Forth Valley Alcohol and Drug Partnership

Attitudes to Recovery Staff Survey

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1. Background

"Don't reinvent the wheel, just realign it." Anthony J. D'Angelo

Recovery is central to the latest Scottish Government Drug Strategy '*The Road to Recovery*' (Scottish Government, 2008). The strategy defines 'Recovery' as:

> *"A process through which an individual is able to move on from their problem drug use towards a drug-free life and become an active and contributing member of society." (p.vi)*

In order to support our clients' recovery aspirations as well as possible, services must have a recovery-oriented ethos. Working in a recovery focussed way presents challenges for many services that have traditionally worked differently. In order for services to become more recovery orientated there is a requirement for all staff to consider attitudes and values that are conducive to recovery.

The Scottish Ministerial Advisory Committee on Alcohol Problems SMACAP (2011, p.6) determined that:

> *"Services should be underpinned by a recovery ethos which supports and builds on the strengths and assets within individuals."*

Recovery also underpins our local Drug and Alcohol Strategy '*The Road to Recovery in Forth Valley'* (Forth Valley ADP, 2009). There is an expectation that we promote recovery throughout our whole treatment system and throughout the integrated care pathway.

Forth Valley ADP (2009, p.5) made a commitment to "consider issues such as workforce development and ensure that the workforce is equipped with the skills to deliver" and as part of this a small short life working group was set up to investigate recovery capital within services. This was supported by our local Integrated Clinical Governance group who also recognised the value in assessing how recovery orientated our services were. Locally we had an established forum consisting of service managers and there was agreement that this group would be ideal to look at our options.

An online survey was developed to assess attitudes and values around recovery across all teams within Forth Valley Substance Misuse Service. This report details the findings of that survey.

2. Aim

The aim of this survey was to elicit attitudes toward recovery amongst the broad range of health, social and third sector services who work closely with people who have problems relating to drug and/or alcohol addiction. It will also help inform on future training and support which will in turn support service users in their recovery.

3. Methodology

On behalf of the Integrated Substance Misuse Clinical Governance Group, the Substance Misuse Attitudes to Recovery Questionnaire, described in the introduction, was designed and agreed by a small working group.

3.1 Questionnaire design

In looking at mechanisms to gauge recovery attitudes, consideration was given to the work of Dr David Best. Whilst staff recognised the value of this seminal work we wanted something more appropriate to Forth Valley.

The group also considered the work of Moane (2012) in assessing some general values held within the workforce at Signpost Recovery and felt that this could be adapted as a starting point for a recovery attitudes questionnaire. This work had utilised Ayan & Benzel's (1997) measurement of curiosity, openness, risk taking and energy and Morgan & Murgatroyd's (1994) concept of total quality management in developing a survey tool.

These concepts were adapted for use within an employee opinion survey method, a widely used method to assess employee attitudes and perceptions about work-related issues (Edwards 1997). Statements asking about attitudes and values relating to recovery were developed under the headings described by Ayan & Benzel (1997), and Likert scales (Likert, 1932) were used to assess staff's agreement or disagreement with them.

3.2 Questionnaire delivery and analysis

For reasons of convenience, speed, economy and ease of analysis an online questionnaire was used. Online surveys also aid anonymity of responses, and we felt this was important to ensure that staff would be enabled to answer frankly and honestly.

The group were keen to reduce the number of non-responders as far as possible, but were aware that surveys of this kind tend to have high rates of non-responding. One study that compared non-respondents to respondents in an employee survey showed that those who 'opted out' were found to be much lower in all aspects of job satisfaction and commitment to the

organisation and, despite any assurances they were given, they had very negative and suspicious beliefs about how the survey data would be used (Rogelberg et al, 2003). This raises the possibility that those who do not respond are often disaffected in some way, and that they fail to take part as a way of not cooperating with the organisation. Therefore we determined an allowance for this: in order to maximise return as far as possible, Forth Valley ADP kindly provided health-based incentives for first past the post in terms of survey returns.

Once the questionnaire design was agreed, the questionnaire was transposed to an on-line electronic platform which was being developed within NHS Forth Valley's Quality Improvement Support Service (QISS).This project allowed the new system to be piloted and tested. The link to the questionnaire was emailed out to key representatives to cascade to colleagues working in their specific service. The NHS Forth Valley Quality Improvement Team then captured the questionnaire data independently, in order to ensure anonymity and objectivity.

The quantitative results of the survey were then extracted and analysed by QISS and the qualitative results analysed by Substance Misuse Psychology. The qualitative results were analysed using thematic analysis. These data were analysed by Mette Kreis, a Specialist Psychological Practitioner with previous experience of qualitative research with a recovery-oriented ethos.

