.7	14.3
Debtors falling due after one year	17	0.5	-
Cash at bank and in hand	18	4.6	13.9
		20.6	29.0
Current liabilities			
Creditors falling due within one year	19	(26.7)	(28.1)
		(6.1)	0.9
Net current (liabilities)/assets		(6.1)	0.9
Total assets less current liabilities		267.2	280.7
Creditors falling due after one year	19	(29.5)	(37.5)
Net assets excluding pension liability		237.7	243.2
Defined benefit pension liability	22	(0.7)	(0.7)
Net assets		237.0	242.5
Funds		232.9	236.8
Revaluation reserve		3.0	3.9
Pension reserve		(0.7)	(0.7)
Total funds of the Charity		235.2	240.0
Minority interest		1.8	2.5
Total funds		237.0	242.5

The notes on pages 58 to 76 are an integral part of the financial statements.

Approved by the Board of Trustees on 27 July 2018 and signed on its behalf by



Peter Winslow CBE
Chairman



Martin Beer
Chief Financial Officer

Members of the Board of Directors of St Andrew's Healthcare Company number: 5176998

› Company Balance Sheet As at 31 March 2018

		Company Total	Company Total
		2018	2017
	Note	£m	£m
Fixed assets			
Intangible assets	15	9.8	8.8
Tangible assets	15	254.5	259.8
Investments	16	29.7	29.5
		294.0	298.1
Current assets			
Stock		0.3	0.3
Debtors falling due within one year	17	11.1	10.1
Debtors falling due after one year	17	0.5	-
Cash at bank and in hand	18	4.1	12.0
		16.0	22.4
Current liabilities			
Creditors falling due within one year	19	(23.6)	(24.7)
		(7.6)	(2.3)
Net current (liabilities)/assets		(7.6)	(2.3)
Total assets less current liabilities		286.4	295.8
Creditors falling due after one year	19	(29.2)	(37.1)
Net assets excluding pension liability		257.2	258.7
Defined benefit pension liability	22	(0.7)	(0.7)
Net assets		256.5	258.0
Funds		248.6	249.2
Revaluation reserve		8.6	9.5
Pension reserve		(0.7)	(0.7)
Total funds of the Charity		256.5	258.0

The Charity has taken advantage of the exemption in section 408 of the Companies Act from disclosing its individual statement of financial activity.

The notes on pages 58 to 76 are an integral part of the financial statements.

Approved by the Board of Trustees on 27 July 2018 and signed on its behalf by



Peter Winslow CBE
Chairman



Martin Beer
Chief Financial Officer

Members of the Board of Directors of St Andrew's Healthcare Company number: 5176998

› Consolidated Cash Flow Statement for year ending 31 March 2018

	Note	Total 2018 £m	Total 2017 £m
Net cash from operating activities	24	19.6	27.9
Taxation paid		(0.1)	(0.2)
Net cash generated from operating activities		19.5	27.7
Cash flows from investing activities			
Dividends, interest and rent from investments		0.3	0.3
Purchase of property, plant and equipment		(11.7)	(29.8)
Proceeds from sale of investments		1.8	9.5
Movement in cash balance held in investment portfolio		0.2	0.5
Purchase of investments		(2.3)	(2.5)
Net cash used in investing activities		(11.7)	(22.0)
Cash flows from financing activities			
Repayments of borrowing		(41.2)	(3.9)
New long term loans		29.3	-
Interest paid		(2.8)	(1.9)
Proceeds from issue of minority interest members' equity		-	0.3
Dividends paid to minority interests		(2.3)	(2.3)
Repayment of obligations under finance leases		(0.1)	-
Net cash used in financing activities		(17.1)	(7.8)
Change in cash and cash equivalents in the reporting period		(9.3)	(2.1)
Cash and cash equivalents at the beginning of the reporting period		13.9	16.0
Cash and cash equivalents at the end of the reporting period		4.6	13.9

› Consolidated Statement of Changes in Funds

	Funds £m	Revaluation Reserve £m	Pension Reserve £m	Minority Interest £m	Group Total £m
Balance as at 1 April 2017	236.8	3.9	(0.7)	2.5	242.5
Total net movement in funds in the year	(4.8)	-	-	-	(4.8)
Transfer	0.9	(0.9)	-	-	-
Profit attributable to minority interests	-	-	-	1.6	1.6
Dividends paid to minority interests	-	-	-	(2.3)	(2.3)
Balance as at 31 March 2018	232.9	3.0	(0.7)	1.8	237.0
Balance as at 1 April 2016	228.6	5.9	(0.6)	2.2	236.1
Total net movement in funds in the year	6.1	-	-	-	6.1
Transfer	2.1	(2.0)	(0.1)	-	-
Profit attributable to minority interests	-	-	-	2.3	2.3
Dividends paid to minority interests	-	-	-	(2.3)	(2.3)
Proceeds from issue of minority interest members' equity	-	-	-	0.3	0.3
Balance as at 31 March 2017	236.8	3.9	(0.7)	2.5	242.5

› Notes to the financial statements

1 General information

St Andrew's Healthcare ("the Charity") is registered in England and Wales as a Charity and as a company limited by guarantee. The address of its registered office is Cliftonville Road, Northampton, Northamptonshire NN1 5DG.

The Charity has no share capital and is limited by guarantee. Each of the members has a liability to £1 should there be a deficit of assets after meeting liabilities on winding up.

2 Accounting policies

Basis of preparation

The financial statements of the charity, which is a public benefit entity under FRS 102, have been prepared in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102), Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their financial statements in accordance with FRS 102 (Charities SORP FRS 102), the Companies Act 2006 and the Charities Act 2011.

These financial statements are prepared on a going concern basis, under historical cost convention, as modified by the recognition of certain financial assets and liabilities measured at fair value.

The Charity has taken advantage of the exemption in section 408 of the Companies Act from disclosing its individual statement of financial activities.

The Charity has taken advantage of the exemption in FRS 102 from preparing its individual statement of cash flows, on the basis that it is a qualifying entity and the consolidated statement of cash flows, included in these financial statements, includes the Charity's cash flows.

The Group's comparative Statement of Financial Activities has been restated to reclassify minority interest net income and non-underlying items in a consistent manner with the current year.

Basis of consolidation

The Group consolidated financial statements include the financial statements of the Charity and all of its subsidiary undertakings:

- St Andrew's Healthcare, the Charity;
- St Andrew's Group of Hospitals Limited, a subsidiary of St Andrew's Healthcare (the original charity, dormant since 2009);
- St Andrew's Foundation for Mental Health, a wholly owned subsidiary of St Andrew's Healthcare;
- St Andrews Property Management Limited, a wholly owned subsidiary of St Andrew's Healthcare;
- 3SH Limited (formerly known as Three Shires Hospital Limited), a subsidiary of St Andrews Property Management Limited;
- Three Shires Hospital LLP, a subsidiary of St Andrews Property Management Limited;
- The Pavilion Clinic Limited, a subsidiary of Three Shires Hospital LLP.

All the subsidiaries of the Charity are incorporated in the United Kingdom, and have a year end of 31 March. Uniform accounting policies have been adopted across the Group. All intra-group transactions, balances, income and expenses are eliminated on consolidation. New subsidiaries included in the Group for the first time are consolidated from the date of acquisition.

As St Andrews Property Management Limited is a wholly owned subsidiary, the charity has taken advantage of the exemption contained in FRS 102 and has therefore not disclosed transactions or balances with that entity.

Income

Income is measured as the fair value of the consideration received or receivable, excluding discounts, rebates, value added tax and other sales taxes.

Donated funds are recognised on receipt. Donated services from our volunteers are not included within the financial statements. Volunteers perform various roles, mainly involving therapeutic activities and befriending patients. Volunteer contribution was the equivalent of 8 full-time staff (2017: 8).

Income from Charitable activities largely consists of fees for the provision of services and facilities to our service users. This is recognised when the service has been provided, the charity has entitlement to the funds, the receipt is probable and the amount can be measured reliably.

