

Avon and Wiltshire NHS Partnership Trust – Performance Update

Wiltshire Health Select Committee

Date: 10th May 2023

Author: Jason Everett, AWP Operational Lead for Wiltshire

Wards: All Wards

Parishes Affected: All Parish Area

1. Purpose and Reasons

This report provides the Wiltshire Health Select Committee with an update of performance and key issues relating to Avon and Wiltshire Mental Health Partnership NHS Trust.

2. Recommendations

The Committee is recommended to:

2.1 Note the report.

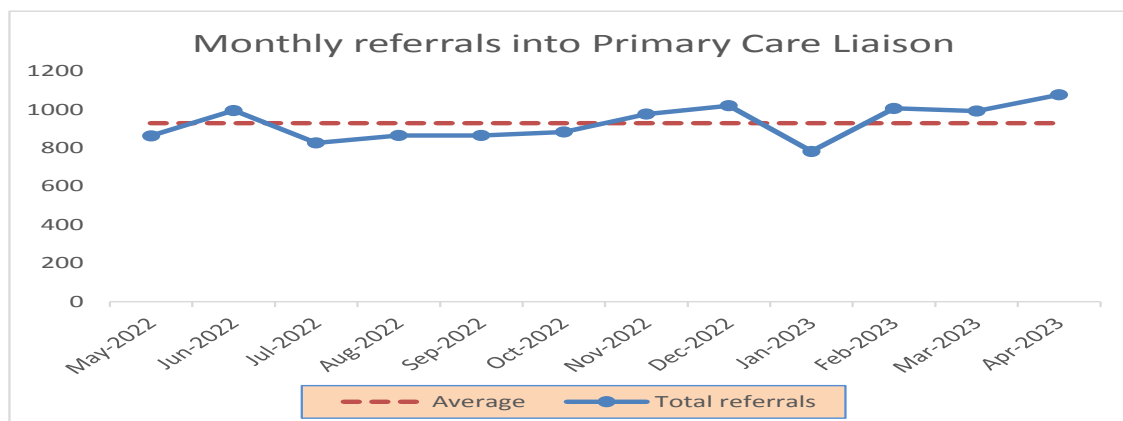
3. Detail

3.1 Wiltshire Performance Activity

This report provides an overview of **Wiltshire** AWP services performance using latest available data (**May 2023**) for most indicators.

Access

Referral to assessment 28 day compliance



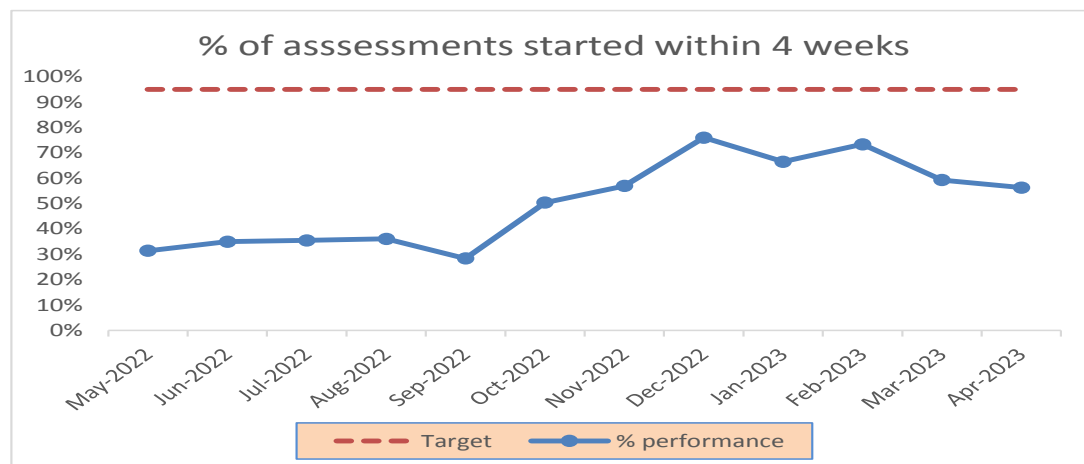
Wiltshire has 2 primary care liaison services. The North team based in Devizes and south, based in Salisbury. Last Month the teams received at total of 416 referrals, 190 in the north and 226 south respectively.

