

# Mental Health Services

## Wolverhampton Health and Social Care Economy

Visit Date: 15<sup>th</sup> September 2015

Report Date: December 2015

*Images courtesy of NHS Photo Library and Sandwell & West Birmingham NHS Trust*



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## INTRODUCTION

This report presents the findings of the review of Mental Health Services that took place on 15<sup>th</sup> September 2015. The purpose of the visit was to review compliance with the following West Midlands Quality Review Service (WMQRS) Quality Standards:

- Mental Health Services, Version 1, February 2011

The aim of the standards and the review programme is to help providers and commissioners of services to improve clinical outcomes and service users' and carers' experiences by improving the quality of services. The report also gives external assurance of the care, which can be used as part of organisations' Quality Accounts. For commissioners, the report gives assurance of the quality of services commissioned, and identifies areas where developments may be needed.

The report reflects the situation at the time of the visit. The text of this report identifies the main issues raised during the course of the visit. Appendix 1 lists the visiting team that reviewed the services in Wolverhampton health and social care economy. Appendix 2 contains the details of compliance with each of the standards, and the percentage of standards met.

This report describes services provided or commissioned by the following organisations:

- Black Country Partnership NHS Foundation Trust
- NHS Wolverhampton Clinical Commissioning Group

Most of the issues identified by quality reviews can be resolved by providers' and commissioners' own governance arrangements. Many can be tackled by the use of appropriate service improvement approaches; some require commissioner input. Individual organisations are responsible for taking action and monitoring this through their usual governance mechanisms. The lead commissioner for the service concerned is responsible for ensuring action plans are in place and monitoring their implementation, liaising, as appropriate, with other commissioners, including commissioners of primary care. The lead commissioner in relation to this report is NHS Wolverhampton Clinical Commissioning Group.

## ABOUT WEST MIDLANDS QUALITY REVIEW SERVICE

WMQRS is a collaborative venture between NHS organisations in the West Midlands to help improve the quality of health services by developing evidence-based Quality Standards, carrying out developmental and supportive quality reviews – often through peer review visits, producing comparative information on the quality of services and providing development and learning for all involved.

Expected outcomes are better quality, safety and clinical outcomes, better patient and carer experience, organisations with better information about the quality of clinical services, and organisations with more confidence and competence in reviewing the quality of clinical services. More detail about the work of WMQRS is available on [www.wmqrs.nhs.uk](http://www.wmqrs.nhs.uk)

## ACKNOWLEDGMENTS

West Midlands Quality Review Service would like to thank the staff and service users and carers of Wolverhampton's community mental health services for their hard work in preparing for the review and for their kindness and helpfulness during the course of the visit. Thanks are also due to the visiting team and their employing organisations for the time and expertise they contributed to this review.

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## MENTAL HEALTH

### PRIMARY CARE – GENERAL PRACTICE

Reviewers did not receive a self-assessment or any documentary evidence of compliance with primary care Quality Standards. The percentage of standards met may therefore be an underestimate and this report may not fully describe the issues related to primary care.

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### TRUST-WIDE – BLACK COUNTRY PARTNERSHIP NHS FOUNDATION TRUST

#### Good Practice

- 1 A clear, comprehensive policy on clinical and managerial supervision, including a template, was in use within the team.

#### Immediate Risks

##### 1 Risk Assessments<sup>1</sup>

Concerns about the Trust's systems for recording and accessing up to date risk assessments were identified in each of the services reviewed. A clear process for recording, updating and accessing the most up to date risk assessment was not evident. Reviewers considered this issue to be an immediate risk to clinical safety and clinical outcomes especially because of a) the potential to access an out of date risk assessment and b) the difficulty in accessing the latest risk assessment outside normal working hours.

#### Concerns

##### 1 Safeguarding Training

Documentation seen by reviewers showed low levels of compliance with mandatory safeguarding training. Reviewers were told that this was because the expected level of training had changed. Reviewers were also told of plans for staff to complete the appropriate level of training.

#### Further Consideration

- 1 Several of the teams mentioned that electronic notes were printed off for audit purposes. Reviewers suggested that a review of this practice may be helpful.

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<sup>1</sup> **Trust Response:** The Healthy Minds Services have different systems for recording risk assessments to those that are used by Wellbeing and other services. However, this is normal for an IAPT (Improving Access to Psychological Therapies) service to have a bespoke reporting system that reports to the Health and Social Care Information Centre (HSCIC). Upon saying this it highlights an issue that other services are unable to see whether secondary care patients have/are being seen in primary care, so from 23 September 2015 access has been organised for the team leads in secondary care services to ensure they are able to see separate risk assessments undertaken by IAPT. The Wellbeing service use the same system, Care Notes, as secondary care services. (This is fully accessible to the IAPT team).

Early Intervention Service: Paper risk assessments will be audited against electronic care notes. Caseload and management supervision will also reflect monitoring of these actions. Management supervision to include review of CPA (Care Programme Approach) documentation. Risk management process reiterated at multi-disciplinary team meeting on 16.9.15.

**WMQRS response:** The response, with the actions being taken, and auditing paper and electronic records to ensure compliance with the action plan, will address the risk for all the services once fully implemented.

## SPECIALIST MENTAL HEALTH SERVICES

### EARLY INTERVENTION SERVICE

#### General Comments and Achievements

The Early Intervention Team provided care for people aged 14 to 35 years with a first episode of psychosis. Members of the team were passionate about providing good quality care, and service users who met the visiting team valued the service and the care that they received. Feedback from carers, including about the weekly education programme for carers, was also very positive. A good range of medical and psychological support and educational and vocational interventions was available, and this appeared to follow NICE guidance. A good programme of activities was available which resulted in holistic care and service users were involved in planning these activities. Good links with voluntary sector, housing and other relevant services were evident. The team met the Policy Implementation Guidance on staffing levels, including for the skill mix of the team and the care coordinator to patient ratio. The team had plans for developing non-medical prescribers, and staff had undertaken relevant training. Reviewers were particularly impressed by the team's manager who was leading teams in both Sandwell and Wolverhampton with two vacant posts for deputies. The team's caseload at the time of the visit was 64 service users. The team was commissioned for 44 new clients each year. Clients remained with the team for up to 3 years.

#### Good Practice

- 1 The relapse prevention plans were very clear, with the risks marked using a traffic light coding system. The service users who met the visiting team felt that they really benefited from defining and agreeing their relapse prevention plans.
- 2 The team was very accessible to clients, who said they could easily speak to someone if they needed help during office hours. Service users who met the visiting team all knew who their care coordinator was and had contact details for them.

**Immediate Risks:** See Trust-wide section of this report

#### Concerns

- 1 Safeguarding training: See Trust-wide section of this report

#### Further Consideration

- 1 Care plans were comprehensive but it was not clear from the notes that service users were offered a copy.
- 2 Service users commented that they missed the 'drop in' facility that had previously been available. They said that they had really appreciated the opportunity to call in for a few hours and access support and advice.
- 3 The facilities available to the team had limited space to see clients, and attendance at activity groups had fallen since the team base had changed.
- 4 Clinical guidelines used by the team were not localised and accessible to the team. The team appeared to be following NICE guidance.
- 5 Reviewers suggested that further development of mechanisms for involving service users and carers in the management of the service may be helpful.

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## HEALTHY MINDS and WELL-BEING SERVICES

### General Comments and Achievements

The Healthy Minds and Well-Being Services provided psychological therapy interventions, including stabilisation for moderate to severe depression and anxiety-related disorders, for people aged 16 and over. A service user involvement coordinator was also in post, and each GP practice had a lead GP for liaison with the team. Reviewers were particularly impressed by the work that was taking place with both veterans and refugees and asylum seekers. Tailored resources were available for each of these groups.

Staff in the Well-Being Service had had little notice of the review visit and so some information was not available to the visiting team. This report may therefore not fully reflect the service being provided.

### Good Practice

- 1 A good Directory of Interventions was available. This described who was eligible for each intervention and what should be provided.

**Immediate Risks:** See Trust-wide section of this report.

### Concerns

- 1 **Safeguarding Training:** See Trust-wide section of this report.

- 2 **Waiting Times**

Waiting times were three months for the Well-Being Service and five months for high intensity interventions. These had improved from a maximum of ten months but were still long, especially as some clients could be quite ill. Reviewers were told that clients were phoned regularly while on the waiting list, but the service users who met the visiting team said that this had not happened.

- 3 **Staffing Levels**

The Well-Being Service was staffed to provide care for a static caseload of 250 clients, but at the time of the review more than 400 clients were being cared for by the service. Some support had been provided, in terms of two additional staff on fixed-term contracts, but both these contracts had ended earlier than expected due to the practitioners gaining full-time work elsewhere. Staff told reviewers that this issue had been documented on the Trust Risk Register.

