

The background of the slide is a solid purple color. Overlaid on this background is a pattern of numerous overlapping circles in a lighter shade of purple. These circles are scattered across the upper and middle portions of the slide, creating a textured, abstract effect.

Forward Thinking Birmingham

Update: October 2018

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Associate Director Of Nursing

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Mental Health Director



The service had a challenging start, reflected in the 2016 Care Quality Commission (CQC) report

February 2015

Forward Thinking Birmingham identified as preferred bidder

October 2015

Contract awarded but subject to delay in mobilisation due to changes to the Urgent Care model by commissioners

April 2016

Forward Thinking Birmingham service launched (phased approach)

May 2016

CQC inspection of specialist community mental health services for children and young people

October 2016

All services live following phased launch approach

February 2017

CQC report published 'Requires Improvement'



The February 2018 CQC report highlighted a range of issues that we knew had to be addressed

Overall rating for this location	
Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Requires improvement
Are services responsive?	Inadequate
Are services well-led?	Inadequate

- Infection control
- Medicines management
- Environmental risk assessment
- Alarm protocols
- Care plans and risk assessment
- Staffing shortfalls and turnover
- Lack of allocated carers
- Safeguarding concerns
- Incident feedback
- Lone working practices
- Fire safety breach
- COSHH regulations breach

- Care plans
- Safe handover
- MHA training not mandatory
- Recording of consent and capacity
- Time of discharge from PoS
- Seven day follow up

- Patient confidentiality
- Care plans and care records not reflective of patient involvement

- Previous required actions not addressed
- Lack of co-ordination between partners
- Issues with data collection
- Monitoring of waiting lists
- Allocation of caseloads
- Staff understanding of operational policies
- Estates management
- Staff morale low
- Agile working practices
- Lack of clarity re Vision and Values

- Waiting list
- Cancelled appointments due to staffing
- Adherence to DNA policy
- Knowledge of Duty system
- Access to toys
- Inadequate soundproofing of clinic rooms
- Privacy of reception areas



FTB teams engaged in a programme of quality improvement

- **6 February 2018** - 30 improvement project volunteers joined young people, parents, carers and commissioners to develop ideas for small projects in their area that focussed on getting the basics right
- **23 April 2018** – Follow up event to review progress and also focussed on ideas for attracting and retaining staff
- **17 August 2018** – Hearing the carers voice event focussing on improving the involvement and experience of carers using FTB services
- **Since January 2018** – Fortnightly quality improvement meetings at each of our community hubs. The improvements are monitored via the Quality Improvement Board with the CCG and NHS England.

Actions arising out of the quality improvement taskforce

Area for improvement	How we responded
Number of skilled and qualified staff	Whole system workforce review in FTB, including detailed task analysis skills review, and looking at new roles and new ways of working
Quality and availability of care planning and risk assessments	Reviewed the current risk assessment on care notes and reconfigured the risk assessment tool in line with evidence-based practice (80%) Holistic care plans have been developed collaboratively with young people and staff (93%)
Poor quality assurance around care quality indicators	Mental Health Care Quality Indicators (MHCQI) development and audit cycle – 160 patients are audited every month via the MHCQI audit tool to provide quality assurance
Physical health assessments not completed	Physical health assessments monitored via the MHCQI
Restructuring leadership team and framework	Recruited Mental Health Director and implemented a new Hub management system
Waiting list management	Robust process developed for managing safe waiting list



Based on our own self assessment we are seeing improvements

★ Outstanding ● Good ● Requires Improvement ● Inadequate

Sept 2018

	<i>Oaklands</i>	<i>Birmingham Road</i>	<i>Blakesley</i>	<i>Finch Road</i>	<i>HTT/Urgent Care</i>	FTB Overall (self assessed)	FTB CQC Rating July 2017
<i>Safe</i>	●	●	●	●	●	●	●
<i>Effective</i>	●	●	●	●	●	●	●
<i>Caring</i>	●	●	●	●	●	●	●
<i>Responsive</i>	●	●	●	●	●	●	●
<i>Well-Led</i>	●	●	●	●	●	●	●
Overall Rating	●	●	●	●	●	●	●

Current overall self assessment 'Requires Improvement'