At present (and as per the chart below indicates) we are not meeting the performance against the referral to assessment target for both teams, as such we are currently are risk assessing all referrals and priority is given to those people who present with greatest risk and need.

Avon and Wiltshire NHS Partnership Trust – Performance Update

Wiltshire Health Select Committee

Date: 10th May 2023



Assessment detail for April

PCLS TEAM	Total Assessed	Seen under 28 days	Seen over 28 days	waiting for assessment	Waiting less than 28 days	Waiting more than 28 days
North	120	68	52	255	113	142
South	131	69	62	238	121	117

In total last year 6121 people were referred to the primary care liaison services in Wiltshire.

There are significant challenges in meeting the referral to assessment performance indicator, the causes are multi factorial. The 2 main contributor factors are:

The volume of referrals continue to increase year on year, as issues relating to mental wellbeing become more prominent but the number of people who actual required to be referred for ongoing secondary specialist mental health services remains low at an average of 13%.

In addition to an increase in volume of referrals the teams' capacity to undertake assessment is compromised in both teams. The North PCLS team has 6.3 wte filled of an establishment of 9.1 (this excludes any sickness absence numbers). We have 2.15 agency staff on long lines l=working into the team to also try to mitigate the impact of vacancies.

In the south the staffing challenges are even more notable with 1.8 wte in post from a establishment of 7.1 wte and an additional 1.9 agency staff in south These are the staff who will undertake the front line assessments

In addition both teams have a senior practitioner and a team manager who can support the teams and clinical assessments. In addition the teams have 2 clinical associate practitioners (caps) roles who can

Avon and Wiltshire NHS Partnership Trust – Performance Update

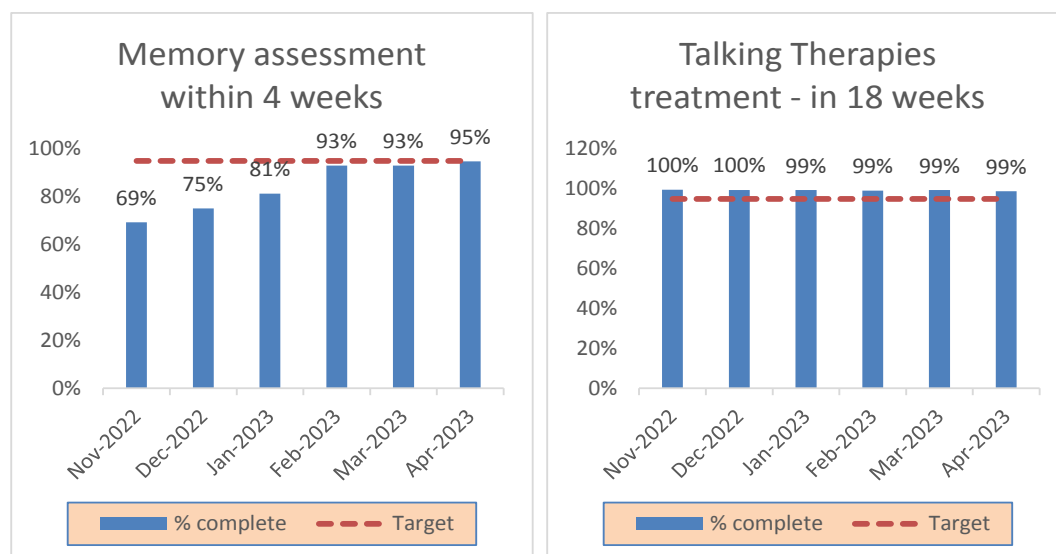
Wiltshire Health Select Committee

Date: 10th May 2023

offer brief interventions to people accessing the services. These roles have been developed by the trust over the past couple of years and have been a valuable addition to the service.

