

SHSCT/ELFT Staff Engagement Workstream Meeting 28th Jan 2022

	Tracey McConnell
Present:	Debbie Proctor
Nuala Meenan	John Creaney
Lara Morgan	Zoe Gray
Alison Hutchinson	Alanna Gass
David Walter (Chair)	Barbara Anne Richardson
Lisa Hannah	Stephanie Wethers
Nuala Quinn	Rachel Killen
Niamh Trainor	

1. Introduction and Apologies

Apologies: Dr Ivor Crothers, Leah Ann Shanks, Dr Shirley Forshaw, Dr Judith O'Neill, Edel Rafferty, Jenny Johnston & Petra McCresch

David welcomed those in attendance and asked everyone to introduce themselves through chat box.

David shared agenda:

- Review the minutes of meeting held 14th Jan 2022
- Key Updates
- Staff feedback/questions from representatives
- Newsletter and Staff Survey Updates

2. Review Minutes

Minutes and actions were reviewed.

Action: Stephanie to follow up with Niamh re CBT representation.

3. Key Updates

- Triage training sessions booked, invites sent for Monday 31st Jan and Tuesday 1st Feb.
- Mental Health Telephone Assessment form is being added to Paris. Paris should largely be able to accommodate the needs of the service at this stage. There may be additional functions needed in future.
- Job Planning Meetings arranged for week beginning 31st Jan 2022. The aim of the meeting is to present draft job plan (ie, number of clinical hours, admin time, cpd, clinical supervision time and ensure we haven't missed anything). It is also an open

forum to hear what you need in those job plans to maintain your professional status/registration.

- QI involvement will help us measure
 - impact on waiting times for service users
 - reduction in waiting lists
 - Service User satisfaction with service, using feedback questionnaires currently used by Resource Centre with some additional questions to capture numerical data. These will be issued to Service Users after first session and last session.
 - Staff satisfaction in delivering service model

- Letters & Feedback questionnaires
Minor changes will be made to letters which are currently used and further information explaining the service and what service users can expect will be added.

- Service Naming
A second naming session will be taking place this afternoon at 3pm all our welcome and should have received an invitation.

- Care Pathway Model
David shared pathway diagram (see attached). It was clarified that this model offered an overview of the pathway, and additional documents will be embedded to explain processes in further detail (e.g DNA/cancellation process, risk management etc.).
David invited questions, or suggested if people needed time to review and ask questions at another stage they could do so through survey monkey link or discuss in next meeting of Staff Engagement.
Lisa asked for clarification regarding referrals deemed not suitable and the referral list of services that patient could be referred to. Stephanie noted that service users who are not suitable for IAPT would be redirected to the appropriate team. There will be meetings with HOS's to update on this new service and agree a pathway.
Action: Stephanie to follow up with HOS and a list of services and agreed referral pathway to be provided.

Tracey noted that referrals received from MH Practitioners in MDT in GP practitioners would provide a high level of information in referral and suggested that this would inform Mental Health Telephone Assessment (MHTA) and could be clarified with patient in telephone call rather than putting service user through another assessment. Agreed that this would be taken into consideration by practitioners completing MHTA.

4. Staff Feedback/Questions

David invited questions from staff representative.

Rachel Killen noted that she had collated questions from staff but felt these should be raised in a different forum. David offered to arrange a follow up meeting if that was more appropriate.

Lara asked where patient's occupational needs will be assessed and addressed in this pathway. David explained that need's will be identified in MHTA and may indicate that a service user may require a specific service or practitioner.

Nuala asked for clarification regarding Job Planning meeting. Stephanie explained the aim of Job Planning meetings was to present draft Job Plan which will be band specific, these will outline the number of clinical hours, admin hours, cpd, supervision and outline the needs of the service and invite input from staff with regard to their needs and how they can maintain their professional status/registration/practice.

Stephanie suggested that trade union representatives may wish to share questions in order that we can be prepared to answer.

There was a request that Job Plans are shared, (**Action Stephanie**) these will be shared with staff and trade unions next. It was noted that 30 minutes may be too short for Job Plan meeting. Stephanie noted that individual meetings were offered previously and feedback was given that group meetings were preferable. Stephanie reiterated that individual meetings are available to all.