3.3 Respondents

The services invited to take part in the survey, were as follows:

- Addictions Support and Counselling
- Addiction Recovery Service
- Barnardos AXIS
- Barnardos Freagarrach
- Community Alcohol and Drugs Service
- Hospital Addiction Team
- Phoenix Futures
- Substance Treatment Service
- Signpost Recovery
- Young Persons Service Clacks
- Connect Services for Young People
- NHS Prison Health Care
- GP Prescribing Service
- Community Pharmacy

Medical and psychology professionals working across the teams were also invited to take part, and their views were collected under the Community Alcohol and Drugs Service heading.

4. Results

4.1 Response Rate

A total of 102 responses were received. The breakdown of these responses per service and the rate of response of each service are demonstrated in the table below:

Service	No. Responses	No. staff in service	% response from service	% response rate overall
Addictions Support and Counselling	11	11	100%	11%
Addiction Recovery Service	6	12	50%	6%
Barnardos AXIS	4	4	100%	4%
Barnardos Freagarrach	5	5	100%	5%
Community Alcohol and Drugs Service	11	35	31%	11%
Hospital Addiction Team	1	2	50%	1%
Phoenix Futures (EACS)	4	16	25%	4%
Forth Valley Substance Treatment Service	11	11	100%	11%
Signpost Recovery	18	18	100%	18%
Young Persons Service Clacks	0	3	0%	0%
Connect Services for Young People	1	1	100%	1%
NHS Prisoner Health Care	6	67	9%	6%
GP Prescribing Service	3	3	100%	3%
Community Pharmacy	21	61	34%	21%
Total	**102**	**249**	**41%**	100%

As can be seen from the table above, a 41% response rate was achieved overall.

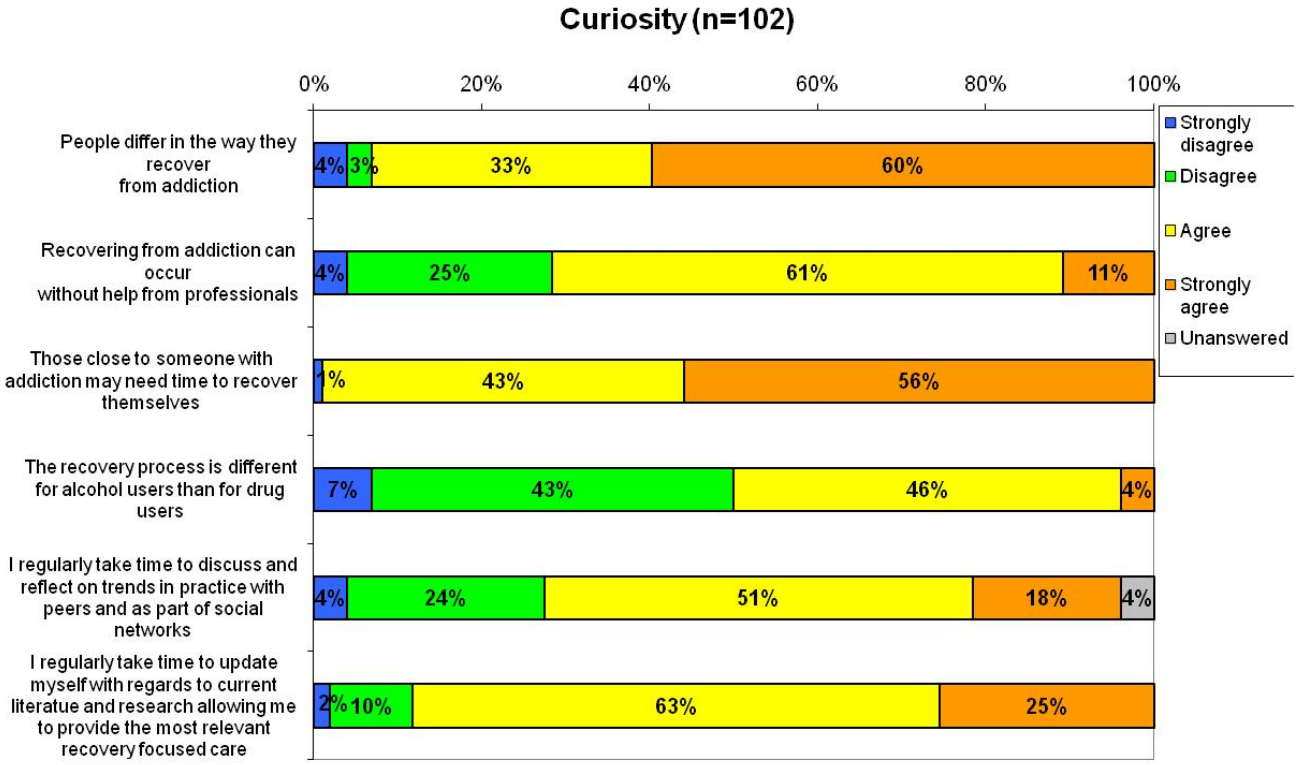
The survey results and statements given by staff are detailed below. The results were analysed within each section defined by the questionnaire and themes and sub-themes were drawn out.