In order to try to address the issue of demand and as part of the transformation of mental health services and to help address the issue of timely access, as a system we have been working closely with third sector partners to work on transforming access to services and ensuring that people get the most appropriate support when required. In Wiltshire this alliance is with “access mental health” who are a partnership of Alabare (south) and Rethink (north), we are working closely with them to reshape the model so that they transform towards being the “front door” for services and that we work seamlessly as a collaborative, so that when access to a registered mental health professional is required for an assessment of mental health this can be done in a timely manner, but if they require advice support and guidance around mental wellbeing matters, these are addressed by a more appropriate service.

This transformational process is in its early stages. A pilot was undertaken by access mental health being based in a local gp surgery in North Wiltshire and in the duration of that pilot only one referral was required into the north CMHT from that surgery. A more detailed analysis of the findings are being undertaken by access mental health and work is required on how to scale up these pilots but initial feedback has been positive.



Memory service referral to assessment

Following a review of how we deliver this service and the introduction of rapid assessment and diagnosis (RAD) clinics the dementia teams. The RAD clinics provide a one stop shop for assessment, the giving of diagnosis and if indicated a prescription. As a result of their introduction the teams have shown continued and sustained improvement trajectory in the area of timely dementia diagnosis and April was the first time we have met this metric, after 2 months where we were hovering just below at 93.1%.

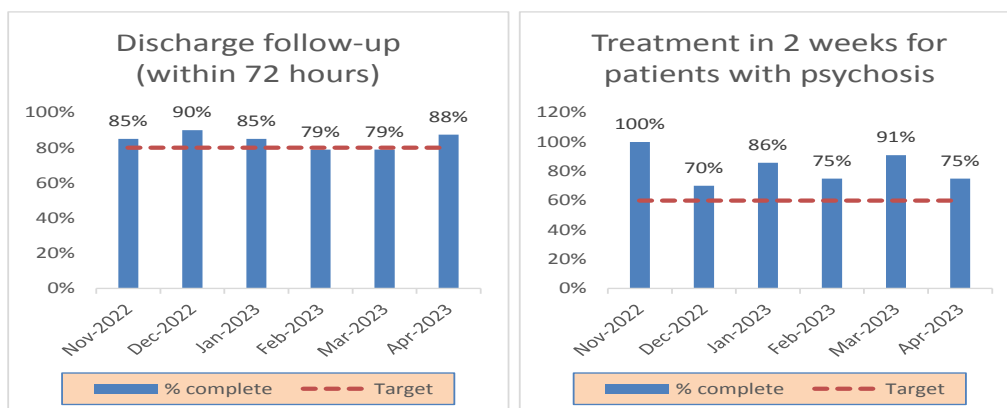
Talking Therapies treatment

Avon and Wiltshire NHS Partnership Trust – Performance Update

Wiltshire Health Select Committee

Date: 10th May 2023

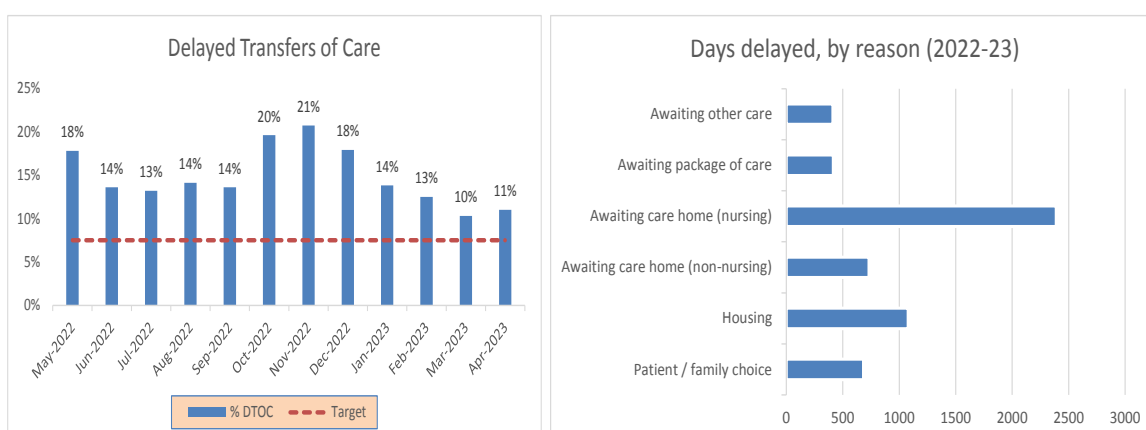
Talking therapies continue to implement waiting list reviews to ensure where possible patient availability is met within 18 weeks of referral. Talking Therapies have received a steady increase in referrals over the last 6 months which has increased the number of patients on our waiting list caseloads. However they have been able to maintain an 18 week wait for treatment from moving staff resources to any projected longer waits and also continue to be supported by other BSW Talking Therapies Services for remote treatment requests whilst they implement strategies to increase our staffing in line with the NHS National Team plan.