Income from other trading activities consists of income generated by subsidiary undertakings through provision of goods and services and income generated by the Charity in respect of its garden centre and coffee shop. This income is recognised to the extent that the service has been provided, or the significant risks and rewards of ownership have transferred to the buyer in the case of goods, receipt is probable and the income can be reliably measured.

Investment income in relation to dividends and interest is recognised when receivable.

Expenditure

Expenditure is accounted for on an accruals basis and is classified under headings that aggregate costs related to that category. Liabilities are recognised when an obligation exists, it is probable that settlement will be required, and the amount can be measured or estimated reliably.

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred, or capitalised as part of the cost of the related asset, where appropriate.

Non-underlying items

In order to illustrate the underlying performance of the Group, presentation has been made of performance measures excluding those items which it is considered would distort the comparability of the Group's results. These non-underlying items are defined as those items that, by virtue of their nature, size or expected frequency, warrant separate additional disclosure in the financial statements in order to fully understand the underlying performance of the Group.

Employee benefits

The Group provides a range of benefits to employees, including annual bonus arrangements, paid holiday arrangements and pension plans.

- i. Short term benefits, including holiday pay and other similar non-monetary benefits, are recognised as an expense in the period in which the service is received.
- ii. The group operates a number of annual bonus plans for employees. An expense is recognised when the Group has a legal or constructive obligation to make payments under the plans as a result of past events, and a reliable estimate of the obligation can be made.

iii. The Group has two types of pension schemes, defined contribution and defined benefit. The assets of these are held separately from each other and those of the Group in independently administered funds.

- a. A defined contribution plan is a pension plan under which contributions are paid into a separate entity. Once the contributions have been paid the Group has no further payment obligations. The contributions are recognised as an expense when they are due. Amounts not paid are shown in accruals in the balance sheet.
- b. A defined benefit plan defines the pension benefit that the employee will receive on retirement, dependent upon several factors. The defined benefit scheme was closed to new entrants from 1 April 2003 and closed to future accrual from 31 March 2012. The fair values of plan assets and liabilities are measured in accordance with FRS 102 by independent actuaries. Any surplus of assets over liabilities is not recognised as the Charity is not entitled to a refund of any of the surplus. The cost of the plans recognised in the Statement of Financial Activity comprises:
 - i. The cost of benefit changes, curtailments and settlements
 - ii. Net interest cost
 - iii. Administrative costs
 - iv. Re-measurements

Investments

Investments are stated at market value at the balance sheet date (investment properties are re-valued by a chartered surveyor or the directors annually). Net investment gains and losses arising from revaluation and disposals during the year are shown as "net gains/(losses) on investment" within the consolidated statement of financial activities.

Investments in subsidiary companies are held at cost.

Stock

Stock is included at the lower of cost and net realisable value. Cost is based on the cost of purchase on a first in, first out basis.

Service users' funds

The Charity holds cash in current accounts on behalf of service users. The asset (being the amount held at the bank) is shown within other debtors and the liability (being the offsetting amount payable to service users) is shown within other creditors.

Cash at bank and in hand

Cash at bank and in hand includes cash and any short term highly liquid investments which are not volatile in value and have a short maturity of three months or less from the date of acquisition or deposit.

› Notes to the financial statements (Continued)

Financial instruments

i. Financial Assets

The Group has chosen to adopt Sections 11 and 12 of FRS 102 in respect of financial instruments.

Basic financial assets include trade and other receivables and cash and bank, are initially recognised at fair value, being the transaction price. Such assets are subsequently carried at amortised cost using the effective interest method.

Other financial assets, including investments in equity instruments which are not subsidiaries, associates or joint ventures, are initially measured at fair value, which is normally the transaction price. Such assets are subsequently carried at fair value and the changes in fair value are recognised in the consolidated statement of financial activities.

Basic financial assets are recognised at cost (being transaction price) and subsequently measured at amortised cost using the effective interest rate method. For trade and other receivables, cash and bank balances, their settlement value (net of any discount offered or provision for doubtful debt) is used to determine fair value. For investments in equity instruments which are not subsidiaries, market value is used to determine fair value. Any changes in fair value are recognised in the consolidated statement of financial activities.

Derivatives, including interest rate swaps, are not basic financial instruments. Derivatives are initially recognised at fair value on the date a derivative contract is entered into and are subsequently re-measured at their fair value. Changes in the fair value of derivatives are recognised in net income in finance costs or finance income as appropriate unless they are included in a hedging arrangement. The classification of the entire fair value of the derivative as non-current or current is dependant on the expiry date of the hedge relationship.

ii. Financial Liabilities

Basic financial liabilities, including trade and other payables and bank loans, are initially recognised at transaction price. Bank loans are subsequently carried at amortised cost, using effective interest rate method. They are then subsequently carried at amortised cost, calculated using the effective interest rate method.

Hedging arrangements

The Charity applies hedge accounting for transactions entered into to manage the cash flow exposures of borrowings. Interest rate swaps are held to manage the interest rate exposures and are designated as cash flow hedges of floating rate borrowings.

Changes in the fair value of derivatives designated as cash flow hedges, and which are effective, are recognised directly in equity. Any ineffectiveness in the hedging relationship (being the excess of the cumulative change in fair value of the hedging instrument since inception of the hedge over the cumulative change in the fair value of the hedged item since inception of the hedge) is recognised in the consolidated statement of financial activities.

The gain or loss recognised in other recognised gains/losses is reclassified to the net income when the hedged cash flows impact the consolidated statement of financial activities. Hedge accounting is discontinued when the hedging instrument expires, no longer meets the hedging criteria, the hedged debt instrument is derecognised or the hedging instrument is terminated.

Fixed assets

Items classified as fixed assets are those which cost more than £5,000 per item or group of items and provide an on-going economic benefit (by generating income or contributing to the charity's objectives) for more than one year. Cost includes the purchase price of the asset, expenses attributable to bringing the asset to working condition, and any capitalised borrowing costs.

Tangible fixed assets

Tangible fixed assets are measured at cost less accumulated depreciation and any recognised provision for impairment. Depreciation is calculated to write down the cost of assets to their residual values, over their expected useful lives, on a straight-line method, on the following bases:

New buildings 50 years

New building fit-out 3 years

Building extensions 25 years

Building refurbishments 10 or 15 years (major refurbishments)

Fixtures, fittings, machinery and equipment 3 to 5 years (or the lease term if shorter)

Motor vehicles

5 years (or the lease term if shorter)

Land and assets in the course of construction are not depreciated.

Intangible fixed assets

i. Software is measured at cost less accumulated depreciation and any recognised provision for impairment. Software is depreciated in equal instalments over its estimated useful economic life (3 to 5 years). Software assets in the course of construction are not depreciated.

ii. Goodwill represents the difference between amounts paid on the cost of a business combination and the acquirer's interest in the fair value of its identifiable assets and liabilities of the acquiree at the date of acquisition. Subsequent to initial recognition, Goodwill is measured at cost less accumulated amortisation and accumulated impairment losses. Goodwill is amortised on a straight line basis over its useful economic life. If a reliable estimate of the useful life cannot be made, the useful life shall not exceed ten years.

Funds

Unrestricted funds are available to spend as the Trustees see fit, in accordance with the objectives of the Charity.

Restricted funds are donations which the donor has specified are to be solely used for particular areas of the Charity's work.

3 Key accounting estimates and judgements

In the application of the Company's accounting policies, which are described in note 2, management is required to make judgements, estimates and assumptions about the carrying values of assets and liabilities that are not readily apparent from other sources. The estimates and underlying assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates. The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

Control of Three Shires Hospital LLP

Assessing whether the Group controls Three Shires Hospital LLP requires judgement. St Andrews Property Management Limited holds 50% of the issued share capital of the partnership and the group has a controlling interest in this company through the provisions of a LLP members' agreement giving the Group the power to appoint the Chairman and under certain circumstances, exercise a casting vote. The Group considers that this demonstrates control of Three Shires Hospital LLP.

