Spectrum Community Health CIC

# QUALITY ACCOUNT

2024-25

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# Introduction >

Welcome to Spectrum Community Health CIC's Quality Account for the period 1 April 2024 to 31 March 2025.

Spectrum is a not-for-profit, values-led social enterprise delivering high-quality healthcare to people in vulnerable circumstances. Our work spans four specialist areas: Health and Justice, Substance Misuse, Sexual Health, and Primary Care. Across all these areas, our mission remains clear – to provide accessible, compassionate care that makes a meaningful difference to people's lives.

This year's Quality Account outlines key developments, achievements and learning from across our services, and looks ahead to the priorities that will guide us over the coming years.

As we move forward, we are developing a new clinical strategy to shape care up to 2028, with a focus on four key elements:

- **Our people** – ensuring we retain and attract a highly skilled, engaged workforce to support safe, consistent care.
- **A learning culture** - embedding a clear, organisation-wide approach to quality improvement.
- **Safer for patients** - embedding the Patient Safety Incident Response Framework (PSIRF) and fostering psychological safety through initiatives such as our Professional Nurse Advocates and wellbeing offers.
- **A commitment to act** - ensuring each directorate delivers high-quality care aligned to service specifications and available resources.

2024/25 also marked the final year of our Integrated Business Plan 2025, with teams across the organisation delivering on the strategic ambition of 'Excellence in Care'. As the executive and professional lead for this workstream, I've seen first-hand the impact of our collective efforts to keep the voice and experience of the patient central to how we design and deliver services.

With strong foundations in place, we are now focused on building for the future - together with our staff, patients and partners.

*Angela Star*
Executive Director of Nursing and Quality



# Achieving our priorities >

Across 2024/2025, the Nursing and Clinical Governance Team maintained a clear and ambitious focus on four priority areas that underpin high-quality, person-centred care:

- Patient Voice
- Care of Patients with Long-Term Conditions
- Complex Care
- Quality Improvement

These priorities were chosen not only because they reflect national best practice, but because they are the areas our patients and staff consistently tell us matter most. Throughout the year, we worked collaboratively across services - listening closely to patients, engaging with frontline teams, and strengthening our systems - to drive meaningful change.

This report showcases the progress we've made, the voices that have shaped our journey, and the innovative steps taken to ensure care is safe, responsive, inclusive, and continuously improving.

The sections that follow explore each of these priorities in more detail, sharing the work undertaken, the voices that informed it, and the outcomes achieved.

# Achieving our priorites

## Patient voice

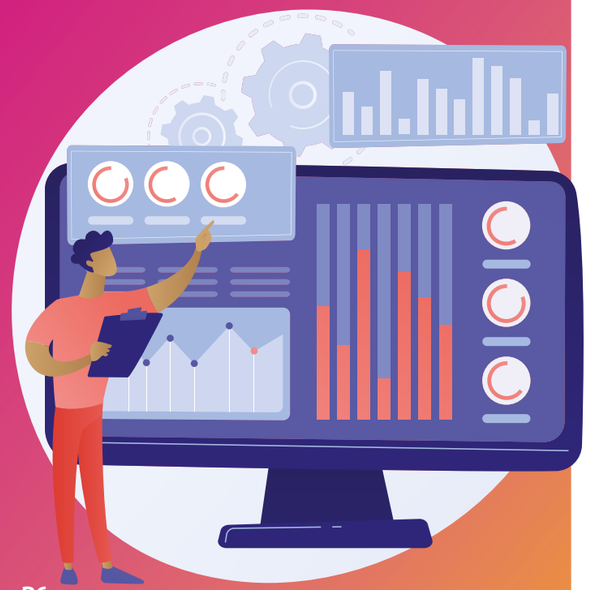
**A dedicated Transformation Programme Board has overseen the implementation of IBP 2023-2025, ensuring alignment with Spectrum's overarching strategic direction and goals.**

## Strengthening engagement structures

We have significantly developed our patient engagement structures to create meaningful opportunities for service users to influence care.

Patient Forums are now established across the majority of our services, operating as ongoing mechanisms for listening, dialogue, and change. These forums provide a safe space for patients to share their experiences, raise concerns, and co-develop solutions.

