

Requires improvement**North Bristol NHS Trust**

Specialist community mental health services for children and young people

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RVJX4	East and Central Community CAMHS	Barton Hill Settlement	BS5 0AX
RVJX4	North Bristol Community CAMHS	Monks Park House	BS10 5NB
RVJX4	South Gloucestershire Community CAMHS	Kingswood Hub	BS15 4EJ

This report describes our judgement of the quality of care provided within this core service by North Bristol NHS Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Summary of findings

Where applicable, we have reported on each core service provided by North Bristol NHS Trust and these are brought together to inform our overall judgement of North Bristol NHS Trust.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for the service

Requires improvement



Are services safe?

Requires improvement



Are services well-led?

Requires improvement



Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

We do not give a rating for Mental Health Act or Mental Capacity Act; however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Health Act and Mental Capacity Act can be found later in this report.

Summary of findings

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Summary of findings

Overall summary

We rated North Bristol NHS trust specialist community mental health services for children and young people as requires improvement because:

- Staff did not consistently complete risk assessments. The trust partially met the previous requirement notice
- The environment at Monk Park House was not clean and young people had access to hazardous cleaning products and knives.
- Staff did not consistently use safe lone working practices.
- The rate of completion of staff appraisals was inconsistent between teams.
- The systems in place to monitor the completion of mandatory training were not effective.
- Staff morale was variable between teams.
- There were breaches of regulations 12 and 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations. As the trust has not provided the service since 1 April 2016 these issues will be followed up with the new providers.

However:

- The trust had met the previous requirement notice regarding staffing by reviewing the staffing levels and skill balance in the CAMHS teams. The trust had employed additional staff and the service was in the process of agreeing more funding for staff posts. Existing staff had moved teams to help meet the needs of children and young people.
- The trust had governance structures to monitor the effectiveness of changes in the service design. These included monitoring the waiting list for the newly established central intake team fortnightly. Staff also had monthly meetings to feedback on the service.
- The trust had introduced new roles to improve communication between senior management and staff. This included a new integrated CAMHS lead and local teams had nominated lead roles within themselves.

Summary of findings

The five questions we ask about the service and what we found

Are services safe?

We rated safe as requires improvement.

- Staff had not consistently documented that they had assessed the risk to young people. As a result they had only partially met the previous requirement notice.
- Young people had access to the staff kitchen at Monks Park House, which contained knives and hazardous cleaning products. The therapy rooms and waiting room were not clean.
- Therapy rooms at Monks Park House had no alarm system.
- Staff did not consistently use safe lone working practices.
- Staff had not always completed mandatory training. The trust target was that 85% of staff should complete mandatory training.

However:

- The trust had met the previous requirement notice regarding staffing by reviewing the staffing levels and skill balance in the CAMHS teams. The trust had employed additional staff and the service was in the process of agreeing more funding for staff posts. Existing staff had moved teams to help meet the needs of children and young people.
- The new central intake team (CIT) managed the clinical risk of new referrals. Staff saw young people promptly when they were at high risk of harm due to their mental health.
- Staff reported incidents appropriately. Staff received feedback on lessons learnt from incidents.
- Staff were aware of safeguarding policy and were able to make safeguarding referrals. Safeguarding supervisors were available to give them support with any queries they had.

Requires improvement



Are services well-led?

We rated well-led as requires improvement.

- There were varying levels of morale within teams.
- Some staff felt that senior management did not listen to their views.
- The rate of completion of staff appraisals was inconsistent between teams.
- Systems to ensure the completion of mandatory training were not robust.

However:

Requires improvement



Summary of findings

- There were good governance structures to manage waiting times and staff skill mix as well as to ensure staff received support.
- The trust created new job roles to improve communication between senior management and staff teams.
- There was regular clinical supervision for staff.

Summary of findings

Information about the service

North Bristol NHS Trust is an acute trust that provides hospital and community services to around 900,000 people in Bristol, South Gloucestershire and North Somerset. It also provides a range of services including community healthcare for children, including mental health provision across Bristol and South Gloucestershire. The community children's health partnership (CCHP) is responsible for providing children's services.