Provision for doubtful debts

Trade debtors less provision for doubtful debts are based on an assessment of the age of debts, reflecting historical experience, adjusted for known issues around specific debtors.

Depreciation

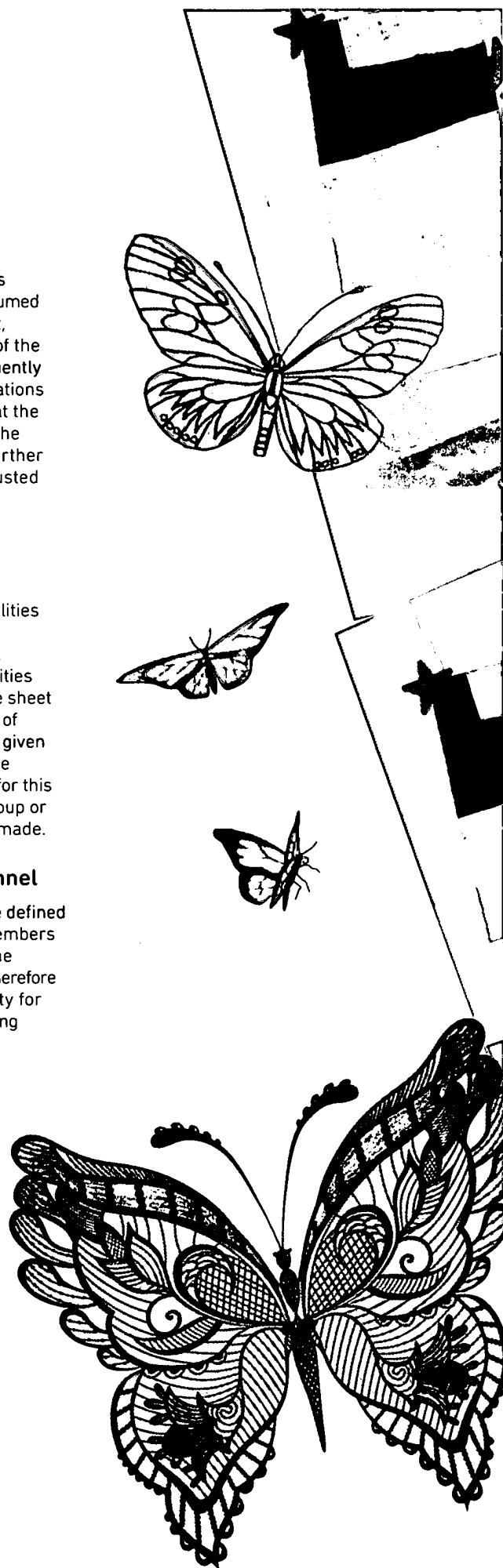
When calculating depreciation, residual value of all fixed assets (with the exception of land) is assumed to be zero, as it is expected that, given the purpose built nature of the significant assets and the frequently changing environment of regulations for the built environment, that at the end of the expected useful life the buildings would not have any further value. This is reviewed and adjusted annually if appropriate.

Defined benefit pension scheme

The value of the assets and liabilities of this scheme is estimated by independent qualified actuaries. Any surplus of assets over liabilities is not recognised on the balance sheet because there is no expectation of future economic benefit from it, given no agreement is in place with the pension Trustees that provides for this surplus to be returned to the group or for reduced contributions to be made.

Key management personnel

Key management personnel are defined as those individuals who are members of the Board of Directors and the Executive Leadership Team and therefore have authority and responsibility for planning, directing and controlling the activities of the Charity.



› Notes to the financial statements (Continued)

4 Income from charitable activities

Relates entirely to providing care for service users.

5 Income from other trading activities

	2018 £m	2017 £m
Three Shires Hospital LLP - healthcare activities	18.0	19.2
The Pavilion Clinic - healthcare activities	2.5	2.5
Other - healthcare related services	0.4	0.3
Rental income	-	0.1
	20.9	22.1

6 Investment income

	2018 £m	2017 £m
Dividends	0.3	0.3

7 Expenditure on charitable activities

	2018 £m	2017 £m
Staff costs		
Wages and salaries	120.4	118.0
Social security costs	10.5	10.2
Other pension costs	3.8	4.5
Training	1.3	0.8
Other	1.2	1.2
Facilities and residents' amenities	12.2	12.7
Administration	17.7	12.5
Advertising	0.1	0.2
Depreciation, amortisation and impairment	17.9	17.9
Operating lease costs – plant and machinery	0.1	0.2
External governance costs		
External statutory audit	0.1	0.1
External legal advice	0.3	0.9
Total for the Group and the Charity	185.6	179.2

Staff costs include: £0.8m (2017: £1.3m) in relation to redundancy and termination payments where individuals were notified during the financial year. Nil is accrued at year end (2017: £0.4m).

Also included within expenditure on other trading activities are staff costs of £6.4m (2017: £6.0m). Group wages and salaries were £126.2m (2017: £123.5m), group social security costs were £10.9m (2017: £10.5m) and group pension costs were £4.0m (2017: £4.7m). Company wages and salaries were £120.8m (2017: £118.3m), company social security costs were £10.5m (2017: £10.2m) and company pension costs were £3.8m (2017: £4.5m).

Included within the above is a total of £7.6m non-underlying costs (2017: £3.2m). Of this £4.9m (2017: £1.3m) relates to the Transformation Programme aimed at re-organising the Charity to align all its resources with getting better outcomes for the patients. We renegotiated a 5 year IT outsourcing contract incurring a one off cost of £0.6m (2017: nil). The remaining £2.1m (2017: nil) non-underlying cost in the current year relates to costs incurred during the last 3 years in exploring the possibility of building a new 80 bed facility in Birmingham which during the year we concluded that the returns were not sufficiently certain on the £45m total investment and have therefore concluded that the costs associated with architects plans and models have no future value to the charity. In the prior year there was a £1.9m non-underlying cost in relation to impairment on an IT system which was never bought into functional use and had been superseded.

The external statutory audit fee is for both the group and the company.

8 Minority interest share

	2018 £m	2017 £m
Minority interest in Three Shires Hospital LLP	1.2	1.8
Minority interest in The Pavilion Clinic Limited	0.4	0.5
	1.6	2.3

9 Taxation

The Charity is exempt from taxation in respect of income and capital gains received within categories covered under Part 11 Chapter 3 Corporation Tax Act 2010 or section 256 of the Taxation of Chargeable Gains Act 1992 to the extent that such income or gains are applied to exclusively charitable purposes.

The Charity's subsidiaries are subject to corporation tax and deferred tax in the same way as commercial organisations. The taxation charge of £0.1m (2017: £0.2m) represents the Group's share of tax suffered by joint ventures and subsidiary companies.

The tax charge on the profit on ordinary activities of the subsidiaries was:

	2018 £m	2017 £m
Current tax:		
UK corporation tax	0.1	0.2
Adjustments in respect of prior year	-	-
Total current tax	0.1	0.2
Tax on profit on ordinary activities of subsidiaries	0.1	0.2

Factors affecting tax charge

The tax assessed for the year is higher than (2017: the same as) the standard rate of corporation tax in the UK of 19% (2017: 20%). The differences are explained below:

	2018 £m	2017 £m
Profit on ordinary activities of subsidiaries before tax	0.7	4.7
Less profit not subject to corporation tax	(2.6)	(3.8)
Profits subject to corporation tax	(1.9)	0.9
 Profit on ordinary activities multiplied by standard rate of UK corporation tax of 19% (2017: 20%)	 (0.4)	 0.2
Effects of:		
Adjustments to tax in respect of prior periods	-	-
Losses arising in the year not relivable against current tax	0.5	-
Total tax charge for the year	0.1	0.2

› Notes to the financial statements (Continued)

10 Staff numbers

The average monthly numbers of employees (including Directors employed on a service contract) were:

Consolidated Group		Charitable Company	
2018	2017	2018	2017
FTE	FTE	FTE	FTE
4,203	4,174	4,024	3,882

