

Performance Update – Addaction

Overview

The substance misuse service is commissioned by Adults Wellbeing. The provider is Addaction, they are approximately 3rd/4th largest voluntary sector substance misuse organisation with over 50yrs experience. They have not delivered services in Herefordshire before. The staff were TUPE transferred to Addaction from the previous provider WVT/2gether along with a caseload of approximately 500-600 clients. They are commissioned to provide both psychosocial and substitute medication interventions to service users, there are 2 young person recovery workers and 2 criminal justice workers. The service is commissioned to contact potential service users in police custody, work alongside probation and courts and in partnership with wider community agencies.

A performance review carried out in March 2017 found performance overall to be below the standard expected and below national and local comparator group performance averages. The review also highlighted concerns with regard to processes and completion of recovery plans and treatment outcome profiles (TOP).

The review was carried out by the local authority contracts officer who has 13 years' experience of delivering substance misuse services across several local authority areas including; Birmingham, Solihull, Worcestershire and Gloucestershire.

Full report in Appendix A. Comparator groupings listed in Appendix B.

A Service Improvement Plan was introduced to support improvements across both performance and processes.

Following the review the Key performance Indicators for the service were also revised to include measurement of successful completion and representations rates (these were previously not separated out from the larger Public Health England (PHE) PHOF 2.15 measure). The time frame for KPI targets was brought in line with the contract anniversary to December 2017. The Service manager was fully briefed on KPI's and expected rate of performance, along with reporting timetable requirements. KPI specifications in Appendix C.

To further support service improvements specifically relating to process, an audit of risk assessment and recovery plans was conducted for 60 files at the Hereford Addaction site. The audit was completed by the Herefordshire Councils contract officer and quality and review team on 6th June. The results of the audit were poor and the majority of files were found to have either out of date or missing paperwork. There appeared to be inconsistency in communications to staff about whether information should be stored in paper format or electronically on the case management system. The findings of the audit were consistent with the findings of the CQQ inspection completed in October 2016. The service has a separate action plan in place to address concerns raised by CQC.

In addition the service conducted their own internal audit of case files in June 2017, this also corroborated previous findings. The internal report produced offers additional guidance for addressing the changes required to record management in line with Addactions national policies, the service has an action plan pertaining to this in place currently.

Herefordshire council contracts officer conducted an audit of 15 files at the Leominster Addaction site on 13th July 2017, the findings were broadly in keeping with the previous audits carried out at Hereford however electronic files audited were found to be complete.

Following these audits actions were set for the service to improve processes around information storage and ensure that these are clear to all members of staff.

Following a report to CQC regarding a member of staff an unannounced visit was made on 20th July to Hereford Addaction site; this was in relation to information being received about the inappropriate employment of a member of agency staff who had been dismissed from previous employment due to inappropriate behaviour towards service users. The member of staff was removed immediately and Addaction have ceased use of the recruitment agency involved. CQC inspected Addactions recruitment policy which they found to be satisfactory and there is no further action required regarding this matter.

A follow up audit was conducted by Herefordshire council on 16th August 2017 this demonstrated significant improvements in the recording of recovery plans and risk assessments and files were found to be largely up to date with just a small number of exceptions all of which were addressed by the Service Manager immediately. Full report detailed in Appendix E.

Action Plan

An action plan was introduced from 10th April 2017 focusing on 4 areas (appendix D):

1. Performance - Successful Completions

Focus on performance outcomes and improve successful completions across all 4 groupings in line with KPI targets and monthly completion targets per hub.

2. Performance/Recovery – Representations

Reduce re-representation rate in line with KPI targets. Actively promote recovery. Ensure that appropriate aftercare plans are established and ensure firm networks with wider recovery community

3. Performance/Process – Treatment Outcome Profile (TOP) Completion – *now signed off as complete*

Improve TOP completion in line with PHE reporting requirements 80% for start, 1st review and Exit points.

4. Process/Recovery – Treatment Pathways

Ensure that policies and process with regard to treatment pathways are adhered to. Embed treatment pathways into the service and ensure that all available opportunities are utilised to move service users through treatment episodes.