CCHP provides community child and adolescent mental health services (CAMHS) via four teams across Bristol and South Gloucestershire. These were based in Kingswood (South Gloucestershire), Barton Hill Settlement (east and central Bristol), Monks Park House (north Bristol) and Whitchurch and Knowle (south Bristol). These teams delivered tier 3 (assessment and consultation services delivered by multidisciplinary CAMHS teams) and tier 2 services.

A number of different health professionals made up the CAMHS teams. These included:

- child and adolescent psychiatrists
- clinical psychologists
- mental health and learning disabilities nurses
- family therapists
- occupational therapists.

CCHP also provides a number of other mental health services for young people. These include Riverside inpatient CAMHS unit and specialist community teams that worked with young people with learning disabilities, substance misuse and deliberate self-harm. These teams were not included in this inspection.

Our inspection team

Our inspection team was led by:

Chair: Louise Stead, Chief Operating Officer and Director of Nursing, Royal Surrey County Hospital NHS Foundation Trust.

Head of Hospital Inspections: Mary Cridge, Head of Hospitals Inspection, Care Quality Commission

The team that inspected this core service comprised of three inspectors experienced in mental health and children's services.

Why we carried out this inspection

We inspected this core service as part of a focussed follow up inspection after a comprehensive inspection in November 2014. We published that inspection report in February 2015. In that report we rated two areas, safe and well led, as requires improvement.

We also issued two requirement notices using CQC powers under the Health and Social Care Act 2008. The first requirement was that the trust must take action to

ensure sufficient, qualified staff are available to meet the needs of children and young people. The second requirement was that the trust ensures that individual risk assessments were in place for all young people who used the service. This inspection reviewed domains rated as requires improvement to review the progress the trust had made.

How we carried out this inspection

To fully understand the experience of people who use services, we asked the following questions:

- Is it safe?
- Is it well led?

Summary of findings

This inspection looked at whether the service was safe and well led, as we had previously judged those to require improvement. The other domains (effective, caring and responsive to people's needs) had been rated as good and were not reviewed in this inspection.

Before commencing the inspection visit, we reviewed information that we held about these services and asked other organisations to provide us with information as well. During the inspection visit the inspection team:

- visited three out of four team bases: Monks Park House, Barton Hill Settlement and Kingswood Hub. We did not inspect Osprey Court/Knowle Clinic
- spoke with 27 members of staff including: managers, nursing staff, psychologists, therapists with differing specialities, psychiatrists and administration staff
- spoke with three carers of young people using the service
- spoke to two young people
- attended three staff focus groups
- attended a multidisciplinary team meeting
- reviewed two comment cards left by parents or carers of young people using the service
- reviewed a number of trust policies, procedures and other documentation
- reviewed 29 care records
- looked at the environment in which staff delivered services,.

What people who use the provider's services say

People who used the service were positive about the care they received. They indicated that communication with

trust staff was good and that they felt supported. They stated that staff were kind, committed and knowledgeable and the care they received was appropriate for their needs.

Good practice

CCHP started the central intake team (CIT) to manage the risk of service users new to the service and subject to urgent referrals. This team managed new referrals for young people up to the age of 13 who were at risk of self-harm or were in need of urgent help to stabilise their

mental state. Staff then referred the young person to their local team for on-going work once the crisis had passed. The young person and their carer received contact information for the CIT team and the Samaritans should they enter crisis again before their follow up appointment

Areas for improvement

Action the provider MUST take to improve
A rating of requires improvement will result in an action the provider MUST take.

- The trust must ensure that risk assessments in care records are consistently completed for all of the young people who use the service.
- The trust must ensure that the environment at Monks Park is safe for the people who use the service and staff.

Action the provider SHOULD take to improve
Action the provider SHOULD take to improve

- The trust should ensure that staff consistently use safe lone working practices
- The trust should ensure that mandatory training is completed
- The trust should ensure that all staff receive regular appraisals and management supervision.

