



# Quality Accounts

2017/18

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## Introduction and statement on quality from the Chief Executive

I am delighted to introduce our quality accounts for 2017/18.

This report illustrates our continued commitment to providing high-quality services within a challenging commissioning environment.

Throughout 2017/18, we have further developed our ability to evidence what we do, as illustrated by our WEMWBS findings, recovery-focused outcomes, and work on Psychologically Informed Environments.

The performance reports, audits, and satisfaction survey results are extremely encouraging.

In addition, our approach to governance continues to develop and provide us with robust assurance and reporting systems.

Along with our own service delivery, we have maintained our role as a committed partner in our local health and care system's transformation plans, and we will continue to do so in 2018/19 and beyond.



**Brendan Hill**  
Chief Executive | Concern Group



## Corroborative statement from Newcastle Gateshead, North Tyneside, and South Tyneside Clinical Commissioning Groups

The CCGs continues to meet with Mental Health Concern on a quarterly basis via the quality and contract review meeting to monitor, review and seek assurance on the quality of services provided. Mental Health Concern provide a comprehensive and detailed quarterly quality report which includes detail about the quality of services provided and the improvement initiatives underway. The report also includes examples of lessons learned and actions taken where for example incidents are reported or complaints received.

The CCGs acknowledge that Mental Health Concern's approach to governance continues to develop and provide robust assurance and reporting systems. The security of patient information (and all information) is of crucial importance and the CCGs are pleased that Mental Health Concern has achieved the level 2 standard of the Information Governance Toolkit. The CCGs support that Mental Health Concern will maintain their level 2 Information Governance accreditation in 2018/19 as well as ensuring compliance with the General Data Protection Regulation (GDPR).

The CCGs note that the local audit programme has developed significantly over the past year and it is pleasing to see that the increased follow-up of actions has resulted in overall improvement in compliance with standards. It is acknowledged that there has been an increase in the overall number of 'red' balance of care audits, where two or more items fall below minimum standard. It is however noted that this increase was related to the revision of the standards and as the year progressed the number of 'red' audits have seen a decrease.

Reporting of patient safety incidents is essential for organisational learning and the prevention of such incidents recurring. Mental Health Concern demonstrates that robust procedures are in place to manage clinical and non-clinical incidents through relevant committees and supports an open and transparent reporting, investigation and learning process. Where peaks have been identified in incident reporting an explanation

as to why and how this is being addressed has been provided, which gives assurance that robust processes are in place.

The CCGs commend Mental Health Concern for their continued use of the Warwick Edinburgh Mental Well-being Scale (WEMWBS) to help understand which strategies work best and what helps people to improve and sustain their mental wellbeing. It is noted that three eight-week positive psychology and wellbeing courses have been delivered within the Moving Forward services, in partnership with GetMindFuel. The CCGs look forward to hearing about the outcome of the evaluation, when the report has been received.

The CCGs commend Mental Health Concern for their approach to practice in using recovery-focused outcomes in all services. It is pleasing to see the narrative examples of the recovery-focused outcomes included in the quality account report from both rehabilitation and dementia services, where the star scores have improved. It is also noted that 19% of rehabilitation and recovery service users achieved a significant employment/employability outcome and 38% of service users achieved an educational outcome. The percentage scores of service users supported to achieve a physical health outcome are also to be commended.

From a service user/carer experience perspective the service user survey and family carer survey produced very positive results. It is evident that feedback is highly valued; listening and responding to patients and their families feedback drives continuous improvement and innovation.

The CCGs would like to congratulate Mental Health Concern on the excellent progress they have made during 2017/18 in promoting activities within their Dementia Care Services. The outcome of the mapping process undertaken in quarter one and again in quarter four provides evidence that person centred activities have improved over the year and there is a structured approach across all three

services. The CCGs acknowledge the challenge ahead for Mental Health Concern to keep this momentum going and to continue to build on the initial success.

The CCGs recognise the ongoing work that has been undertaken in relation to staff resilience and Psychologically Informed Environments (PIE). It is pleasing to note that staff have found the PIE training a positive experience. Whilst there has not been a significant difference in the staff resilience scores, it is acknowledged these have remained stable despite work becoming more challenging. The CCGs note that Mental Health Concern is continuing to progress this important area of work further.

It is assuring to note the achievement of the 2017/18 Commissioning for Quality Incentive Schemes (CQUINS).

The CCG welcomes the specific priorities for 2018/19 which are highlighted within the report and consider that these are appropriate areas to target for continued improvement. The CCG looks forward to continuing to work in partnership with Mental Health Concern assure the quality of services commissioned in 2018/19.



**Dr Neil Morris**  
Medical Director



**Chris Piercy**  
Executive Director of Nursing, Patient Safety & Quality

For and on behalf of:

NHS Newcastle Gateshead Clinical Commissioning Group  
NHS North Tyneside Clinical Commissioning Group  
NHS South Tyneside Clinical Commissioning Group

  
**Newcastle Gateshead**  
Clinical Commissioning Group

  
**South Tyneside**  
Clinical Commissioning Group

  
**North Tyneside**  
Clinical Commissioning Group

## About us

We are based in the North East of England, where we provide a wide range of specialist mental health services, which are predominantly commissioned by the NHS and local authorities. We support many people with a wide range of mental health-related needs, including:

- People taking their final steps away from specialist mental health services and striving to get into work, education, or training
- People recovering from severe mental ill-health, who require support over long periods of time
- People with severe dementia and complex, challenging needs

We believe that our innovative approach to developing services, coupled with close partnerships between us and the people who use our services, enables us to provide high quality care and support that help people move on in their lives.

Our services are clinician-led, providing a range of person-centred support with a focus on recovery.

We deliver care and support across four broad areas:

- Older Person's Services
- Adult Services
- Community and Wellbeing Services
- Housing and Support Services

### Older Peoples' Services

We believe passionately in providing good care to people with dementia and their families. We also believe that it is entirely possible for anybody living with dementia to live a good quality and meaningful life. With the right help, this is a reasonable expectation for anybody living with dementia.

We have provided specialist dementia services for over 30 years and have learnt that enabling people with dementia to live well can be demanding, but very rewarding. This is why all of our dementia services and staff work to a strong set of values that have a clear person-centred focus.

We care for people who, because of their dementia, behave in ways that can be challenging or hard to understand. Our main focus is on getting to know the person as well as we can, so that we can meet their needs in ways that improve wellbeing. This is because we know that a person with dementia is just that – a person.

In Gateshead we provide four types of dementia services:

- 24-hour specialist nursing care
- respite
- short-term assessment (as an alternative to hospital admission)
- community challenging behaviour support

### Adult Services

In our Adult Services we support people recovering from mental ill-health, who are often taking their first steps away from hospital. Our services are mostly commissioned by the NHS, which means that we can provide high levels of 24-hour specialist support, and can help those people that many other organisations can't.

We work with people to understand and manage their mental health condition, as well as to develop and practise the skills which are important to live a good and satisfying life with meaning and purpose.

Our specialist, 24 hour, nurse-led rehabilitation and recovery services help people with complex mental health problems to move from

secure and hospital-based settings into the community. We also provide short-term relapse prevention packages as an alternative to hospital admission.

Our rehabilitation and recovery services focus on promoting:

- positive move-on within one to three years
- relapse prevention
- employment and increased employability
- access to education
- living skills
- condition management

## Housing with Care and Support

In our Housing and Support Services we help people to secure good quality housing and provide a wide range of help, from really quite intensive bespoke packages, right through to low level day-to-day support and advice.

Our main focus is on helping people to have independence and to take control over their own lives.

Our Supported Housing service helps people with complex mental health problems to move out of hospital or 24-hour care and take up a supported tenancy in the community. It is a highly-specialised service with tiers of support and supervision, which gives people who have often spent many years in institutional environments the opportunity for independent living and social inclusion.

It consists of four specific services:

- Newcastle Supported Housing
- Gateshead Supported Housing
- Early Intervention in Psychosis (EIP) Supported Housing
- Step Ahead Housing

## Community and Wellbeing Services

Our Community and Wellbeing Services help over 1,000 people each year to get back into work, education, or increase meaningful activity.

We also help people to rebuild their social support networks and develop friendships. We stick by them, to navigate through the sometimes complex health and social care system using our knowledge of what's out there to link people in.

## Moving Forward

Our Moving Forward services in Newcastle, Gateshead, and South Tyneside can be accessed by anyone who has experienced mental health issues.

The service focuses on linking people up with activities, groups and community resources, with the aim for them to:

- rediscover self confidence
- learn new skills or rediscover old interests
- build a stronger social network and have more people to do things with get back into education or training
- find paid or voluntary work

## Mental Health Carer Support

In South Tyneside, we provide support to people who have caring responsibilities for people with mental health problems.

We work in partnership with other professionals to provide emotional and practical help, as well as helping people to find the support they need in their caring roles.

## Ways to Wellness

Ways to Wellness is a social prescribing service for people with long-term health conditions in the west of Newcastle. The service aims to improve its users' quality of life and reduce their use of mainstream health services, by enabling them to lead healthier lives and better manage their conditions.

This is achieved by the provision of Link Workers, who help patients to identify and work to overcome the current barriers to managing their long-term health conditions.

## Fulfilling Lives

The Fulfilling Lives programme is a Lottery-funded partnership between Mental Health Concern, Changing Lives, and Aquila Way. Together, we help adults who are likely to experience issues relating to three or more of the following:

- mental ill-health
- homelessness
- drug and alcohol issues
- offending

## Chain Reaction

Chain Reaction is commissioned by Newcastle City Council and designed to support older people (55+) to live independently in the community.