The Healthy Minds Service: Reviewers did not see details of the staffing structure, but were told of vacancies in Psychological Well-Being Practitioner posts and that there were four staff on maternity leave.

- 4 **Facilities**

The facilities in Leasowes House were not inviting and were not in good repair, and there was no separate area there for group work.

### Further Consideration

- 1 Service users who met the visiting team said that they missed the 'drop in' service that had been available before the Well-Being Service commenced. They also said that they did not find Cleveland House a very accessible location and would prefer a more locally-based service.
- 2 Some service users did not like being automatically returned to their previous case worker on re-referral. It may be useful if service users are offered the option to change.
- 3 Two Case Management Policies were in circulation, the Case Management and Supervision Policy that had been revised in February 2015 and an outdated Case Management Policy (2012). Reviewers suggested that the older version should be archived from the shared drive.



- 4 Reviewers commented that these services did not appear to link well with other Trust-wide mechanisms and with other services. The services appeared slightly isolated, and further work on developing links with other relevant services may be helpful.

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## COMPLEX CARE SERVICE – NORTH AND SOUTH

Reviewers noted that they did not meet any medical staff working with the Complex Care Service; this report may, therefore, not fully reflect medical-related issues.

### General Comments and Achievements

The Complex Care Services provided care for people aged 18 to 64 with severe and enduring mental health needs, including a dual diagnosis of mental health and substance misuse or mental health and learning disabilities. Clients were assessed using the care cluster allocation tool, and those in clusters 8 or any of the clusters 11 to 17 were accepted by the service. The service operated from 9am to 5pm Mondays to Fridays from two sites ('Steps to Health' in Low Hill and 'The Willows' at Penn Hospital). The teams had been restructured over the three years before the review visit and had responded positively to the new approach. Staff were clearly enthusiastic and motivated, and feedback from service users was that they could contact their team easily and were well-supported.

Reviewers noted that the risk assessment tool included a narrative with a good explanation of the risks identified. Discharge summaries to GPs were also of a high standard.

### Good Practice

- 1 The team had good access to training, including staff training in psychological therapies.
- 2 The forensic Community Psychiatric Nurses were particularly proactive. The nurses were aligned to one of the three community teams, and the integrated working between the services was impressive. Support and active risk management meant that some service users could be cared for in the community rather than being admitted to hospital.
- 3 Clinical and managerial supervision took place every four to six weeks. A clinical forum met regularly and notes from these meetings were comprehensive. Weekly meetings with the whole team were also in place.

### Immediate Risks

- 1 **Risk assessment:** See Trust-wide section of this report.

- 2 **Resuscitation training and equipment<sup>2</sup>**

'Depo clinics' were run in The Willows without easy access to resuscitation equipment. A 'grab bag' and a defibrillator were stored at the main reception which was several minutes' walk from the Willows and

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<sup>2</sup> **Trust Response:** Defibrillator and medical emergency bag located within the Groves Day Hospital and posters displayed signposting staff to the nearest location. Team leader to communicate location and access to clinical team via email and team/meetings/handovers. Situation, Background, Assessment, Recommendation (SBAR) flowcharts to be located by identified telephones and refresher sessions on SBAR to be delivered to the clinical team. Resuscitation Management protocol to be developed at local level. Medical Emergency equipment to be purchased for dedicated use of 'The Willows'. BLS (Basic Life Support), AED (Automated External Defibrillator) and management of medical emergency training to be secured as a priority. Practice drills to be arranged on a monthly basis to support staff competence and competence post formal training being delivered.

**WMQRS response:** The response addresses the risk identified when training has been completed and equipment purchased. Risks are mitigated in the meantime by access to appropriate equipment in the Groves Day Hospital and clear signage and information for staff as to where to access equipment and help in an emergency.

required one to go through several locked doors. Staff had undertaken Basic Life Support training that did not cover use of the defibrillator, and did not appear confident about responding if resuscitation was required.

## Concerns

### 1 Facilities – The Willows

The clinical rooms used by the team did not provide privacy and dignity for service users during consultations, as the doors had 'see-through' panels. The rooms also had to be booked in advance, so facilities for seeing clients who 'dropped in' without an appointment were not always available. The room used for venepuncture was cluttered, and appropriate infection control standards were not evident. Case notes were stored in an unlocked room. The waiting room had been refurbished but other areas were 'clinical' and not particularly welcoming for clients.

### 2 Safeguarding Training: See Trust-wide section of this report.

## Further Consideration

- 1 With the exception of the Forensic Community Psychiatric Nurses who used only electronic records, medical and nursing paper notes were used in addition to electronic notes and were stored separately. Reviewers considered that this made it difficult to access an up to date overview of a client's care.
- 2 The assessment tool used by the team may benefit from review. It had not been updated for several years and was quite lengthy.
- 3 A lot of information for service users and carers was available. It may be helpful to organise this in themes in order to make it easier to find information.

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## MENTAL HEALTH COMMISSIONING

### NHS Wolverhampton Clinical Commissioning Group

Reviewers did not receive a self-assessment or any documentary evidence of compliance with the commissioning Quality Standards. The percentage of standards met may therefore be an underestimate, and this report may not fully describe the commissioning issues relating to community mental health services.

### General Comments and Achievements

Good arrangements for monitoring the quality of mental health services were in place.

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## APPENDIX 1 MEMBERSHIP OF VISITING TEAM

### Visiting Team

Prisca Cocker	Lead Occupational Therapist for Inpatient Mental Health OT	Worcestershire Health & Care NHS Trust
Elaine Cook-Tippins	Acting Team Manager / Neurodevelopmental Team Co-ordinator, CAMHS	2gether NHS Foundation Trust
Maria Doyle	Safety and Quality Co-ordinator Secondary Care Mental Health Services	Coventry & Warwickshire Partnership NHS Trust
Dr Mike Jorsh	Consultant Liaison Psychiatrist	North Staffordshire Combined Healthcare NHS Trust
Marcus Law	Joint Senior Commissioning and Development Manager – Mental Health	NHS Walsall CCG
Dr Pavan Mallikarjun	Consultant Psychiatrist	Birmingham & Solihull Mental Health NHS Foundation Trust
Marisa Manning	PICU Ward Manager	Worcestershire Health & Care NHS Trust
Joanne Roberts	Acting Inpatient Lead Nurse	Worcestershire Health & Care NHS Trust
Sally Simmonds	Community Services Manager (Countywide)	2gether NHS Foundation Trust
Deb Smith	Service User	
Jean Waller	Service User	

### WMQRS Team

Jane Eminson	Director	West Midlands Quality Review Service
Sarah Broomhead	Assistant Director	West Midlands Quality Review Service

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## APPENDIX 2 COMPLIANCE WITH THE QUALITY STANDARDS

Analyses of percentage compliance with the Quality Standards should be viewed with caution as they give the same weight to each of the Quality Standards. Also, the number of Quality Standards applicable to each service varies depending on the nature of the service provided. Percentage compliance also takes no account of 'working towards' a particular Quality Standard. Reviewers often comment that it is better to have a 'No, but', where there is real commitment to achieving a particular standard, than a 'Yes, but' where a 'box has been ticked' but the commitment to implementation is lacking. With these caveats, table 1 summarises the percentage compliance for each of the services reviewed.

**Table 1 – Percentage of Quality Standards met**

Service	Number of Applicable QS	Number of QS Met	% met
<b>Mental Health Services</b>			
Primary Care – General Practice	10	2	20
Trust-wide – Black Country Partnership NHS Foundation Trust	11	11	100
Specialist Mental Health Services	135	102	76
Early Intervention Service	(52)	(36)	(69)
Complex Care Service – North And South	(53)	(46)	(87)
Healthy Minds and Well-Being Services	(30)	(20)	(67)
Mental Health Commissioning	15	2	13
<b>Health Economy</b>	<b>171</b>	<b>117</b>	<b>68</b>

### Pathway and Service Letters:

These generic Standards use the mental health pathway letter 'G'. The Standards are in the following sections:

GA	Mental Health Pathway – Primary Care
GP -	Primary Care-Based Psychological Therapies
GD -	Mental Health Trust-wide
GN -	Specialist Mental Health Services
GZ -	Mental Health Pathway - Commissioning

**Topic Sections:** Each section covers the following topics:

-100	Information and Support for Children, Young People and Families
-200	Staffing
-300	Support Services
-400	Facilities and Equipment
-500	Guidelines and Protocols
-600	Service Organisation and Liaison with Other Services
-700	Governance