North Bristol NHS Trust

Specialist community mental health services for children and young people

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
East and Central Community CAMHS	Barton Hill Settlement
North Bristol Community CAMHS	Monks Park House
South Gloucestershire Community CAMHS Team	Kingswood Hub

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

This was reported on within the report published in February 2015.

Mental Capacity Act and Deprivation of Liberty Safeguards

This was inspected during the previous report published in February 2015

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Our findings

Are specialist community mental health services for children and young people safe?

By safe, we mean that people are protected from abuse * and avoidable harm

*** People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse**

We rated safe as requires improvement.

- Staff had not consistently documented that they had assessed the risk to young people. As a result they had only partially met the previous requirement notice.
- Young people had access to the staff kitchen at Monks Park House, which contained knives and hazardous cleaning products. The therapy rooms and waiting room were not clean.
- Therapy rooms at Monks Park House had no alarm system.
- Staff did not consistently use safe lone working practices.
- Staff had not always completed mandatory training. The trust target was that 85% of staff should complete mandatory training.

However:

- The trust had met the previous requirement notice regarding staffing by reviewing the staffing levels and skill balance in the CAMHS teams. The trust had employed additional staff and the service was in the process of agreeing more funding for staff posts. Existing staff had moved teams to help meet the needs of children and young people.
- The new central intake team (CIT) managed the clinical risk of new referrals. Staff saw young people promptly when they were at high risk of harm due to their mental health.
- Staff reported incidents appropriately. Staff received feedback on lessons learnt from incidents.

- Staff were aware of safeguarding policy and were able to make safeguarding referrals. Safeguarding supervisors were available to give them support with any queries they had.

Specialist community mental health services for children and young people

Safe and clean environment

- The trust had not ensured all clinical areas had accessible and working alarms. At Monks Park House there were no working alarms in the clinical rooms and staff did not have access to personal alarms. However, the central and east team had access to personal attack alarms and the South Gloucestershire team used therapy rooms with fitted alarms.
- The North Bristol team used a number of the toys that were dirty, broken or damaged. Staff said that clinicians should clean the toys they use in therapy sessions. However, a member of staff who had worked there for a number of years stated they could not remember staff cleaning toys. The therapy rooms were dirty; this included the shelves and windows. Staff told us that they had not used the art therapy room for two years. However, we found that the room was accessible and there was a sink full of dirty paint equipment and an accessible bottle of potentially hazardous cleaning product. Staff and an external contractor shared the cleaning of the building. Staff said the contractor cleaned the toilets, emptied bins daily and hoovered the rooms once a week. There was no policy regarding the cleaning tasks that clinical staff were to carry out and no cleaning records were available. This meant that areas were not kept clean, for example we saw bottles of hand sanitizer that were unusable due to residue blockage and a service user had drawn on the wall in the reception area.
- Young people could access the staff kitchen, as it was unlocked and located on the same corridor as the therapy rooms that contained dangerous items. A high handle on the kitchen door restricted access to the kitchen to young children. However, staff said that they often saw teenagers and that the young people could

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

easily access these areas and access knives, cleaning products and glass bottles. The trust subsequently advised us that they had rectified the concerns we raised regarding the safety of the kitchen.

Safe staffing:

- In April 2015, the trust began remodelling the CAMHS service and carried out an independent review. There were three reasons for this review; to review workloads and make them more equal, reduce waiting lists across the service and ensure the use of existing clinicians was maximised across all locations. This resulted in more even workloads and addressed the high waiting list in South Gloucestershire. It allowed young people equal access to clinical professionals in their local teams. This review also led to the trust creating a central intake team (CIT). They provided prompt assessment and treatment for urgent referrals for young people at risk of self-harm or in need of urgent help to stabilise their mental state. This reduced young peoples' waiting times. It also gave clinicians more time to see their planned appointments. As a result, there were no cancelled appointments across all locations from July 2015. The trust introduced two new groups to review and manage work practices. The start and finish team looked at work streams. The operations management group was created to ensure safe staffing levels were maintained and that systems existed to assist staff. This had led to extra recruitment. At the time of our inspection, there were 4.1 work time equivalent (WTE) additional locum clinicians in South Gloucestershire team to assist existing staff. A business plan had been sent to commissioners for a further three permanent clinical posts which had been agreed.
- The trust had found it difficult to recruit child and adolescent psychiatrists so they put their recruitment adverts in different places in order meet a wider audience. They also introduced a system where psychiatrists and psychologists moved around the four locations in a whole service approach to address gaps in location provision.
- In order to improve staff retention, the trust had moved from fixed term staff contracts to substantive posts. This also reduced potential staff gaps between fixed term contracts. During the previous inspection, managers had identified staff attendance on the improving access to psychological therapies (IAPT) programme as compounding the existing staffing issues. They had reduced staff attendance since then.
- Each location met the staff establishment levels set by the trust, or had a plan to do so. There was a positive impact on workloads. Information provided by the trust on staffing levels, rotas and discussion with all staff teams confirmed this. However, the South Gloucestershire team said they remained under significant stress. To address this the management team had submitted a business case to employ further staff to reduce workers caseloads.
- Overall sickness and absence rate was at 1.84% of all staff groups. Registered nurses had the highest percentage of 2.76%. Regular bank and agency staff covered long-term sickness absence and leave. This ensured consistency for people who used the service.
- Evidence provided by the trust did not make clear the average number of cases on each care coordinators' caseload.
- Evidence provided by the trust did not make clear the number of young people awaiting allocation of a care coordinator.
- Staff reviewed their caseloads weekly during multidisciplinary team meetings to ensure they were safe and manageable. Staff were able raise concerns with their manager or peers. Staff had clinical supervision in line with their professional guidance to address any on-going issues with their caseload.
- Staff had access to psychiatrists during working hours for advice or in an emergency. Staff could also access out of hours psychiatrists via the on call rota. A young person could also access a psychiatrist by visiting an Accident and Emergency Department.
- Mandatory training rates varied dependent on the subject. The trust had set a training target of 85% The completion levels were higher than this in the following areas:
 - Safeguarding children level 1 (3 yearly): 91%
 - Fire (2 year expiry): 88%
 - Infection prevention and control (3 yearly): 86%

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- However there were a further 13 subjects on the trust's mandatory training programme. Two subjects were above 75% completion, Health and safety (3 yearly): 79% and Safeguarding children level 3 (3 yearly): 78%.
- The rest of the subjects had a completion level of under 75%, the following five subjects had a completion level of below 50%
 - Resuscitation (2 yearly): 48%
 - Safeguarding adults (3 yearly) 45%
 - Safeguarding adults level 2 (3 yearly): 45%
 - Mental capacity and DoLS (3 yearly): 40%
 - Dementia level 1 (3 yearly) : 27%
- The trust has subsequently advised us that mental capacity and DoLS training is included in the safeguarding adults training provided.

Assessing and managing risk to patients and staff

- The trust offered young people an initial "choice" appointment with the central intake team (CIT). Appointments were set according to clinical risk and some had occurred on the same day as the young person's referral. At this appointment staff assessed their needs and clinical risk. They would be either signposted to another service or be referred to their local team for follow up appointments. The CIT team saw young people in crisis until the young person felt more stable. The young person and their carer received contact information for the CIT team and the Samaritans should they enter crisis again before their follow up appointment.
- The trust had introduced a standard risk assessment form following the previous CQC inspection report in February 2015. Further improvements to the form followed an inspection of looked after children and safeguarding services in South Gloucestershire from the end of September 2015. We reviewed 29 care records of young people who used services. There was a lack of consistency in completing the forms. Out of 13 care records at east and central team, six contained a blank risk assessment form. Two forms did not have fully completed risk domains. Another form did not show the young person's name or other personal details. One assessment did not capture risks documented in the notes from the previous year. All eight care records sampled in the north Bristol team had a risk assessment form. Two were not fully completed. Staff had used the

old document for three records which meant there was no review date shown. One record had not been reviewed since August (trust policy is to review every three months). In South Gloucestershire, two records out of eight did not have a completed risk assessment. Staff had completed the information to a good standard on the other six forms. A senior staff member said there were no plans for training clinical staff on how to complete the risk assessment as it was the staffs' professional responsibility.