We continue to perform well for our 2 week referral to treatment target for people with a first presentation of psychosis.

In relation to 72 hours follow up to discharge, despite challenges with inpatient flow and often short notice discharges we continue to meet this key metric (the first few days after discharge are the riskiest in regards to risk of self harm/ suicide/ relapse). The majority of these breaches tend to relate to “narrative breaches” whereby there is a reason that the follow up could not occur, rather than there being a failure of process, or to arrange follow up as part of the discharge plan (process errors).

Delayed Transfers of Care



There remains an ongoing challenge with our ability to flow patients in and out of our wards and whilst we work incredibly closely with our colleagues in the ICB and Local Authority and meet weekly to try to reduce the number of delays this still remains problematic.

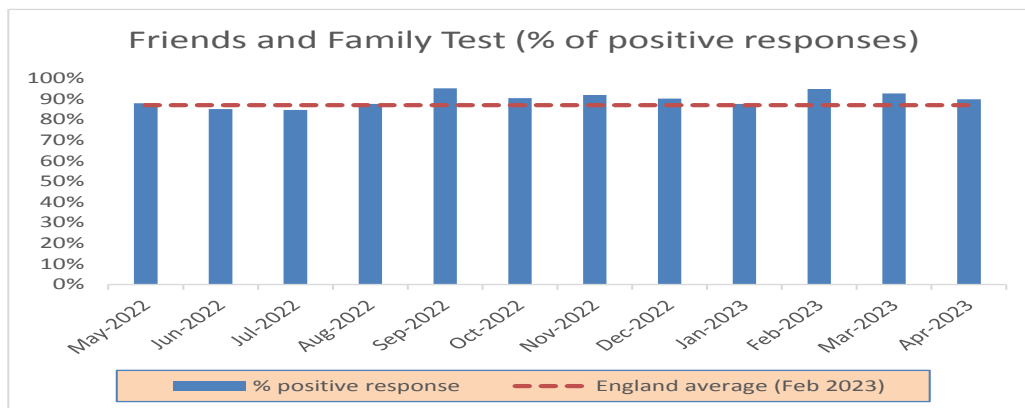
Avon and Wiltshire NHS Partnership Trust – Performance Update

Wiltshire Health Select Committee

Date: 10th May 2023

For the older adult inpatient population the main challenge is the availability of onward specialist nursing/ care homes for people who are unable to return home. For adults inpatients there have been significant challenges with people awaiting housing/ onward accommodation and there are meetings set up with colleagues in Wiltshire housing to see if we can mitigate this going forward/ work more closely however, there remains a lack of social housing in Wiltshire which adds to this challenge and wellbeing houses are unable to accept people without onward discharge plans so we are unable to effect safe discharge plans for some people who no longer require to be on an inpatient ward.