In settings with high patient turnover or short-term interventions, we have explored alternative methods such as one-to-one interviews, informal discussions, and real-time digital feedback tools to ensure all patients have opportunities to contribute.



## Patients leading change: co-designing the future of long-term condition care

One of our flagship engagement activities this year focussed on involving patients in the redesign of services for people living with Long-Term Conditions (LTCs).

This project began by asking patients to describe their lived experiences - from initial diagnosis through to daily self-management. Their feedback helped us to identify key priorities such as continuity of care, clear information about diagnosis and prognosis, and access to self-management resources.

Patients worked alongside clinicians, service leads, and our Quality team to articulate what a high-quality LTC service should look like. They challenged assumptions, proposed creative solutions, and helped shape a framework for a new LTC Strategy, which will be formally launched in 2025. Their contribution has been instrumental in shaping a model that is holistic, proactive, and genuinely person-centred.



## HMP Frankland: empowering voices, driving results

Patient forums have led to tangible change across secure environments. A notable example comes from HMP Frankland, where patient representatives played a pivotal role in addressing persistent issues around In-Possession (IP) medication. Concerns about long queues, delays, and heightened tensions led to patient-led proposals, including redesigning medication hatches across the estate.

Not only were these proposals accepted, but the patients themselves proposed a solution that utilised prison workshops and the resident workforce for implementation. This resulted in faster action, improved ownership, and better patient experience. Follow-on changes, including revised pharmacy protocols and dedicated staff roles such as Pharmacy Technicians on the wings, have led to a measurable reduction in complaints.

The forum has also helped roll out innovations such as the Libre system for diabetes management and the introduction of a dedicated LTC nurse, further enhancing care quality and patient trust.

> "The changes made over the last year are really starting to show. Our forum is taken seriously, and we've been able to make a real difference – from how meds are delivered to bringing in new services. There's mutual respect, and that's rare."
>
> – Patient Forum Representative, HMP Frankland

## Bringing stories to life: board-level engagement

Patient and staff stories are presented at the beginning of every monthly board meeting, setting the tone for discussions and ensuring that executive-level decision making remains grounded in real-world experiences. We take care to present stories in the first person using a range of formats to ensure inclusivity - from digital videos and audio recordings to written narratives and live presentations.

In 2024/25, the board heard stories from:

- A transgender patient sharing their journey during Pride Month.
- A chair of a Patient Participation Group reflecting on the power of partnership working.
- An end-of-life care patient from a secure setting, highlighting dignity and compassion.
- A peer support worker describing the ripple effect of lived experience in clinical settings.

Our commitment extends to ensuring that patients who cannot present their story in person are informed about how their story is used and the impact it has.

## Inclusive feedback tools

While traditional feedback forms have been widely used across services, we identified a decline in completion rates during 2023. Upon investigation, patients and staff reported that the existing forms were not accessible or engaging enough.

In response, our Patient Experience Team led a co-production process to design two new versions:

- A neurodivergent-friendly feedback form, which uses visual prompts, simplified language, and flexible response options.
- An Easy Read feedback form, which includes pictograms and structured layouts for improved comprehension.

Launched in December 2024, both versions have received overwhelmingly positive feedback.

As of June 2025, they are in use across all clinical sites.

## Personalised care and information sharing

The development of our Personalised Care Model has been one of our key strategic achievements this year.

This model ensures that every patient feels seen, heard, and involved in decisions about their care.

A new Patient Handbook, co-designed with service users, now acts as a go-to resource for understanding available services, what to expect, and how to navigate support systems.

"You guys are a true asset for the establishment."

- HMP Deerbolt Patient

## You Said, We Did: Enhancing Confidentiality and Communication at WISH

**You Said:**
Patients expressed concern about having to share personal information verbally at reception, and young people highlighted the importance of clear confidentiality information and greater access to walk-in clinics.

**We Did:**
To protect patient privacy, WISH introduced non-verbal booking slips that allow patients to discreetly provide their name, date of birth, and reason for visit. Online booking options have been promoted more widely, and the telephone system was upgraded to include real-time queue position updates. A new 'call me' text-back system has also been introduced to give patients more control over communication.