11 Emoluments analysis

The number of employees whose total employee benefits excluding pension contributions for the year fell in each band of £10,000 from £60,000 upwards is as follows:

	2018	2017
	Number	Number
£60,000 to £70,000	41	37
£70,001 to £80,000	18	18
£80,001 to £90,000	12	11
£90,001 to £100,000	14	9
£100,001 to £110,000	13	17
£110,001 to £120,000	12	13
£120,001 to £130,000	8	8
£130,001 to £140,000	10	6
£140,001 to £150,000	8	7
£150,001 to £160,000	6	5
£160,001 to £170,000	2	3
£170,001 to £180,000	4	7
£180,001 to £190,000	2	2
£190,001 to £200,000	-	1
£200,001 to £210,000	4	1
£210,001 to £220,000	2	-
£220,001 to £230,000	-	1
£230,001 to £240,000	1	2
£250,001 to £260,000	-	1
£320,001 to £330,000	-	1
£430,001 to £440,000	-	1
£490,001 to £500,000	1	-
	158	151

12 The cost of key management personnel

During the current and prior year, the only Non-Executive Trustee Director to receive remuneration was M Harris as below. No other Non-Executive received any remuneration in their role as Non-Executive Trustee Directors, or any reimbursed expenses from the Charity (2017: £nil expenses in total paid to any Trustees).

The Board has recognised the need to attract and retain able executives to manage the day to day affairs of the Group. The pay of senior executives is determined by the Remuneration Committee, which benchmarks these remuneration packages with those paid by the NHS and peers within the Charity, as well as the broader independent sector with whom it competes and similar sized commercial organisations from which it recruits.

		Salaries / fees £'000	Annual Bonus ¹ £'000	Pension ² £'000	Other Benefits £'000	Total £'000	Expenses £'000
2018							
P Winslow ³		-	-	-	-	-	-
S Richmond-Watson		-	-	-	-	-	-
F Jackson		-	-	-	-	-	-
J Forman Hardy		-	-	-	-	-	-
M Harris		21	-	-	-	21	3
P Parsons		-	-	-	-	-	-
Non-Executive Director Total		21	-	-	-	21	3
G Baldwin	Chief Executive Officer (resigned 1 January 2018) ⁴	418	-	-	78	496	-
M Beer	Chief Finance Officer	204	-	-	34	238	1
A Parshall	Chief Medical Officer	181	-	-	31	212	-
M Kersey	HR Director	153	-	19	8	180	1
D Howells	Executive Director of Nursing & Operations	173	-	20	8	201	1
Executive Directors who are not Trustee Directors ⁵		167	-	-	45	212	-
Executive Director Total		1,296	-	39	204	1,539	3
C Carless	General Counsel and Company Secretary	153	-	-	44	197	-
Total		1,470	-	39	248	1,757	6
2017							
P Winslow		-	-	-	-	-	-
S Richmond-Watson		-	-	-	-	-	-
P Ellwood		-	-	-	-	-	-
F Jackson		-	-	-	-	-	-
J Forman Hardy		-	-	-	-	-	-
M Harris		20	-	-	-	20	3
P Parsons		-	-	-	-	-	-
Non-Executive Director Total		20	-	-	-	20	3
G Baldwin	Chief Executive Officer	328	43	-	62	433	7
W Irving	Chief Operating Officer (resigned 28 February 2017)	298	17	25	8	348	1
M Beer	Chief Finance Officer (appointed 4 July 2016)	149	16	-	25	190	-
T Harris	Chief Finance Officer and Interim Company Secretary (resigned 3 October 2016)	65	-	8	2	75	-
A Parshall	Chief Medical Officer	177	19	-	29	225	-
M Kersey	HR Director	150	16	19	10	195	-
D Howells	Executive Director of Nursing & Operations (appointed 29 July 2016)	125	14	16	7	162	-
Executive Directors who are not Trustee Directors ⁵		201	14	-	22	237	1
Executive Director Total		1,493	139	68	165	1,865	9
C Carless	General Counsel and Company Secretary (appointed 3 October 2016)	83	8	-	14	105	-
Total		1,596	147	68	179	1,990	12

› Notes to the financial statements (Continued)

12 The cost of key management personnel (Continued)

Subnotes

- 1 Annual bonus relates to performance during the financial year, paid in June following the relevant year-end. Bonus payments are based upon the performance of the Charity, the quality of the services and individuals' performance.
- 2 Relates to contributions made to the defined contribution scheme.
- 3 Between January and June 2018 P Winslow acted as Executive Chairman but has reverted to a non-executive capacity following the appointment of a new Chief Executive Officer in June 2018.
- 4 G Baldwin resigned from his role as Trustee and CEO on 1 January 2018. His remuneration reflects payments in lieu of notice up to the end of his 6 month notice period.
- 5 L Ross, Director of Business Change & IT (resigned 2 March 2018).

13 Related party transactions

Consolidated Group

The Group has not entered into any material transactions with Trustee Directors during the year (2017: nil).

Entity with significant influence over Three Shires Hospital LLP

Trading and balances between the LLP and an entity with significant influence over it was as per below:

	2018	2017
	£m	£m
Charges to the LLP from the entity with significant influence		
Management charges	1.2	1.5
Purchased goods and other recharges	0.7	0.9
Amounts owed to the LLP from the entity with significant influence	1.7	1.1

There is no fixed date for repayment and no interest is charged on the amounts owed.

Entity with significant influence over The Pavilion Clinic Limited

Trading and balances between the company and an entity with significant influence over it was as per below:

	2018	2017
	£m	£m
Charges to the company from the entity with significant influence for recharges	0.2	0.1

An unrestricted guarantee to the company in relation to obligations under finance lease and hire purchase contracts totalling £0.3m (2017 £0.4m) has been provided at the year end.

There are no amounts outstanding at the year end between the company and the entity with significant influence over it.

Charitable Company

Three Shires Hospital LLP and St Andrew's Healthcare

Three Shires Hospital LLP leases the Three Shires Hospital buildings from St Andrew's Healthcare.

Some of the Trustee Directors of St Andrew's Healthcare are also Partnership Board Directors of Three Shires Hospital LLP.

Trading with Three Shires Hospital LLP during the year was as follows:

	2018	2017
	£m	£m
Sales (rental income)	1.3	1.3

There are no amounts outstanding at the year end between the Charity and Three Shires Hospital LLP.

14 Subsidiary undertakings

All subsidiary undertakings are registered in England and Wales.

The Directors believe that the carrying value of the investments is supported by their underlying net assets.

St Andrews Property Management Limited manages construction projects and certain non-core facilities for the Group. The Charity owns 100% of the two £1 ordinary shares of the company. Each year any surplus that the company makes is donated to the charity. This year there has been a net loss because reserves from earlier years have also been donated.

The Charity is an ultimate shareholder of Three Shires Hospital LLP. St Andrews Property Management Limited owns 250,000 £1 shares amounting to 50% of the issued share capital of the partnership with the remaining share capital being held by BMI Healthcare Limited. The Group has a controlling interest in this company through the provisions of the LLP members' agreement giving the Group the power to appoint the Chairman and, under certain circumstances, exercise a casting vote. Three Shires Hospital LLP operates an acute medical surgical hospital situated in the grounds of St Andrew's Healthcare in Northampton (previously operated by 3SH Ltd). In 2018 there has been significant pressure on patient admissions which has led to a drop in net income.

Three Shires Hospital LLP has the controlling interest and holds 51% of the issued ordinary share capital (the remainder is held by Global Diagnostics Limited) of The Pavilion Clinic Limited, which provides a diagnostic centre of excellence in a dedicated environment, with consulting and physiotherapy services provided by Three Shires Hospital. The Pavilion Clinic Limited trades as Imaging @ Three Shires.

St Andrews Property Management Limited owns 50% of the share capital of 3SH Ltd, a dormant company (with 50 % being held by BMI Healthcare Limited). Net assets are £2. The registered office of the company is the same as Three Shires Hospital LLP as per below.

