

Welcome

Issue 03 **September 2014**

Welcome to the third edition of the HTAS newsletter! In February this year, the HTAS Pilot National Report was published, detailing key findings from the pilot phase of the programme. The programme was launched nationwide in 2013, and in this newsletter, we have a look at the key themes to have emerged so far. The data clearly demonstrates the high quality of care being delivered by those teams who are members of HTAS. We are very pleased that the programme is continuing to grow, and we have welcomed many new members in the first half of 2014. We look forward to working with and getting to know our expanding membership, and to seeing HTAS grow and develop!

The HTAS newsletter is just one way in which HTAS members can share information and ideas with peers in home treatment teams. If you have any suggestions about what you would like to see in the newsletter, or would like to contribute to the next edition, then please do contact us on the details below.

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Congratulations!

Congratulations to the following teams, who have been accredited since the previous edition of the HTAS newsletter!

Isle of Wight Crisis Resolution Home Treatment Team (*Accredited as Excellent*)

Cambridge Crisis Team (*Accredited*)

Greenwich Home Treatment Team (*Accredited*)

National Forum for Home Treatment Teams – Booking Now Open!

Booking is now open for the **National Forum for Home Treatment Teams**, taking place on **31st October 2014** in London. Confirmed speakers include Geraldine Strathdee (National Clinical Director of Mental Health at NHS England) and Anne McDonald (Deputy Director of Mental Health Legislation at the Department of Health). For a full programme and registration form, please click [here](#).

Since the Pilot: A Brief Update

The HTAS Pilot National Report was published in February 2014*. The report detailed the key findings from the pilot year of HTAS, including details of accreditation, common areas for development and patient and carer feedback. Since the pilot, a further six teams have completed the HTAS process, and several more are currently in review. Below, we provide a snapshot of the key themes to come out of the data for the first teams to have undergone the 'live' HTAS process.

Since the Pilot, **3** Teams have been **Accredited as Excellent** and a further **3** have been **Accredited**. Only one team had a period of deferral before Accreditation.

Contextual data

	Mean	Range
Current caseload	27	16 – 41
How many new patients seen in past two weeks?	18	12 – 28
Average time period between referral and first assessment?	4	2 - 6



Staffing



Average number of staff: 30
Range: 23 - 51

All teams had dedicated sessional time from nurses, psychiatrists, social workers, support workers and administrators.

Two did not have dedicated sessional time from a pharmacist.

Half the teams had nurse prescribers.

None of the teams had peer support workers.

All except one had dedicated sessional time from a psychologist.

Supervision

In total, **123** staff questionnaires were received. Of these **83.7%** of staff said that they received both **clinical** and **managerial supervision** at least every 8 weeks.

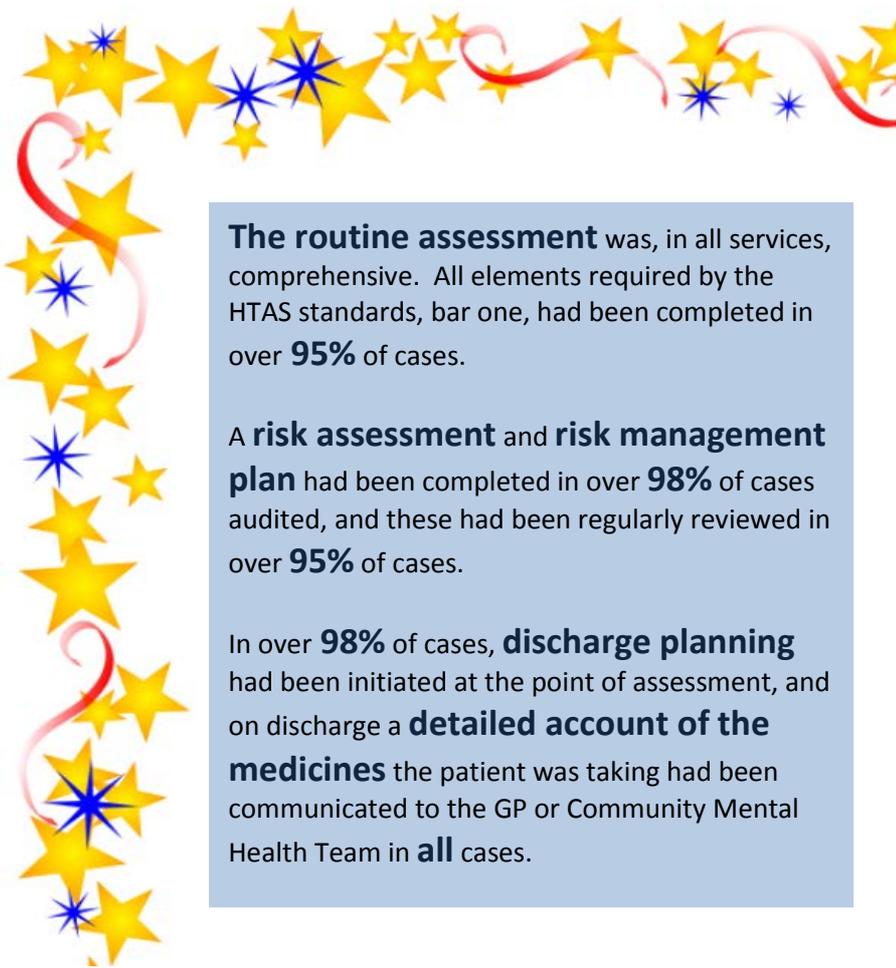
Of the 6 team managers, **83.3%** of reported receiving **managerial supervision** at least every 8 weeks, although only **66.7%** received **clinical supervision** at least every 8 weeks.