The action plan ran for a period of 3 months initially with fortnightly reviews by phone and monthly formal action plan review meetings. The action plan has been extended to 10th October whilst performance concerns are ongoing, we have however been able to sign off the actions with regards to TOP completion which is now satisfactory (see appendix D).

In addition monthly catch up meetings are scheduled with Addaction and the Public Health Commissioning team and formal quarterly contract monitoring is in place.

Progress:

The table below shows performance against successful completions targets. Successful completions are measured as a percentage of all those in treatment who leave having successfully achieved their goals or become abstinent. Successful completions currently show an improving picture with an upward trend for 3 out of 4 groupings, there has however been some small decreases in completion rates during July – this is likely to be seasonal variance.

The decline in the combined group Alcohol and Non opiate successful completions for July is more concerning however these figures are often negatively skewed due to small numbers.

Grouping	Local KPI Target to be achieved by End Q3 17/18	April	May	June	July	Current Direction Of Travel
Opiate	8%	3.58%	4.24%	4.75%	5.48%	↑
Non opiate	52.50%	41.38%	45.9%	46.43%	45.61%	↓
Alcohol	39.5%	28.02%	29%	29.50%	29.33%	↓
Alcohol and Non Opiate	48%	25%	21.5%	21.5%	16.22%	↓

*Note the Alcohol and Non Opiate Group is a separate cohort and not an amalgamation of the two groups above

The table below shows performance against representation targets. Representations are measured as a percentage of all those who have completed treatment successfully but re-enter treatment within 6 months (a large percentage indicates a problem).

It can be problematic to report against these monthly as this does not allow for the 6 month time lag, it does however provide an indication of performance.

Grouping	Local KPI Target to be achieved by End Q3 17/18	April	May	June	July	Current Direction Of Travel
Opiate	10%	12.5%	14.29%	15.67%	0%	↓
Non opiate	0%	0%	0%	0%	0%	-
Alcohol	8.8%	0%	0%	0%	0%	-
Alcohol and Non Opiate	3%	0%	0%	0%	0%	-

When analysing representation rates with a 6 month time lag improvements are noted across all groupings in Q1 17/18 when compared with Q4 of the previous year. Despite the improvements the current levels of representations remain of concern for opiate and non-opiate groups. The table below demonstrates the representations rates quarterly allowing for a 6 month time lag.

Grouping	Local KPI Target to be achieved by End Q3 17/18	Q3 16/17	Q4 16/17	Q1 17/18	Current Direction Of Travel
Opiate	10%	40%	28.6%	14.9%	↓
Non opiate	0%	7.7%	5.9%	2.22%	↓
Alcohol	8.8%	0%	8.8%	7.69%	↓
Non Opiate and Alcohol	3%	12.5%	0%	0%	↓

Treatment pathways – work is ongoing to improve staff approach to the management of caseloads and the appropriate utilisation of all available resources including group work.

Further training has been delivered on recovery planning, this has been further supported by workshops delivered by support staff from Addaction Coventry.

Caseload and file auditing is being carried out as a regular activity, supported by staff from Addaction Coventry.

As of 22nd July 2017 the Service report that 100% of recovery plans are up to date and 94% of risk assessments are up to date. The service monitor this activity using a case management tool which draws data from their case management system weekly.

Clearer lines of communication have been developed within the service including daily flash meetings for staff and displaying of targets and progress against these in staff offices.

A staff away day was held, attended by Herefordshire Council Contracts Officer who answered questions from staff.

Herefordshire Council Contracts Officer and the Director of Public Health met with Addaction's CEO following the escalation of concerns, reassurance was given at this meeting with regard to Addactions commitment to staff development and service improvements.