## PRIMARY CARE – GENERAL PRACTICE

Ref	Quality Standard	Met? Y/N	Reviewer Comments
GA-101	Self-referral to psychological therapy Information on self-referral to primary care-based psychological therapies should be clearly displayed.	Y	Electronic self-referral to Healthy Minds Service was available. Mechanisms for self-referral for people without internet access were not clear.
GA-102	<b>Advocacy Information</b> Information on advocacy services available for patients should be clearly displayed.	Y	
GA-103	<b>Annual Health Check</b> Each general practice should offer a comprehensive annual health check to all people with serious mental illness registered with their practice, covering: a. all relevant national screening programmes b. keeping healthy and preventing diseases c. contraception and sexual health d. review of medication e. Details of main carer/s and carer support needs (if appropriate) The outcome of the annual health check should be summarised in writing to the service user and, if appropriate, their carer, and should be recorded in their notes.	N	Robust arrangements for ensuring comprehensive annual health checks were undertaken were not evident.
GA-299	<b>Training and development</b> General practice staff should participate in the programme of training and development of primary care staff in the prevention, recognition, screening, early intervention, user and carer experience and ongoing care of people with mental health problems (QS GZ-299).	N	Reviewers did not see evidence of a training and development programme.
GA-501	<b>Screening and Initial Assessment</b> Screening and initial assessment tools should be in use covering, at least: a. Psychosis b. Depression c. Risk of suicide d. Ante-natal and post-natal mental health screening	N	Reviewers did not see evidence of compliance with this Quality Standard.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
GA-502	<p><b>Clinical guidelines</b></p> <p>Clinical guidelines should be in use covering, at least:</p> <ul style="list-style-type: none"> <li>a. Anxiety</li> <li>b. Depression</li> <li>c. Psychosis</li> <li>d. Other serious mental illnesses</li> </ul> <p>Clinical guidelines should cover diagnosis, therapeutic options, medication and prescribing, and expected frequency of review.</p>	N	Reviewers did not see evidence of compliance with this Quality Standard.
GA-503	<p><b>Referral Guidelines - Psychological Therapies</b></p> <p>Guidelines on seeking advice from and referral to primary care-based psychological therapies should be easily available.</p>	N	Reviewers did not see evidence of compliance with this Quality Standard.
GA-504	<p><b>Referral Guidelines – Specialist Mental Health Services</b></p> <p>Guidelines on seeking advice from and referral to specialist mental health services should be easily available.</p>	N	Reviewers did not see evidence of compliance with this Quality Standard.
GA-597	<p><b>Information Sharing</b></p> <p>Local guidelines on sharing information about vulnerable groups of the population who are likely to attend other health and social care services regularly or who are approaching the end of life should be in use.</p>	N	Reviewers did not see evidence of compliance with this Quality Standard.
GA-701	<p><b>Practice Register</b></p> <p>Each general practice should have a register which identifies people with serious mental illness registered with the practice, including:</p> <ul style="list-style-type: none"> <li>a. Demographic details</li> <li>b. Appropriate Read codes</li> </ul> <p>This information should be shared with Commissioners on an annual basis.</p>	N	Reviewers did not see evidence of compliance with this QS.

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## TRUST-WIDE – BLACK COUNTRY PARTNERSHIP NHS FOUNDATION TRUST

Ref	Quality Standard	Met? Y/N	Reviewer Comments
GD-101	<p><b>General Support for Service Users and Carers</b></p> <p>Service users and their carers should have easy access to the following services. Information about these services should be easily available:</p> <ul style="list-style-type: none"> <li>a. Interpreter services, including access to British Sign Language</li> <li>b. Independent advocacy services</li> <li>c. PALS</li> <li>d. Social workers</li> <li>e. Benefits advice</li> <li>f. Spiritual support</li> <li>g. Relevant support groups</li> <li>h. <i>HealthWatch</i> or equivalent organisation</li> <li>i. Where to go for further information</li> </ul>	Y	
GD-199	<p><b>Involving Users and Carers</b></p> <p>The Trust should have:</p> <ul style="list-style-type: none"> <li>a. Mechanisms for receiving feedback from service users and carers about the treatment and care they received</li> <li>b. A rolling programme of audit of a random sample of service users' experiences of their treatment and care</li> <li>c. Mechanisms for involving service users and, where appropriate, their carers in decisions about individual treatment and care</li> <li>d. Mechanisms for involving service users and carers in decisions about the organisation of services.</li> </ul>	Y	The policy seen by reviewers was due for review in 2013.
GD-298	<p><b>Clinical and Managerial Supervision</b></p> <p>The Trust should have a policy on clinical and managerial supervision for clinical staff.</p>	Y	
GD-510	<p><b>Care Coordination Policy</b></p> <p>The Trust should have a policy on Care Coordination (including the Care Programme Approach).</p>	Y	
GD-511	<p><b>Community Treatment Orders</b></p> <p>The Trust should have a policy on the use of Community Treatment Orders.</p>	Y	
GD-594	<p><b>Mental Capacity Act and Deprivation of Liberty Safeguards</b></p> <p>The Trust should have a policy on adherence to the Mental Capacity Act and Deprivation of Liberty Safeguards.</p>	Y	

Ref	Quality Standard	Met? Y/N	Reviewer Comments
GD-595	<p><b>General Policies</b></p> <p>The Trust should have policies on:</p> <ol style="list-style-type: none"> <li>Lone Working</li> <li>Medicines Management</li> <li>Health and Safety</li> <li>Risk assessment and management</li> </ol>	Y	
GD-596	<p><b>Safeguarding Policy</b></p> <p>A Safeguarding Policy should be in use. This should cover at least:</p> <ol style="list-style-type: none"> <li>Arrangements for investigation and, if necessary, referral of complaints and incidents relating to the care of vulnerable adults</li> <li>Expected staff training</li> <li>Who staff should contact if they have concerns about safeguarding issues</li> <li>Action to take when safeguarding-related allegations are made against a member of staff (or link to relevant HR policy).</li> </ol>	Y	
GD-597	<p><b>Information Sharing</b></p> <p>Local guidelines on sharing information about vulnerable groups of the population who are likely to attend other health and social care services regularly or who are approaching the end of life should be in use.</p>	Y	
GD-601	<p><b>Service Coordination and Liaison</b></p> <p>The Trust should have appropriate arrangements for ensuring effective communication and liaison between services including:</p> <ol style="list-style-type: none"> <li>An Acute Care Forum</li> <li>A mechanism covering community-based non-acute services with links to primary care, social care and voluntary sector organisations.</li> </ol>	Y	
GD-602	<p><b>Partnership Board Attendance</b></p> <p>The Trust should participate in the local Partnership Board (or equivalent) with responsibility for improving services for people with mental health problems (QS GZ-701).</p>	Y	

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## SPECIALIST MENTAL HEALTH SERVICES

Ref	Quality Standard	Early Intervention Service		Complex Care Service – North and South	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
GN-101	<p><b>General Support for Service Users and Carers</b></p> <p>Service users and their carers should have easy access to the following services. Information about these services should be easily available:</p> <ul style="list-style-type: none"> <li>a. Interpreter services, including access to British Sign Language</li> <li>b. Independent advocacy services</li> <li>c. PALS</li> <li>d. Social workers</li> <li>e. Benefits advice</li> <li>f. Spiritual support</li> <li>g. Relevant support groups</li> <li>h. <i>HealthWatch</i> or equivalent organisation</li> <li>i. Where to go for further information</li> </ul>	Y	Interpreter services were available and service users told the reviewers that they had access to social workers, benefits advice and support groups. Trust-wide complaints leaflets were also available. A good leaflet was available about how a service user's physical health would be monitored.	Y	Good support for users and carers from the Social Intake Team was also available. A leaflet giving information on how to access advocacy services was in the waiting area, however staff from the community team had concerns about the withdrawal of advocacy input from the team.