Particular areas of improvement

- Hub leadership accountability – responsible for local improvements
- Infection control practice – daily checks and weekly audits, rated as **green** following NHSI visit in June 2018
- Medicines Management – system improvement and audits
- Clinical risk monitoring of those on our waiting lists
- Improvements in seven day follow up
- Follow up of patients who Did Not Attend (DNA)
- Clearer ownership of local governance responsibilities
- Provision of information for people who do not speak English as their first language and patients with impaired hearing



We are embedding the infrastructure to support sustainable change

- Director of Mental Health commenced in post 1 October 2018
- Revised management structure in all hubs
- Bi-monthly 'pulse checks' in the hubs re workforce and staff wellbeing
- Overall improvements to governance structures – improved line of sight and reporting from the front line hub level through to board



Areas of continued focus

- Care planning and risk assessment quality improvements
- Patient and family involvement
- Physical health monitoring
- Mandatory training
- Application and recording of decisions made regarding the Mental Health Act and Mental Capacity Act
- Number of young people waiting 18+ weeks for treatment



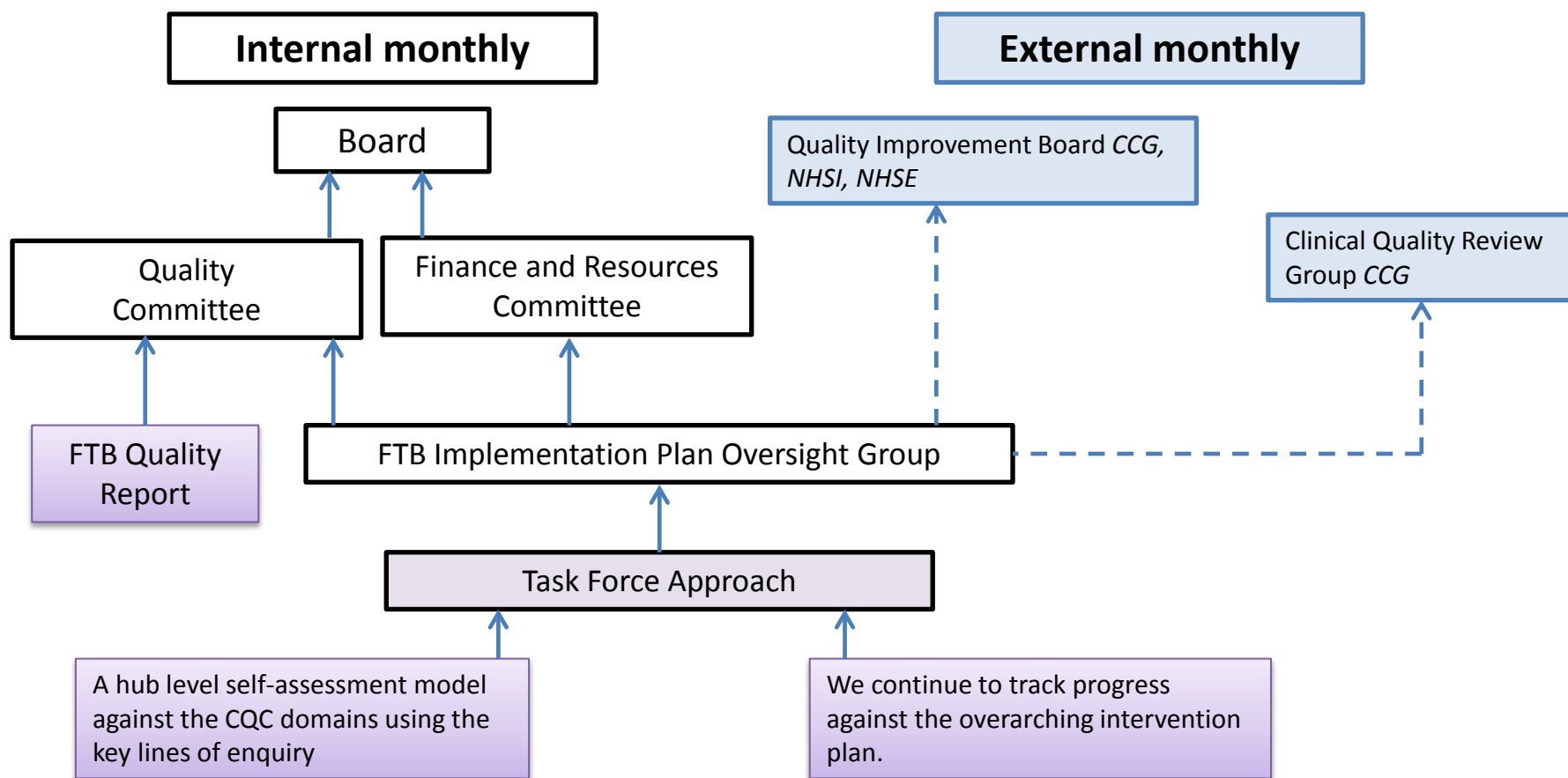
Range of further system challenges working collaboratively with our Commissioners