5. Staff Survey

Zoe noted that she had received feedback re first draft a Staff Survey and that she planned to issue this toward the end of week beginning 31st Jan; Zoe invited others to comment on first draft if they wished to do so early week beginning 31st.

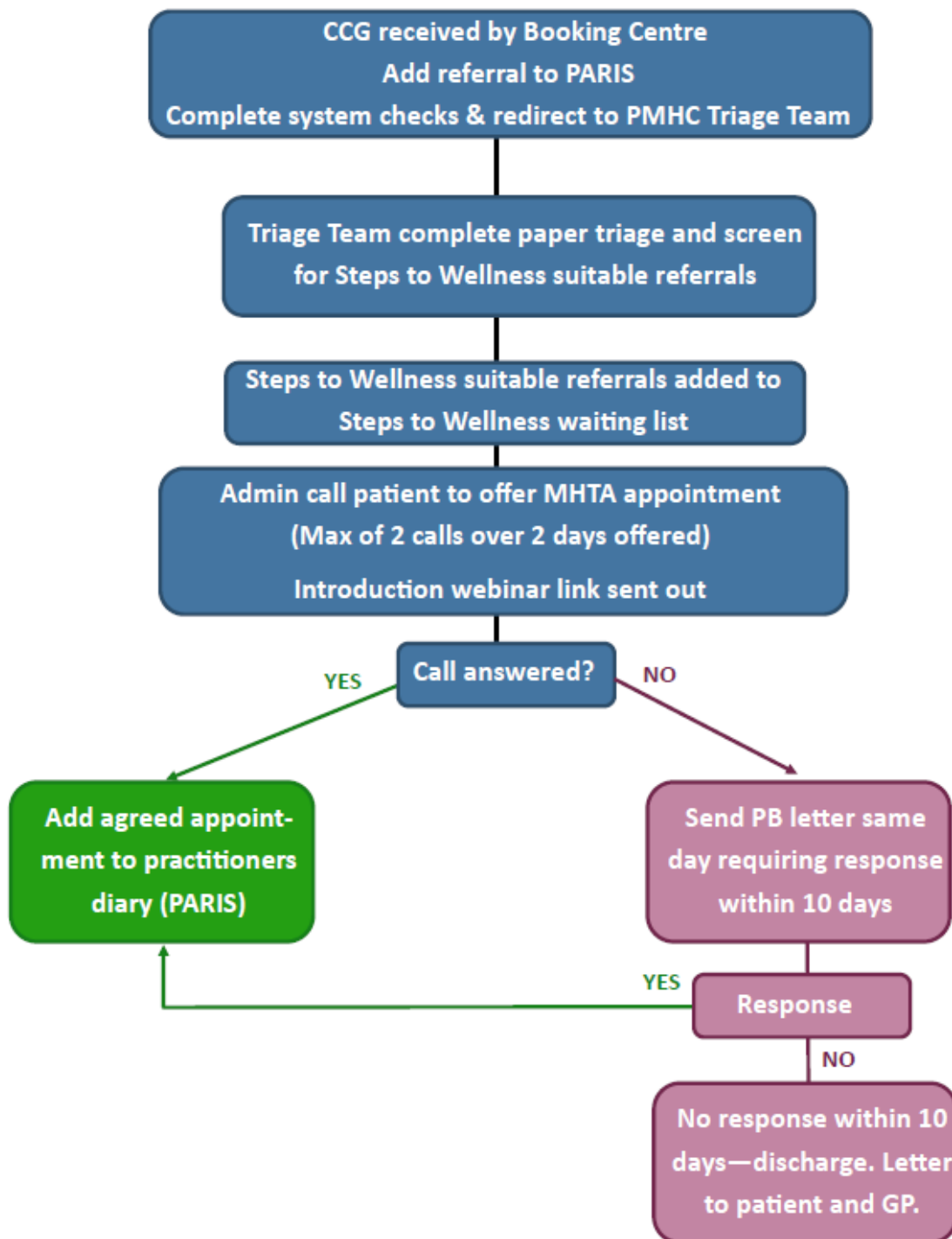
Staff Survey returns will be anonymous, Zoe asked that this group encourage colleagues to complete.

6. Newsletter will include

Zoe will email out a copy of draft newsletter. Zoe has kept Newsletter factual as advised.

DRAFT Care Pathway

Model



DRAFT