Ref	Quality Standard	Early Intervention Service		Complex Care Service – North and South	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
GN-102	<p><b>Information about the Service</b></p> <p>Service users and, where appropriate, their carers should be offered information about the service covering, at least:</p> <ol style="list-style-type: none"> <li>Brief description of the service</li> <li>How to contact the service for help and advice, including out of hours</li> <li>Staff of the service</li> <li>Belongings, visiting times and daily routine (in-patient services only)</li> <li>How to give feedback on the service, including how to make a complaint and how to report adult safeguarding concerns</li> <li>How to get involved in improving services (QS GN-199)</li> </ol>	N	Information about how to get involved in improving the service was not seen. Service users who met with the visiting team were not clear about how they could get involved. All other aspects of the Quality Standard were met.	Y	

Ref	Quality Standard	Early Intervention Service		Complex Care Service – North and South	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
GN-103	<p><b>Care Plan</b></p> <p>Each service user and, where appropriate, their carer should agree their Care Plan and Care Cluster. Service users and, where appropriate, their carers should be offered a copy of their Care Plan covering at least:</p> <ol style="list-style-type: none"> <li>Overall aim and Care Cluster</li> <li>Care coordinator</li> <li>Arrangements for allocation / liaison with Care Coordinator</li> <li>Therapeutic interventions and medication</li> <li>Expected outcomes of the therapeutic interventions</li> <li>Early warning signs of problems and what to do if these occur</li> <li>Risk management plan</li> <li>Planned review date and how to access a review more quickly, if necessary.</li> </ol>	Y	<p>Care plans were comprehensive but it was not clear from the notes whether service users were offered a copy.</p> <p>Risk management: See main report.</p> <p>The relapse prevention plans were very clear, with the actions marked using a traffic light coding system. The services users felt that they really benefited from defining and agreeing their relapse prevention plans.</p>	Y	<p>Care plans were available on 'CareNotes' with the most recent versions filed in case notes. From the evidence seen it was not always easy to navigate to where the hard copies of care plans were filed in the case notes, or where risk assessments would be filed for those who did not have a care plan.</p>
GN-198	<p><b>Carer Assessment</b></p> <p>Each carer should be offered an assessment of their own needs and information and advice on services available to provide support.</p>	Y	<p>Documentation in case notes showed that carers were offered assessments.</p>	N	<p>Carer assessments were not offered routinely for those accessing the complex care services. Reviewers were told that this was since the termination of the section 75 agreement as social workers were no longer core members of the Complex Care Service. The Carers Assessment Unit confirmed that fewer referrals were received via the community teams.</p>

Ref	Quality Standard	Early Intervention Service		Complex Care Service – North and South	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
GN-199	<p><b>Involving Users and Carers</b></p> <p>The service should have:</p> <ul style="list-style-type: none"> <li>a. Mechanisms for receiving feedback from service users and carers</li> <li>b. A rolling programme of audit of service users' and carers' experience</li> <li>c. Mechanisms for involving service users and, where appropriate, their carers in decisions about the organisation of the service.</li> </ul>	N	Feedback about the service was obtained but mechanisms for involving service users in decisions about the organisation of the service were not yet in place.	Y	The Complex Care Services had improved the reception areas following feedback from service users and a 'you said, we did ' board was in the waiting room.
GN-201	<p><b>Lead Practitioner and Manager</b></p> <p>The service should have a nominated lead practitioner and lead manager.</p>	Y	The lead covered both the Sandwell and Wolverhampton services. See main report.	Y	

Ref	Quality Standard	Early Intervention Service		Complex Care Service – North and South	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
GN-202	<p><b>Staffing Levels</b></p> <p>The service should have sufficient staff with appropriate competences to deliver:</p> <p>a. the assessments and Care Clusters activities for the usual number of service users on each Care Cluster and the usual level of need / complexity of care required;</p> <p>b. the service's role in the identification and management of service users' physical health needs (QS GN-504).</p> <p>Staffing levels should be based on a competence framework covering skill mix, staffing levels and competences expected. The relationship between the competence framework and the usual number of service users, their needs / complexity and Care Cluster activities should be clearly identified. For Acute Care Services this applies only to the acute care aspects of each Care Cluster which should be able to be delivered in either a community or in-patient setting.</p>	Y	The team's caseload at the time of the visit was 64 service users. The team was commissioned for 44 new clients each year. Clients remained with the team for up to 3 years.	Y	Reviewers were told that one StR (Speciality Registrar) worker and three Community Psychiatric Nurse posts were vacant across both North and South Teams. At the time of the visit medical staff were supporting the Well-Being Team on a regular basis, which was impacting on the Out-patient Department waiting times for the Complex Care Services as well as the level of medical input available to the Complex Care Services.

Ref	Quality Standard	Early Intervention Service		Complex Care Service – North and South	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
GN-203	<p><b>Competence Framework and Training Plan</b></p> <p>A competence framework should cover expected competences for roles within the service, including in Safeguarding, Mental Capacity Act and Deprivation of Liberty Safeguards. A training and development programme should ensure that all staff have, and are maintaining, these competences (QS GN-202).</p>	Y	Competences were identified for roles and a training 'wish list' was in place.	N	Staff were not up to date with safeguarding training. Reviewers were told that this was because the level of training required had changed. The Trust was aware of this issue and there were plans to ensure that all staff had the appropriate level of training for their role. There was no competence or training framework covering all the roles in the service (mandatory training was defined).A good psychological training programme had been delivered to staff over the last two years.

Ref	Quality Standard	Early Intervention Service		Complex Care Service – North and South	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
GN-204	<p><b>Case Management Competences</b></p> <p>All staff involve in case management should have up to date competences in:</p> <ul style="list-style-type: none"> <li>a. Individualised recovery planning with goals and milestones</li> <li>b. Discharge/transition planning</li> <li>c. Coordinating service users' care</li> <li>d. Discharge planning</li> <li>e. Working with primary care and other services to ensure continuity of care across multiple agencies</li> <li>f. Working with people who have mental illness and substance use problems</li> <li>g. <i>Mental Health Act (2007)</i> and the <i>Mental Capacity Act (2005)</i> and the interaction between them.</li> </ul>	Y		Y	
GN-205	<p><b>Approved Mental Health Act Practitioner</b></p> <p>An Approved Mental Health Practitioner should be available at all times, either as a member of the team or through access to another service.</p>	Y		Y	
GN-206	<p><b>Lead Consultant Psychiatrist</b></p> <p>The service should have a lead consultant psychiatrist responsible for coordinating medical input to the service.</p>	Y	The lead psychiatrist covered both Wolverhampton and Sandwell (0.5 wte).	Y	

Ref	Quality Standard	Early Intervention Service		Complex Care Service – North and South	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
GN-207	<b>CRHT Registered Practitioner</b> Acute Care Services (CRHT) only: At least one registered practitioner should be on duty at all times.	N/A		N/A	
GN-208	<b>CRHT Doctor Available</b> Acute Care Services (CRHT) only: A doctor of grade ST4 or above (or equivalent non-training grade doctor) should be available to the Acute Care Service, and able to do home visits, at all times.	N/A		N/A	
GN-209	<b>Nominated Links – Specialist Services</b> The service should have a nominated lead practitioner for liaison with each of the following services: a. Peri-natal mental health services b. Eating disorder services c. Intensive care and secure services d. Forensic services e. Neuro-psychiatry services. The nominated leads should take a lead role in relation to liaison with the specialist service, guidelines and staff development.	N	Nominated links were not yet in place. Care co-ordinators linked with these services for individual clients. Referral numbers for some of the services were very small.	Y	The forensic Community Psychiatric Nurse services were aligned to each of the three community teams. The integrated working between the services was impressive as service users were able to remain in the community. Nominating links for safeguarding and University support may also be helpful.



Ref	Quality Standard	Early Intervention Service		Complex Care Service – North and South	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
GN-210	<p><b>Nominated Links – Local Services</b></p> <p>The service should have a nominated lead practitioner for the care of service users with:</p> <ul style="list-style-type: none"> <li>a. dual diagnoses</li> <li>b. substance misuse problems</li> <li>c. complex needs, including personality disorders</li> <li>d. learning disabilities and /or other neuro-developmental disorders including Asperger’s Syndrome, Autistic Spectrum Condition and ADHD</li> <li>e. age 16 to 18, including those who have not previously been in contact with mental health services</li> <li>f. dementia</li> </ul> <p>The nominated leads should take a lead role in relation to liaison with specialist services, guidelines and staff development.</p>	N	As Quality Standard GN-209	Y	

Ref	Quality Standard	Early Intervention Service		Complex Care Service – North and South	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
GN-297	<p><b>General Competences</b></p> <p>All staff should have up to date training appropriate to their role in:</p> <ul style="list-style-type: none"> <li>a. equal opportunities</li> <li>b. racial awareness</li> <li>c. gender awareness</li> <li>d. disability awareness</li> <li>e. religious awareness</li> <li>f. sexual safety awareness</li> <li>g. safeguarding children and young people</li> <li>h. safeguarding vulnerable adults</li> <li>i. Involving service users and carers in the planning, delivery and review of services.</li> </ul>	N	Documentation for 'g' and 'h' seen by reviewers showed non-compliance with the expected training. See main report.	N	Staff did not have up to date training in safeguarding. See main report.
GN-298	<p><b>Clinical and Managerial Supervision</b></p> <p>All practitioners should receive regular clinical and managerial supervision appropriate to their role.</p>	N	Managerial supervision was not taking place every six weeks due to vacancies in the management team. Arrangements for clinical supervision had changed with the move of the team to the Children and Young People's Division and some staff said they had difficulty accessing the new supervision arrangements.	Y	Clinical and managerial supervision took place every four to six weeks. A clinical forum met regularly and notes from these meetings were comprehensive. Weekly meetings with the whole team were also in place.
GN-299	<p><b>Administrative and Clerical Support</b></p> <p>Administrative and clerical support should be available.</p>	Y		Y	

