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Dear Shaun

Quality & Safety Walkabout: City and North Older People's Community Mental Health Team

I am writing to thank you for the time Gerry and I spent visiting the City and North Older People's CMHT at Manningham Health Centre as part of programmed Quality and Safety Walkabouts undertaken routinely by the Board.

It was lovely to have a full discussion with you all, to celebrate your outstanding workforce performance indicators, understand some of the challenges colleagues face and hear about the strength of your team working and innovative approaches you have taken in responding to complex caseloads.

We both enjoyed our visit which gave us the chance to speak openly with individual team members. Despite being relatively small you are a multi-disciplinary team with considerable ethnic and professional diversity delivering care in a deprived area to a South Asian dominated population, whose care is often complex.

We used five themes structured through the Patient Safety Measurement & Monitoring Framework (Health Foundation, 2013) as a framework through which we might discuss your experiences of working within the City and North Older People's CMHT.

Past Harm: No major issues in the last three years. The team had observed rising DNAs in the Memory Assessment and Treatment service in South Asian populations where stigma and anxiety around dementia was evident. You had developed innovative early interventions through combined Assistant Psychologist/CPN home visits and confidence building.

The team also believe that potential harm has been avoided by a purposeful and coherent multi-disciplinary approach, utilising person-centred counselling and social prescribing.

Reliability of systems and processes: Migration to Outlook 365 has been challenging and continues to contribute to difficulties when working remotely; this in turn could delay the process of patient referral. We discussed an example via First Response and the duty team. Whilst you had robust 'manual' interventions to mitigate this, the systems frustrations and knock on impacts were clear. We have escalated this issue within IM&T for a 'Trust level' response.

You gave a confident account of incident and risk reporting processes, reporting is now seen as simple and effective in both process and outcome. We outlined the usefulness of electronic systems and how at Board level this allows us to review trends and themes across and within teams.

It was reassuring that the Team was also positive about and linked into plans to migrate care records to SystemOne from Rio. You described the value from building incremental care plans through an effective template, and believed that SystemOne will afford greater opportunity for service user collaboration (joint care planning) which will improve quality and safety.

Safety today: One key issue you highlighted relates to outpatient appointment bookings (and effective handover of detail) linked to current (centralised) administration arrangements. Consequently you had instigated an interim manual check of unallocated services users on outpatient waiting lists. This issue is on the electronic Risk Register and you outlined clear actions already being progressed to relocate a member of admin staff to the CMHT.

The open plan Horton Park layout and shared occupancy with admin and vac and imms teams introduces challenges when scheduling discussions of a sensitive nature. As the Trust does not own this premise reconfiguration of room areas is not realistic, however the availability of bookable on-site rooms could be explored. You currently work around this by organising confidential contacts to period when you can access private space, e.g. at Manningham HC.

Safety in the future: We discussed key workforce challenges for the NHS and the impacts on small teams such as yours when unexpected staff absence (sickness or maternity leave) occurs. We discussed the challenges of securing agency staffing and collaboration with the university and health faculty recruitment.

Learning for Safety: You were confident in your ability to learn and how your robust systems and processes facilitated learning. 1:1 clinical supervision and appraisal were seen to be helpful in learning and team members commented specifically on your support and approachable leadership.

Positive areas worthy of note that will be reported into the Quality and Safety Committee are as follows:

- Actions developed in City in response to MATs DNA rates and specifically targeted towards south Asian service users to build confidence and promote attendance;
- Excellent management processes to ensure outstanding workforce metrics, including (nil) labour turnover, 100% staff appraisals and nil sickness absence;
- Early identification through engagement worker in-reach of issues faced by vulnerable service users allowing tailored support including advocacy, counselling, interpreting and engaging in activities; and
- Diversity of workforce (BME and language skills) supporting culturally sensitive MDT and person-centred approaches, e.g. South Asian and Eastern European.

The table below lists all actions discussed on the day. The actions identified will help to strengthen processes and systems therefore contributing to improved patient safety and experience.

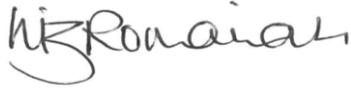
Action number	Action details	Responsible Lead	Date completion for
1	Access to bookable confidential room space to be explored and outcome of scoping confirmed to Shaun.	John Wright, Estates Manager	31 May 2018
2	Microsoft 365 migration issues to be escalated within IM&T and feedback on Trust level actions to be provided to Shaun.	Tim Rycroft, Chief Information Officer	31 May 2018
3	Admin staff to be relocated into City CMHT – temporary staff member in place with a permanent admin staff member expected to be in post from May.	Jenny Moran-Whitehead.	31 May 2018

It was clear from our discussions that colleagues are passionate, skilled and experienced. This appears to be a committed and caring team with strong ties and a common purpose. Shaun was given outstanding feedback by his colleagues. It was a pleasure to meet Shauna and the team. This report will be shared and specific actions instigated where necessary.

Gerry and I would like to thank you again on behalf of the Board for the co-ordinated, caring, thoughtful and determined contributions clearly being made by the team.

Could I also please ask that the content of this letter is shared with team members along with our thanks for a really lively and interesting visit, your openness, and outstanding contribution to provide personal, safe and effective care to our patients.

Yours sincerely



Liz Romaniak
Director of Finance, Contracting & Facilities

pp Gerry Armitage
Non Executive Director

Cc:

Tim Rycroft, Chief Information Officer
John Wright, Estates Officer
Jenny Moran-Whitehead, Admin Manager
Paula Reilley, Assistant Risk Manager