What do we need from the system?

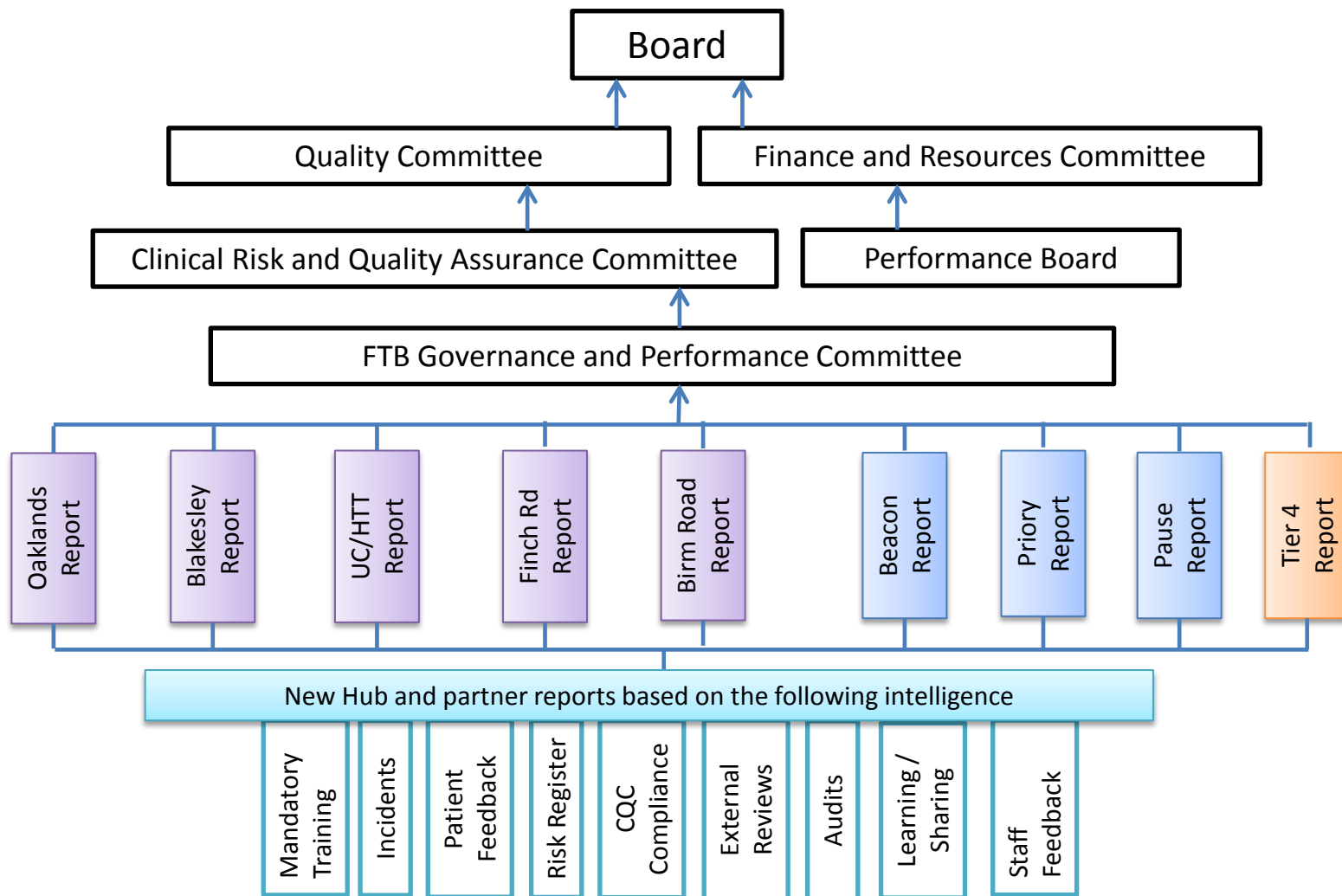
- Clinical pathway redesign including GP shared care at pace
- Urgent care business case for the whole mental health system
- Commissioner support around capacity and workforce for Early Intervention Psychosis
- Local government and social care support around early intervention prevention
- Understanding the capacity across the whole mental health system to ensure that any reductions in funding in the wider system are not impacting on Forward Thinking Birmingham's capacity to deliver community and acute mental health services