- Mandatory training about safeguarding was available for all staff. Administrative staff had awareness training (level one) and clinical staff had more in-depth training (level three). Completion of Level three training was at 78% of relevant staff. The trust's target was 85%. The trust's safeguarding leads had a plan to bring the training completion up to the trust target by April 2016. Trust staff received support in making referrals from safeguarding supervisors who were available to discuss any concerns and advise on the best way to proceed.
- Lone working practices varied between the teams. The north Bristol team operated a signing in/out book for staff to complete when going on visits. We checked diaries for three staff against the sign in/out book. Over a seven-day period there were seven occasions when the entries did not match. There were no consistent procedures to follow if a member of staff did not return from a visit. In east and central team they demonstrated knowledge of safe working practices. They did not book appointments after office hours which ended at 5pm. They only worked late once a week at a clinic for young people with ADHD. They reported that a team always ran this clinic and never lone worked. Staff in South Gloucestershire advised the secretaries where they are going and expected time of return. Staff said that they would always check the whereabouts of their colleagues if they had not returned by the expected time. Staff at all team bases advised us that they had trust mobiles to use should any concerns or the need arise.

Track Record on Safety

- There have been no serious incidents reported within this service in the last 12 months.

Reporting incidents and learning from when things go wrong

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

- Staff had clear understanding of what incidents to report and which process to use.
- Staff demonstrated knowledge of the principles of the duty of candour. They recognised the need to be open and honest with people who used the service and their carers (where appropriate) when things went wrong.
- Staff learned from incidents and we saw evidence of actions taken to reduce the risk of incidents occurring again. For example, staff received personal attack alarms for home visits after a member of the public approached staff in a threatening manner. Staff discussed incidents at team meetings and the team manager reviewed them. The trust's governance committee received this information. Staff received feedback following investigations and overview by the governance committee via email. We saw evidence that managers shared learning across services within the trust.
- Staff discussed feedback from incidents at weekly team meetings, monthly business meetings and at the CCHP governance meetings held bi-monthly.
- There had not been a serious incident reported in the last twelve months. Staff reported that they were sure they would receive support and be debriefed if such an incident occurred.

Are services well-led?

Requires improvement 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Our findings

Are specialist community mental health services for children and young people well led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

We rated well-led as requires improvement.

- There were varying levels of morale within teams.
- Some staff felt that senior management did not listen to their views.
- The rate of completion of staff appraisals was inconsistent between teams.
- Systems to ensure the completion of mandatory training were not robust.

However:

- There were good governance structures to manage waiting times and staff skill mix as well as to ensure staff received support.
- The trust created new job roles to improve communication between senior management and staff teams.
- There was regular clinical supervision for staff.

Vision and values

- Staff knowledge of the organisation's values and vision was variable. Some staff were aware of the specific values, others of the principles of the trust. In one location the trust's vision and strategy for the service was on display
- The organisation's values were evident in all teams, including the new central intake team (CIT). The senior management team had clear ideas on the trust direction following a recent review and remodelling of the service. The trust incorporated its visions and values in staffs' annual appraisal when personal objectives and development plans were set.
- Staff knew the senior managers in their directorate and spoke with senior members such as the director for nursing. Senior managers visited the local teams and consulted with them within staff meetings.