Ref	Quality Standard	Early Intervention Service		Complex Care Service – North and South	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
GN-302	<p><b>Pharmacy</b></p> <p>Pharmacy advice and pharmacological supplies should be available at all times the service is operational. In normal working hours pharmacy advice with mental health specific expertise should be available.</p>	Y		Y	
GN-303	<p><b>Residential and Day Opportunities</b></p> <p>Acute Care Services and Assertive Outreach Services only:</p> <p>The service should have access to a range of residential and day opportunities as alternatives to admission to in-patient care.</p>	N/A	The service provided an assertive outreach model and may want to consider an 'outreach house'.	N/A	
GN-304	<p><b>Access to Venepuncture and ECG</b></p> <p>The service should have timely access to venepuncture and ECG services, including interpretation of ECGs.</p>	Y	Service users accessed their GP for these services. Service users who met the visiting team were happy with this arrangement although staff in the Early Intervention Service had some concerns and were hoping to undertake relevant training.	Y	A Specialist Nurse led a venepuncture and other physical health clinics. See also main report in relation to the management of the facilities.
GN-401	<p><b>Facilities for Seeing Service Users</b></p> <p>All community-based services:</p> <p>Access to facilities for seeing service users away from their own home should be available at all times the service is operational.</p>	N	Only two rooms were available to see clients away from home. Service users who met the visiting team said that they could not 'drop in' and attendance at activity groups had fallen since the team base had changed.	N	This Quality Standard was met for the North Complex Care Service. See main report in relation to the South Complex Care Service.

Ref	Quality Standard	Early Intervention Service		Complex Care Service – North and South	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
GN-402	<p><b>Team Accommodation</b></p> <p>Community-based services: Accommodation for the service should be sufficient for the whole team, including space for team meetings.</p>	Y		Y	
GN-403	<p><b>Mobile Phones and Cars</b></p> <p>All community-based services: All clinical staff should have access to a mobile phone and a car.</p>	Y		Y	Compliance was determined from the self-assessment. All community staff had a Trust mobile phone and policies were in place covering usage. Staff used their own cars and complied with the Trust policy on the safe transportation of medicines and equipment.
GN-404	<p><b>Storage of Drugs</b></p> <p>All community-based services : Appropriate storage for drugs should be available including:</p> <ol style="list-style-type: none"> <li>Secure storage within the team’s base including provision of cold storage (where applicable)</li> <li>Cases for transporting drugs</li> <li>Disposal facilities.</li> </ol> <p>Pharmacy approval of storage facilities should have been given.</p>	Y		Y	

Ref	Quality Standard	Early Intervention Service		Complex Care Service – North and South	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
GN-405	<p>Storage of Case Notes</p> <p>All community-based services : A facility for secure storage of case notes and access to service users' historic notes should be available at all times.</p>	Y		N	<p>Separate medical and Community Psychiatric Nurse notes were kept. South Complex Care Service: Notes were stored on shelves in a room, however, on the day of the visit the window and door were wide open. Reviewers were told that the area was only accessible by Trust staff. Reviewers considered that team should review whether the storage of notes in this area complies with Trust policy. North Complex Care Service: Notes were held on the electronic system, though reviewers were told that notes had to be printed for audit purposes.</p>
GN-406	<p><b>IT System</b></p> <p>An IT system capable of care plan and care pathway monitoring should be available. This system should be capable of electronic communication with the service user's GP and with Local Authority IT systems, in order to facilitate comprehensive assessments.</p>	N	The Trust IT system could communicate with the Local Authority IT system but not with GP systems.	Y	Multiple systems were in use and the community team was about to implement the 'Oasis' system. The 'Carenotes' system was in use across the mental health services.
GN-407	<p><b>In-patient Facilities</b></p> <p>Acute Care Service (IP) only: In-patient services should comply with relevant guidance on facilities and equipment for in-patient mental health services.</p>	N/A		N/A	

Ref	Quality Standard	Early Intervention Service		Complex Care Service – North and South	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
GN-501	<p><b>Assessment Tool</b></p> <p>An assessment tool which ensures involvement of service users and, where appropriate, their carers should be in use. The outcome of the assessment should be communicated to the service user, their carer (where appropriate) and general practitioner and should be recorded in their case notes. (Appendix 6 summarises the areas which should be covered by the assessment tool.)</p>	Y		Y	CPA (Care Programme Approach) and a separate admission assessment tool were used. The assessment tool may benefit from review as it had not been updated for some time and was quite lengthy.
GN-502	<p><b>Clinical Guidelines</b></p> <p>Clinical guidelines should be in use for each Care Cluster offered by the service. These guidelines should cover therapeutic activities, medication and prescribing for each Care Cluster, and the expected frequency of review.</p>	N	NICE (National Institute for Health and Care Excellence) guidelines were followed but these had not been localised for use by the team.	Y	

Ref	Quality Standard	Early Intervention Service		Complex Care Service – North and South	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
GN-503	<p><b>Clinical Guidelines – Detail</b></p> <p>Clinical guidelines (QS GN-502) should be explicit about alterations to the Care Cluster expected for service users with:</p> <ol style="list-style-type: none"> <li>a. a risk of harm to themselves or others (including consideration of safeguarding children and vulnerable adults)</li> <li>b. dual diagnoses</li> <li>c. substance misuse problems</li> <li>d. complex needs, including personality disorders</li> <li>e. learning disabilities and /or other neuro-developmental disorders including Asperger’s Syndrome, Autistic Spectrum Condition and ADHD</li> <li>f. dementia.</li> </ol> <p>Clinical guidelines should also be explicit about</p> <ol style="list-style-type: none"> <li>i. Criteria for admission to in-patient care and for access to alternatives to admission (QS GN-303)</li> <li>ii. Care and management of pregnant and lactating women</li> <li>iii. Service users with young children.</li> </ol>	N	As Quality Standard GN-502	N	Guidelines covered all aspects apart from 'e'.



Ref	Quality Standard	Early Intervention Service		Complex Care Service – North and South	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
GN-504	<p><b>Physical Health Care</b></p> <p>Guidelines should be in use covering the identification and management of service users' physical health needs, including:</p> <ul style="list-style-type: none"> <li>a. Prevention programmes</li> <li>b. Access to national screening programmes and</li> <li>c. Management of commonly occurring long-term conditions.</li> <li>d. Ensuring a physical health check was carried out in the last year.</li> </ul> <p>Where care is shared with the service user's general practitioner, guidelines should be clear about responsibilities, including responsibility for prescribing.</p>	N	The guidelines were in draft form and had not yet been ratified for use.	Y	

Ref	Quality Standard	Early Intervention Service		Complex Care Service – North and South	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
GN-505	<p><b>Referral Guidelines – Local Services</b></p> <p>Guidelines should be in use covering the indications and arrangements for seeking advice from, and referral to, other local services should be easily available. These should cover at least:</p> <ul style="list-style-type: none"> <li>a. Primary care –based psychological therapy services</li> <li>b. Early intervention services</li> <li>c. Community mental health services</li> <li>d. Acute care services (CRHT and in-patient)</li> <li>e. Assertive outreach services</li> <li>f. Substance misuse services</li> <li>g. Memory services</li> <li>h. Services for people with learning disabilities</li> <li>i. Child and adolescent mental health services</li> </ul> <p>The referral criteria for CRHT should include:</p> <ul style="list-style-type: none"> <li>i. all clients where hospital admission is being considered</li> <li>ii. all <i>Mental Health Act</i> Assessments</li> </ul> <p>People with dementia should not be excluded from CRHT referrals.</p>	N	Guidelines covering the requirements of the QS were not yet in place.	Y	

Ref	Quality Standard	Early Intervention Service		Complex Care Service – North and South	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
GN-506	<p><b>Discharge to Services Providing Less Intensive Interventions</b></p> <p>Early Intervention, Acute Care and Assertive Outreach Services only:</p> <p>Guidelines on referral or discharge to services providing less intensive interventions should be in use.</p>	Y		Y	
GN-507	<p><b>Referral Guidelines – Specialist Services</b></p> <p>Guidelines should be in use covering the indications and arrangements for seeking advice from, and referral to, the following specialist services:</p> <ul style="list-style-type: none"> <li>a. Peri-natal mental health services</li> <li>b. Eating disorder services</li> <li>c. Intensive care and secure services</li> <li>d. Forensic services</li> <li>e. Neuro-psychiatry services</li> </ul>	Y		Y	