Enhanced governance from Board to front line and engaged with external reporting requirements

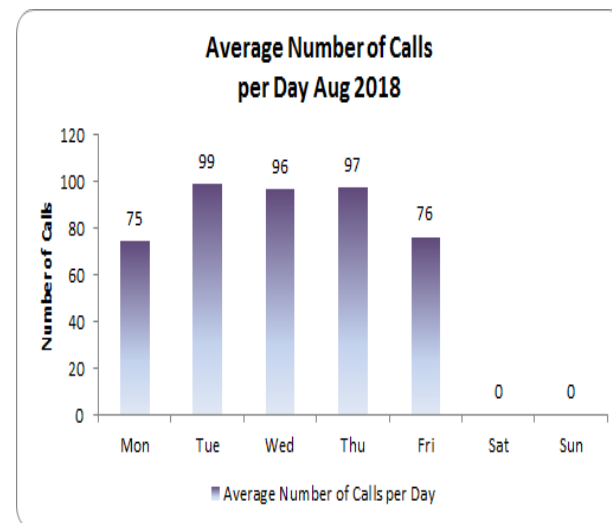
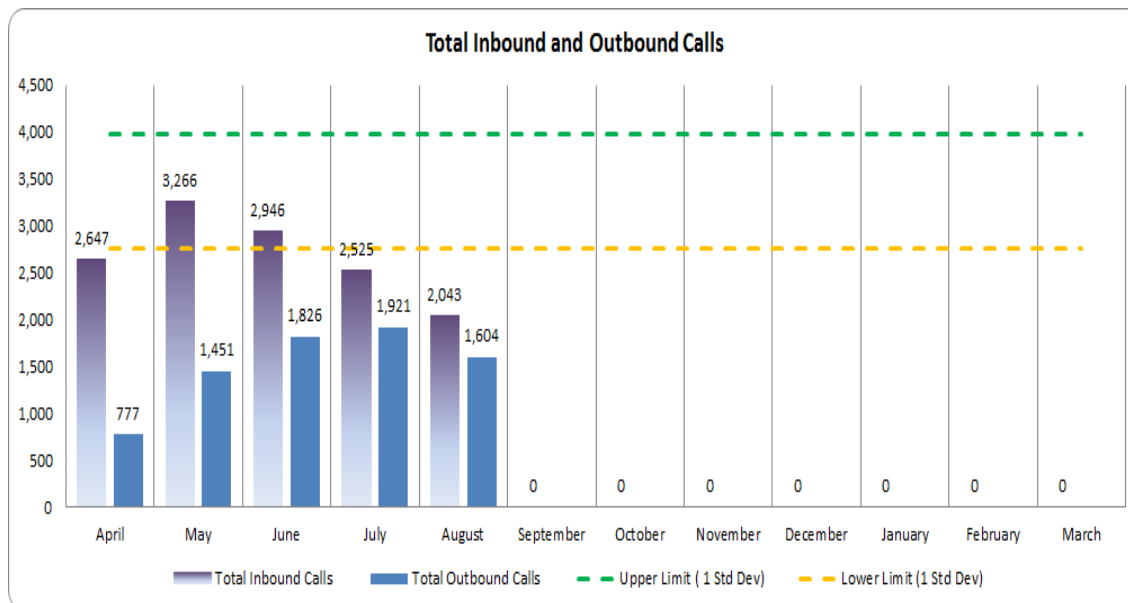