Staff also made a number of suggestions that would improve their services, and their ability to create a greater recovery focus. The themes and sub-themes are described below, and the suggestions for improvement given by staff are described at the end of every section.

4.2 Curiosity

Curiosity prompts us to investigate new ideas or look for better ways to do something. Curiosity also motivates us to drive, experiment and build. Recovery can be a very individual process and therefore curiosity on behalf of the client /patient, staff and services can be helpful in achieving positive recovery outcomes.

The following graph displays the responses received.



The graph above displays a number of key responses from staff. The majority of staff (93%) agreed that people differ in the way they recover from addiction.

It is interesting to note that a majority of staff (72%) did not believe that recovery from addiction could occur without the help of professionals.

Staff responded almost unanimously with agreement to the statement, 'those close to someone with addiction may need time to recover themselves' (99%), suggesting awareness of the need to address the needs of families and carers. Staff were split on their views on whether recovery differed for alcohol users compared to drug users, with 50% of respondents feeling that the process was different, and 50% feeling that it was no different.

At the end of this section, respondents were asked for their feedback and suggestions for improvement. From the information provided, the following themes were identified:

- **Staff development**
  There was recognition that staff needed to access information in order to stay up to date with the literature, but at times it was difficult to find the time to do this:

  > *"I would like to do more to keep up to date and reflect with my peers but I have very little time to do so."*

- **The requirement of continuity of care**
  The importance of the therapeutic relationship was highlighted as vital; a theme which also emerged from the 'energy' section. In this section the comments focused on the need for continuity of care to allow for clients to develop trust in their key workers:

  > *"Continuity of care is vital in recovery. A client who is curious must be able to trust key workers to ask appropriate questions."*

- **The need to improve recovery resources**
  There were a number of comments around the need to improve the resources available to service users in our area, such as by implementing and resourcing recovery groups and increasing the range of resources offered with more access to those with personal experience of recovery.

  There was also recognition that practical support was essential, such as by offering bus passes wherever possible, and a feeling that at times Health Board rules could sabotage recovery efforts:

  > *"Having bus passes to engage with family recovery is essential to recovery"*

  > *"I feel Forth Valley has much more to offer [those] wanting recovery….more 12-step…SMART meetings…guest speakers…people in recovery…an AA meeting in Forth Valley Royal Hospital, offering hope to inpatients in extremis. And so much more…."*

- **The need for a concerted and integrated recovery approach including social networks**
  There were a number of sub-themes here which asked for improved clarity of the recovery path, the need for greater understanding of the process of recovery, improved integration and inclusion with families, carers and communities, and better peer support options:

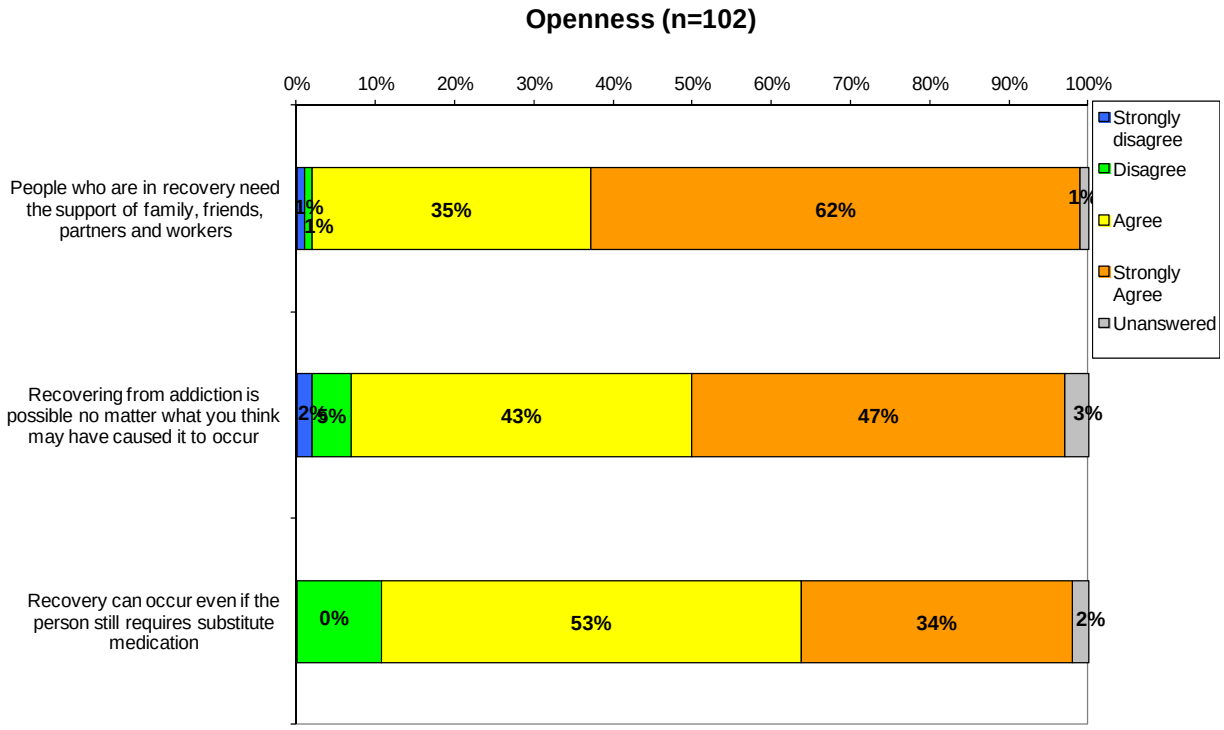
  > *"[We need] clarity of recovery path and integration with services supporting the carers."*

