Avon and Wiltshire NHS
Mental Health Partnership NHS Trust

Minutes of a Meeting of the AWP Quality & Standards Committee Part 1

Held on 18th November at 1.00pm in Conifers Room, Blackberry Centre, Bristol

These Minutes are presented for **Approval**

Members Present

Susan Thompson – Chair
Rowena Hastings – Service Manager
Katherine Godfrey – Trust Lead Occupational Therapist
Ruth Brunt – Non-Executive Director
Ann Tweedale – Head of Quality and Information Systems
Newlands Anning – Head of Professions and Practice, Swindon
John Owen – Clinical Director, South Gloucestershire
Debbie Spaull – Head of Professions and Practice
Kristin Dominy – Executive Director of Operations
Jenny MacDonald – Managing Director
Alan Metherall – Acting Director of Nursing
Eva Dietrich – Clinical Director
Norman Atkinson – Head of Professions and Practice, Wiltshire
Ros Stower – Acute Service Manager

Service Users Present

Kim Warren
Nicky Hill

Staff In attendance

Alexander Lauder-Bliss – Governance Support Officer

Clinical Presentation: South Gloucestershire Delivery Unit

Locality Data (JO)

IQ Information

Staff sickness had been 4.2% over the past few months, below the Trust target of 4.6%. The appraisal and supervision rates were satisfactory, although JM continued to work on qualitative supervision recording.

CQC/Records Management

Self-assessment scores were pleasing but an audit conducted by Daniel Badman had highlighted marked discrepancies between scores for records management, particularly on CITT. DS's investigation had discovered that the discrepancy had occurred not due to the information itself that had been input on RiO but where it had been input. The discrepancies had not been picked up in the cross-checking audit, which suggested that the Trust needed to examine ways in which it could get unified responses to records audits.

Service User Feedback – Friends and Family Test

The response rate had dipped just below 15% but the previous month the target had been hit. A pleasing score of plus-63 had been recorded, although as the figures differed from month to month they were looking to identify trends. More than 90% of comments were positive and fewer than 10% were negative or mixed.

CQC Action Plan

A lot of work had been done on medicines management and storage in the four pharmacy areas by Sue Leaman, the locality pharmacist, and there was little remaining to do. There had been a shared walkabout with the CCG pharmacist in the interests of transparency and visibility over the action plan.

Regarding ligatures and environment, there had been a Manchester Tool Update at Whittucks Road which had produced two actions: the en-suite doors were being removed which had caused problems in balancing dignity and safety. The gardens were also being examined.

There had been a lot of working on statutory and mandatory training; they hoped to be up to date by the end of the year.

In addition to the pharmacy walkabout, DS had led triumvirate CQC walkabouts for all teams except one. These had involved the examination of notes, minutes and information leaflets. This had highlighted a few areas for improvement but they were confident that progress had been made.

There were safer staffing levels at Whittucks Road, although there were some concerns over morale.

Challenges

- Bed pressures
- CIP was expected to become a significant problem in the next financial year. It was inevitable that quality would suffer due to cuts in services.
- The integration of LIFT into the locality
- Integration of vocational services into recovery teams
- There were no problems regarding the skilled and committed workforce or recruitment and retention

LIFT (RS)

Clinical Benefits

A cohesive partnership had been built between LIFT and Primary Care Liaison. The Trust has the lowest level of step up by some distance, which brought benefits in avoiding the need for many services users to enter secondary services.

LIFT had been launched in 2009 to help people with mild-to-moderate anxiety and depression to get back to work. The programme had been overachieved on its aims, which had brought more service user referrals. The IAPT funding for the training programme by the Department of Health had ceased, which would provide challenges. The model had been based purely on CBT but four non-CBT therapies were now

offered.

The team in South Gloucestershire provided two functions: the management of front door assessment and as an AQP provider, this conflict of interests is not advocated by Monitor. 430 people a month made contact with the service, many of them self-referrals, compared with a target of 331. The second aspect was providing Step Two or Step Three, six or 12-week interventions, and LIFT had around 40% of this business.

The third function LIFT provides is employment services; only 2% of IAPT services nationally provided this support so it was to be celebrated that South Gloucestershire was part of this. 228 people in the past year had been supported back to work following contact with LIFT.