*Can be accessed online at <http://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/qualityandaccreditation/hometreatmentteams/resources.aspx>

Health record audit

Each team completed an audit of 20 health records as part of their self-review. The findings below focus on particular areas of achievement and areas for development.

Areas of achievement...



The **routine assessment** was, in all services, comprehensive. All elements required by the HTAS standards, bar one, had been completed in over **95%** of cases.

A **risk assessment** and **risk management plan** had been completed in over **98%** of cases audited, and these had been regularly reviewed in over **95%** of cases.

In over **98%** of cases, **discharge planning** had been initiated at the point of assessment, and on discharge a **detailed account of the medicines** the patient was taking had been communicated to the GP or Community Mental Health Team in **all** cases.

Areas for development...

Only **81.3%** of cases audited included the **identification of dependents and their needs**, including childcare issues, in the routine assessment.

87% of cases audited included a **physical health assessment**.

A **Wellness Recovery Action Plan** had been offered in just **61.8%** of cases.

Organisational checklist

Each team completed one organisational checklist, focusing on the policies and procedures governing the team.

All teams were compliant with the standards on essential **policies and procedures**, including pathways for entry and exit to the team and confidentiality.

All teams had clearly documented **acceptance criteria** and **referral protocols**. Two of the six teams were unable to accept direct referrals from service users.

Very positive **liaison with other services** was reported.

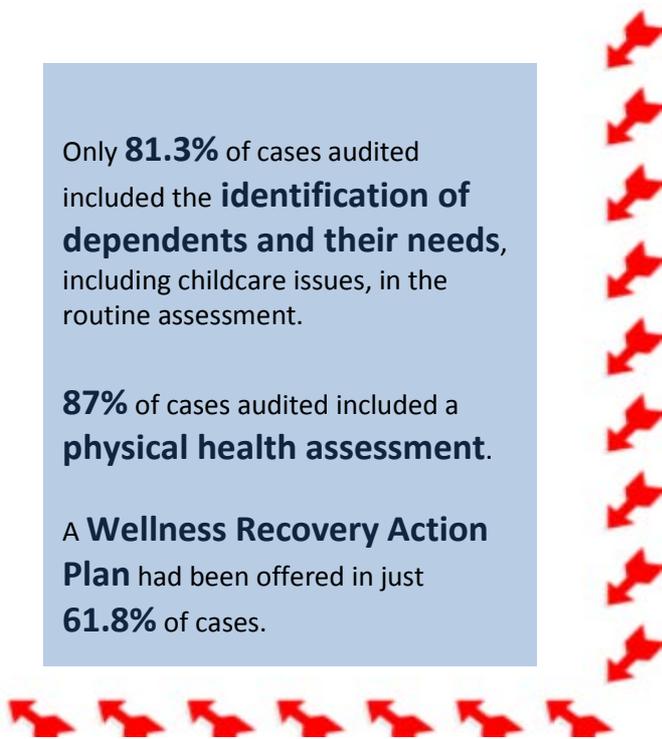
By the point of peer review, all teams used **ethnicity monitoring** forms, and were able to monitor the experience received by people from **equality target groups**.

All teams were able to undertake **assessments** 24 hours 7 days a week, and had the capacity to allow for twice daily **home visits**.

All teams had a **programme of audit**.