  > *"A concerted approach to recovery would be useful…we need the individual, the family and the community to progress through the recovery."*

4.3 Openness

Openness enables us to incorporate new ideas into our thinking. It can also mean leaving your comfort zone. The recovery journey can require openness to interventions, notions, people and other services by the client/patient, staff and Addiction Services.

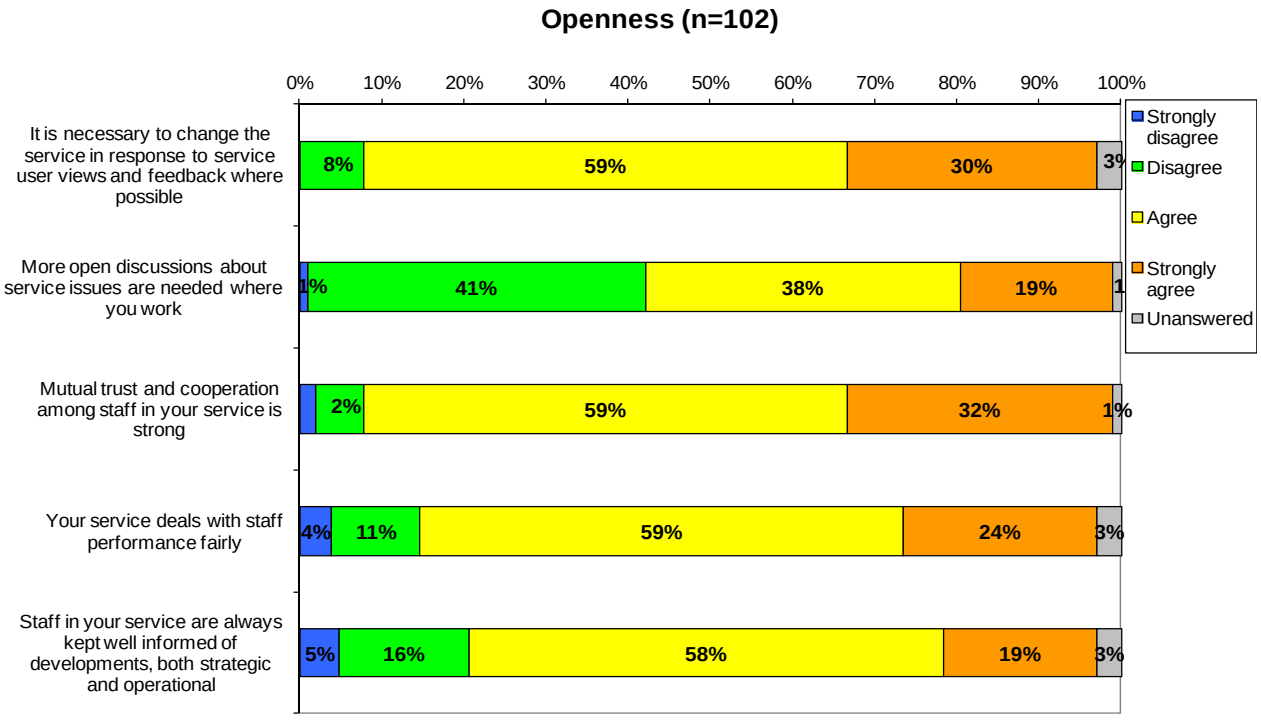
The following section is in relation to openness and the responses received are displayed below:



As can be seen from the graph above, a majority of staff were in agreement that recovery could occur even if someone may remain on substitute medication (87%), that recovery from addiction was possible no matter what the cause of the addiction (90%) and that people in recovery needed support from those around them (97%).