Next Steps

- Ongoing action plan review meetings and contract meetings scheduled monthly, formal contract monitoring scheduled quarterly.
- Continuing to action CQC recommendations, action plan in place
- Working with PHE to segment 6year+ caseload and design alternative service delivery
- Increased group provision in Ross, Leominster & Hereford sites, developing staff skill and confidence in this delivery and providing opportunities for service users to build recovery capital and decrease social isolation
- Increased engagement with local community (community gardens and allotments), this also assists in building further recovery capital and reducing isolation for service users
- Developing volunteer and peer mentor scheme

Appendix A

Performance Review Addaction March 2017

A performance review has been carried out to ascertain the current status of the service against top level performance indicators including successful completions, representations to treatment and PHOF2.15 (Public Health Outcome Framework 2.15 – Percentage of service users who successfully complete treatment and do not represent within 6 months).

The review has been conducted using the 4 groupings defined by PHE as:

Opiates

Non Opiates

Alcohol Only

Non Opiate and Alcohol combined

The original targets are set using the PHOF 2.15 outcome measure for opiate and non-opiates, (notably there is not a target set for Alcohol or Non opiate and Alcohol). This measure combines the successful completion rate with rate of representation and therefore has a lag of 6 months before results can be published. This is the official public health outcome measure and therefore should be considered in assessing performance however it is difficult to ascertain 'real time' performance against this because of the time lag in reporting. Therefore many contracts also monitor the rate of successful completions and representations separately as these can be reported on and monitored month on month.

The targets set expire at the end of Q4 16/17 and therefore require review.

The following sub sections outline current performance against each grouping.

Opiates

Original targets;

To maintain 5.40% (PHOF) completion rate by end Q4 2015/16 – achieved and increased to 7.9%

Growth 1.75% minimum in the following two quarters – Q1 decreased to 7.1% from Q4 but achieved target set. Target not achieved in Q2 when performance decreased back to baseline figure of 5.4%.

Aspirational target set of 10% by the end of 2016/17 – the service is currently at risk of not achieving this, latest figures show completion rate at end Q3 16/17 3.9%.

For context the top quartile range for performance at Q3 16/17 = 7.36% - 8.93% (36 to 43 completions without representation per quarter).

The quartiles are comparator groupings set by PHE based on level of complexity needs within the service user groups and are not comparative geographically. These comparator groups are designed to give a more accurate measurement of expected ranges of performance than an overall national

average can give. Listing of the comparator groups in attached in Appendix I (note there is not a comparator group for Alcohol).

Non Opiates

Original Targets;

To maintain 21.5% by end Q4 15/16 – not achieved and decreased to 20.7% this also remains much lower than top quartile range for comparator groups which was between 44.83% - 52.53% at the time.

Incremental increases over Q1 and Q2 of a minimum of 10% to move towards a target of 52.50% by end 16/17 –

Q1 increase to 22.7% - below target of 10% increase

Q2 increase to 21.9% - remains below target of increase of 20% on 21.5%

Q3 – current performance 24.8%, continuing to improve completion rates however below target set and remains considerably lower than top quartile range for comparator groups which sits at 45.61% - 57.73% at the end of Q3 16/17.

The service is at risk of not achieving the target set to reach 52.50% by the end of 16/17.

Top quartile range for performance at Q3 16/17 = 45.61% - 57.73% (72 to 90 successful completions without representation per quarter).

In addition there has been a 25% decrease in the numbers in treatment for this grouping reducing the rolling in treatment number to 64 at the end of Q3. This is an additional concern with regards to the reach of the service as we know anecdotally that the number of individuals using non opiate drugs problematically including the use of NPS and 'legal highs' continues to rise.

Alcohol

There are not current performance indicators set for alcohol successful completions.

Current performance at the end of Q3 16/17 is 30% (PHOF) this is considerably lower than national average 38.3%*.

*There is no comparator group for alcohol only group so national averages are published by PHE.

Alcohol and Non Opiate

There are not current performance indicators set for alcohol and non-opiate successful completions and this is likely because PHE have not set a PHOF indicator for this group.

Current performance for successful completions at the end of Q3 16/17 is 23.4%; this is much lower than the top quartile for comparator group the range of which is 42.59% - 60.67% (21-28 successful completions per quarter).

Representations

There are not current performance indicators set for representations separately to the PHOF outcome measure. Representation rates in Herefordshire are concerning, with the exception of alcohol only group, all groupings are performing at rates significantly lower than the comparator group top quartile ranges.

