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ECT Service Quality Improvement Conference Report

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Service User messages

- ECT is an important treatment that really matters
- Waiting before and after treatment is distressing and needs to be reduced.
- Travelling is acceptable if there's no waiting when you get there
- Sharing transport with other Service Users isn't always beneficial
- Consistency of staff makes for a much better experience
- Peer support would be beneficial

And,

- No complaints about ECT service in two years and plenty of compliments.

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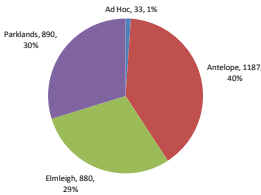
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Current Demand


Treatments / Location
Ave. 112 SU's / Year receiving 1495 treatments




Location	Treatments	Percentage
Antelope	1187	40%
Parklands	890	30%
Elmleigh	880	29%
Ad Hoc	33.1%	33.1%

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Service Capacity

- Current staffing model across three sites limits capacity of each clinic.
- Future staffing model provides capacity for 2400 treatments per year across 3 sites
- Hidden demand may exist due to different prescribing practices. Providing a more service user centred service with easier access may increase demand.

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Purpose of Change

Maximise Service User experience by-

1. Maximise quality and efficiency across Southern Health to improve access
2. Reducing waiting times in the process
3. Eliminating waiting lists for treatment

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Ideas and Key Improvements

63 unique ideas generated

Key themes

- Trust wide service
- Staffing and standardising staffing model
- Improving booking and transport process

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Our idea: One Trust-wide ECT Service operating across multiple sites

“1”

Delivering high quality and efficient services for **ALL** service users and staff

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Benefits: One Trust-wide ECT Service operating across multiple sites

- Equitable access and experience for service users
- Sustainable staffing and improved workforce / succession planning
- Standard systems, equipment and ways of working – both clinical and logistic
- One line of accountability and speedy resolution of issues across sites
- One system of governance and one set of data and information supporting it, promoting learning and improvement across all sites
- Best use of resources and budget, balancing capacity with future demand, and able to flex resources across sites to manage peaks and troughs in demand and operational issues

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Benefits: One Trust-wide ECT Service operating across multiple sites 

Put simply...

- We have the right people, with the right skills, working in the best way.
- We can see what is happening and put things right quickly and safely if there's a problem.
- We continue to deliver a safe, high quality service, confident it's the best it can be.

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Plan: One Trust-wide ECT Service operating across multiple sites 

Next 2 WEEKS

- Trust Agreement to pursue one service
- Coordinate communication across 3 sites and start to discuss with staff




Next 2 MONTHS

- Create Trust wide ECT Management structure
- Initiate project
 - Project support
 - Engagement
 - Staffing
 - Budget
 - Estate
 - Governance
 - Capacity / Demand
 - Contracts / SLAs

In 3-6 MONTHS

- Implementation complete by 1 June 2019

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One Trust-wide ECT Service operating across multiple sites 

What Really Happened

- Business Plan proposing reduction to one or two sites; one of which would be Antelope House.
- Notice given by University Hospital Southampton (UHS) on Service Level Agreement (SLA) to provide anaesthetic staff to Antelope House.
- SLA out to tender.
- Progress towards Trust-wide service delayed.

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STAFF LIST for an 8 treatment, 4 hour Clinic 

(ECTAS compliant)

- ⇒ 1 x HCSW / ECT Technician
- ⇒ 1 x Pre-assess Clinician
- ⇒ 1 x ECT Consultant
- ⇒ 1 x Junior Doctor – treating / training
- ⇒ 1 x Anaesthetist (SLA)
- ⇒ 1 x ODP / Anaesthetic Nurse (SLA)
- ⇒ 1 x ECT Treating Nurse
- ⇒ 2 x Recovery-trained Clinician (SLA)
- ⇒ 1 x MH Staff Member
- ⇒ Peer Support Worker
- ⇒ Plus administrative resource supporting all sites.

Further work required to establish full staffing requirements for non-clinical activity

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Challenges

- ⇒ Sufficient recovery trained staff
- ⇒ Training of Junior Doctors
- ⇒ Retention of skilled but unqualified staff
- ⇒ Succession planning for all staff, particularly lead nurses and psychiatrists

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Solutions

- ⇒ Consistent and robust SLAs to provide Recovery Trained Staff: ODP, recovery nurse, anaesthetic nurse.
- ⇒ Develop a peer support worker role
- ⇒ Complete competencies for RMNs to support recovery.
- ⇒ Develop a B4 ECT technician role to provide Career Progression.
- ⇒ Involve Junior Doctors in pre-assessment

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Standardised Staffing

What Really Happened

- Notice given by University Hospital Southampton (UHS) on Service Level Agreement (SLA) to provide anaesthetic staff to Antelope House.
- SLA out to tender.
- Band 4 role developed and filled.
- Peer support worker to be developed as part of Trust-wide group on peer support workers.

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Transport Plan

- Work towards standard and staggered booking system to be implemented
- Develop appointment cards for service users
- Develop patient centred survey to provide monitoring for review
- Transport tracking system to be implemented in ECT suites
- Review and track compliance with transport contract
- Transport will be informed if service users are ready to go home earlier than time transport booked
- Taxi will be booked if transport has not arrived by end of clinic time.
- SCAS escalation and complaints processes to be shared and used when contract expectations are not met to enable meaningful feedback

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Transport

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What Really Happened

- Access to tracking system developed.
- Funding for taxis if collection is significantly delayed.
- Improved communication with Patient Transport Service (PTS).
- Routine feedback to PTS.

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Reflections

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- Events outside of the RPIW can get in the way of plans to implement change.
- Three different teams can create tensions where practices differ.
- The over capacity (2400 for a demand of 1500 treatments per year) meant that there was anxiety about a unit closing.

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