The Charity owns 100% of St Andrew's Group of Hospitals Limited, a dormant company. Net assets are £2. The registered office of the company is the same as the St Andrews Property Management Limited as per below.

The Charity owns 100% of St Andrew's Foundation for Mental Health, a dormant company. Net assets are £2. The registered office of the company is the same as the St Andrews Property Management Limited as per below.

The financial performance for the subsidiary undertakings, prior to the elimination of intercompany balances and transactions, included within the consolidated financial statements is as follows:

	St Andrews Property Management Limited		Three Shires Hospital LLP		The Pavilion Clinic Limited	
Company number	2798380		OC398963		6061941	
Registered office	Cliftonville Road Northampton Northamptonshire NN1 5DG		Bmi Healthcare House 3 Paris Garden Southwark London SE1 8ND		Bmi Healthcare House 3 Paris Garden Southwark London SE1 8ND	
	2018	2017	2018	2017	2018	2017
	£m	£m	£m	£m	£m	£m
Income	2.7	11.9	18.7	19.8	2.5	2.5
Expenditure	(5.3)	(11.9)	(16.1)	(16.0)	(1.8)	(1.6)
Tax	-	-	-	-	(0.1)	(0.2)
Net (loss)/income	(2.6)	-	2.6	3.8	0.6	0.7
Fixed assets	1.6	3.6	1.7	1.8	0.6	0.7
Current assets	1.7	2.2	4.7	6.5	0.5	0.6
Liabilities due within one year	(1.8)	(1.6)	(3.3)	(4.0)	(0.4)	(0.4)
Liabilities due after one year	-	-	-	-	(0.3)	(0.4)
Net assets	1.5	4.2	3.1	4.3	0.4	0.5

› Notes to the financial statements (Continued)

15 Tangible and Intangible Assets

Consolidated Group	Freehold land and buildings	Assets under construction	Fixtures, fittings, machinery & equipment	Motor vehicles	Total tangible assets	Software	Software Assets under construction	Goodwill	Total intangible assets
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Cost									
At 1 April 2017	298.6	2.8	30.4	0.8	332.6	10.2	4.1	1.4	15.7
Additions	3.4	0.1	5.2	-	8.7	2.4	0.8	-	3.2
Disposals	(0.7)	(2.1)	(9.1)	(0.1)	(12.0)	(2.8)	-	-	(2.8)
Reclassification	0.3	(0.6)	0.3	-	-	3.8	(3.8)	-	-
At 31 March 2018	301.6	0.2	26.8	0.7	329.3	13.6	1.1	1.4	16.1
Accumulated depreciation									
At 1 April 2017	56.2	-	18.4	0.5	75.1	5.5	-	0.9	6.4
Charge for the year	9.1	-	4.9	0.1	14.1	2.1	-	0.1	2.2
Disposals	(0.7)	-	(9.1)	-	(9.8)	(2.7)	-	-	(2.7)
At 31 March 2018	64.6	-	14.2	0.6	79.4	4.9	-	1.0	5.9
Net book value									
At 31 March 2018	237.0	0.2	12.6	0.1	249.9	8.7	1.1	0.4	10.2
At 31 March 2017	242.4	2.8	12.0	0.3	257.5	4.7	4.1	0.5	9.3

The net book value of tangible fixed assets includes £0.4m (2017: £0.5m) in respect of assets held under hire purchase agreements.

Also included are restricted fixed assets, see note 21.

Of the disposals with a net book value of £2.3m, £2.1m of this relates to non-underlying costs incurred during the last 3 years in exploring the possibility of building a new 80 bed facility in Birmingham which during the year we concluded that the returns were not sufficiently certain on the £45m total investment and have therefore concluded that the costs associated with architects plans and models have no future value to the charity.

Charitable Company	Freehold land and buildings	Assets under construction	Fixtures, fittings, machinery & equipment	Motor vehicles	Total tangible assets	Software	Software Assets under construction	Goodwill	Total intangible assets
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Cost									
At 1 April 2017	302.5	0.8	25.0	0.8	329.1	10.2	4.1	-	14.3
Additions	3.5	0.1	4.9	-	8.5	2.4	0.8	-	3.2
Disposals	(0.7)	(0.1)	(9.1)	(0.1)	(10.0)	(2.8)	-	-	(2.8)
Reclassification	0.3	(0.6)	0.3	-	-	3.8	(3.8)	-	-
At 31 March 2018	305.6	0.2	21.1	0.7	327.6	13.6	1.1	-	14.7
Accumulated depreciation									
At 1 April 2017	54.1	-	14.7	0.5	69.3	5.5	-	-	5.5
Charge for the year	9.1	-	4.4	0.1	13.6	2.1	-	-	2.1
Disposals	(0.7)	-	(9.1)	-	(9.8)	(2.7)	-	-	(2.7)
At 31 March 2018	62.5	-	10.0	0.6	73.1	4.9	-	-	4.9
Net book value									
At 31 March 2018	243.1	0.2	11.1	0.1	254.5	8.7	1.1	-	9.8
At 31 March 2017	248.4	0.8	10.3	0.3	259.8	4.7	4.1	-	8.8

16 Investments

Consolidated Group	As at 31 March 2017		Purchases	Sales	Cash	As at 31 March 2018	
	Cost	Market value	Cost	Cost	Movement	Cost	Market value
	£m	£m					
Stock market investments	9.1	12.6	2.3	(1.0)	(0.2)	10.2	12.8
Well Vale Estates investment property	-	0.4	-	-	-	-	0.4
Total investment assets	9.1	13.0	2.3	(1.0)	(0.2)	10.2	13.2
Surplus of market value over cost		3.9					3.0
Less: prior year surplus excluding amounts realised		(2.7)					(3.0)
Unrealised gain/(loss) on revaluation of investments in year		1.2					-
Realised gain/(loss) on disposal of investments in year		0.4					(0.1)
Net gain/(loss)		1.6					(0.1)

Charitable Company	As at 31 March 2017		Purchases	Sales	Cash	As at 31 March 2018	
	Cost	Market value	Cost	Cost	Movement	Cost	Market value
	£m	£m					
Stock market investments	9.1	12.6	2.3	(1.0)	(0.2)	10.2	12.8
Well Vale Estates investment property	-	0.4	-	-	-	-	0.4
Three Shires Hospital investment property	10.9	16.5	-	-	-	10.9	16.5
Total investment assets	20.0	29.5	2.3	(1.0)	(0.2)	21.1	29.7
Surplus of market value over cost		9.5					8.6
Less: prior year surplus excluding amounts realised		(8.3)					(8.6)
Unrealised gain/(loss) on revaluation of investments in year		1.2					-
Realised gain/(loss) on disposal of investments in year		0.4					(0.1)
Net gain/(loss)		1.6					(0.1)

All investment assets are held primarily to provide an investment return for the Group. The general reserve investments are listed securities on recognised stock exchanges and comprise 63% UK securities with a market value of £8.1m (2017: 66%, £8.3m) and 37% non-UK securities with a market value of £4.7m (2017: 34%, £4.3m). The Well Vale Estates comprise farming lands of approximately 43 acres (2017: 43 acres).

The Three Shires Hospital investment property relates to the Hospital rented by Three Shires Hospital LLP (see note 13).

As a result of the difference between cost and valuation on investments, there is a revaluation reserve of £3.0m (2017: £3.9m) held within unrestricted funds on the Consolidated Group balance sheet and £8.6m (2017: £9.5m) held within unrestricted funds on the Charitable Company balance sheet. Investment properties are valued by specialist independent valuers. Well Vale estates were valued by Berry's Chartered Surveyors and Valuers regulated by RICS in 2018 and Three Shires Hospital was valued by GVA Grimley Limited regulated by RICS in 2016 which has subsequently been updated by the directors.