For context at the end of Q3 16/17:

Opiate representation rate is 40% (4/10 of those who successfully completed returned to treatment within 6 months). The range for the top quartile is 12.5 – 3.45%.

Non Opiate representation rate is 7.7% (1/13 of those who successfully completed returned to treatment within 6 months). The range for the top quartile is 0 – 0%.

Alcohol representation rate is 0%; this is significantly higher than the range for the top quartile which is 8.8%.

Alcohol and Non Opiate representation rate is 12.5% (1/8 of those who successfully completed returned to treatment within 6 months). The range for top quartile is 4.55 – 0%.

It is recommended that targets are set for representation rates separately to the overall PHOF measure so that these can be reported on in real time and monitored accordingly.

In conclusion the headline performance figures for the service are concerning, there is no evidence that the service has been improved upon and figures show significant decreases in performance against baseline. As the original targets have now expired this is an ideal opportunity to re-assess these and set new targets for the next period. Recommended targets for top line KPI's (PHOF, successful completions and representations) are included in Appendix ii.

It would be beneficial to set these new targets over a shorter period of time in order to allow time for the analysis of overall service performance before the end of the next financial year. It is recommended therefore that targets are re-set for a period of 9 months to coincide with the second anniversary of the contract award. It is recommended that a service improvement plan is put in place to address concerns regarding KPI performance along with other concerns (documented in meeting minutes) relating to recovery support and partnership working. A service improvement plan should also seek to address poor performance against Treatment Outcome Profile completions, this is measure set by PHE that should be completed at the start and end of treatment as well as at 6 monthly intervals within the treatment episode. Currently performance against this measure is very poor resulting in statistical insignificance which bars us from access to some elements of PHE reporting.

It is important to note that there are several other KPI targets set to cover over areas of service delivery including blood borne virus provision, needle exchange and housing and employment

outcomes. These have been considered and amended where necessary within the review of the targets but not included within this report.

Appendix B

Comparator Groupings:

Opiate Clients

Brighton and Hove	Bristol	Calderdale	Cambridgeshire
Cheshire East UA	Derby	Derbyshire	Dudley
East Sussex	Gateshead	Hackney	Halton
Kirklees	Knowsley	Leicestershire	Lincolnshire
North Lincolnshire	North Yorkshire	Northamptonshire	Nottinghamshire
Portsmouth	Reading	Sheffield	Southampton
Southwark	Stoke-on-Trent	Suffolk	Warrington
Warwickshire	Westminster	Wigan	York

Non-Opiate and Alcohol & Non-Opiate Clients

Barking and Dagenham	Birmingham	Bracknell Forest	Bradford
Brighton and Hove	Dorset	Ealing	East Sussex
Enfield	Essex	Harrow	Hartlepool
Havering	Kirklees	Medway	Merton
Milton Keynes	Nottingham	Oldham	Rochdale
Sefton	Southampton	St Helens	Stockport
Stoke-on-Trent	Sunderland	Sutton	Telford and Wrekin
Trafford	Walsall	Warrington	West Sussex