By promoting the use of community-based resources and facilities, Chain Reaction encourages people to lead happier, healthier lives. It supports and sustains friendships to combat social isolation and to increase good emotional health and wellbeing.

## Moving On Tyne & Wear

Moving On Tyne & Wear (MOTW) is joint-funded by the Big Lottery Fund and the European Social Fund as part of their Building Better Opportunities programme, which invests in local projects that tackle the root causes of poverty and promote social inclusion.

MHC is the lead organisation for the programme, supported by 17 well-respected local organisations as delivery partners. MOTW supports people in Tyne and Wear who are aged 18+ and out of work due to complex health issues and other barriers, such as long-term unemployment, debt, low skills, or housing issues.

The three-year programme launched in 2017 and will work with over 1,600 people over the course of the project. MOTW's team of Navigators gives one-to-one, tailored support to the participants, supporting them to take advantage of existing voluntary or employment possibilities, and work with local employers to create new opportunities.

## Our values

At Mental Health Concern, as part of Concern Group, we are committed to improving the mental health and wellbeing of the people we serve.

The whole team works to a strong set of organisational values, and we uphold these in all the work we do. We value:

- Compassion and hopefulness
- Being open and friendly
- Inclusivity and fairness
- Experience and expertise
- Hard work, creativity and innovation
- Going the extra mile with people to achieve the right outcomes

We are also guided by the things that people have told us are important to them. We have found that the following aspirations are reasonable expectations for any of us to have in life, regardless of whether we are experiencing mental ill-health or not.

Those aspirations are to:

- Develop a sense of meaning and purpose in life
- Improve personal relationships and social networks
- Promote hope and self-esteem
- Develop independence, choice and control
- Feel in touch with local communities, and be active citizens
- Increase the stability and consistency in life



## Our commitment to quality and improvement

### An overview of governance structures

Concern Group is governed by an independent Board of Trustees, whose members have experience from a broad range of relevant professions. The Board has established a corporate and organisational governance structure, supported by four committees which have defined responsibilities, delivering aspects of the boards remit. Each committee has established formal terms of reference, which support a systemic approach to mapping assurance against key strategic and operational risks.

The four board committees are:

- Governance Committee
- Quality and Service Delivery Committee
- Human Resource Committee
- Finance Committee

### Governance Committee

The Governance Committee's activities cover the whole of the organisation's governance agenda. It is responsible for reviewing the systems of governance, control, risk management, and assurance.

### Quality and Service Delivery Committee

The ultimate accountability for quality rests with the Board of Trustees, but to ensure that the appropriate level of scrutiny is provided into quality standards and service user safety, the Quality and Service Delivery Committee reviews performance and quality outcomes.

### Human Resource Committee

The Human Resource Committee is responsible for monitoring the strategic level

risks associated with the effective delivery of education, training, and leadership opportunities, and the recruitment and retention of high-quality employees.

### Finance Committee

The Finance Committee supports the Board of Trustees with scrutiny of financial and business performance data, including the long-term sustainability of the organisation.

### Information Governance Toolkit

The Information Governance Toolkit measures performance in the following areas:

- Information governance management
- Confidentiality and data protection
- Information security assurance
- Clinical information security assurance
- Secondary use assurance
- Corporate information assurance

Mental Health Concern scored 68%, 'satisfactory', for 2017/18. A satisfactory score demonstrates that the organisation has safe and secure processes in place to protect the sensitive personal information that we process. It demonstrates that our staff have completed training in areas such as confidentiality and information security. It also shows we carry out our legal duties under the Data Protection Act 1998 and Freedom of Information Act 2000.

### Duty of Candour

Since November 2014, all health and social care organisations registered with the CQC have had to demonstrate how open and honest they are in telling people when things have gone wrong. This process is called the 'Duty of Candour' and Mental Health Concern has fully implemented its Duty of Candour policy. The organisation not only focuses on

serious incidents, but openness and honesty is applied to all incidents.

### **Safety alerts**

The Governance and Quality Team co-ordinate and monitor the safety alert process. When alerts are received via the central alerting system, they are disseminated to appropriate clinical teams which ensure that we are already compliant, or actions are taken to ensure we become so.

### **Equality and diversity**

We aim to ensure that our services are delivered in a fair way to all service users. This means that service users do not suffer

detriment, disadvantage, or unequal treatment because of age, disability, ethnicity, religion, sex, or sexual orientation.

By diversity, we mean that we value the different contributions that all employees, service users, families, and carers can bring.

To make sure that we are complying with national standards and doing the right thing for our service users, we have developed an Equality and Diversity in Service Provision Policy and action plan, which we will use to measure our progress against standards and ensure that we are continually improving and developing our services to be responsive and equitable to all.

## Governance: CQC inspection reports

Service	Date of Inspection	Overall Rating	Is the service safe?	Is the service effective?	Is the service caring?	Is the service responsive?	Is the service well-led?
Jubilee Mews	March 2016	Good	Good	Good	Good	Good	Good
Oakwell	February 2016	Good	Good	Good	Good	Good	Good
McGowan Court	March 2018	Good	Good	Good	Good	Good	Good
Coalway Lane	February 2016	Good	Good	Good	Good	Good	Good
Alderwood	March 2016	Good	Good	Good	Good	Good	Good
Pinetree Lodge	December 2016	Good	Good	Good	Good	Good	Good
Briarwood	November 2016	Good	Good	Good	Good	Good	Good

### McGowan Court

McGowan Court is a rehabilitation and recovery unit which helps people with complex mental health issues to live well and independently in the community. The service was inspected under the new adult social care framework.

### Briarwood

Briarwood consists of two specialist units:

- Briarwood Meadows cares for people who live with dementia and may exhibit behaviour that challenges.
- Briarwood Mill View provides support for female service users to enable them to live independently within the local community.

### Pinetree Lodge

Pinetree Lodge provides care and support for people living with dementia.

### Alderwood

Alderwood has two units which provide specialist care and support for older people:

- Alderwood Respite and Assessment provides assessment for people with dementia; it also offers short respite breaks.
- Alderwood South Riding is a specialist, 24-hour supportive rehabilitation unit, which aims to help people with complex mental health issues to live well and independently in the community.

## Jubilee Mews

Jubilee Mews works with people with complex mental health problems to understand and manage their mental health condition, as well as to develop and practise the skills which are important to live independently.

## Oakwell

Oakwell works with people with complex mental health issues to understand and manage their mental health condition, as well as to develop and practise the skills which are important to live independently.

## Coalway Lane

Coalway Lane works with people with complex mental health issues to understand and manage their mental health condition, as well as to develop and practise the skills which are important to live independently.

## CQC report extracts

'People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to achieve their goals and aspirations.'

'The interactions between people and staff showed that staff knew the people really well. Staff we spoke with had a good knowledge of

people's needs and talked about people with genuine affection. The atmosphere at the home was homely, relaxed and nurturing. It was clear that people felt relaxed and comfortable in the company of staff.'

'We asked people if they felt safe living at the home. One person we spoke with said, "I feel really safe, they [staff] do help you." Another person said, "Sometimes I can be awake all night due to taking [substance] staff sit with me, talk to me and reassure me."

'Staffing levels were sufficient to enable staff to meet people's needs in a personalised way. People who used the service said, "Yes there are enough staff, I get someone if needed, they all seem to be ok. It's a lovely place to live." Another person said, "There is always someone to talk to, staff sit and discuss things on a one to one basis daily."

'We saw the premises were adapted to meet people's individual needs. For example, one person was deaf therefore could not hear when staff knocked on their door for permission to enter. The provider had put a light switch on the outside of the door for staff to switch on and off a few times for the person to visualise the knock. People were happy with their rooms, one person said, "I love mine [room], no complaints." Another person said, "I am happy, there is nothing else I want." And another person said, "It is well kept, nothing is broken, it is cleaned all the time and the handyman comes round regularly when something needs doing."

## Clinical audit

A local audit programme is in place to monitor quality and improve services. The programme has developed significantly over the past year and increased follow-up of actions has taken place across the organisation, which has resulted in overall improvements in compliance with standards.

Audit results are reviewed by the Quality and Service Delivery Committee.

### Balance of Care audit results

Seven 'Balance of Care' audit tools are in place, which mirror our service specialities:

- Dementia care respite
- Dementia care assessment
- Dementia care
- Community Challenging Behaviour Service
- Rehabilitation and recovery
- Supported housing

- Moving Forward

Balance of care audits takes place in each of our services on a quarterly basis. The focus of the audit is a specified Key Worker or Link Worker. If a service contains five Key Workers, each will know that they will be audited approximately every five quarters, in a non-predictable order. Actions arising from the audits are followed up at three months.

Audit scoring:

- Red = two or more items fall below minimum standard (marked 'No') in three out of five standards.
- Amber = a mixture of one/two items fall below minimum standard (marked 'No') in three out of five standards.
- Green = no more than one item falls below minimum standard (marked 'No') in up to two out of five standards.

### Older People's Services

	Red audits	Amber audits	Green audits
<b>Alderwood: Respite and Assessment</b>	0	3	2
<b>Alderwood: South Riding</b>	2	2	0
<b>Briarwood: Meadows</b>	1	2	2
<b>Briarwood: Mill View</b>	1	3	0
<b>Pinetree Lodge</b>	1	1	1

### Adult Services

	Red Audits	Amber Audits	Green Audits
<b>Coalway Lane</b>	0	1	3
<b>Oakwell</b>	1	0	4
<b>Jubilee Mews</b>	1	3	0
<b>McGowan Court</b>	2	0	2

We saw an increase in the overall number of red balance of care audits, however, this is related to the revision of the standards and requirements. As the year progressed, we saw red audits decrease.