'Business as usual' governance arrangements in place





Access Centre Telephony



Telephony	Target	YTD	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Total no of calls via the single contact number		13,427	2,647	3,266	2,946	2,525	2,043
%age of calls answered within 60 secs	65%	90%	90%	87%	87%	94%	96%
%age of calls abandoned (after 60 secs)	10%	0.80%	1.02%	1.22%	1.05%	0.28%	0.10%

August

2,043 inbound calls

1,604 outbound calls

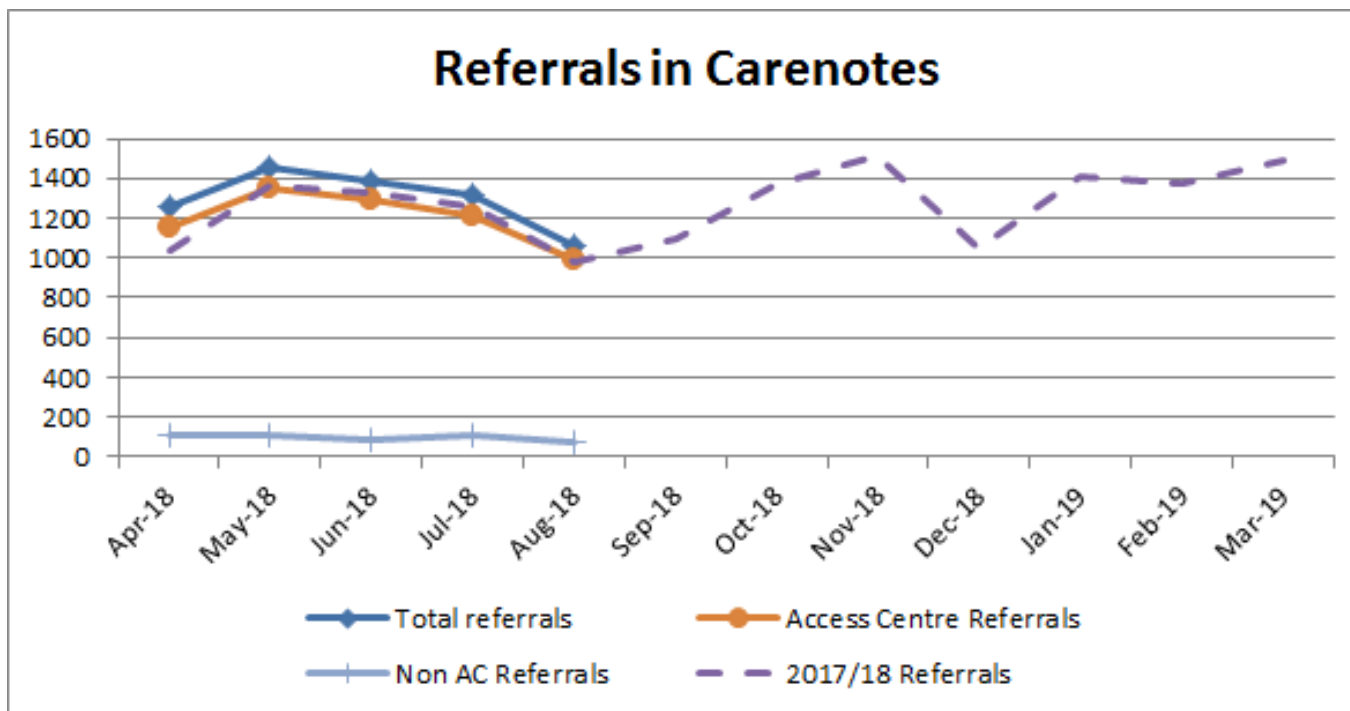
89 inbound calls on average each weekday