Good governance

- There were robust structures for incident reporting and for giving feedback to staff following incidents, complaints and service user feedback.
- The trust had created structures and oversight groups to monitor performance and help staff feedback on service changes. The trust had put in processes to improve communication between senior management and frontline staff. These processes were not fully embedded, however most staff we spoke with said that they had greater input now than before the previous inspection. The trust also had robust processes to ensure managers reviewed staffing levels, caseloads and skill mix and could make adjustments where necessary.
- Staff received clinical supervision in line with their professional guidelines. Staff did not receive routine managerial supervision. However, staff could make use of a weekly drop in for managerial supervision at all the teams we inspected. Some staff received regular management supervision as often as weekly or fortnightly. Managerial supervision was available for staff on request, or based on their performance. Trust policy was for staff to have yearly appraisals. However, the frequency of appraisals varied across all teams ranging from no staff having an up to date appraisal to 93% of doctors receiving an appraisal.
- Staff had sessions set aside for admin tasks to ensure that they spent maximum time with young people. They had four hours per week plus additional time allocated if they had completed an initial appointment with a young person. However, some staff said that they were spending more time over their contracted hours to complete admin tasks. The increase in recruitment had the potential to relieve this. There were plans for staff to become involved in auditing within the north team but this had not started at time of inspection.
- Systems to monitor the completion of mandatory training by staff were not effective. The trust had a completion target of 85%. Only three subjects out of sixteen were above this level, safeguarding children level 1(91%), fire safety (88%) and infection prevention and control 86%. Two others were above 75%; health and safety (79%) and safeguarding children level 3 (78%).

Are services well-led?

Requires improvement 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

- There were historical difficulties in communication between senior management and staff within the locality teams. The trust had created a role of child and adolescent mental health service (CAMHS) integrated lead to improve this. Each of the teams had selected a clinical lead to work with the integrated lead to ensure clearer communication. Staff said they appreciated there was a forum where they could air their views. However, some staff we spoke with said they did not feel listened to.
- Teams had key performance indicators to help measure and ensure performance. For example, there were nationally set waiting time expectations to help ensure that waiting times between appointments were smaller (8 weeks for initial assessment appointments, 10 weeks for the gap between the initial appointment and treatment beginning). Staff discussed the waiting time performance indicator in a meeting we observed. The trust had set up an operations group that met fortnightly to discuss workloads and the waiting lists within each team to ensure consistency across the trust.
- Service managers reported having variable levels of administrative support. Some of the managers within the locality teams were unsure of their role, because this had expanded following management structure changes.
- Staff reported adding items to the trust risk register when necessary.

Leadership, morale and staff engagement

- We heard of a past case of bullying and harassment in one team, which managers had dealt with.
- Staff were aware of the whistleblowing policy. They were confident that they could use this policy without fear of victimisation.
- Morale amongst staff varied across the three areas. The north team were positive about the impact the new service manager had made and that it was a team in recovery from a period of instability and poor relationships. In the east and central team the morale was high. Staff reported that these teams worked well. They reported that there was a good level of mutual peer support and that service managers were

accessible. In South Gloucestershire staff reported strained team morale and that there was tension at times. To address this managers had submitted a business plan to employ additional permanent staff.

- There were opportunities for staff to obtain training in leadership and career development. One of the managers we spoke to had accessed this.
- From April 2016, North Bristol NHS Trust would not be providing child and adolescent mental health services. The move to a new provider caused some concern with staff, as they were unsure of the future. However, the CCHP board had created roles to help give staff a voice in the service development, such as the integrated clinical lead and team clinical leads. Senior managers held regular meetings where staff had the opportunity to ask questions about on-going concerns. Some staff we spoke with felt that the changes were happening to them, rather than with them.

Commitment to quality improvement and innovation

- The South Gloucestershire team had been accredited “young person friendly” by South Gloucestershire young people friendly panel. Young people friendly is a national accreditation that shows services are accessible to young people. This involves looking at the facilities young people use, how the service treats them and that the information provided by the service is age appropriate. The team worked with the Barnardo’s helping young people (and children and families) to engage (HYPE) service to achieve this accreditation. The service in South Bristol that we did not inspect had also achieved this accreditation.
- As part of the remodelling of the service the trust introduced a partnership outreach team (POT) with an independent provider. Their remit was to introduce a new model with a multiagency approach to work with young people who were difficult to engage with after they were discharged from hospital. There was also a pilot scheme in the north team about ensuring young people were signposted quickly to appropriate services, for example bereavement services. They were also working with GPs to improve early access to treatment for young people.