› Notes to the financial statements (Continued)

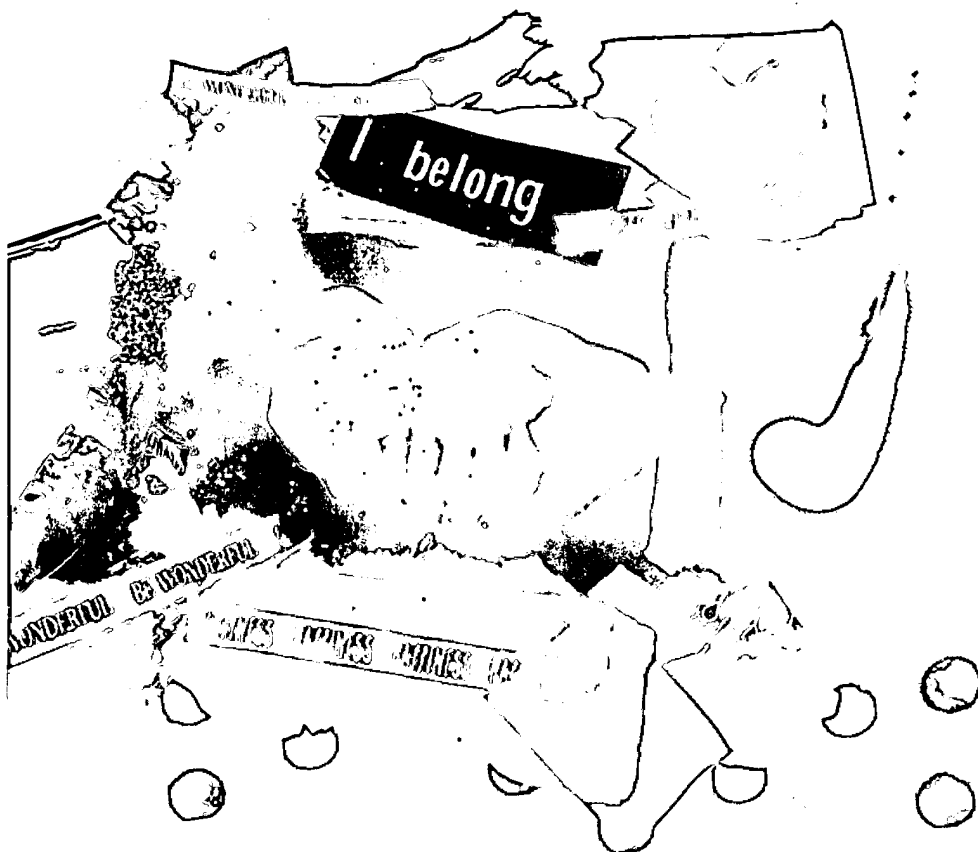
17 Debtors

	Consolidated Group		Charitable Company	
	2018 £m	2017 £m	2018 £m	2017 £m
Trade debtors	5.9	6.0	4.6	4.1
Amounts owed by related undertakings	2.3	1.9	-	-
Prepayments and accrued income	3.0	2.6	3.0	2.4
Other debtors	3.5	3.8	3.5	3.6
Amounts falling due within one year	14.7	14.3	11.1	10.1
Derivative financial instrument	0.5	-	0.5	-
Amounts falling due after more than one year	0.5	-	0.5	-

Included within other debtors is cash held at bank by St Andrew's Healthcare on behalf of service users' of £3.4m (2017: £3.5m). There is an offsetting liability within other creditors.

18 Cash at bank and in hand

Included within cash are balances in current accounts and overnight deposit accounts.



19 Creditors

	Consolidated Group		Charitable Company	
	2018	2017	2018	2017
	£m	£m	£m	£m
Bank loans	-	(4.0)	-	(4.0)
Trade creditors	(6.1)	(4.0)	(4.1)	(2.0)
Amounts owed to group undertakings	-	-	(1.1)	(1.9)
Other creditors	(4.6)	(4.7)	(4.4)	(4.6)
Obligations under finance lease and hire purchase contracts	(0.1)	(0.1)	-	-
Taxation and social security	(2.9)	(3.0)	(2.7)	(2.7)
Accruals and deferred income	(13.0)	(12.3)	(11.3)	(9.5)
Creditors falling due within one year	(26.7)	(28.1)	(23.6)	(24.7)
Bank loans (falling due between 1 and 5 years)	(29.3)	(37.2)	(29.2)	(37.1)
Obligations under finance lease and hire purchase contracts	(0.2)	(0.3)	-	-
Creditors falling due after one year	(29.5)	(37.5)	(29.2)	(37.1)

Included within other creditors are balances in respect of service users' monies of £3.4m (2017: £3.5m).

At 31 March 2017 there was a £41.2m term loan fixed at 1.85% plus 1.85% margin in place with Lloyds Bank to finance capital development, secured by first legal charges over the Charity's freehold property at Clare House, North Benfleet, Essex; Cliftonville House, Northampton; Nene Centre, Northampton; Dogpool Lane, Birmingham; and Sherwood Oaks, Mansfield.

In May 2017 the Charity took the opportunity of good financial markets to refinance the Lloyds facility with a £75m revolving credit facility with Barclays and HSBC. This not only provides for current working capital needs but also enables the Board to fulfil its strategic ambitions over the next 5 years. At the year end £29.3m was outstanding in relation to this facility. The facility is secured on a proportion of the Charity's land and building portfolio being William Wake House, FitzRoy House, Birmingham, Nottingham, Essex, Cliftonville House and the Braye Centre. The interest on this facility is charged at LIBOR plus a margin which at the year end was 1.1% however this margin can fluctuate based on the Charity's net leverage. The facility is due for repayment in May 2022. A commitment fee of 0.4% was applicable at year end and is charged on the undrawn amount.

Due to the refinancing during the year £1.7m of non-underlying costs were incurred due to exit charges.

20 Commitments

At the year end, the Company had future minimum lease payments under non-cancellable operating leases for assets as follows:

	Consolidated Group		Charitable Company	
	2018	2017	2018	2017
	£m	£m	£m	£m
Falling due:				
Within one year	0.1	0.2	0.1	0.1
Between one and five years	0.3	0.4	0.3	0.4
Later than five years	-	-	-	-
	0.4	0.6	0.4	0.5

Contractual commitments in relation to the acquisition of tangible and intangible fixed assets are £1.9m at year end (2017: £3.2m).

› Notes to the financial statements (Continued)

21 Funds of the Charity

Consolidated Statement of Financial Activities by Fund Type
For the year ended 31 March 2018

	Restricted Funds	Unrestricted Funds	Group Total	Restricted Funds	Unrestricted Funds	Group Total
			2018			2017
	£m	£m	£m	£m	£m	£m
Income from:						
Donations	-	0.3	0.3	0.2	-	0.2
Charitable activities	-	180.0	180.0	-	183.0	183.0
Other trading activities	-	20.9	20.9	-	22.1	22.1
Investments	-	0.3	0.3	-	0.3	0.3
Total income	-	201.5	201.5	0.2	205.4	205.6
Expenditure on:						
Charitable activities	(0.1)	(185.5)	(185.6)	(0.1)	(179.1)	(179.2)
Other trading activities	-	(16.6)	(16.6)	-	(16.4)	(16.4)
Interest payable and similar charges	-	(2.8)	(2.8)	-	(1.9)	(1.9)
Total expenditure:	(0.1)	(204.9)	(205.0)	(0.1)	(197.4)	(197.5)
Taxation	-	(0.1)	(0.1)	-	(0.2)	(0.2)
Net (loss)/gain on investments	-	(0.1)	(0.1)	-	1.6	1.6
Net (expenditure)/income	(0.1)	(3.6)	(3.7)	0.1	9.4	9.5
Net income attributable to minority interest share	-	(1.6)	(1.6)	-	(2.3)	(2.3)
Total net (expenditure)/income attributable to Charitable Group	(0.1)	(5.2)	(5.3)	0.1	7.1	7.2
Other recognised gains/(losses)						
Actuarial gains/(losses) on defined benefit pension schemes	-	-	-	-	(1.1)	(1.1)
Cash flow hedge gains/(losses) on change in value of hedging instrument	-	0.5	0.5	-	-	-
Net movement in funds	(0.1)	(4.7)	(4.8)	0.1	6.0	6.1
Reconciliation of funds:						
Total funds brought forward	1.5	238.5	240.0	1.4	232.5	233.9
Dividends paid	-	-	-	-	-	-
Total funds carried forward	1.4	233.8	235.2	1.5	238.5	240.0