Only half the teams involved service users and carers in **service planning and development**.

Half the teams had access to a **crisis house**.



Training

Carer awareness, family inclusive practice and social systems.

At self-review, only **69.9%** of staff reported having received this training. However, this had increased significantly by the peer review, and by the time the teams came to the Accreditation Committee, the committee were satisfied that all teams were now meeting this standard.

81.3% of staff reported having received this training at self-review. By peer review, all teams were judged to have met this standard.

Basic counselling skills

Suicide prevention

Although only **73.8%** of staff reported having received this training at self-review, at peer review it was found that **100%** of teams met this standard. This is likely to be because the question was interpreted as meaning a specific course on suicide prevention, whereas in reality staff may have received this training as part of another course.

At self-review, **62.7%** of staff who required clinical leadership training reported not having received this training. By the time the teams were accredited, there were two judged not to have met this standard.

Clinical leadership

Other training courses asked about in the staff questionnaire had been completed by **90%** or more of staff in all teams at the time of self-review.



The data indicates that **the majority of staff are receiving training as required by the HTAS standards**. Where this training had not been undertaken at the time of the self-review, teams had implemented it either by their peer review or by the time they were considered by the Accreditation Committee, indicating that **HTAS is working as a positive mechanism for quality improvement**.

Service users and carers

Teams were asked to distribute questionnaires to service users and carers who had received care from the team during the self review period. There were **90 service user** and **42 carer** questionnaires returned in total.

Visits from the team

100% service users and over **97%** carers reported that the team contacted them to arrange a **time to meet**.

Only **57%** of service users and **57%** of carers were aware of how to make a **compliment or complaint** about the team.

If **staff were going to be late**, over **90%** service users and over **96%** carers were made aware beforehand.

98% service users and **100%** carers reported having a **telephone number that they could call for help** at any time.



Only **76%** service users and **70%** carers knew the **name of the person** from the team who was responsible for their care.

Just **39%** of service users were aware of how they could **access their records** if they wished to.

94% of service users said that staff explained the **reason for the assessment**.

Support for carers



83% of carers reported that the team **explained what was happening** at each stage of the service user's care.

77% of carers were offered **individual time** with staff.

75% were offered an **assessment of their own needs**.

66% were offered a referral to the **carers' support service**.

Confidentiality



89% of service users stated they had been asked whether it was ok for **information to be shared** with family or carers, and where people had requested that information not be shared, **100%** of them felt that **staff had respected their wishes**.

Admission to hospital



Of those service users who needed to be admitted to hospital, **87%** felt that the **reasons why** had been explained.

97% were involved in discussions when their **care was transferred** from the ward to the Home Treatment Team.

A day in the life...

Debbie Hughes is a Band 5 Mental Health Practitioner in the Home Treatment Team based at the Ablett Unit in North Wales. Below, Debbie describes what a typical day is like for her.

What does a day in the Home Treatment Team involve for you?

Being part of a Team where everyone supports one another to provide the best care for people who are experiencing poor mental health and/or a crisis within their lives and need professional support. The intensity of the role motivates and challenges me to another level of practising.

What is the most rewarding aspect of your role?

Being able to see the people we support regain good mental health, independence, strength and enjoyment within their lives.



What is the most challenging aspect of your role?

The most challenging aspect of my role is dealing with risk when people are experiencing poor mental health and during the recovery process.

Why did you choose a career in Home Treatment Team?

During my RMN training I had the opportunity to have a placement within the Home Treatment Team. It provided me with the reality of what the Team dealt with and how they themselves coped with increased stresses when supporting people in the community. Following the completion of my training, I attended generic interviews where I was offered a post graduate preceptorship with the same Home Treatment Team. I settled back into the team straightaway. The opportunity to key work patients and advocate for their care and treatment gave me valuable knowledge and experience of the types of care appropriate for each individual person. Working alongside patients and their families/carers to tailor care and treatment plans to meet their needs is a privilege. The knowledge of the treatment we can provide through medication management and/or therapies has enhanced my practice as a nurse. Valuable knowledge and experience was also passed on from my colleagues. I have now secured a permanent position as a mental health practitioner and have been with the Team 16 months, I feel privileged that the people we support and provide treatment for allow us to be a part of their personal lives.

If you were not working in mental health, what do you think you would be doing?

Having previously trained in operating excavators, other heavy plant machinery and civil engineering I would probably be continuing with site work, carrying out ground investigations, constructing foundation



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**And don't forget to book
your places at the HTAS
Forum!**