Appendix C



Performance Indicator		Baseline	Target	Level	Method of measurement	Monitoring Frequency
1.0	Proportion of all in treatment who successfully completed treatment and did not re-present within six months. Opiates (PHOF 2.15i)	5.6% (DOMES Q1 2015-16)	8% (Top quartile) By End Q3 17/18	National	NDTMS Diagnostic Outcomes Monitoring Executive Summary (DOMES) Report	Quarterly
2.0	Proportion of all in treatment who successfully completed treatment and did not re-present within six months Non-opiates (PHOF 2.15ii)	21.40% (DOMES Q1 2015-16)	52.50% (Top quartile) By End Q3 17/18	National	NDTMS Diagnostic Outcomes Monitoring Executive Summary (DOMES) Report	Quarterly
3.0	Proportion of all in treatment who successfully completed treatment and did not re-present within six months Alcohol (PHOF 2.15iii)	36.1% (DOMES Q1 2015-16)	38.5% (No comparator Group) By End Q3 17/18	National	NDTMS Diagnostic Outcomes Monitoring Executive Summary (DOMES) Report	Quarterly
4.0	Proportion of all in treatment who successfully complete treatment Opiates	8.1% (DOMES Q1 2015-16)	8%	National	Provider Monthly Report plus NDTMS Diagnostic Outcomes Monitoring Executive Summary (DOMES) Report	Monthly/Quarterly
4.1	Proportion of all in treatment who successfully complete treatment Non Opiates	12.4% (DOMES Q1 2015-16)	52.50%	National	Provider Monthly Report plus NDTMS Diagnostic Outcomes Monitoring Executive Summary (DOMES) Report	Monthly/Quarterly
4.2	Proportion of all in treatment who successfully complete treatment	33.2%	39.5%	National	Provider Monthly Report plus NDTMS Diagnostic Outcomes	Monthly/Quarterly

	Alcohol	(DOMES Q1 2015-16)	(National Average Q3 16/17)		Monitoring Executive Summary (DOMES) Report	
4.3	Proportion of all in treatment who successfully complete treatment Alcohol and Non Opiates	21.4% (DOMES Q1 2015-16)	48%	National	Provider Monthly Report plus NDTMS Diagnostic Outcomes Monitoring Executive Summary (DOMES) Report	Quarterly
5.0	Proportion of all in treatment who successfully completed treatment but who re-presented within 6 months Opiates	15.8% (DOMES Q1 2015-16)	10%		NDTMS Diagnostic Outcomes Monitoring Executive Summary (DOMES) Report	Quarterly
5.1	Proportion of all in treatment who successfully completed treatment but who re-presented within 6 months Non Opiates	0.0% (DOMES Q1 2015-16)	0%		NDTMS Diagnostic Outcomes Monitoring Executive Summary (DOMES) Report	Quarterly
5.2	Proportion of all in treatment who successfully completed treatment but who re-presented within 6 months Alcohol	12.5% (DOMES Q1 2015-16)	8.8% (National Average no comparator group)		NDTMS Diagnostic Outcomes Monitoring Executive Summary (DOMES) Report	Quarterly
5.3	Proportion of all in treatment who successfully completed treatment but who re-presented within 6 months Alcohol and Non Opiates	16.7% (DOMES Q1 2015-16)	3%		NDTMS Diagnostic Outcomes Monitoring Executive Summary (DOMES) Report	Quarterly

Appendix D


Addaction Herefordshire (adults) Service Improvement Action Plan Reviewed and Extended 11th July 2017

Objectives	
Main Aim: To Improve overall Performance Outcomes for the service	
Linked Aims:	
<p>1. Performance - Successful Completions Focus on performance outcomes and improve successful completions across all 4 groupings in line with KPI targets and monthly completion targets per hub.</p>	<p>2. Performance/Recovery – Representations Reduce re-presentation rate in line with KPI targets. Actively promote recovery. Ensure that appropriate aftercare plans are established and ensure firm networks with wider recovery community</p>
<p>3. Process/Recovery – Treatment Pathways Ensure that policies and process with regard to treatment pathways are adhered to. Embed treatment pathways into the service and ensure that all available opportunities are utilised to move service users through treatment episodes.</p>	