When considering service related issues, a majority of staff felt that mutual trust and cooperation was strong within their services (91%), their services were fair in response to staff performance (83%), and staff in their services was well informed of strategic and operational developments (77%).

There was a more mixed view around the question of whether more open discussions about service issues were needed (57% agreed, 42% disagreed).



Notably, although a majority of staff appeared to agree with the statements above, the qualitative comments reflected issues perceived by staff with some suggestions of how to resolve these:

- **Communication and learning**
  The views given suggested that communication could be vastly improved, and gave suggestions around opening up lines of communication, given in the box at the end of the section. There was a request for access to a more informal learning platform outside the usual clinical governance structures.

- **Obstacles to openness to change**
  A number of obstacles to change were given by staff from different parts of the service. Some felt there was a lack of motivation amongst staff groups who had become institutionalised and less open to change:

  "Management are open to change and are keen to listen but some staff are quite institutionalised and are not so open to changes that would improve services for clients."

  Possible reasons for this were given and related to staff on the ground 'fire-fighting', which made it difficult to engage with or feel a part of service development:

  "Staff on the ground are 'fire fighting' and not engaged in or motivated by management decisions."

This was said to increase pressure on staff. High levels of sickness absence and the lack of knowledge and skill of some members of staff were also highlighted as putting more responsibility on other staff members.

Tensions were expressed between the Health Board, medical staff, admin staff and key worker staff, and it was felt that these had not been satisfactorily addressed or prioritised:

> *"The needs of admin and medical staff are put in front of the service user and the staff who have the most contact with service users; the key worker*."

A final obstacle was expressed as the decision making process for service-related changes, and some staff felt that decisions were made before staff had been consulted or asked their opinions. At times, this could lead staff to feel that decisions made were cost-related rather than person centred.

- **Role of the social environment in the recovery process**
  Different settings were seen as presenting different challenges to recovery. The prison setting was specified here as one that brought specific challenges, because clients were focused on liberation and were often stable in the prison setting, but then lapsed on release. This led to some staff to express the belief that recovery was only successful away from a client's familiar environment:

  > *"Recovery will only be successful if patient is removed from their usual surroundings."*

- **Logistic challenges**
  Logistic challenges were also highlighted as posing an issue, in particular for teams for whom case-notes were located in a different setting to their base, so that when staff were located in their base it was not possible to answer queries relating to clients.

4.4 Risk Tolerance

Without the willingness to take appropriate risk most difficult tasks or journeys would never be able to get off the ground. Owing to the nature of drug and alcohol problems the recovery process can have many hurdles from both a client and staff perspective.

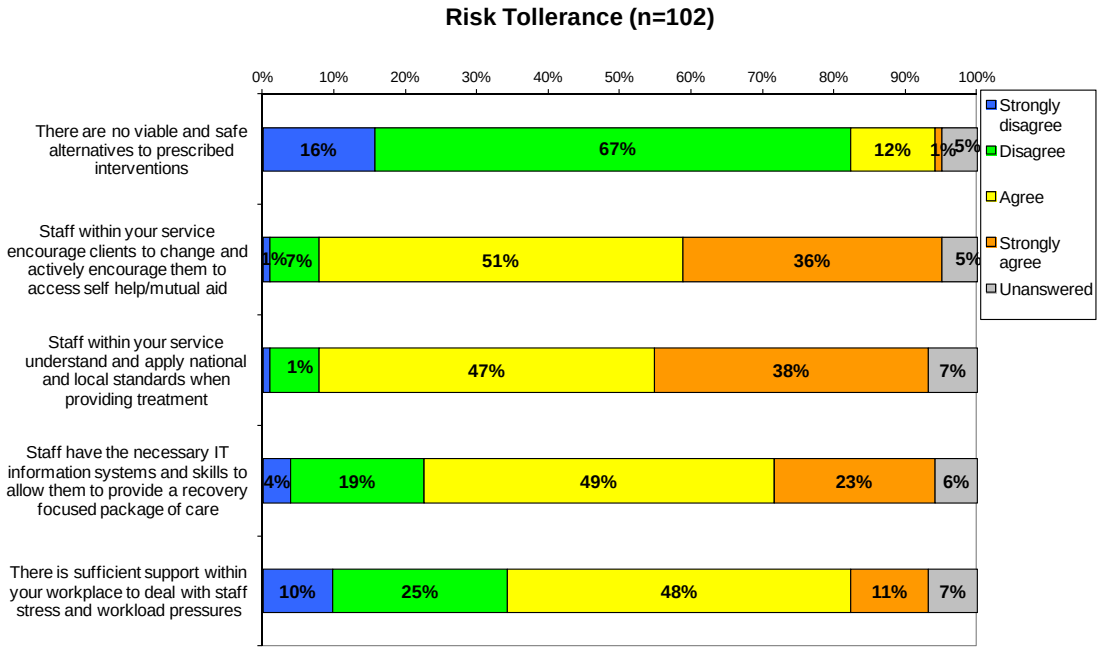
When considering some of the questions relating to risk tolerance, a majority of staff felt that their services encouraged clients to change, with support to access self help/mutual aid (87%).