### **Control of infection audits**

Control of infection audits were introduced across our 24-hour services during 2017/18. The audits cover a range of areas, including the environment, personal protective equipment, management of sharps, and waste management. Results from our infection control audits are very positive, with no areas scoring non-compliant.

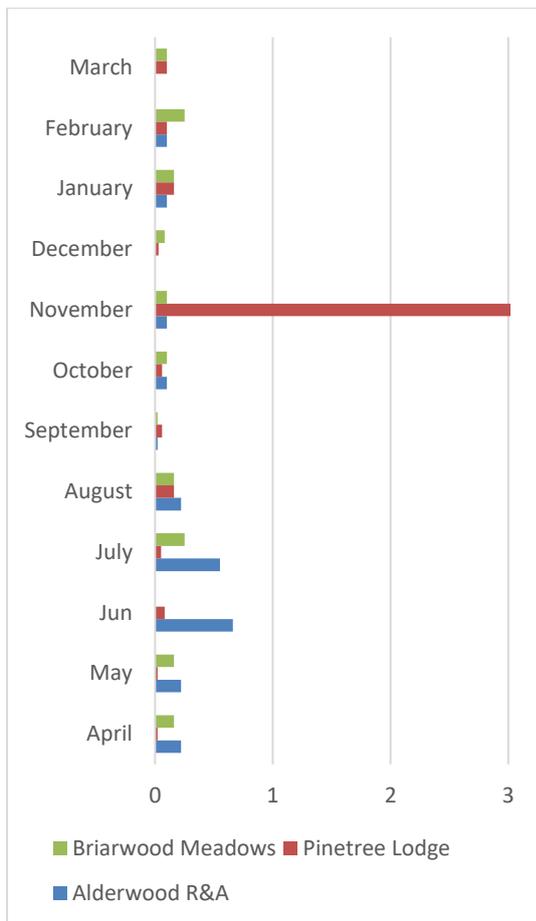
### **Medication audits**

A revised medication audit was launched in 2017, which examined ordering, storage, and administration of medicines, as well as training and medication incidents. The audits identified several improvement requirements in several areas, which have been actioned.

## Safety

### Falls prevention in dementia care services

Ratio of falls to service users 2017/18



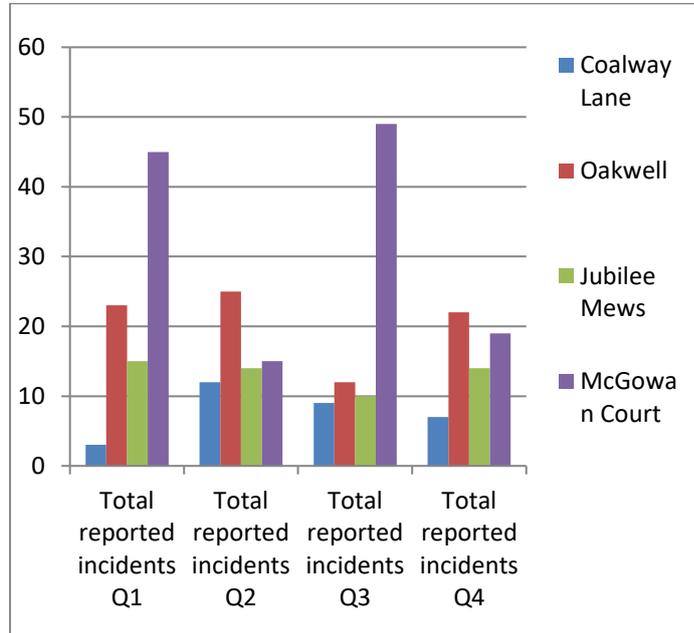
### Analysis

Overall, we are satisfied that the rate of falls across our dementia care services remain low. It is important that we maintain a good balance between promoting independence and positive risk-taking, so we do expect an underlying low rate generally. Our fall rates have remained generally static and low over the last four years.

We noted an incident peak at Pinetree Lodge in November and found that this was primarily due to a service user with acute infection and mental health issues as causative factors in multiple falls. These issues were treated successfully, thereby reducing falls and incident rates considerably.

## Clinical incident rates

### Adult Services

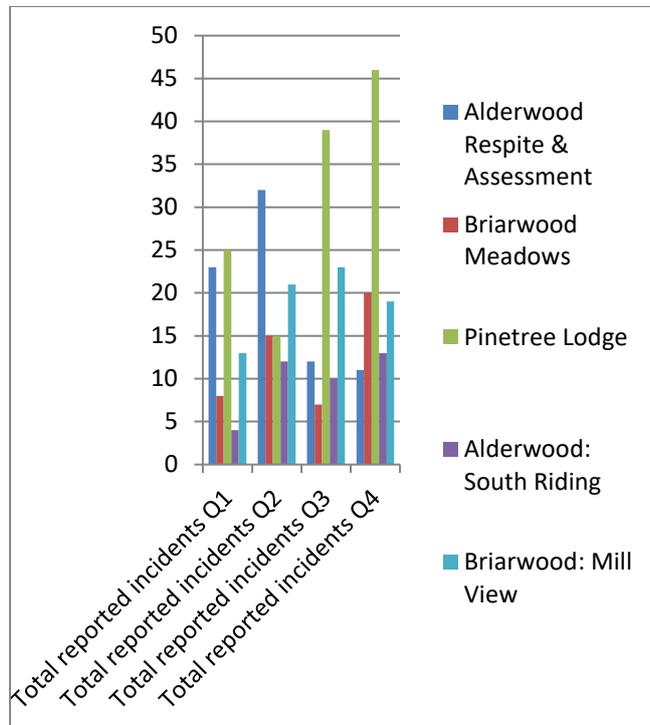


The number of reported incidents across Adult Services has increased since last year. This is a good indicator that employees know what to report, and is reflective of the open and honest culture in which we provide care.

Peaks of incidents at Oakwell and McGowan Court over the year related to particular residents displaying challenging behaviours and misusing substances. Where there are groups of similar incidents, they are considered together to determine what is happening and why.

This took place at Oakwell and McGowan Court, resulting in the review of our misuse of substances policy framework. The review included an improved focus on skills and approaches to psycho education, harm reduction, and recovery, rather than control/punitive approaches. We also provided significantly more awareness and skills training for staff.

## Older People's Services



Older People's Services saw a similar increase in reported incidents; we are satisfied that this indicates an improved safety culture in the organisation.

Peaks of incidents across Older People's Services related to falls or rolls from Hi-Lo beds. Falls are the highest reported incident type within the service.

There will always be a risk of falls in our Older People's Services, given the nature of the service users who are admitted. The injuries that may be sustained are not trivial, though most falls which took place across the year resulted in no or low harm to the service user. Work continues to reduce the risk of falls and minimise harm, whilst also allowing service users freedom and mobility.

## Learning from incidents

All incidents receive scrutiny and investigation; serious incidents are reported to the appropriate commissioner and receive a root cause analysis. Seven serious incidents occurred across Adult and Older People's Services during 2017/18. The CCG was satisfied with our thorough investigations and actions taken as a result.

Incidents, including level of harm, are analysed and monitored quarterly and reported to the Governance Committee and Quality and Service Delivery Committee. Information is shared with services via operational team meetings. The organisation is looking at ways it can further improve its learning from incidents.

## Incidents by category

The five most frequently reported incidents are listed below.

Type of incident	Number of incidents
Slip, trip, or fall	169
Not specified	88
Misuse of substances	76
Mental health-related incident	75
Physical attack	70

Work is ongoing to minimise the categorising of incidents as 'not specified'. Staff often choose this category when an event does not sit comfortably in another category, so we will be reviewing our incident types and categories over the coming year.

## Dementia care and Body Mass Index

Unit	Number of people overweight	Number of people OK	Number of people underweight	n
Pinetree Lodge	3	20	3	26
Briarwood Meadows	1	8	2	11
Alderwood Assessment	0	3	0	3
<b>Totals</b>	<b>4</b>	<b>31</b>	<b>5</b>	<b>40</b>

The five underweight people at Pinetree Lodge and Briarwood were those who were frail and in end-of-life care; move-on would have been inappropriate.

Overall, we are pleased that again, the clear majority of people who live in our dementia services have a healthy BMI. We know that older and frail people can benefit from having a slightly higher BMI than the general population, which is why we worked closely with our dietetic and other physical health colleagues to extend the range of what we consider to be a healthy BMI to 29.

## Dementia care and tissue viability

Unit	Number of people at risk of/with a pressure ulcer					
	Risk (-10)	Incidents reported	High risk (10-15)	Incidents reported	Very high risk (15+)	Incidents reported
Pinetree Lodge	1	0	10	0	15	0
Briarwood Meadows	0	0	4	0	7	0
Alderwood Assessment	2	0	1	0	0	0
<b>Totals</b>	<b>3</b>	<b>0</b>	<b>15</b>	<b>0</b>	<b>22</b>	<b>0</b>

This table shows how many people have been assessed as being at low, high, or very high risk of sustaining pressure damage, against the number of actual tissue viability incidents reported. We are delighted that no service user has sustained more than superficial pressure damage over this period.

## Effectiveness

### Recovery-focused outcomes

Recovery-focused outcomes (RFOs) form the core of our approach to practice in all services. RFOs relate to adults with serious and common mental health issues.

This approach uses six domains, to define recovery:

- meaning and purpose
- relationships and interdependence
- hope and self-esteem
- independence, choice and control
- citizenship
- stability and consistency

The domains emerged from a piece of qualitative research in which service users agreed to be interviewed about their lives and their hopes with questions like, 'What does a "good life" mean to you?' and 'Who are the important people in your life?'