Summary of Fund Movements

	Funds Net Assets 1 April 2017	Income	Expenditure	Funds Net Assets 31 March 2018	Cash	Fixed Assets
	£m	£m	£m	£m	£m	£m
Huntington's disease fund:	0.4	-	-	0.4	0.3	0.1
For the care and wellbeing of people with Huntington's disease						
FitzRoy fund:	1.0	-	-	1.0	-	1.0
Contribution to FitzRoy, a residential facility for adolescents with mental disability						
Other:	0.1	-	(0.1)	-	-	-
Total	1.5	-	(0.1)	1.4	0.3	1.1

22 Pensions

Defined contribution pension scheme (Standard Life)

Standard Life run two schemes on behalf of St Andrew's:

1. The Auto Enrolment Scheme where the contributions are based on qualifying earnings as defined by the auto enrolment legislation. For the period up to April 2018 these were set at a minimum of 1% for both the employer and employee. In line with the regulations this rises to 2% employer and 3% employee from April 2018.
2. The Group Personal Pension Scheme (GPP). Members are encouraged to transfer to the Charity's GPP scheme with a minimum employer's contribution of 4% and minimum employee contribution of 3%. This scheme also provides life insurance of 3 x salary for active employees.

The Charity's contributions are charged to the statement of financial activities each year during the period in which the employee is an active member of the scheme. The costs of administering the scheme and providing for death in service cover are met by the Group.

The pension charge for the year for these schemes was £2.8m (2017: £3.4m). As at 31 March 2018 there was an accrual of £0.8m (2017: £0.9m) for these schemes.

Defined benefit pension scheme (St Andrew's Healthcare Pension Scheme)

The Charity pays £0.5m per annum to meet the expenses of the scheme.

The last full actuarial valuation was carried out as at 31 March 2016 by a qualified independent actuary. After discussions between the Trustee and St Andrew's Healthcare, a Recovery Plan was agreed. The Recovery Plan follows the actuarial valuation of the scheme, which revealed a shortfall in the assets, when measured against the scheme's Technical Provisions, of £7.7m. It will be reviewed, and may be revised, following the Trustee's next valuation under section 224 of the Pensions Act 2004, or earlier if the Trustee and Employer agree. To ensure that the statutory funding objective is met St Andrew's Healthcare agreed to:

- Pay the balance of the amounts held in an Escrow account of £1m into the scheme (subsequently paid).
- To correct the remaining shortfall, pay a £0.5m contribution each scheme year to 31 March 2020, which has been paid each year to date.



› Notes to the financial statements (Continued)

22 Pensions (Continued)

Actuarial Valuation Report

Financial year ending on	31 March 2018	31 March 2017
	£m	£m
Change in defined benefit obligation		
Defined benefit obligation at end of prior year	194.2	164.2
Loss on curtailments / changes / introductions	0.4	0.3
Interest expense	4.7	5.7
Cash flow - benefit payments from plan assets	(9.1)	(8.9)
Remeasurement - effect of changes in assumptions	(10.8)	35.5
Remeasurement - effect of experience adjustments	-	(2.6)
Defined benefit obligation at end of year	179.4	194.2
Change in fair value of plan assets		
Fair value of plan assets at end of prior year	200.4	183.7
Interest income	4.9	6.4
Total employer contributions	1.0	2.0
Benefit payments from plan assets	(9.1)	(8.9)
Administrative expenses paid from plan assets	(0.7)	(0.6)
Remeasurement - return on plan assets (excluding interest income)	5.5	17.8
Fair value of plan assets at end of year	202.0	200.4
Change in asset ceiling		
Asset ceiling at end of prior year	6.2	19.5
Interest income	0.1	0.7
Remeasurements - changes in asset ceiling (excluding interest income)	16.3	(14.0)
Asset ceiling at end of year	22.6	6.2
Amounts recognised in the Balance Sheet		
Defined benefit obligation	179.4	194.2
Fair value of plan assets	202.0	200.4
Funded status	(22.6)	(6.2)
Effect of asset ceiling	22.6	6.2
Net defined benefit liability (asset)	-	-
The defined benefit surplus has been restricted to zero on the Balance Sheet, as no refund has been agreed with the pension scheme Trustees.		
Cost relating to defined benefit plans		
Loss on curtailments/changes/introductions	0.4	0.3
Interest expense on DBO	4.7	5.7
Interest (income) on plan assets	(4.9)	(6.4)
Interest expense on effect of (asset ceiling)	0.1	0.7
Administrative expenses and/or taxes	0.7	0.6
Cost relating to defined benefit plans included in Statement of Financial Activity	1.0	0.9
Remeasurements (recognised in other recognised gains/losses)		
Effect of changes in assumptions	(10.8)	35.5
Effect of experience adjustments	-	(2.6)
(Return) on plan assets (excluding interest income)	(5.5)	(17.8)
Changes in asset ceiling (excluding interest income)	16.3	(14.0)
Total remeasurements included in Statement of Financial Activity	-	1.1
Total cost related to defined benefit plans recognised in Statement of Financial Activity	1.0	2.0

22 Pensions (Continued)

Financial year ending on	31 March 2018	31 March 2017
	£m	£m
Net defined benefit liability / (asset) reconciliation		
Cost relating to defined benefit plans included in SOFA	1.0	0.9
Total remeasurements	-	1.1
Cash flows - employer contributions	(1.0)	(2.0)
Net defined benefit liability / (asset) as of end of year	-	-
Defined benefit obligation by participant status		
Vested deferreds	66.4	81.3
Retirees	113.0	112.9
Total	179.4	194.2
Fair value of plan assets		
Cash and cash equivalents	25.9	17.6
Equity instruments	103.8	126.8
Debt instruments	42.4	18.2
Other	29.9	37.8
Total	202.0	200.4
Actual return on plan assets	10.4	24.2
Significant actuarial assumptions	31 March 2018	31 March 2017
Weighted-average assumptions to determine defined benefit obligations		
Discount rate	2.65%	2.50%
Pensions-in-payment increase rate	3.00%	3.10%
Deferred pension increase rate	2.05%	2.15%
Price inflation rate	3.05%	3.15%
Post-retirement mortality assumption	S2 light tables SPA07_L_ CMI_2015_1.25%	S2 light tables SPA07_L_ CMI_2015_1.25%
Assumed life expectancy on retirement at age 65		
Retiring today (member age 65)	23.1	23.4
Retiring in 20 years (member age 45 today)	24.4	25.1
Expected cash flows for following year	£m	£m
Expected employer contributions	1.0	1.0
Provision in respect of an unfunded employer-financed retirement benefits scheme (EFRBS)	£m	£m
Discounted present value of EFRBS:	(0.7)	(0.7)

Notes to the financial statements (Continued)

23 Financial instruments

	Consolidated Group		Charitable Company	
	2018	2017	2018	2017
	£m	£m	£m	£m
Financial assets at fair value				
Derivative financial instruments	0.5	-	0.5	-
Stock market investments	12.8	12.6	12.8	12.6
Investment in property	0.4	0.4	16.9	16.9
	13.7	13.0	30.2	29.5
Financial assets at amortised cost				
Trade debtors	5.9	6.0	4.6	4.1
Other debtors	8.8	8.3	6.5	6.0
Cash and short term deposits	4.6	13.9	4.1	12.0
	19.3	28.2	15.2	22.1
Financial liabilities measured at amortised cost				
Trade creditors	(6.1)	(4.0)	(4.1)	(2.0)
Accruals	(13.0)	(12.3)	(11.3)	(9.5)
Other creditors	(7.5)	(7.7)	(8.2)	(9.2)
Amortised Bank loans	(29.3)	(41.2)	(29.2)	(41.1)
Obligations under finance lease and hire purchase contracts	(0.3)	(0.4)	-	-
	(56.2)	(65.6)	(52.8)	(61.8)

Derivative financial instruments – Interest rate swaps

The Charity has entered into two interest rate swaps to hedge the Charity's exposure to interest rate movements on the revolving credit facility as per below:

- 1) To receive interest at LIBOR and pay interest at a fixed 0.765%. The swap is based on a principal amount of £20.0m which is part of the revolving credit facility with Barclays and HSBC and matures in 2022 on the same date as the revolving credit facility. The fair value of the swap is £0.4m (2017: nil).
- 2) To receive interest at LIBOR and pay interest at a fixed 0.5575%. The swap is based on a principal amount of £10.0m which is part of the revolving credit facility with Barclays and HSBC and matures in 2020, 3 years after the start of the revolving credit facility. The fair value of the swap is £0.1m (2017: nil).