Ref	Quality Standard	Early Intervention Service		Complex Care Service – North and South	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
GN-508	<p><b>Transition to Adult Care</b></p> <p>Guidelines should be in use covering transition from CAMHS to adult care which should include:</p> <ul style="list-style-type: none"> <li>a. Age guidelines for the timing of the transfer</li> <li>b. Involvement of the young person and, where appropriate, their carer in the decision about transfer</li> <li>c. Involvement of the young person's general practitioner in planning the transfer</li> <li>d. Joint CAMHS / adult service meeting/s in order to plan transfer to adult care</li> <li>e. Allocation of a named coordinator for the transfer of care</li> <li>f. A preparation period and education programme prior to transfer to adult care</li> <li>g. Arrangements for monitoring during the time immediately after transfer to adult care.</li> </ul> <p>These guidelines should have been agreed with the CAMH service/s from which service users are usually transferred.</p>	Y		Y	

Ref	Quality Standard	Early Intervention Service		Complex Care Service – North and South	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
GN-509	<p><b>Transition to Memory Services</b></p> <p>Guidelines should be in use covering transition to the care of the local Memory Service/s which should include:</p> <ul style="list-style-type: none"> <li>a. Involvement of the service user and, where appropriate, their carer in the decision about transfer</li> <li>b. Involvement of the service user's general practitioner in planning the transfer</li> <li>c. Joint meeting with the Memory Service in order to plan transfer</li> <li>d. Allocation of a named coordinator for the transfer of care</li> <li>e. A preparation period prior to transfer</li> <li>f. Arrangements for monitoring during the time immediately after transfer.</li> </ul> <p>These guidelines should have been agreed with the Memory Service to which service users are usually transferred.</p>	N/A		Y	
GN-510	<p><b>Care Coordination</b></p> <p>The Trust Policy on Care Coordination (including the Care Programme Approach) should be in use.</p>	Y		Y	

Ref	Quality Standard	Early Intervention Service		Complex Care Service – North and South	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
GN-511	<p><b>Community Treatment Orders</b></p> <p>A policy on the use of Community Treatment Orders should be in use. This policy should be clear about the service’s role in decisions on the use of Community Treatment Orders.</p>	Y		Y	
GN-593	<p><b>Discharge Planning</b></p> <p>A discharge planning policy should be in use which ensures that a discharge plan is agreed with the service user and, if appropriate, their carer. The discharge plan should be communicated to the service user, their general practitioner and, if appropriate, their carer and should be recorded in their case notes.</p>	Y		Y	
GN-594	<p><b>Mental Capacity Act and Deprivation of Liberty Safeguards</b></p> <p>A Trust policy on adherence to the Mental Capacity Act and Deprivation of Liberty Safeguards should be in use.</p>	Y		Y	
GN-595	<p><b>General Policies</b></p> <p>The following Trust Policies should be in use:</p> <ol style="list-style-type: none"> <li>Lone Working</li> <li>Medicines Management</li> <li>Health and Safety</li> <li>Risk assessment and management</li> </ol>	Y		Y	

Ref	Quality Standard	Early Intervention Service		Complex Care Service – North and South	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
GN-596	<b>Safeguarding Policy</b> The Trust Safeguarding Policy should be in use.	Y		Y	
GN-597	<b>Information Sharing</b> Local guidelines on sharing information about vulnerable groups of the population who are likely to attend other health and social care services regularly or who are approaching the end of life should be in use.	Y		Y	
GN-601	<b>Operational Policy</b> An operational policy should be in use which ensures: a. Each stage of the service user 'journey' takes place within expected time scales. b. Each service user agrees a care plan. c. The care plan and any revisions following review is documented and communicated to the service user, their carer (where appropriate) and general practitioner and is recorded in their case notes. d. Each service user and, where appropriate, their carer is offered information about their Care Plan and Care Cluster.	N	The policy was in the process of being updated.	Y	

Ref	Quality Standard	Early Intervention Service		Complex Care Service – North and South	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
GN-602	<p><b>Liaison with Other Mental Health Services</b></p> <p>The service should link effectively with the Trust-wide and Partnership Board (or equivalent) mechanisms for coordination and liaison between services through attendance at meetings or through arrangements for influencing and getting feedback on its work.</p>	Y		Y	There were also plans to develop joint commissioning and service meetings across Sandwell and Wolverhampton.
GN-603	<p><b>Liaison with Other Services</b></p> <p>Arrangements for liaison with the following services should be in place:</p> <ul style="list-style-type: none"> <li>a. Housing</li> <li>b. Benefits advice</li> <li>c. Employment support</li> <li>d. Education</li> <li>e. Probation and police</li> <li>f. Relevant voluntary organisations</li> <li>g. Youth offending teams</li> <li>h. Children’s services (Early Intervention Services and Acute Care Services)</li> <li>i. Local authorities</li> </ul>	Y		Y	Reviewers were told that cuts in funding had impacted on voluntary sector involvement and housing.



Ref	Quality Standard	Early Intervention Service		Complex Care Service – North and South	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
GN-604	<p><b>Review Meetings – Specialist Services</b></p> <p>At least one representative of the service should meet at least annually with each service to which clients are referred in order to review links between services and identify shared learning:</p> <ul style="list-style-type: none"> <li>a. Peri-natal mental health services</li> <li>b. Eating disorder services</li> <li>c. Intensive care and secure services</li> <li>d. Forensic services</li> <li>e. Neuro-psychiatry services</li> </ul>	N	Review meetings with specialist services were not yet in place.	Y	Interface meetings with different services took place, although there were delays in access to neuro-psychiatry services.
GN-605	<p><b>Mental Health Promotion Programme</b></p> <p>The service should contribute to the local programme on mental health promotion and reducing stigma (QS GZ-102).</p>	Y		Y	The service contributed to the health lifestyle programme.
GN-606	<p><b>Primary Care Liaison</b></p> <p>The service should have arrangements for liaison with primary care services including the service user's general practitioner. The arrangements should cover operational issues, advice-and feedback.</p>	Y		Y	The summaries sent to GPs were very thorough.

Ref	Quality Standard	Early Intervention Service		Complex Care Service – North and South	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
GN-607	<p><b>Acute Hospital Liaison</b></p> <p>The service should have arrangements for liaison with the link professional for people with mental health problems in the local general acute hospitals and should contribute to acute hospital training and development programmes</p>	Y		Y	
GN-699	<p><b>Primary Care Training and Development</b></p> <p>The service should contribute to primary care training and development programmes (QS GZ-299).</p>	N	The team was planning to provide some training for GPs.	N	Reviewers saw no evidence that the Complex Care Service contributed to primary care training and development programmes.
GN-701	<p><b>Data Collection</b></p> <p>There should be regular collection of data and monitoring of:</p> <ol style="list-style-type: none"> <li>Referrals, including source of referral</li> <li>Individuals not considered appropriate for the service, including reason why not considered appropriate and onward referral destination / 'sign-posting'</li> <li>Individuals not accepted by the service for some other reason</li> <li>Key indicators of user journey (Appendix 7)</li> <li>Discharges, including expected care after discharge</li> <li>Minimum data set, including Health of the Nation Outcome Scores at assessment and discharge.</li> </ol>	Y	Data were sent to the Trust 'business intelligence' department.	Y	Data were collected and available to managers but did not appear to be actively used at service level.

Ref	Quality Standard	Early Intervention Service		Complex Care Service – North and South	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
GN-702	<b>Audit</b> The service should have a rolling programme of audit of compliance with the clinical guidelines for each Care Cluster offered by the service (QS GN-502).	N	A rolling programme of audit of compliance with clinical guidelines was not yet in place.	Y	
GN-703	<b>Monitoring of Staff Retention and Turnover</b> The service should monitor and regularly review staff retention and turnover.	Y		Y	
GN-798	<b>Review and Learning</b> The service should have appropriate arrangements for review of, and implementing learning from, positive feedback, complaints, outcomes, incidents and 'near misses'.	Y	This was discussed at team meetings.	Y	Team review and learning mechanisms were in place. From talking to staff, the Trust-wide mechanisms for shared learning were less clear. Meetings covered review and learning from incidents in the team but not shared learning from incidents in other services.
GN-799	<b>Document Control</b> All policies, procedures and guidelines should comply with Trust document control procedures.	Y		Y	

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Ref	Quality Standard	Healthy Minds and Well-being Services	
		Met? Y/N	Reviewer Comments
GP-101	<p><b>General Support for Service Users and Carers</b></p> <p>Service users and their carers should have easy access to the following services. Information about these services should be easily available:</p> <ol style="list-style-type: none"> <li>Interpreter services, including access to British Sign Language</li> <li>Independent advocacy services</li> <li>PALS</li> <li>Social workers</li> <li>Benefits advice</li> <li>Spiritual support</li> <li>Relevant support groups</li> <li><i>HealthWatch</i> or equivalent organisation</li> <li>Where to go for further information</li> </ol>	Y	
GP-102	<p><b>Psychological Therapy Service Information</b></p> <p>Service users and their carers should be offered information about the Psychological Therapy Service covering, at least:</p> <ol style="list-style-type: none"> <li>Brief description of the service</li> <li>How to contact the service for help and advice</li> <li>Staff of the service</li> <li>How to give feedback on the service, including how to make a complaint and how to report adult safeguarding concerns</li> <li>How to get involved in improving services (QS GP-199)</li> </ol>	Y	Information was available on the website. Hard copies were not available and may be useful. Service users who met the visiting team were not aware of the mechanisms for getting involved in improving services.
GP-103	<p><b>Care Package Information</b></p> <p>Each service user and, where appropriate, their carer should agree, and should be offered information about, their Care Package. This information should cover the:</p> <ol style="list-style-type: none"> <li>Description and implications of different types of mental health problem</li> <li>Case Worker</li> <li>Arrangements for liaison with Case Worker</li> <li>Therapeutic interventions and expected outcomes</li> <li>Review date</li> <li>Discharge from the Psychological Therapy Service</li> </ol>	Y	Service users were aware of their care plans and said that these were responsive to their needs.