Their answers were recorded and analysed until themes emerged. The domains derive from these themes and contain a rich set of questions to help us assess, for example, how meaningful and purposeful a person's life is.

When someone achieves greater meaning and purpose in their lives, we capture this as an outcome with a score on the recovery star and narrative, using it as evidence of our effectiveness.

We also capture narrative outcomes in this way for our dementia care service users. Here are some examples from this year from both rehabilitation and dementia services where star scores had improved.

### Sample RFOs

#### **Hope and self-esteem (values, goals, and plans)**

B states he is feeling 'excellent' at present; he has a goal of getting a place with supported housing sometime soon. B has made friends with peers, as well as the pool club, and a friend who lives locally. B expresses clear goals for the future and is working well towards achieving them.

#### **Meaning and purpose (education)**

D has been doing very well with his IT skills at Moving Forward and would like to enrol on an accredited course to develop his skills further. He has an appointment at Headworks in Gateshead for his IT skills to be assessed. Moving Forward staff and D will then discuss enrol D onto a suitable course.

#### **Independence, choice, and control (health independence)**

C attended a GP appointment for an annual medical and gave blood. He arranged the appointments himself and arranged to have them both together. C planned to go with staff he was comfortable with and arranged to have a social afterwards.

#### **Meaning and purpose (employment)**

B participated in his voluntary work today at FACT, Blaydon Precinct. B was pleased with feedback from staff; he had worked hard and engaged well with the public. B independently went to Blaydon and returned to Coalway Lane using public transport.

#### **Relationships and interdependence (improving existing relationships)**

E's maternal grandmother told staff that he has been asking her if there is anything she wants him to get for her from the shops, prior to him coming to visit her every week. She says that E wouldn't have thought to do this a couple of years back.

**Citizenship (use of community resources)**

D suggested to Key Worker that he would like to bake a cake. D knew about ingredients, quantities, and how to measure them accurately. D appeared to take great pride in his baking, and showed kindness and enthusiasm to share it with fellow peers and staff. D has expressed that he would like to bake at least once a week at McGowan Court, and has also suggested researching cooking classes in the area. Key Worker team will collaborate with the Moving Forward service regarding this.

**Meaning and purpose (interests, creativity, and expression)**

C has signed up for the Race for Life in support of her mother; this will take place on

15 July 2018. C is currently obtaining sponsorships; it is something she feels strongly about as she is doing this in memory of her mother.

**Independence, choice, and control (domestic independence)**

G has recently cooked several meals from scratch, including an omelette, mince and dumplings, and a stir fry.

**Recovery-focused key outcomes**

We have been very pleased that during 2017/18 we supported 19% of our rehabilitation and recovery service users to achieve a significant employment/employability outcome, as well as a 38% of our service users to achieve an educational outcome.

We also supported 20% of people to move on into more independent accommodation this year.

**Physical health outcomes**

There is compelling evidence that people with a mental illness or a learning disability die earlier than the general population. It is well-established that people with mental health problems are at an increased risk of adverse physical health outcomes. Therefore, we focus on increasing exercise, reducing smoking, and helping people make use of their primary health care services.

Recovery-focused outcome	% of service users supported to achieve outcome
Employment/employability	19%
Education/educational	38%
Interests, creativity, and expression	75%
Moving on to more independent accommodation	21%
Develop or improve independent living skills	90%

Physical health outcome	% service users supported to achieve outcome
People engaged in smoking cessation activities and have reduced/ceased smoking	10.4%
People provided with health education and smoking cessation information	100.0%
People supported to increase regular physical exercise	45.8%
People supported to make positive changes to their BMI if required	54.2%
People supported to maintain an appropriate BMI	39.6%

## Wellbeing in rehabilitation and recovery services

### What is wellbeing?

Mental wellbeing is one aspect of overall wellbeing (others include physical and social). Mental wellbeing is often divided into two perspectives: one which includes states of happiness and life satisfaction (the hedonic perspective), and the other which includes positive psychological functioning, good relationships with others, and self-realisation/acceptance (the eudemonic perspective).

Mental wellbeing and mental health are different terms. 'Mental wellbeing' describes positive states of being, thinking, behaving, and feeling, whilst 'mental health' is a term often used to incorporate a range of states, from excellent mental health to severe mental health issues. It is worth noting that mental wellbeing is often used interchangeably with the term 'positive mental health' and sometimes 'wellbeing'.

### Why is wellbeing important?

There is evidence that mental wellbeing is a good indicator of how people and populations can function and thrive. Past research and practice surrounding mental health and wellbeing have focused on mental health issues and on prevention of developing a mental disorder (mental health problem), rather than on mental wellbeing.

However, little data has been gathered on levels of mental wellbeing or trends over time. Collecting 'before' and 'after' project data can tell us a lot about which strategies work best and what helps people to improve and sustain mental wellbeing.

### What is the Warwick-Edinburgh Mental Wellbeing Scale?

WEMWBS has been validated for the measurement of mental wellbeing among people aged 13-74 in the UK (the general population). It comprises 14 positively-worded statements with five response categories, from 'none of the time' to 'all of the time'.

### Our research and developments

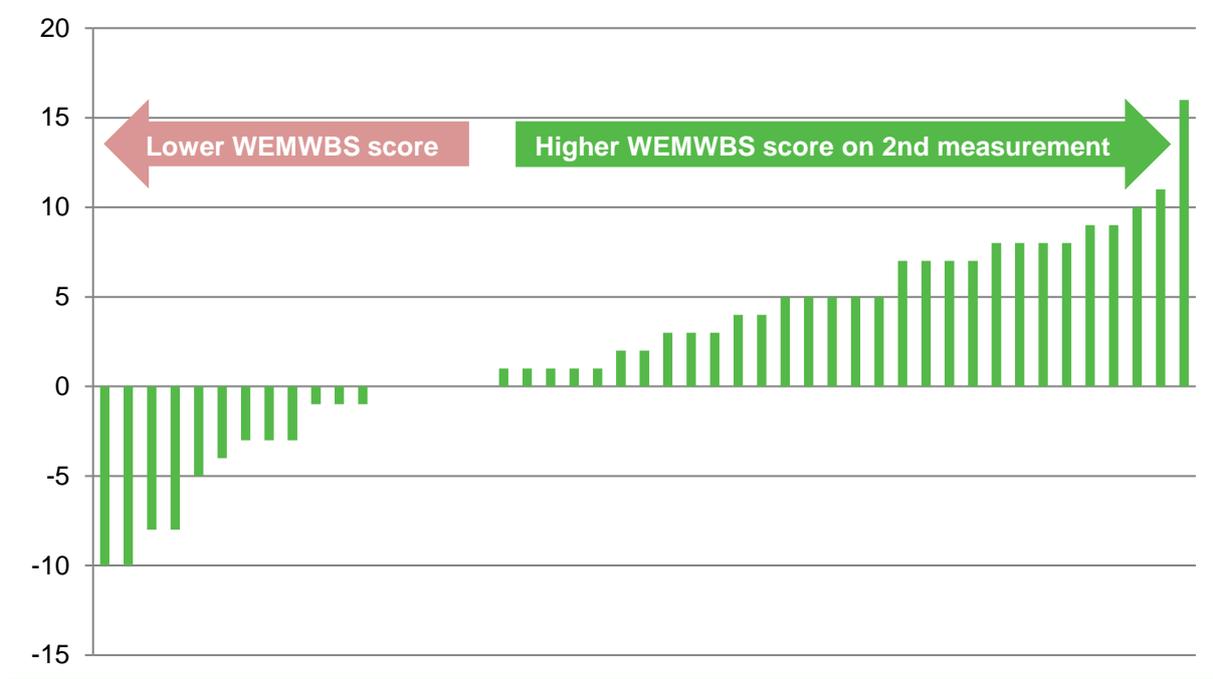
MHC has contributed to a joint research project, alongside Northumberland Tyne and Wear NHS Trust and Tees Esk and Wear Valley NHS Trust, to evaluate the reliability of WEMWBS in our common client groups, defined as 'secondary care'.

We have found that WEMWBS scores for this population are significantly lower than those in a general population, which is shown in our cohort data below. However, the data analyses support the use of WEMWBS in this population sample, as the confirmatory factor analysis supports a one-factor solution, thus measuring a single underlying concept.

The findings from this study are important, as they show that WEMWBS is a valid and reliable measure for our rehabilitation and recovery service users.