Cash flows on both the loan and the interest rate swaps are paid quarterly. During 2018 a hedging gain of £0.5m (2017: nil) was recognised in other recognised gains/losses for changes in the fair value of the interest rate swap.

24 Reconciliation of net income to net cashflow from operating activities

	Total	Total
	2018	2017
	£m	£m
Net (expenditure)/income for the reporting period per the statement of financial activities	(3.7)	9.5
Taxation	0.1	0.2
Pretax (expenditure)/income for the reporting period	(3.6)	9.7
Depreciation and amortisation charge	16.3	15.5
Impairment of fixed assets	2.3	2.9
Losses/(gains) on investments	0.1	(1.6)
Dividends, interest and rents from investments	2.5	1.6
(Increase)/decrease in debtors	(0.4)	0.9
Increase/(decrease) in creditors	2.4	(1.2)
Increase/(decrease) in defined benefit pension liability (EFRBS)	-	0.1
Net cash generated from operating activities	19.6	27.9



› Reference and Administrative Details

Registered Name	St Andrew's Healthcare
Charity number	1104951
Company number	5176998
Principal and Registered office	Cliftonville Road Northampton Northamptonshire NN1 5DG
Non-Executive Trustee Directors and Governors	Peter Winslow CBE, Chairman (Executive Chairman from January 2018 to June 2018) Stuart Richmond-Watson, Vice Chairman Frances Jackson Jane Forman Hardy Dr Mike Harris Paul Parsons
Executive Trustee Directors	Katie Fisher, Chief Executive Officer (Appointed 25.06.18) Gil Baldwin MBE, Chief Executive Officer (Resigned 01.01.18) Martin Beer, Chief Finance Officer Martin Kersey, Human Resources Director Dr Alice Parshall, Chief Medical Officer (Resigned 30.04.18) Dean Howells, Executive Director of Nursing and Operations Dr Sanjith Kamath, Executive Medical Director (Appointed 01.05.18)

Governors

The Rt Revd Donald Allister (Bishop Donald) (Resigned 17.07.17)	John McCall (Resigned 27.02.18)
James Charrington	James Mackaness
John Church CBE	Oliver Mackaness
William Church	Lavinia Perry
Tim Davy	Rupert Perry
Sir Peter Ellwood	Lady Proby
Deirdre Fenwick	Stephen Schilizzi
Lord Charles FitzRoy	Adrian Spooner
Nick Fothergill (Resigned 17.11.17)	Charles Stopford Sackville (Resigned 19.03.18)
Simon Forster (Resigned 27.06.18)	Johnny Wake
Alec Foster	Lady Braye - Honorary
William Franklin	The Marquess of Northampton - Honorary
Dr Martin Gaskell	Ian Pasley-Taylor - Honorary
Robert Heygate	Sir John Robinson Bt. - Honorary
Nick Heygate	Sir James Spooner - Honorary
Mary Hodges	Lady Tennant - Honorary
Crispin Holborow	Joan Tice - Honorary
David Laing	Sir Charles Wake - Honorary
Amanda Lowther	Major Sir Hereward Wake, Bt., MC - Honorary (Deceased 11.12.17)

Company Secretary

Claire Carless

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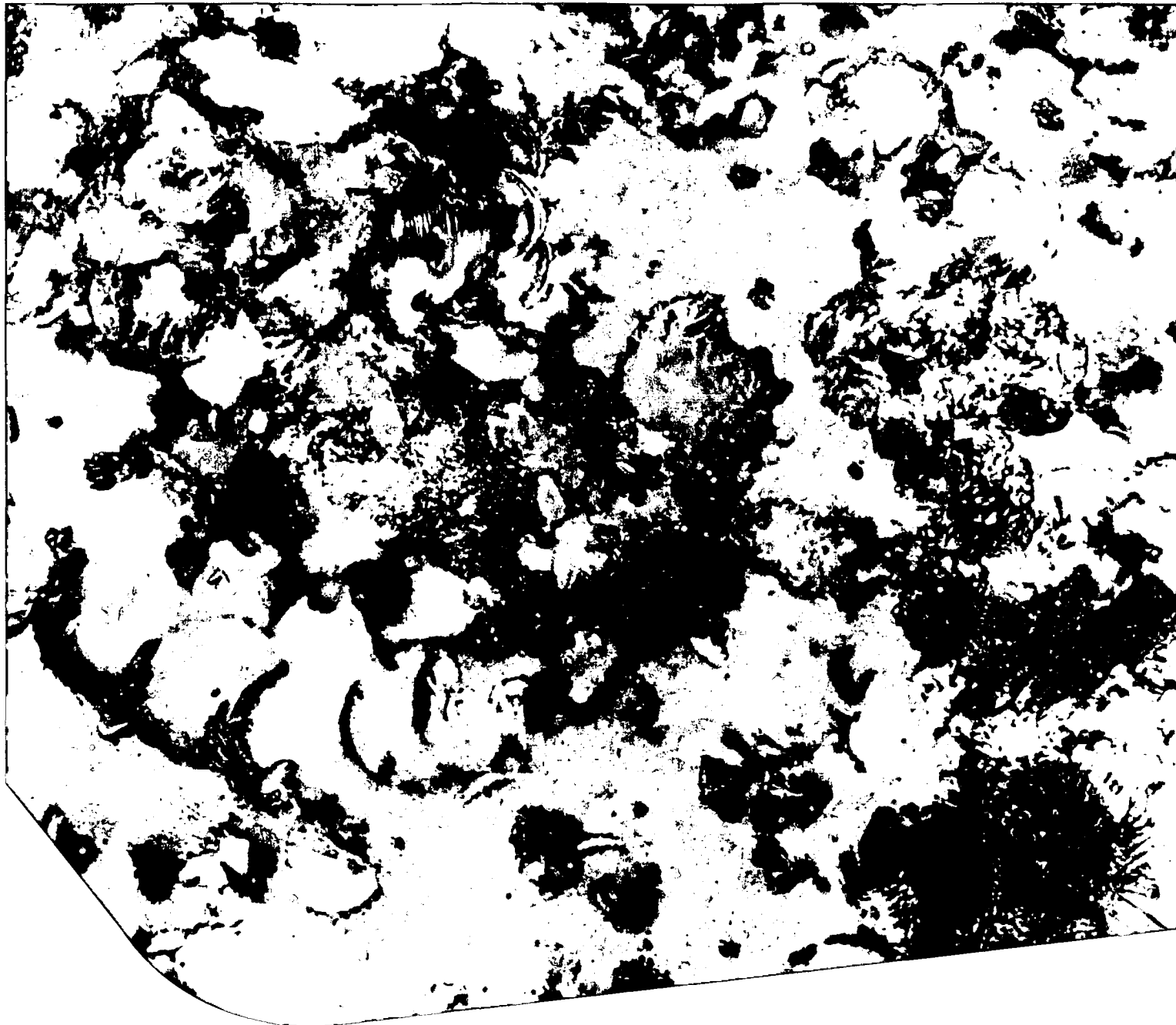
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