Young people co-designed a new confidentiality statement at Lightwaves Wakefield, helping to ensure the language is accessible and relevant.

This statement is now awaiting final approval and will be displayed both in clinics and online. In direct response to youth feedback, walk-in clinics have been expanded and are now offered on Tuesday and Thursday afternoons.

**Impact:**
These changes have led to improved accessibility, more respectful communication, and stronger trust in how sensitive information is handled — especially among younger service users.

## Volume and Value of Feedback

Patient feedback volume reached an all-time high in 2024/25, with 10,082 individual pieces of feedback collected. This is a tenfold increase from the 1,080 responses collected in 2020/21, despite ongoing service pressures.

Every item of feedback is logged, reviewed, and where appropriate, responded to via our formal feedback processes.

**10,082**
pieces of individual feedback

# Achieving our priorites

## Care of Patients with Long-Term Conditions (LTCs)

**Patients living with long-term conditions often require consistent, coordinated care that adapts to the evolving nature of their health and life circumstances. This year, we undertook a focussed review of our LTC care pathways, led by a steering group that included clinical leads, service managers, and, critically, patients themselves.**

### Co-Designing a New Service Model

The result of this engagement is a new, patient-informed model of LTC care, currently being implemented across services.

This model includes:

- Clear referral pathways and care coordination points.
- Defined staff competencies (knowledge, qualifications, and experience) for managing LTCs.
- Regular multi-disciplinary case reviews.
- Improved patient education and support for self-management.

Our patients have continued to support the design and delivery of training materials, patient-facing leaflets, and engagement workshops.

As we move into 2025/26, we will continue to work closely with them to implement a formal Long-Term Conditions Strategy, developed with patients as equal partners.

### Patient-Led Service Review

We invited patients to join workshops, forums, and surveys to share their views on the current LTC offer.

Using accessible tools - including easy-read questionnaires and peer-facilitated groups - we created a safe space for people to voice their needs and identify gaps.

Recurring themes included:

- The need for clear, easy-to-understand information at diagnosis.
- Access to care plans that are co-created and regularly reviewed.
- Feeling truly listened to and involved in decisions about their own care.

*"I don't know if I have a personalised care plan."*

*"Please listen to your patients a bit more – we're the ones living with this every day."*



### You Said, We Did: A Calmer, More Supportive Environment at BISH

**You Said:**
Some patients reported feeling uncomfortable in the waiting area and highlighted concerns about the unpredictability of appointment delays and cleanliness in shared facilities.

**We Did:**
BISH responded by creating a more private, quieter waiting space for patients who feel anxious or vulnerable. Reception staff were trained to spot signs of distress and offer alternative places to wait. Patients are now kept updated on any delays, and a new "what to expect" guide is sent to all Integrated Sexual Health (ISH) patients in advance, including tips for parking and time planning.

The team also worked closely with domestic staff to ensure the public areas remain clean and welcoming. Posters in toilets encourage patients to alert staff if cleanliness drops below acceptable levels. In the coming months, patients will be invited to give feedback on the upcoming redecoration of public areas.

**Impact:**
Patients have reported feeling more respected and supported during their visits, with a noticeable improvement in how delays, privacy, and comfort are managed.

# Achieving our priorites

## Complex care

**Complex care involves individuals with multiple, chronic, or life-limiting conditions who require support from different services. Often, these individuals experience fragmented care, unclear pathways, and unnecessary duplication. Our approach this year has been to simplify, personalise, and coordinate complex care.**

### Collaboration and integration

We worked in partnership with Macmillan Cancer Support, internal operational leads, and Complex Case Leads to create a consistent and person-centred framework for complex care management.

This has included the co-production of a new Complex Care Coordination Document, which helps staff:

- Map out the patient journey
- Identify key decision-making points
- Record patient preferences and goals
- Plan for deterioration and end-of-life care, where relevant.

This document has been embedded into multidisciplinary training and has already improved consistency in how we record and act upon patient needs.

### Serenity in custody: the HMP Low Newton palliative care suite – Case study

**The Rainbow Suite, at HMP Low Newton was created as a sanctuary for a terminally ill patient at HMP Low Newton.**

The patient, upon receiving her terminal diagnosis, was presented with options regarding where she would like to spend her final days, including whether she wanted to remain in custody or apply for a transfer to a hospice.