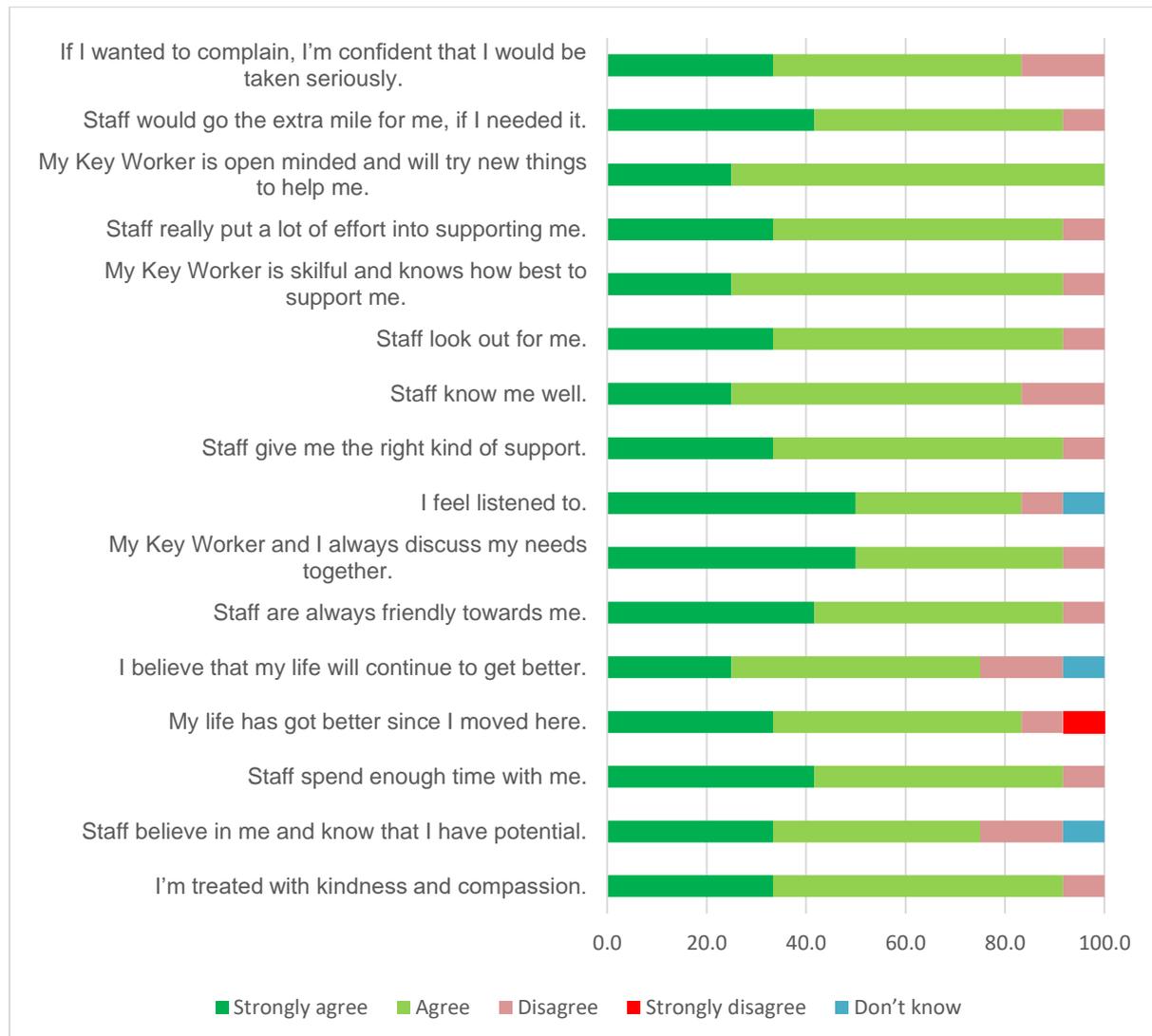
This year, we have continued to work closely with Durham and Newcastle Recovery Colleges and MHC's Moving Forward services to co-develop a positive psychology and wellbeing course that can be delivered in a peer-led setting. With the support of GetMindfuel, a psychology-led development Community Interest Company (CIC), we have now concluded this work and have delivered three eight-week positive psychology courses within our Moving Forward services. We await an evaluation report.

Spread of WEMWBS score changes over 2017/18



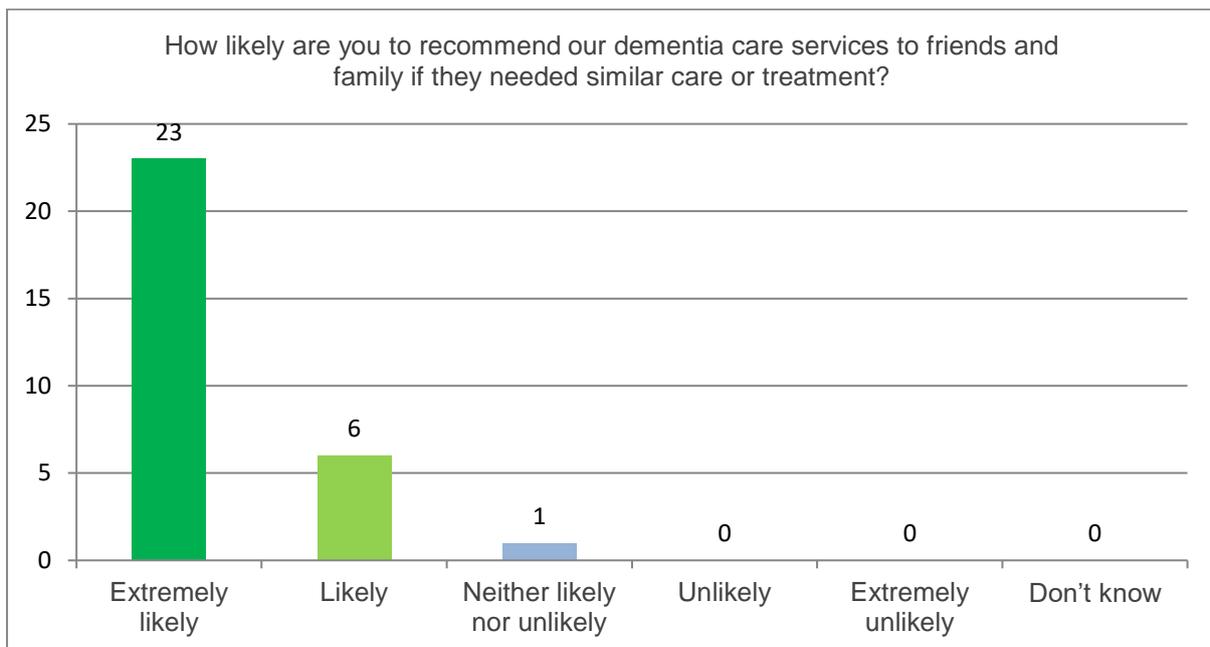
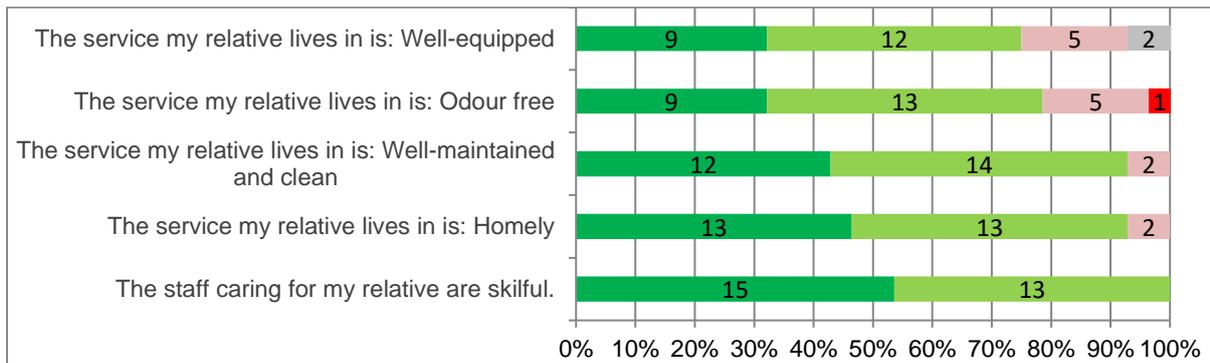
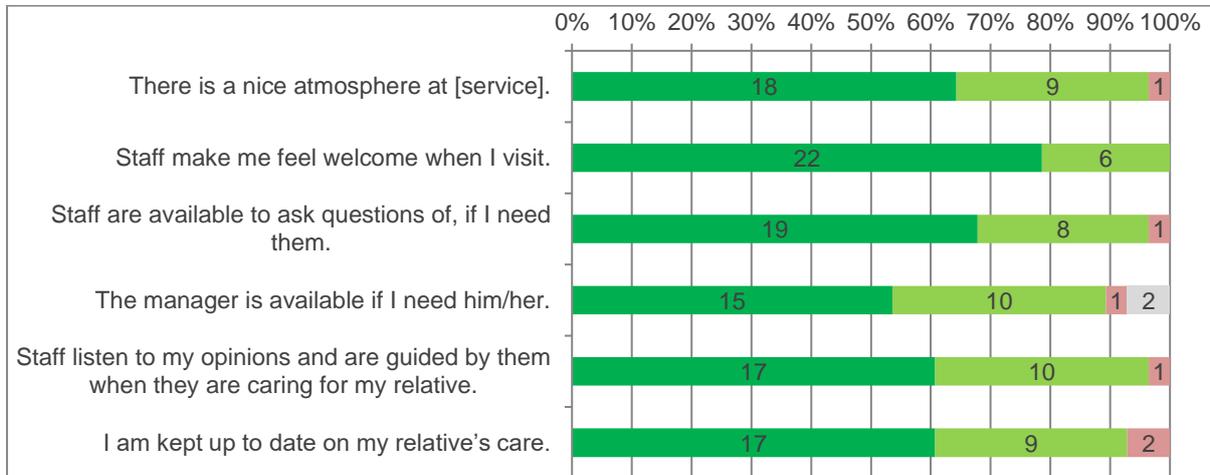
## Service user satisfaction and experience

### Adult Service's service user survey



We were very heartened by our values-based survey of people living in our 24-hour Adult Services. The responses were overwhelmingly positive with, most people agreeing or strongly agreeing with the statements.

### Older People's Services family carer survey



We were delighted by the responses to our most recent survey of family carers in our dementia care services, which we completed early in 2018. The responses were overwhelmingly positive, particularly around issues of care, compassion, and experience and expertise of our employees. A significant minority of respondents felt that our services were not well-equipped or odour-free. We know that our care environments require investment and improvement; we are working closely with our commissioners to explore solutions for this.

### Additional comments from the survey

#### **Alderwood**

“I have been very grateful for the support and care Alderwood has given to myself and my husband. There appears to be a shortfall of care from the doctors, GP and psychiatrists in visiting and support of the nurses and carers in prescribing medication”.