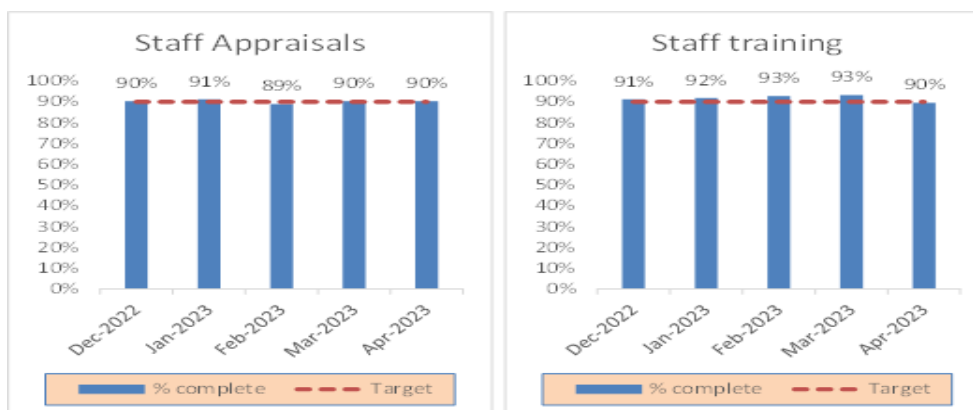
Patient/ carer experience



The experience of people who use our local services is overall positive and we benchmark around the average for services in England.

Insert bit about involvees/ carers from c

Effective Workforce



There are significant work force challenges in Wiltshire and it is really important to that we grow and develop our existing workforce and make Wiltshire and attractive place to work. Supporting staff through regular supervision and appraisals is really important

As a locality we should employ 635 member of staff from all grades of role, we currently have 165 wte vacancies across our inpatient and community services and are currently mitigating these vacancies

Avon and Wiltshire NHS Partnership Trust – Performance Update

Wiltshire Health Select Committee

Date: 10th May 2023

through the use of 146 temporary staff via bank/ agency lines of work (approximately 23% of our total work force).

We have been keen to embrace new roles for example the Clinical Associate Psychologist as described earlier, mental health wellbeing practitioner roles, who offer psychological intervention to people in our secondary services.

We have also successfully operated the think ahead scheme in Wiltshire attracting and training several cohorts of newly qualified social workers into our community teams. We are now working to roll this scheme out the rest of BSW based on local success.

We are also introducing MPAC (multi-professional approved/ responsible clinicians) in a number of our Wiltshire inpatients, to support the inpatient pathways and are looking to create roles beneath this for advanced clinical practitioners. We currently have 2 trainee MPACs 1 working in older adults; one based in adult acute ward and 1 graduated MPAC in PICU, alongside 2 staff working towards their ACP role, one based in dementia services and one in a community mental health team.

We are also exploring the feasibility to be able to implement nurse associate roles within the locality, so that we have a training route for our unregistered staff to gain a professional registration and potentially into full registered nurse status.

3.2 Local Changes

Local transformation work is ongoing in relation to the Community Mental Health Framework, both in respect to the access to services (as described earlier) and the mental health interventions.

3.3 What has gone well?

Reduction in use of out of area admission: With a focus over the last months on ensuring that for those service users requiring inpatient care we are able to deliver this locally, we have placed an emphasis on patient flow, with close working between our inpatient, intensive and community services in addition to 3rd sector colleagues to unblock pathways and ensure that service users are able to access the right care at the right time.

This has resulted in a significant decrease in out of division placements and overall the total at the end of April for Wiltshire is 3. These have all required admission to PICU (psychiatric intensive care) due to the acuity of their presentation. All are within AWP footprint.

In addition to the work force development plans discussed earlier we are also proactively recruiting a number of overseas nurses to our inpatient wards, predominantly to our fountain way site. In order to support their transition and to assist them with adjusting to working in our acute inpatient settings we are also piloting a leadership role that will oversee and support the international nurses, to assist them gain their competencies and professional development with us.

AWP Inclusivity progress as we recently were recognised within the top 50 of UK organisations for our inclusivity reaching 32 - fantastic recognition of our approach to recruitment and well being for staff.

Avon and Wiltshire NHS Partnership Trust – Performance Update

Wiltshire Health Select Committee

Date: 10th May 2023

4. Alternative Options

4.1 None.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

5.1 There are no financial and procurement implications contained within this report. Any emerging financial and procurement implications will be detailed if the committee wishes to investigate the issue further or to make recommendations for improvement.

Legal and Human Rights Implications

5.2 There are no legal and human rights implications contained within this report. Any emerging legal and human rights implications will be detailed if the committee wishes to investigate the issue further or to make recommendations for improvement.

All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

5.3 None.

Diversity Impact Assessment

5.4 None.

Risk Management

5.5 None.

6. Consultees

6.1 The

7. Background Papers

7.1 None.

8. Appendices

8.1 None.