Service User Contributors provided feedback on the LIFT service:

Kim Warren

KW explained that she had suffered low-level depression that had been manageable until over the space of 12 months she had suffered a series of bereavements, causing her to hit 'rock bottom'. Following this she had been to see her GP, who suggested that she contact LIFT. She had been seen by the service straight away by Polly who had been calm, non-judgmental and had made her feel safe. KW had attended the sessions initially only to listen but as they progressed something 'clicked' and she found the confidence to speak.

KW had not anticipated that a six-week course would help but it had made a huge difference to her ability to cope and in a strange way she had 'enjoyed' the programme. She would practise the techniques that LIFT taught, such as when she was made redundant, and found that they helped her to cope in a way she would not have been able to previously. LIFT had helped her to make real progress and she now had a job in the voluntary sector.

Nicky Hill

NH explained that this had been her first experience of mental health issues, following a break-up and difficulties at work. LIFT had provided her with an education in stress and mood management and had assisted with employment support. She had found the course to be a relaxed group environment that gave her an understanding of what was happening to her body during stress. It had made her less afraid and she had found it so interesting that she became interested in studying psychology.

NH had been terrified of liaising with her employers and the employment service had helped her and her employers to understand that stress was an illness. Her adviser, Beatrice, would often call her to find out how she was and she had also attended meetings with her employers to educate them about mental health. Together they had put together a return to work plan that had helped NH to move forward.

NH now felt calmer and more confident and had since returned to work. She still used the techniques LIFT had taught her and believed that the service had made a real difference to her life.

Questions

The Chair asked if NH had been seen as quickly as KW. NH said she had been seen by Beatrice within the same week. It was agreed that early and immediate intervention and access to services was essential to prevent escalation to secondary services.

RH asked about the funding situation. RA explained that the front door was on a block contract; Step Two and Three interventions were provided through an AQP. There was a national tariff of £47 an hour; anything above a Band Four would be a cost pressure. The commissioner was mindful it could not be sustained; demand remained for talking therapies and a retender was likely. The children and young people's service was in its embryonic stage, although low uptake for older people remained a challenge.

The Chair asked why it was the case that South Gloucestershire was part of the 2% of IAPT that provided employment services. RA stated that money had been ring-fenced to provide this and the close relationship with the Primary Care Liaison was important.

The Chair asked whether the conflict meant that they would have to withdraw from the front door. KD said that a paper going to F&P would detail the recommended options; the AQP side was what was causing the cost pressure. They hoped that they could persuade the commissioners to remove the AQP part and put it into a block contract.

Whittucks Road Rehabilitation Unit (RH)

Whittucks Road was an in-patient facility in Hanham, jointly commissioned by BANES and South Gloucestershire, with 10 beds for South Gloucestershire and five for BANES. Service users were people who required a lot of help and who would be staying for considerable periods of time.

QUIRC Action Plan

- Recovery based practice: there was more service user involvement and focus on the unit, including community meetings led by service user involvement coordinators.
- Cultural change: individualised care planning and development of social and occupational roles. There would be less of a focus on an illness model and more of a focus on improvement in functioning and social activities.

Treatment and Interventions

- Improved psychological formulation
- A review of how ward reviews were conducted involving service users and the multi-disciplinary team
- Introducing recovery star and ensured that WRAP plans were undertaken
- Providing for dual diagnosis needs
- Focusing on physical healthcare needs by linking into neighbouring GP surgery

Living Environment

They were trying to provide a homely environment; changes had been made to the reception area so that there was more access to staff in the main activity areas.

Staffing Skill Mix

The unit had been staffed by nursing and medical staff at the beginning of the year. Now there was input from psychologists two days a week; a psychotherapist once a week; full-time occupational therapy input and input from service user and care involvement coordinators. There were also two Band 4 nurses doing inreach and outreach work. A practice development workshop had been held with the Quality Academy and an audit had been conducted to see how it had been embedded.

Future Plans

- QUIRC reassessment
- Further work on dual diagnosis issues
- Embedding clinical formulation within the practice
- Ideas about the role of peer support workers on the unit
- Experienced-based design model seeking the input of service users and carers on the design of the unit
- Safe wards model

The Chair commented that it was positive to see a tremendous amount of change undertaken in the past 12 months. The challenge was evidencing these changes and she felt this process had begun. RH stated that there had also been very positive service user feedback. JO added that a new unit manager and assistant manager were now in place and had been integral to the changes.