“I appreciate the time to be able to do things while my wife is being looked after, very grateful for the respite care given to my wife.”

“Some questions are difficult to answer as we aren’t there whilst my dad is being cared for. However, all the contact with all the staff has been extremely positive and have done everything they can to help the family as well as my dad.”

“My mother was only at Alderwood for a few days and I can only comment on that short period but during that period the staff were friendly and attentive. Their follow up calls were appreciated and the manager was always available to help and discuss any of our queries or anxieties. I agree it is an old building and the bathroom facilities are showing signs of wear and tear, but the staff still operate in a caring and professional manner to make carers reassured during a relative’s stay.”

#### **Briarwood**

“The staff and management work very hard to provide a safe, caring and skilful service. I feel that there are still not enough daytime activities to suit all residents. The premises are in need of refurbishment and it would be good if the agreed plans for Briarwood could begin very soon.”

“I am very happy about the care my daughter receives at Briarwood and have great admiration for the staff.”

“The Management and staff always work hard to create a good atmosphere. Everyone is friendly and helpful. Some staff have very good craft skills which are displayed on special occasions such as Christmas, Easter etc. They have a very difficult job to do but always appear cheerful. I’m confident that my relative is very well looked after.” Thank You!

“It would be helpful if pictures of all the carers along with their names and who is on duty at any given time were posted in the entrance. I have this very same feedback in 2016. Photos and names of carers briefly appeared and quickly went out of date/stopped. There is no induction of who is on duty when arriving at the home. It would be good if the practise could be adopted on an on-going basis.”

“I am utterly and completely certain my family is in the best hands to look after him. I have no queries about him being there.”

“[manager] has become a great part of the management team, very approachable and takes a genuine interest. All my family are pleased with the care my relative receives. We are kept up to date on my relative and are contacted straight away if needed. I feel that when a larger group of relatives are coming in to see 1 person that they should sit in the ‘Garden Room’ for example, when there is 3+ people visiting 1 person in the lounge it can get very loud and crowded which can disturb or unsettle the other residents that are there. After the success of the Mother’s Day afternoon tea, it would be lovely to have coffee

afternoon every month or two so that families can get together. Make more use of the mini bus to take residents out especially in the summer. Adapt activities so that every resident can be involved. Overall, I am very happy with the care that my relative receives, we are very grateful.”

### **Pinetree Lodge**

“Our Mam is lucky to be cared for in Pinetree Lodge. We had experiences of other homes which were lacking in good care. As a family, we are very grateful mam has the very good care she has in Pinetree. The staff work hard and sometimes think they could have more of them. Our family would love to see Pinetree updated as a building and here’s hoping one day it will be” Truly grateful.

“The staff at Pinetree Lodge are all friendly and helpful. The furnishings are however dated and the place is dark and dreary inside. There is a strong unpleasant smell as you enter which is very off putting – it may be the

air freshener? But it is not nice. A few more activities or music playing in the background would be nice.”

“The two questions where I have put agree rather than strongly agree are due to the fact that my dad likes to spend time in his room rather than participate in activities so although there are activities arranged my dad doesn’t often take part in them so it is hard to comment. Also, in regard to the availability of the manager – I have never had any reason to require to see the Manager so again hard to comment on this one, however, I have no doubt if I need to speak to the Manager the staff would be more than happy to get him/her or arrange this. Overall, I would like to thank all of the staff at Pinetree Lodge for the care they provide to my dad. As a family member, it is a relief/reassuring to know that my dad is safe and well cared for at all times. The staff are both friendly and professional and treat my father with respect at all times even when his behaviour can be particularly challenging at times.”

## Our 2017/18 priorities for improvement and development (and how we did)

### Continue to promote activities in our Dementia Care services

#### Quarter 1:

Create a baseline dementia care map and the latest Oomph! evaluation in this quarter, noting levels and types of activity – focusing on leisure, self-care and productivity related activities.

During quarter 1, three dementia care maps took place, carried out by qualified mappers in social areas of Alderwood Respite and Assessment, Briarwood Meadows, and Pinetree Lodge.

The data from these will allow us to compare the wellbeing of people with dementia in our services and types of activities, observed before and after the implementation of further training provided within our Oomph! wellbeing package ([www.oomph-wellness.org](http://www.oomph-wellness.org)), and implementation of practice development project.

Results from the three maps at Alderwood, Briarwood, and Pinetree Lodge show that people who are mobile tend to have better wellbeing and get more attention from support staff. While less mobile residents are safe and well cared for, with no 'mood-detracting' (MD) scores, 'mood enhancing' (ME) scores demonstrate that there is room for improvement.

- **Alderwood**  
The group spent 68% of its time in a neutral mood and engagement and 32% of its time in a positive or very positive enhanced mood and engagement.

In Q4 we would hope to maintain the

lack of any negative ME values, an increase in +3 and +5 values and a reduction in +1 values.

- **Briarwood**  
The group spent 60% of its time in a neutral mood and engagement and 40% of its time in a positive or very positive enhanced mood and engagement.

In Q4 we would hope to maintain the lack of any negative ME values, an increase in +3 and +5 values and a reduction in +1 values.

- **Pinetree Lodge**  
The group spent 75% of its time in a neutral mood and engagement and 22% of its time in a positive or very positive enhanced mood and engagement. 2% in small signs of negative mood and 2% in considerable signs of low mood

In Q4 we would hope to maintain the lack of any negative ME values, an increase in +3 and +5 values and a reduction in -3, -1 and +1 values.

Our hope is that by providing training to Oomph! wellbeing coordinators, educating staff and families about person-centred activities, drawing on the Canadian Occupational Performance Model, and introducing the 'enhancing the dining experience' project, we will increase awareness of meaningful, person-centred activities.

We also hope to enhance other daily routines, increase knowledge and skills of the dementia care workforce, and build a confidence amongst our care staff to become more skilled and creative with planned everyday activities,

making moments spent with residents more fun and interactive.

#### Quarter 2:

Design and deliver a training package for staff and presentation/leaflets for family carers, raising awareness of the broader definition of activity which we wish to adopt.

We created a learning environment for both staff and family carers to reflect and discuss activities. We created a space to capture all the hard work that has been put into activities, to expand our knowledge and awareness on types of activities we do with our residents, and explore the importance of getting 'the balance right' of each type of activity. We recognise that co-production is an important aspect to this initiative, as we recognise family carers are experts in their own circumstances and they help to ground discussions in reality and to maintain a person-centred perspective.

We created a visual learning environment which would be accessible at all times for both staff and family carers to read, discuss, and share their views on activities. Our hope was that, by raising awareness on the broader definition of activity and the types of activities we do by categorising them into self-care, productivity and leisure, we could help carers and staff to understand that sometimes the most important and meaningful activities are the ones that are not always recognised as an activity. Such activities may include having a bath (self-care), or cleaning a table (productivity). This board display was then formatted into an easy-read leaflet.

This model also supports the Oomph! wellbeing approach, which has recently been introduced to support teams to create a balance of mind, body, and soul activities each week.

#### Quarter 3:

Practice development project set up in each service, working alongside staff, demonstrating broader activity-based practice; finding ways to enhance routine tasks, such that they become more interesting, interactive and fun.

With mealtimes being the most popular activity, as well as the most important part of every day for residents with dementia, we wanted to focus our attention on this activity and think of fun ways to help motivate and engage residents at different levels during their dining experience, offering the right level of support and stimulation. We also wanted to try to change the mindset of staff members who perceived this activity as a task.

This approach was discussed in the Older People's Practice Development Group to generate ideas and thoughts, allowing different teams from Older People's Services to share their current practice and how they plan to progress.

Managers and Clinical Leads were then provided with the project aims and developed their own action plans. The Practice Development Lead met with each Clinical Lead to discuss their ideas and arranged training in this area, which was provided by Rachel Skinner (MHC Dietician).

Following the implementation stage of this project, staff members now approach mealtimes as an activity which can be interactive and fun, as opposed to a task-orientated activity. Staff teams have been empowered to be creative and to come up with their own ideas and new ways of working. This practice development has had a positive effect on the residents' dining experience, as they are becoming more involved with different activities associated with dining.

A related activities development in all three services has been Oomph! training. The Oomph! approach is a well-coordinated

package of training, delivery, and monitoring which engages well with less mobile residents, using physical and social interventions. Oomph! recognises that the initial enthusiasm experienced by staff can wear off, so it provides innovative ways to reward and maintain momentum.

Activities and exercise appear to be going well within the three services, with all staff members getting more involved to positively drive Oomph! and other activities forward. We have a total of 27 staff members trained across the three services.

The latest Oomph! reports from February 2018 outline the development of activities in the services. All three services have developed wellbeing planners, which now include more adventurous activities which have a balance of mind, body, and soul. Oomph! sessions have been structured into the wellbeing planners three times a week, along with one-to-one activity sessions at Alderwood and Briarwood. Pinetree Lodge has incorporated one-to-one and Oomph! sessions twice a week.

The management team is currently working on a system to identify those who lead Oomph! sessions, allocating staff members on specific days to gain an increase in planned, structured Oomph! sessions.

### **Evidencing activity**

Staff in all dementia care services are becoming increasingly aware of the need to evidence the activities they undertake. In some instances in the past, staff would do an activity such as a hand massage but may not have considered it worth recording.

The 'golden ticket' was introduced as a new initiative to encourage staff to document those golden moments with residents that were not always captured and recorded. This initiative is now successfully working in Alderwood and Briarwood, with all staff members getting involved regularly. Pinetree Lodge staff have designed a golden moment box to hold the

golden tickets, and during their Oomph! review the team discussed how this would be implemented.