Most staff felt that there were viable and safe alternatives to prescribed interventions (83%).

A majority felt that their service applied national and local standards of care (85%).

Although most staff felt that they had the necessary IT information and systems to allow them to provide a recovery focussed package of care (72%), just under a quarter of staff did not (23%), which may be reflective of the number of changes and new systems recently introduced to different parts of the service.

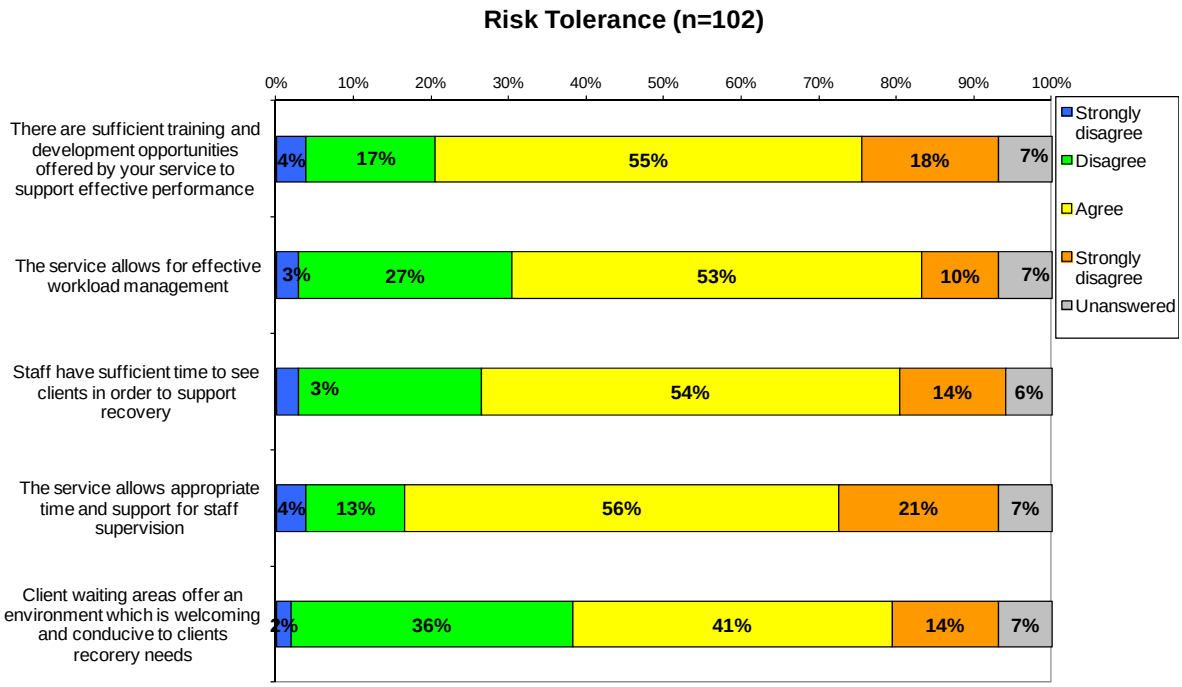
Staff were also more mixed on whether they had sufficient support to deal with stress and workload pressures: 59% felt that there was sufficient support, whilst 35% did not. This is significant when considering the consequences of staff stress such as burnout.



The answers in the following graph also relate to staff support. Most staff felt that there were sufficient training and development opportunities afforded to them (73%), although almost a quarter did not (21%).

63% of staff felt that their service allowed for effective workload management, whilst almost a third did not (30%). While most staff felt that they did have enough time to see clients in order to support their recovery (68%) and enough time for supervision (77%) a significant minority of staff did not feel that they had enough time for either of these tasks.