		Healthy Minds and Well-being Services	
Ref	Quality Standard	Met? Y/N	Reviewer Comments
GP-199	<p><b>Involving Users and Carers</b></p> <p>The service should have:</p> <ul style="list-style-type: none"> <li>a. Mechanisms for receiving feedback from service users and carers</li> <li>b. A rolling programme of audit of service users' and carers' experience</li> <li>c. Mechanisms for involving service users and, where appropriate, their carers in decisions about the organisation of the service.</li> </ul>	Y	
GP-201	<p><b>Lead Practitioner and Manager</b></p> <p>The Psychological Therapy Service should have a nominated lead practitioner and lead manager.</p>	Y	The leadership structure of the services was somewhat confusing to reviewers and may also be to others locally.
GP-202	<p><b>Staffing Levels</b></p> <p>The service should have sufficient staff with appropriate competences to deliver:</p> <ul style="list-style-type: none"> <li>a. NICE-indicated therapeutic interventions for depression and anxiety</li> <li>b. Employment support and advice</li> </ul> <p>Staffing levels should be based on a competence framework (QS GP-203) covering skill mix, staffing levels and competences expected.</p>	N	See main report.
GP-203	<p><b>Competence Framework and Training Plan</b></p> <p>A competence framework should cover expected competences for roles within the service, including in Safeguarding, Mental Capacity Act and Deprivation of Liberty Safeguards. A training and development programme should ensure that all staff have, and are maintaining, these competences (QS GP-202).</p>	N	<p>Staff were not up to date with safeguarding training. Reviewers were told that this was because the level of training required had changed. The Trust was aware of this issue and there were plans to ensure all staff had the appropriate level of training for their role.</p> <p>There was no competence or training framework covering all the roles in the service (mandatory training was defined).</p>
GP-204	<p><b>GP Lead</b></p> <p>The service should have a local GP lead who has responsibility for ensuring effective liaison with local general practices.</p>	N	Each GP surgery had a nominated GP link clinician but no GP had overall responsibility or a lead role in relation to GP liaison.

		Healthy Minds and Well-being Services	
Ref	Quality Standard	Met? Y/N	Reviewer Comments
GP-297	<p><b>General Competences</b></p> <p>All staff should have up to date training appropriate to their role in:</p> <ul style="list-style-type: none"> <li>a. equal opportunities</li> <li>b. racial awareness</li> <li>c. gender awareness</li> <li>d. disability awareness</li> <li>e. religious awareness</li> <li>f. sexual safety awareness</li> <li>g. safeguarding children and young people</li> <li>h. safeguarding vulnerable adults</li> <li>i. Involving service users and carers in the planning, delivery and review of services.</li> </ul>	N	See main report in relation to safeguarding training. All other aspects were covered via mandatory training.
GP-298	<p><b>Clinical and Managerial Supervision</b></p> <p>All practitioners should receive regular clinical and managerial supervision appropriate to their role.</p>	Y	A good, up to date policy was available which was clear about the expected clinical and managerial supervision. This included a good template. Staff reported that they received supervision.
GP-299	<p><b>Administrative and Clerical Support</b></p> <p>Administrative and clerical support should be available.</p>	Y	
GP-401	<p><b>Appropriate Facilities</b></p> <p>Appropriate facilities for providing NICE-indicated therapeutic interventions for depression and anxiety should be available.</p>	N	The facilities in Leasowes House were not inviting, not in good repair and did not have a separate area for group work.
GP-402	<p><b>IT System</b></p> <p>An IT system capable of care package monitoring should be available.</p>	Y	Healthy Minds and the Well-Being Service had different IT systems.
GP-501	<p><b>Assessment Tool</b></p> <p>An assessment tool which ensures involvement of service users and, where appropriate, their carers should be in use. The outcome of the assessment should be communicated to the service user, their carer (where appropriate) and general practitioner and should be recorded in their case notes.</p>	Y	
GP-502	<p><b>Clinical Guidelines</b></p> <p>Clinical guidelines should be in use for each therapeutic intervention offered by the service. These guidelines should include the expected frequency of review, indications for referral back to the general practitioner and indications for seeking advice from and referral to specialist mental health services.</p>	Y	A good Directory of Interventions was available. This described who was eligible for interventions and what should be provided. However the document was headed 'Appendix 3' and it was not clear whether it was part of a wider document.

		Healthy Minds and Well-being Services	
Ref	Quality Standard	Met? Y/N	Reviewer Comments
GP-594	<p><b>Mental Capacity Act and Deprivation of Liberty Safeguards</b></p> <p>A policy covering adherence to the Mental Capacity Act and Deprivation of Liberty Safeguards should be in use.</p>	Y	
GP-595	<p><b>General Policies</b></p> <p>The following Trust Policies should be in use:</p> <ol style="list-style-type: none"> <li>Lone Working</li> <li>Medicines Management</li> <li>Health and Safety</li> <li>Risk assessment and management</li> </ol>	Y	
GP-596	<p><b>Safeguarding Policy</b></p> <p>A Safeguarding Policy should be in use. This should cover at least:</p> <ol style="list-style-type: none"> <li>Arrangements for investigation and, if necessary, referral of complaints and incidents relating to the care of children or vulnerable adults</li> <li>Expected staff training</li> <li>Who staff should contact if they have concerns about safeguarding issues</li> <li>Action to take when safeguarding-related allegations are made against a member of staff (or link to relevant HR policy).</li> </ol>	Y	
GP-597	<p><b>Information Sharing</b></p> <p>Local guidelines on sharing information about vulnerable groups of the population who are likely to attend other health and social care services regularly or who are approaching the end of life should be in use.</p>	Y	It was not clear that staff in the services were aware of local information sharing agreements.

		Healthy Minds and Well-being Services	
Ref	Quality Standard	Met? Y/N	Reviewer Comments
GP-601	<p><b>Operational Policy</b></p> <p>An operational policy should be in use which ensures:</p> <ul style="list-style-type: none"> <li>a. Assessment is started within two weeks of referral</li> <li>b. Service users are offered a range of NICE-recommended therapeutic interventions</li> <li>c. A Care Package is agreed with the service user</li> <li>d. Therapeutic interventions are started within four weeks of referral</li> <li>e. Service users are given information (QS GP-102) about the service and about their Care Package (QS GP-103)</li> <li>f. The Care Package and any revisions following review is documented and communicated to the service user, their carer (where appropriate) and general practitioner, and is recorded in their case notes.</li> <li>g. A discharge plan is agreed with the service user and communicated to the service user, their carer (where appropriate) and general practitioner, and is recorded in their case notes.</li> </ul>	Y	Most aspects of the Quality Standard were covered by the Care Management Policy. This was out of date, however, (2012, with the latest document referenced dated 2008) and used a mixture of diagnosis and cluster terminology. The document also relied heavily on abbreviations and a list of abbreviations had to be referenced repeatedly. Reviewers suggested that the Care Management Policy should be reviewed and updated.
GP-602	<p><b>Information for Primary Care</b></p> <p>Information on the service's referral criteria and arrangements should have been circulated to all local general practices and other appropriate organisations.</p>	Y	
GP-603	<p><b>Primary Care Liaison</b></p> <p>Appropriate arrangements should be in place to ensure effective liaison with primary care services.</p>	Y	Each GP surgery had a nominated GP link clinician.
GP-604	<p><b>Mental Health Services Liaison</b></p> <p>The service should have arrangements for liaison with other local mental health services.</p>	Y	Monthly interface meetings were held.
GP-605	<p><b>Partnership Board Attendance</b></p> <p>The service should attend the local Partnership Board (or equivalent) with responsibility for improving services for people with mental health problems.</p>	Y	
GP-606	<p><b>Mental Health Promotion Programme</b></p> <p>The service should contribute to the local programme on mental health promotion and reducing stigma (QS GZ-102).</p>	Y	Service users commented on how much they appreciated the mental health promotion work that was undertaken.