Following this review, all three services have their own action plans developed based on findings and observations from the Oomph! Wellbeing Lead.

**Quarter 4:**  
Undertake a dementia care mapping of the same areas mapped in quarter 1; compare and contrast the maps and report findings.

The findings are displayed in the table overleaf.

Quarter		Pinetree Lodge	Alderwood	Briarwood
Q1	% Time spent in activity with potential for positive engagement	32	71	43
	% Time spent in neutral mood and engagement	75	68	60
	% Time spent in positive or very positive mood and engagement	22	32	40
	% Time spent agitated	0	0	0
Q4	% Time spent in activity with potential for positive engagement	71	74	76
	% Time spent in neutral mood and engagement	62	42	79
	% Time spent in positive or very positive mood and engagement	38	53	21
	% Time spent agitated	0	5	0

### Comparison of Q1 and Q4 maps per unit

We hoped to see an increase in percentage of time spent in activity for potential positive engagement, a reduction in neutral mood and engagement and an increase in the percentage of time spent in positive or very positive mood and engagement:

- Alderwood**  
 The Q4 mapping results showed there had been an increase in activity for potential positive engagement from 71% to 74%, a reduction in neutral mood and engagement from 68% to 42% and an increase in the percentage of time spent in positive or very positive mood and engagement.
- Pinetree Lodge**  
 The Q4 mapping results showed there had been an increase in activity for potential positive engagement from

32% to 71%, a reduction in neutral mood and engagement from 75% to 62% and an increase in the percentage of time spent in positive or very positive mood and engagement.

- Briarwood Meadows**  
 The Q4 mapping results showed there had been an increase in activity for potential positive engagement from 43% to 76%, an increase in neutral mood and engagement from 60% to 79% and an decrease in the percentage of time spent in positive or very positive mood and engagement from 40% to 21%

### Conclusion

The Oomph! Wellness approach is helping all staff to become more involved with activities to enrich residents' lives.

The dementia care mapping data demonstrates from Q1 to Q4 a more varied recording of behaviour category codes, with an increase in codes J (joints and exercise), D (doing for self), E (expressive), L (leisure). We continued to maintain the lack of any negative ME values across all services.

During the mapping process, it was evident that person-centred activities had improved since Q1 and a structured approach to activity provision was well underway across all three services, with the support of Oomph! and the development of weekly wellbeing planners.

Weekly wellbeing planners were viewed and had a balance of mind, body, and soul

activities, and were tailored to meet individual need.

### **Recommendations**

We recognise that this is an ongoing development; new approaches to activities are still ongoing, and ideas from each dementia service have been shared.

We also realise that practice development initiatives can have initial success, but the real challenge ahead is to sustain the good practices working in all services. This will be a standard agenda item at each Older People's Practice Development Group.

## Staff resilience and Psychologically Informed Environments

### Quarter 4: Adult Services CQUIN

**Q4 CQUIN requirement:**  
**Evaluation of PIE using frequency of facilitated sessions, baseline emotional resilience assessment, feedback from staff/service user surveys. Collate evaluation narrative and make recommendations for future implementation.**

The frequency of facilitated Psychologically Informed Environment (PIE) sessions has remained largely consistent, with an externally-facilitated session every eight weeks in each of the six services.

Services have successfully developed reciprocal arrangements to facilitate each other's PIE sessions. The inclusion of the supportive rehabilitation services, Alderwood South Riding and Briarwood Mill View, in Q2 may have stretched out capacity for PIE rollout somewhat.

The formal evaluation of PIE from Fulfilling Lives (Broadbridge, A. 2017) states in its key findings that:

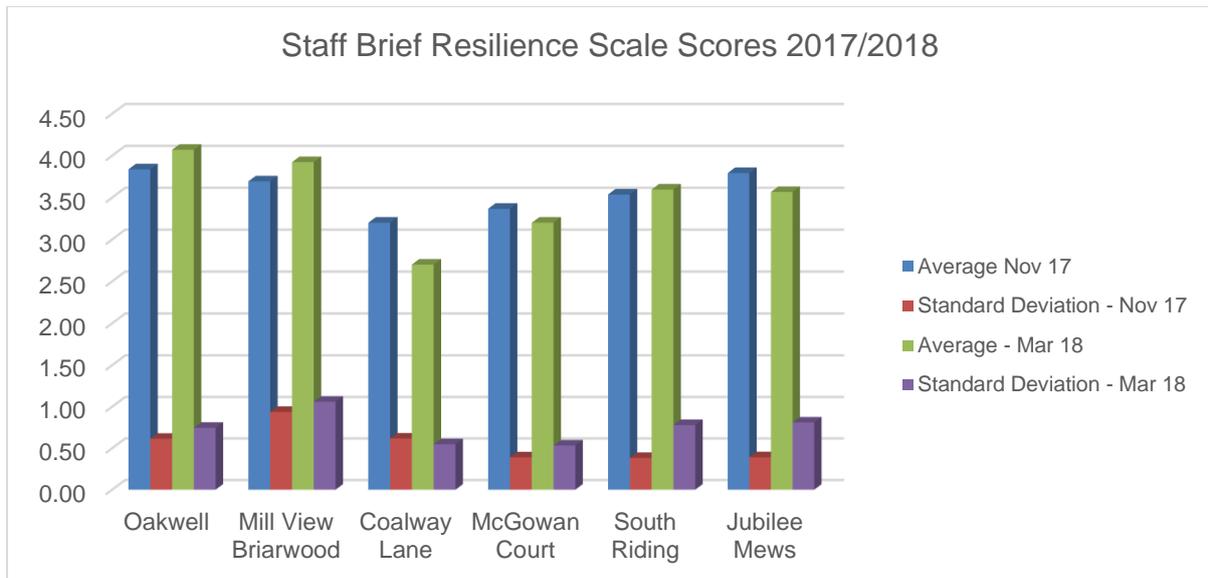
- 'There are positive indications from agencies to continue with PIE and expand this within their other services. PIE hasn't just sustained but has grown and developed across these services and at the PIE facilitator and strategic levels participants felt positive about the future for PIE in their organisations, exploring options for expanding PIE delivery into other services they provide.'
- 'There are some indications that PIE has changed the way services support

clients, particularly more clinical staff who reportedly benefit from being supported to sit with the uncertainty that comes from working with people with multiple and complex needs.'

Narrative from trainees was positive following training:

- "I enjoyed the variety of info sharing (video, written, pictorial, discussion) - the training was good! Feel better prepared to facilitate a group."
- "Appropriate amount/length breaks, good group participation."
- "The whole day was very informative, enjoyable and helped raise my confidence in facilitating a session. The information was presented in a way everyone could understand and be included. The inclusion of an expert by experience was a very welcome introduction."
- "The training was at a pace and the content to maintain interest without flooding. The ladder 4 life will offer a structure and guidance to facilitate whilst maintaining flexibility to explore. The videos will also assist greatly by providing discussion topics and direction to ease my own personal anxieties."

The chart below shows Staff Brief Resilience Scale scores, comparing those early in Q3 with those late in Q4 2017/18. These show no significant difference, however staff resilience is maintained with small variations in both positive and negative directions.



## Discussion

Although we would have liked to see a clear improvement in resilience scores while PIE was being implemented, the stability of staff resilience as their work becomes more challenging is something to celebrate. Indeed, we may have seen a more significant difference if we had baseline scores from earlier in the year.

The brief resilience scale is something that employees are becoming familiar with and, like WEMWBS, it is a quick, easy and meaningful indicator, in this case related to employee wellbeing. PIE is well received by employees and its implementation is being refined in two areas: the training materials which are shared with facilitators and employees alike; and more formal reflective practice, now requiring staff within a service to rate themselves on the PIE self-assessment 'distance travelled' 1-10 scales, focusing on:

- Current training and support for staff

- Having a psychological framework of some kind to understand complex needs
- Having a focus on building the quality of relationships
- Being able to provide good physical and social spaces within the service
- Having reflective practice sessions within the service
- Ways to generate evidence for evaluating changes you make to deliver the service

We are hoping that over 2018/19, this more robust approach to PIE will help us gather further momentum and allow us to move towards more trauma-informed services. We hope that more accurate knowledge around the impact of psychological trauma upon service users will help staff to be even more understanding, empathetic, and compassionate – which in turn will lead to improvements in clinical outcomes and staff resilience. This year's CQUIN has laid a strong foundation for the work to come.

### Q3 CQUIN requirement

Continue with rollout of PIE facilitated sessions, embedding PIE into culture of clinical supervision. Ongoing feedback to be gained from staff via online surveys.

#### Baseline staff resilience scores

	Oakwell	Briarwood Mill View	Coalway Lane	McGowan Court	Alderwood South Riding	Jubilee Mews
Staff 1	2.83	5.00	3.00	3.30	3.80	3.00
Staff 2	3.60	4.80	3.00	3.60	4.10	3.33
Staff 3	4.00	3.50	3.00	3.00	3.30	4.00
Staff 4	3.16	4.00	3.30	3.30	3.30	4.00
Staff 5	3.50	3.60	3.10	3.80	4.00	4.20
Staff 6	3.66	2.80	4.10	3.80	3.50	3.50
Staff 7	4.30	5.00	2.00	3.30	3.30	3.80
Staff 8	5.00	3.00	4.00	3.60	3.10	4.20
Staff 9	3.66	5.00	3.30	2.60	3.50	3.83
Staff 10	4.50	3.60			3.00	3.66
Staff 11	4.00	2.60			4.00	4.20
Staff 12		2.80				
Staff 13		4.50				
Staff 14		3.80				
Staff 15		2.30				
Staff 16		2.80				
<b>Average</b>	<b>3.84</b>	<b>3.69</b>	<b>3.20</b>	<b>3.37</b>	<b>3.54</b>	<b>3.79</b>
<b>Standard deviation</b>	<b>0.61</b>	<b>0.94</b>	<b>0.62</b>	<b>0.38</b>	<b>0.38</b>	<b>0.39</b>

The above staff resilience scores show baseline service averages of between 3.20 and 3.84 using the Brief Resilience Scale. These will be compared to scores to be collected in Q4, alongside a comparison of Star Scores and reflective/narrative work.