After choosing to stay in custody, the primary care manager suggested that the disabled cell could be redecorated to make it more comfortable and homely.

The patient shared a fondness for rainbows and the colour pink. In response, the room was painted pink, and rainbow-themed decorations, positive badges, and mood lighting with glow-in-the-dark stars and a projected moon were added. Healthcare staff sourced furniture and accessories to create a more welcoming environment.

The patient requested a "super girly" space filled with rainbows, aiming to make it a bright, cheerful place that contrasted with the idea of something "dark and dreary." She wanted to be in a comfortable setting where she could have visitors until the time of her death.

After security assessments were completed, the patient was shown the room and asked to name it. She chose the name "The Rainbow Suite" in honour of her daughter. The patient used the room for respite care, until deciding to stay here until her passing.



### Dying well in custody

The Dying Well in Custody (DWIC) process has been reviewed and refreshed with each site developing their DWIC Protocol. By having individual site specific protocols has allowed the bespoke requirements developed that are workable for those sites.

Patients are actively choosing to remain in prison to die where they feel they will be looked after by people who know and understand them, with their friends close by. Many Governors will allow for family to visit flexibly in the last few days of life.

### Person-centred ethos

**At the heart of this work is the principle: "No decision about me, without me."**

We have prioritised care planning conversations, advanced care directives, and supported shared decision-making at every level.

By coordinating care across clinical teams, social care, mental health, and voluntary services, we aim to create a seamless experience for individuals navigating complex health challenges.

"No decision about me, without me."

### You Said, We Did: Patient Forums Driving Change at HMP Styal

**You Said:**
Patients at HMP Styal raised concerns about delays in receiving time-critical medication, unclear communication around appointments, and lack of follow-up on test results.

**We Did:**
In direct response, the healthcare team streamlined the delivery of time-critical medications, ensuring faster access and reducing patient stress. A new communication system was introduced to inform patients of upcoming appointments and next steps. Additionally, patients now receive letters informing them when blood test results come back as normal, closing the feedback loop and offering peace of mind.

**Impact:**
These simple but vital improvements have led to greater clarity, reduced anxiety, and enhanced patient trust in the healthcare service. Forum members noted a marked difference in how their feedback is now actioned quickly and visibly.

# Looking Ahead >

*As we close this reporting period and look ahead to 2025/26, Spectrum begins a new chapter guided by a refreshed three-year Business Plan. At the heart of this plan is a continued focus on quality, safety, and the delivery of care that is person-centred, evidence-based and co-produced.*

Our new Quality and Patient Safety workstream will drive improvement across all services and align with the evolving needs of our patients and the systems we work within.

The key areas of focus for the coming year include:

- Development and launch of a Clinical Strategy, strengthening our culture of learning and continuous improvement.
- Implementation of the Personalised Care Model, ensuring patients have a more active role in shaping their care and outcomes.
- Delivery of a new Long-Term Condition Strategy, designed in partnership with patients to provide the right care, in the right place, at the right time.
- Establishing clear quality standards for high-priority clinical pathways, including early days in custody and the management of deteriorating patients.

Each of these areas of focus will be underpinned by a robust assurance process. A Quality Impact Assessment (and, where required, an Equality Impact Assessment) will be carried out for each initiative, in line with Spectrum's Quality Impact Assessment Standard Operating Policy. This ensures that all projects are aligned with our quality and inclusion standards from the outset.

To support continuous learning and accountability, the outcomes of each project will be assessed through an end-of-project report, which will reflect on achievements against initial expectations, highlight learning, and inform future improvement work. This forms part of our commitment to maintaining a consistent, transparent and outcomes-focused quality management approach.


We will also continue to build on innovations introduced over the past year - such as the AMaT electronic system and expanded patient engagement structures - to ensure we remain responsive, efficient and inclusive in how we deliver care. Above all, we remain committed to working collaboratively - listening, learning and improving - to ensure that everyone accessing our services receives the highest possible standard of care.

Thank you to all our teams, patients, and partners who contribute every day to making that ambition a reality.

*Angela Star*
Executive Director of Nursing and Quality

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