		Healthy Minds and Well-being Services	
Ref	Quality Standard	Met? Y/N	Reviewer Comments
GP-701	<p><b>Data Collection</b></p> <p>There should be regular collection of data and monitoring of:</p> <ul style="list-style-type: none"> <li>a. Referrals, including source of referral</li> <li>b. Clients not considered appropriate for the service, including reason why not considered appropriate and onward referral destination / 'sign-posting'</li> <li>c. Clients not accepted by the service for some other reason</li> <li>d. Times from referral to assessment and from referral to start of treatment</li> <li>e. Discharges, including expected care after discharge</li> <li>f. Outcomes of therapeutic interventions</li> <li>g. IAPT minimum dataset or other Key Performance Indicators agreed with commissioners.</li> </ul>	N	Data expected by the Quality Standards were available for the Healthy Minds service but not for the Well-Being service.
GP-702	<p><b>Audit</b></p> <p>The service should have a rolling programme of audit of compliance with the clinical guidelines for each therapeutic intervention offered by the service (QS GP-502).</p>	N	There was a Trust audit programme but the programme did not include the Well-Being and Healthy Minds services.
GP-703	<p><b>Comparison with Other Services</b></p> <p>At least annually, the service should review its compliance with Key Performance Indicators with those of other services and, if necessary, agree an action plan to improve performance.</p>	N	Reviewers did not see any evidence of review of Key Performance Indicators for either service. Comparative data for the Healthy Minds service were not easily available as the service was an IAPT (Improving Access to Psychological Therapies) site.
GP-798	<p><b>Review and Learning</b></p> <p>The service should have appropriate arrangements for review of, and implementing learning from, positive feedback, complaints, outcomes, incidents and 'near misses'.</p>	N	Feedback on incidents and investigations was emailed out by the Team Leader but reviewers saw no evidence of multi-disciplinary review and learning within the services.
GP-799	<p><b>Document Control</b></p> <p>All policies, procedures and guidelines should comply with Trust (or equivalent) document control procedures.</p>	N	Several of the documents seen by reviewers were out of date.

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## COMMISSIONING

Ref	Quality Standard	Met? Y/N	Reviewer Comments
GZ-101	<p><b>Advocacy Services</b></p> <p>Advocacy services to support people with dementia in their contacts with services should be commissioned. Commissioners should ensure information about these services is available in primary care.</p>	Y	
GZ-102	<p><b>Mental Health Promotion Programme</b></p> <p>Commissioners should ensure a programme of mental health promotion and reducing stigma is run. This programme should include input from service users and carers.</p>	N	Reviewer were told that a mental health promotion programme was commissioned from Positive Action 4 Mental Health but did not see any evidence of this work.
GZ-299	<p><b>Primary Care Development Programme</b></p> <p>Commissioners should ensure that a programme of training and development of primary care staff in the prevention, recognition, screening, early intervention, user and carer experience and ongoing care of people with mental health problems is available (QS GA-299).</p>	N	Reviewers did not see evidence of compliance with this Quality Standard.
GZ-597	<p><b>Information Sharing Agreement</b></p> <p>Commissioners should ensure inter-agency guidelines on sharing information about vulnerable groups of the population who are likely to attend health and social care services regularly or who are approaching the end of life have been agreed.</p>	N	Reviewers did not see evidence of compliance with this Quality Standard.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
GZ-601	<p><b>Commissioning: Mental Health Services</b></p> <p>An appropriate range of the following services for the local population should be commissioned:</p> <ul style="list-style-type: none"> <li>a. Primary care-based psychological therapies</li> <li>b. Early Intervention Service</li> <li>c. Community Mental Health Service</li> <li>d. Acute Care Service (Crisis Resolution Home Treatment)</li> <li>e. Acute Care Service (In-patient)</li> <li>f. Assertive Outreach Service</li> <li>g. Mental Health Liaison Service.</li> </ul> <p>For each service commissioners should identify the Care Clusters which the service should offer. For each service commissioners should define whether they are expected to care for service users who also have:</p> <ul style="list-style-type: none"> <li>i. substance misuse problems</li> <li>ii. complex needs, including personality disorders</li> <li>iii. learning disabilities and /or other neuro-developmental disorders including Asperger's Syndrome, Autistic Spectrum Condition and ADHD</li> <li>iv. other dual diagnoses</li> <li>v. age 16 to 18 who have previously been in contact with child and adolescent mental health services</li> <li>vi. age 16 to 18 who have not previously been in contact with mental health services.</li> </ul>	N	These services were commissioned but reviewers did not see service specifications and so were not able to assess compliance with the Quality Standard.
GZ-602	<p><b>Commissioning: Mental Health Services - Detail</b></p> <p>Commissioners should have agreed the indications and arrangements for referral to each service (QS GZ-601). The criteria for acceptance by each service should be explicit about the groups of service users listed in QS GZ-601 (i to vi).</p> <p>The referral criteria for CRHT should include:</p> <ul style="list-style-type: none"> <li>a. all clients where hospital admission is being considered</li> <li>b. all <i>Mental Health Act</i> Assessments</li> </ul> <p>People with dementia should not be excluded from CRHT referrals.</p>	N	AS Quality Standard GZ-601

Ref	Quality Standard	Met? Y/N	Reviewer Comments
GZ-603	<p><b>Information for Primary Care</b></p> <p>The indications and arrangements for referring clients to each service should be circulated regularly to GPs, other mental health services, police, social services and Emergency Departments within the catchment area of the service.</p>	N	Reviewers did not see evidence of compliance with this Quality Standard.
GZ-604	<p><b>Residential and Day Opportunities</b></p> <p>Commissioners should ensure a range of residential and day opportunities are available as alternatives to admission to in-patient care</p>	N	Reviewers did not see evidence of compliance with this Quality Standard.
GZ-605	<p><b>Criminal Justice Liaison</b></p> <p>Arrangements for criminal justice liaison which take account of the needs of people with mental health problems should have been agreed.</p>	N	Reviewers did not see evidence of compliance with this Quality Standard.
GZ-701	<p><b>Partnership Board (or equivalent)</b></p> <p>Arrangements for coordinating mental health strategy and ensuring effective inter-agency cooperation should be in place. These arrangements should involve users and carers, local providers, social services, voluntary organisations and other relevant organisations.</p>	N	Reviewers were told that this Group existed but did not see details of membership.
GZ-702	<p><b>Needs Assessment</b></p> <p>An assessment of the need for mental health services should have been undertaken which includes consideration of the needs of people with mental health problems who also have:</p> <ol style="list-style-type: none"> <li>substance misuse problems</li> <li>complex needs, including personality disorders</li> <li>learning disabilities and /or other neuro-developmental disorders including Asperger's Syndrome, Autistic Spectrum Condition and ADHD</li> <li>other dual diagnoses</li> <li>age 16 to 18 who have previously been in contact with child and adolescent mental health services</li> <li>age 16 to 18 who have not previously been in contact with mental health services.</li> </ol>	N	Reviewers did not see evidence of compliance with this Quality Standard.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
GZ-703	<p><b>Strategy</b></p> <p>A strategy for meeting the needs of people with mental health and their carers should have been agreed. This strategy should ensure a holistic pathway of care for people with mental health problems and their carers with an integrated approach across health and social care and the voluntary sector. It should address the specific needs of the groups identified in QS GZ-702.</p>	N	Reviewers did not see evidence of compliance with this Quality Standard.
GZ-704	<p><b>Quality Monitoring – Primary Care</b></p> <p>Commissioners should ensure that all general practice are:</p> <ol style="list-style-type: none"> <li>Offering a comprehensive, annual health check to all people with serious mental illness registered with their practice (QS GA-103)</li> <li>Collecting data on people with serious mental illness registered with their practice (QS GA-701).</li> </ol>	N	Reviewers did not see evidence of compliance with this Quality Standard.
GZ-705	<p><b>Prisoner Primary Care</b></p> <p>Commissioners responsible for prison health services should ensure that QS GZ-704 is met by these services</p>	N	Reviewers did not see evidence of compliance with this Quality Standard.
GZ-706	<p><b>Quality Monitoring – Mental Health Services</b></p> <p>For each mental health service commissioned (QS GZ-601), arrangements for regular review of the quality of services should be in place, including regular review of:</p> <ol style="list-style-type: none"> <li>number of clients not considered appropriate or not accepted for some other reason,</li> <li>key user journey indicators</li> <li>compliance with the Quality Standards.</li> </ol>	Y	Good arrangements for monitoring the quality of mental health services were in place.

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