Staff were split on whether waiting rooms offered a welcoming and recovery-oriented environment with 55% feeling that their waiting areas were conducive to recovery, and 38% feeling that they were not.



As with previous sections, the opinions given in the questionnaire scales were expanded on within the qualitative statements.

- **Staff support**
  The subthemes in this area outlined views on the need for supervision and training, as well as support with workload management in order to provide a recovery-focussed service.

  Whilst it was pointed out that counsellors funded their own external supervision, staff felt that there was a lack of supervision and support, and that one-to-one supervision that was provided was inadequate. Access to training was also highlighted as a need, including specifically training for GPPS GPs.

  > *"I have been offered minimal ongoing training and no supervision, support, space for reflection and development."*

  Workload management was also discussed, with some staff feeling that their service allowed for effective workload management, while others felt that high caseloads impacted on effective recovery work, and high levels of paperwork took away from time available to spend with clients:

  > *"My current workload is very high mainly due to other staff being absent through illness. This puts added strain on me to achieve the goals set for my own clients and my colleagues' clients."*

  The consequences of this were significant for some members of staff, particularly in teams where high rates of sickness absence impacted on

remaining staff members to the extent that some felt that it was impossible to attain effective caseload management and for standards not to slip:

> *“If I have to work at this current capacity for much longer my standards will slip. This doesn't give me confidence in the service we provide, as I know I will eventually struggle to cope with my workload. Job satisfaction which is important to me is diminished, stress levels will rise and mistakes will most surely occur.*

- **Environments supporting recovery**
  The environments provided by services were described as inappropriate and not always welcoming to clients. This was because of a lack of clinic space, which forced clients at different stages of recovery to share the same space.

  > *"Waiting room is shared by stable and chaotic substance users which is inappropriate."*

  > *“We have to be very vigilant about waiting areas where service users from different services (with different needs/concerns) may mix.”*

  In addition, lack of clinical space caused time constraints that could limit the amount of work carried out. Clinic space was also described as having limited privacy and prison settings were specified as environments within which there were time constraints due to routine movements and limited access:

  > *"Accommodation to see clients would seem to be at a premium and limited which limits the effectiveness of my interventions with clients as it can be rushed and not responsive to clients' needs."*

- **The need to ensure provision for all aspects of recovery**
  Some staff described the need to provide more support for clients’ social issues such as housing and benefits:

  > *"The substances can be easily sorted it is the other issues that they need more help with such as housing and benefits."*

  Staff described changes in the roles of different parts of the service, for example moving from offering detox towards offering resources and signposting to other services.

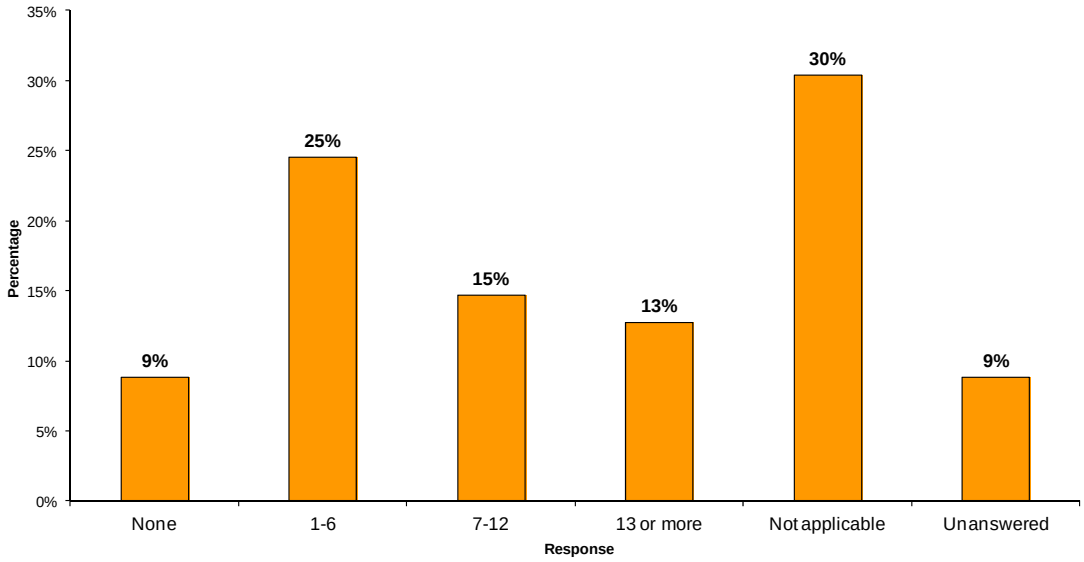
- **Logistic obstacles to recovery**
  The logistic issues described in the previous section were repeated here, in particular the need to ensure that all services had access to relevant patient information.