The Practice Development Lead (PDL) for Adult Services now attends all PIE sessions, which take place every eight weeks. PIE sessions continue to be facilitated externally, using a reciprocal arrangement between pairs of services: Oakwell and Coalway Lane, McGowan Court and Jubilee Mews, and South Riding and Mill View. Where a member of staff is unavailable to facilitate, the PDL can step in.

## Q2: Adult Services CQUIN

**Q2 CQUIN requirement: PIE sessions to be facilitated throughout Adult services and baseline emotional resilience scales to be completed. Feedback from staff to be gained via online surveys.**

This quarter we identified that our two supportive rehabilitation services, Alderwood South Riding and Briarwood Mill View, would benefit from the PIE approach. This has meant that our efforts in relation to PIE were spread more broadly. We have now started training PIE facilitators in both of those services alongside our new Practice Development Leads in Older People's and Adult Services, who can act as 'floating facilitators' when a PIE session is needed, where the usual facilitators are unavailable.

Results from the staff survey are not yet published, however preliminary findings are encouraging in relation to staff wellbeing. This bodes well for the Brief Resilience Scale which will be carried out early in Q3, please see Q1 report below. PIE sessions in Adult Services continue to be found useful by staff as evidenced, again with early findings from the Fulfilling Lives PIE evaluation.

The need to embed PIE deeper into the culture of Adult Services and supportive rehabilitation arises from the increased demands on staff, as the profile of our service users becomes more complex. In response to this, existing staff trained in PIE Adult Services are receiving PIE refresher training in the last week of October 2017.

### Q1 : Evidencing the impact of PIE on staff and service users

The profile of adult mental health service users is changing in our services; they tend to be less institutionalised, younger, more likely to be misusing substances, and more likely to have been homeless, perhaps accessing the criminal justice system. Alongside psychosis,

psychiatric diagnosis more often encompasses personality disorder or 'complex needs'.

Our approach has been to build capacity amongst our staff to meet the complex needs of this changing population. Our expectation is that by becoming more 'psychologically informed', our workforce is becoming more effective in delivering services and more resilient to the increased challenges that staff encounter when working with more complex service users.

The Psychologically Informed Environment (PIE) is a model which meshes with psychological interventions which we already provide such as PSI, family interventions, solution-focused interventions, and CBT. PIE empowers service users to solve problems collaboratively, while indirectly addressing the main issue for people with complex needs: sustained and helpful relationships.

Our challenge is therefore to evidence positive clinical outcomes and a workforce which is rising to the challenge and responding well to the pressure of work in this context.

### Outcomes

The following six domains have proven to be robust as a clinical tool to promote and document recovery:

- Meaning and purpose
- Independence, choice, and control
- Relationships and interdependence
- Hope and self-esteem
- Stability and consistency
- Citizenship

Staff will report numerical outcomes as usual and, in addition, focus on case studies to reflect on and narrate their expectations and predictions of progress, prior to PIE being fully implemented in Q1 April 2017. These will be compared with reflective pieces completed in Q4 March 2018.

Of our four adult services, Oakwell and Coalway Lane are more advanced in their adoption of the PIE approach and it will be interesting to compare their results with those of McGowan Court and Jubilee Mews.

## Resilience

McAllister and McKinnon's 2009 literature review of teaching and learning resilience amongst nurses cites early work on 'coping with stress' as having three factors (Antonovsky, 87):

1. Meaningfulness, the profound experience that this stressor makes sense in one's life and thus coping is desirable.

In MHC, this relates to how our staff find 'meaning' through the work and care of our more challenging service users. This requires inspiring leadership, stories of previous and unexpected success, and the experience that 'going the extra mile' is effective, appreciated, and rewarded.

2. Manageability: the recognition of the resources required to meet the demands of the situation, and a willingness to search them out.
3. Comprehensibility: the perception of the world as being understandable, meaningful, orderly, and consistent, rather than chaotic, random and unpredictable.

Familiarity with the PIE approach, combined with up-to-date training in personality disorder and access to effective clinical supervision, will provide the theoretical and practical framework to understand the challenges staff face to allow them to be effective at work.

McAllister et al 2009 cite more recent work on defining resilience by Murdoch et al. 2008 and Siebert 2005, which involves five dimensions:

1. Connectedness to social environment
2. Connectedness to family
3. Connectedness to the physical environment
4. Connectedness to a sense of inner wisdom (experiential spirituality)
5. A personal psychology with a supportive mind-set and a way of living that supports the individual's values

These five dimensions readily translate into MHC's similarly supportive and robust working environment.

### Options for measuring resilience in the workforce

- Winwood et al (2013), have developed the 'Resilience at Work' scale which can be accessed here: [www.workingwithresilience.com.au](http://www.workingwithresilience.com.au).
- Other resilience scales tend to focus more on the clinical population, 3 tools are recommended here: <https://positivepsychologyprogram.com/3-resilience-scales/>

However the third tool, Brief Resilience Scale, looks to be the most appropriate for our purposes.

## Our quality priorities for 2018/19

### Adult & Community Services

Within Adult Services we continue to work with people who have experienced trauma in their lives and have a diagnosis of psychosis and/or personality difficulties. Nationally, there is a growing recognition of psychosis as a response to trauma; the development of 'trauma-informed' services is notable. In the past, trauma has been the exclusive territory of therapists, however the Scottish Recovery Network's Transforming Psychological Trauma Knowledge and Skills Framework sets out reasonable expectations for the range of staff in our employment.

MHC Adult Services acknowledge the importance of investing in staff, in order that they build capacity to become a trauma-informed service. This will allow us to support service users more consistently with empathy and compassion, particularly in the face of behaviours that challenge.

We have had success in the last two years of implementing a Psychologically Informed Environment (PIE) model across Adult Services. There has been a great deal of learning from the PIE implementation and we are now able to tailor the PIE model more closely to this area of clinical speciality.

PIE is improving the service user experience, building staff resilience and informing our clinical supervision strategy.

We will take PIE forward, following a relaunch, with a more structured approach developed as part of its own improvement cycle. Each session will involve an element of reflective practice, training and action planning.

We aim to gain baseline self-assessment information from individuals and teams in relation to the progress made so far. Clinical

Team Leads will be trained to support the self-assessment process.

It is our aim that a smaller number of dedicated staff will be trained as facilitators in the new version of PIE. They will be trained in facilitating PIE, based on the five identified practice areas and they will have more capacity to commit to arranged sessions, as they sit outside of the clinical teams.

In alignment with PIE, we aim to implement an effective supervision strategy for Adult Services, building on our Concern Group supervision policy. It is the intention that PIE will inform the supervision strategy, so staff actively engage with supervision with reflective written accounts and a focus on five identified clinical areas for professional development.

We aim to evaluate PIE at the six-month mark, with individual staff repeating their self-assessment questionnaires and teams repeating their evaluations of 'distance travelled'. We will also use the brief resilience scales previously implemented to measure staff emotional resilience.

### Older People's Services

For 2018-19 we want to strengthen and improve our ability to provide end-of-life care across our services.

We recognise that good end-of-life care is an important component in the care we provide to our service users.

Within the period April 17- April 18, the staff dealt with 15 deaths. All these deaths were reported as 'good deaths'.

Feedback from our Older People's Managers Peer Support Group has highlighted that staff would like more information in caring for people at the end of life, in particular with nutrition and hydration issues, advance care planning and symptom control, and assessment of pain of the individual with dementia. The Older People's Practice

Development Group raised the issue of supporting staff after service user deaths, how we debrief and learn from each individual's passing.

Currently the only training available to staff is provided by Tyne and Wear Care Alliance, and is limited to four sessions over the period of 2017-18.

We would like to design and deliver our own training package, underpinned by MHC values. The package will allow us to meet the needs of staff working in services, providing evidence-based training in line with national and local guidance for end-of-life care. We will be guided by the Deciding Right material and education resources in the Network website (<http://www.necn.nhs.uk/common-themes/deciding-right/>), which includes 'care of the dying' documentation, material, and clinical guidelines.

Staff will be asked to complete an end-of-life care self-evaluation tool and end-of-life confidence questionnaire. This will provide a systematic gathering of information to find out staff team capabilities and identify gaps in the existing skills knowledge and attitudes across our services.

We will aim for the Practice Development Lead to deliver training to each end-of-life Link

Nurse and Clinical Lead, in a session covering key areas identified in feedback from staff questionnaires.

This will allow the end-of-life Link Nurses and Clinical Leads to deliver training to the wider staff team, using materials provided. We will aim for a minimum of two training sessions to be held in each service over the year. We will introduce a more standardised approach to allow us to support staff after service user deaths, providing a structured bereavement and debrief session.

### Carer Support Services

Our staff in the Carer Support Service are aware that carers often feel so overwhelmed by the day-to-day concerns of caring for their relative/loved one, that they find it difficult to contribute to consultations on areas that may impact on them or the person they care for. With permission, staff raise issues on their behalf in appropriate forums.

We aim to improve the awareness of carers of their ability to contribute to service improvements that impact on their caring role, and offer ways that people feel empowered to use.