Priority of Improvement (please circle)		<p style="text-align: center;"> High  Medium  Low </p>	
Desired outcome	To improve successful completions rates across all 4 groupings, OU, Non OU, Alcohol and Alcohol and Non OU. Reach KPI targets by the end of Q3 17/18		
Which KPI objective does this link to?	4.0, 4.1, 4.2, 4.3		
What value does this improvement add for the service?	Improvement in successful completion performance will assist in demonstrating the effectiveness of drug and alcohol treatment in Herefordshire.		
Action to be taken towards achieving outcome	Output of action (measurement)	By what date?	By who?
Performance Specific Actions			Lead person
<p>Background:</p> <p>Current concerns regarding the successful completion rates for adults in treatment in Herefordshire. Original KPI targets (in relation to PHOF2.15) require maintenance of 5.40% in opiate performance with percentage increases of 1.75% for the first two quarters of the contract followed by continued growth towards an overall completion rate of 10% for this grouping by end of Q4 16/17.</p> <p>At the end of Q3 16/17 performance had dropped to 3.9% for this grouping and was not on course to meet target by year end.</p>	<p>Increase in successful completions across all 4 groupings.</p> <p>Clear trajectory upwards toward target.</p> <p>Staff will know what targets are for completions and these will be broken down into monthly targets by hub.</p> <p>Monthly targets will be clearly displayed for staff and achievement against these will be appropriately celebrated and promoted.</p>	<p>10th October</p> <p>(overall targets to be met by end Q3)</p>	<p>AC and Team leads</p>

<p>The original targets for Non OU were set to track a similar trajectory, the baseline performance being 21.5% and the overall target for completion by end of Q4 16/17 being 52.50%.</p> <p>At the end of Q3 16/17 performance had increased from baseline but was not on course to meet target at 24.8%.</p> <p>There were no original targets set for alcohol or alcohol and Non Opiate successful completions.</p> <p>KPI targets have been refreshed and include a separate successful completion target for all 4 groupings to be achieved by the end of Q3 17/18. These are as follows:</p> <p>Opiate – 8%</p> <p>Non Opiate – 52.50%</p> <p>Alcohol – 39.5%</p> <p>Alcohol and Non Opiate – 48%</p> <p>All targets are set based on comparator group top quartile average performance ranges with the exception of Alcohol only which is aligned to national average.</p>	<p>Staff will feel organised and less overwhelmed by caseloads.</p> <p>Service users will be clear about their recovery goals and plan for discharge.</p> <p>Staff feel valued. Positive feedback is ‘normal’ and expected.</p> <p>Motivation to achieve targets is increased via feedback and sharing of best practice examples.</p>		
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<p>Actions:</p> <ul style="list-style-type: none">• Conduct caseload audit to identify those service users already appropriate to discharge or move into recovery support only.• Recovery workers to conduct caseload segmentation exercise to ensure that all service users are on correct pathway.• Ensure all medical reviews are up to date and service users identified as being on 'low doses' are reviewed by NMP or doctor with clear recovery plan in place.• Ensure all staff are clear about treatment pathways and all clients have a clearly mapped out plan documented in their recovery plan.• Ensure all Recovery plans are reviewed and include SMART goal planning			
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Signed off as completed by			
Name			
Date		Signature	
Priority of Improvement (please circle)		High  Medium Low	
Desired outcome		Decrease Re-presentations to treatment, ensuring that service users are able to safely enter into recovery utilising recovery communities available and with clear relapse prevention work having been completed.	
Which KPI objective does this link to?		5.0, 5.1, 5.2, 5.3	
What value does this improvement add for the service?		Not re-presenting to treatment and remaining abstinent (or occasional use) is a clear demonstration of a safe and effective treatment service. Research shows that recovery is contagious. The building of effective recovery communities therefore has the potential to reach many more individuals across the county.	
Action to be taken towards achieving outcome	Output of action (measurement)		By what date? By who? Lead person