2 mins 14secs average length of call

15 secs average wait time

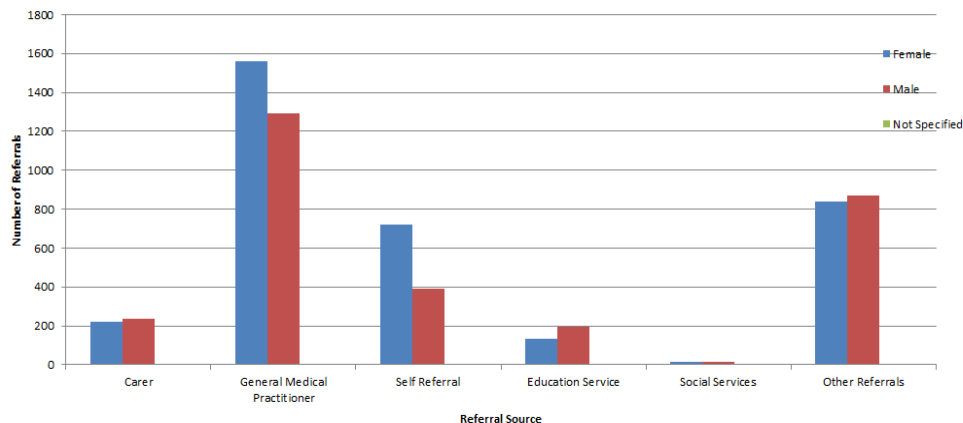


Referral data

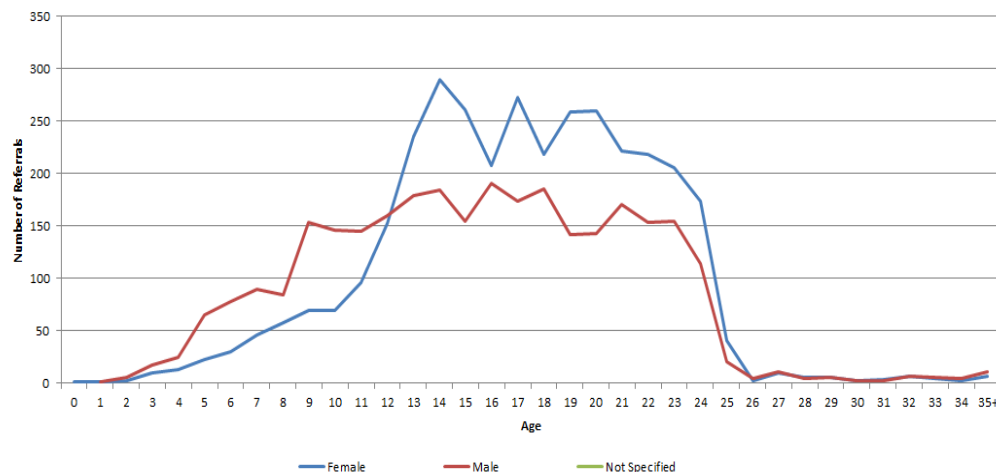


- Yr3 is following the same referral pattern seen in Yr2
- Year to date (YTD) Access Centre is on average 28% over contracted activity; change in hours from 1st June has meant that this can be managed within Key Performance Indicators (KPIs) with the current staff resource.
- Year 3 total referral rates appear to have plateaued at around 1350, meaning predicted total referrals for 2018/2019 is 16,200

YTD Referrals Split by Gender and Source



YTD Number of Referrals by Age and Gender



- The graph on the top shows referrals split by gender and by referral source year to date. GPs continue to refer circa 50% of patients, with 20% coming via self referral and the remainder being an accumulation of other sources such as paediatrics, police, hospitals, BSMHFT, schools and social care.
- The graphs on the bottom shows referrals split by gender and by age. Year to date female peak referral rates are at 14 years old and male peak referral rates are 16 years old.



Patient Experience

“Just wanted to say if it hadn't been for you, I would not have got this far with this young person. You listened to me that one Saturday when no one was and sent a nurse around.”
The young person is now stable and was diagnosed with Bipolar and is back at school on a phased return. She moved from CAMHS to Early Interventions today because she turns 16 next week.

“Thank you so much. I hope your team appreciates the calm and reassuring listening nature you have that gives comfort to people like us. Never got to meet you but wanted to let you know you and your team do a great job.”

Young Person's Parent

System Improvement

Children and Young Peoples Summit

- CYP mental health services to be considered within context of wider improvements required across children's health and social care in Birmingham

Quality Improvement Board

- Chaired by CCG Exec. Dir. Planning and Performance
- Monitors specific improvement actions agreed at Quality Summit

Transformational Programme Delivery

- Mental Health Programme Delivery Board oversee transformational programmes of change (Place, urgent care, personality disorder)
- Local Transformation Plan for CYP Mental health initiatives to be formalised via contract and underpinned by revised outcome framework

Monthly Contract and Quality Review Group

- Chaired by CCG Dep. Chief Nurse
- Monitors performance and quality in line with contractual requirements and national standards