<p>Background:</p> <p>There were not original targets set for re-presentations separately to the PHOF measure. The current re-presentation rates (with the exception of alcohol only) are concerning and do not evidence effective treatment. Coupled with the decreasing amount of successful completions the current picture suggests a significant underperformance in service delivery and raises concerns regarding recovery capital and subsequently the presence of recovery community within Herefordshire.</p> <p>Currently representation rates are as follows:</p> <p>Opiates – 40%</p> <p>Non Opiate – 7.7%</p> <p>Alcohol – 0%</p> <p>Alcohol and Non Opiate – 12.5%</p> <p>KPI targets have been refreshed for the new financial year and are as follows:</p> <p>Opiate – 10%</p> <p>Non Opiate – 0%</p> <p>Alcohol – 8.8%</p> <p>Alcohol and Non Opiate – 3%</p>	<p>Decrease in number and percentage of service users leaving treatment successfully representing to treatment within 6 months.</p> <p>Clear downward trajectory toward KPI targets.</p> <p>Exit planning will take place early on in service users treatment journey and will be reviewed throughout. This will be clearly documented on recovery plans and progress against treatment goals will be monitored and reviewed appropriately.</p> <p>Caseload auditing will clearly demonstrate planning and review of service users treatment journey.</p> <p>Appropriate treatment pathways will be utilised</p> <p>Recovery and successful completions are celebrated regularly and staff feel rewarded for good work.</p> <p>Representations that do occur will be explored with the team and lessons learnt will be taken forward to inform practice and or training needs.</p>	<p>10th October 2017 for clear trajectory (KPI target by end Q3)</p>	<p>AC/BB</p>
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<p>All targets have been set using the top quartile average range from comparator groups with the exception of alcohol only which is aligned to national average.</p>			
<p>Actions:</p> <ul style="list-style-type: none"> • All staff to ensure that all service users have an up to date recovery plan detailing exit planning and steps to achieve this • Regular caseload auditing to ensure exit planning is documented - ongoing • Mechanism for reviewing any representations to treatment is identified and used to inform practice and or training needs • Link working with wider recovery community is completed regularly • Recovery and the recovery community within Herefordshire is clearly promoted and service users are given appropriate information and or introductions to specific groups or activities within their district • Consider displaying the number or percentage of service users leaving treatment successfully waiting areas as an additional tool for promoting recovery • Promote use of NA/AA recovery groups 			

Signed off as completed by			
Name			
Date		Signature	

Priority of Improvement (please circle)	High  Medium Low		
Desired outcome	Process – treatment policies and processes will be adhered to and clear within recovery planning with service users.		
Which KPI objective does this link to?	All Objectives		
What value does this improvement add for the service?	Ensuring that treatment policies and processes are adhered to will contribute to the overall success of the service. The satisfaction of service users and the engagement and retention of staff who fell valued, clear about service objectives and enabled to achieve outcomes.		
Action to be taken towards achieving outcome	Output of action (measurement)	By what date?	By who? Lead person
Background: Policy and practice documents along with treatment pathway's should be implemented and followed in order to comply with clinical governance framework and CQC regulations.	All policies and procedures in relation to treatment pathways are filed appropriately and staff's attention is drawn to the whereabouts of these.	10 th October 2017	AC

<p>The use of some treatment pathways has been ambiguous and a tendency to rely on 'old methods' of working has hindered progress</p> <p>There have been examples of staff not adhering to policy and or best practice for example being unwilling to complete assessments upon service user presentation.</p>	<p>Staff read and sign for updated policies?</p> <p>Treatment pathways are appropriately utilised including both short term plans and longer term programmes.</p> <p>Staff will feel clear about referral to treatment pathways and their co-ordination role within this.</p> <p>Service users will have clear exit plans from treatment and recovery plans will reflect the use of treatment pathways.</p> <p>Recovery plans will be appropriately audited.</p> <p>Assessments will include exit from treatment discussion and recovery plans will clearly detail treatment pathway identified.</p> <p>Recovery plans will be reviewed appropriately and updated where necessary to include SMART goal setting.</p>		
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	<p>Overdue and outstanding recovery plans will decrease.</p> <p>Performance outcomes will increase.</p> <p>There will not be a 'hidden' or actual waiting list for access to treatment.</p>		
<p>Actions:</p> <ul style="list-style-type: none"> • All policies are made available to staff and staff know where to locate these • All service users are given appropriate recovery plans utilising pathways • Available groups to be actively promoted within hubs • All available treatment options including groups to be reviewed in every recovery plan review – ongoing • Service users presenting to treatment to self-refer are given at least an initial assessment (but preferably full assessment) straight away or within 1 business day • Staff to be clear on procedure for storage of paper files and distinction between information to be stored electronically or manually. 			

<ul style="list-style-type: none"> Staff will receive training with regard to Recovery planning which will include SMART goal planning. 						
Signed off as completed by						
Name						
Date			Signature			