4.5 Energy

Energy is the spark that ignites creativity. Without physical and mental energy difficult tasks can either fail to start or they can suffer flaws along the way. Supporting recovery often requires significant energy in order that creativity and innovation can be applied to care management.

One way of sustaining energy to work is to see the benefit of the service provided for the people it serves. For this reason, staff were asked how many of their clients had achieved recovery in the two years prior to the questionnaire. The results are shown below:

Energy: In the last two years, how many of your clients have acheived recovery (not applicable indicates non-caseload holder) (n=102)



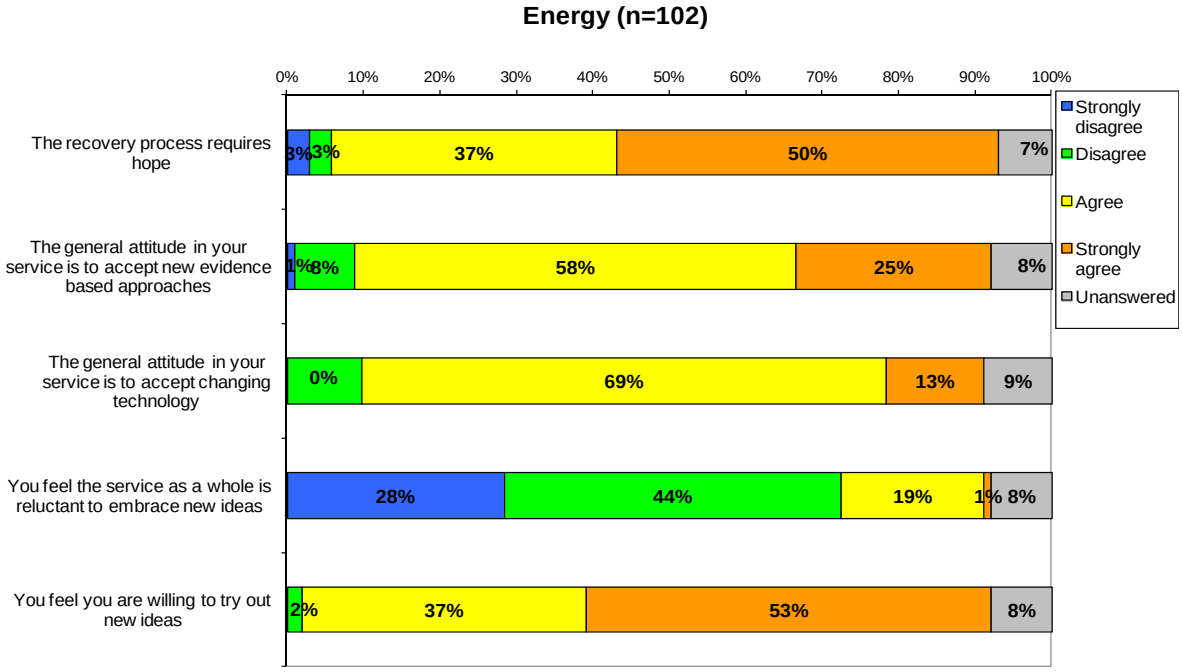
For a quarter of staff, 1-6 clients had achieved recovery, with 15% of staff saying that 7-12 clients had recovered, and 13% saying that 13 or more clients had recovered in the previous 2 years.

For 9% of staff, none of their clients had recovered. This may be reflective of staff groups working at different parts of the service, but emphasises the need to ensure that all staff are able to experience recovery in order to sustain their energy, optimism and hope.

One staff member pointed out that the questionnaire had not defined recovery, and that their own figure would have been much higher if recovery had been defined as someone on substitute prescribing as opposed to abstinence from all prescribed and illicit substances.

Staff answers to the questions around ‘energy’ are shown in the graph on the next page. A majority agreed that the recovery process required hope (87%), and felt that their services were able to accept new evidence based approaches (83%) and changing technology (82%).

However, while 74% of staff felt that their service was able to embrace new ideas, 20% felt that their service was reluctant to do so. When this was considered from the point of view of individual staff, 90% of staff felt that they were willing to try out new ideas.



These issues were discussed in more detail in the qualitative section, and the themes are summarised below:

- **Motivation**
  Staff described opportunities to witness recovery as a strong motivator:

  "I have seen clients' recovery regularly that I've been working with and this is a strong motivator for continuing to do this work."

  However, staff also recognised low morale and resistance to change as factors that impacted on client recovery.

  "Staff morale is currently low…this diminishes peoples' creativity and in turn leads to a lack of enthusiasm…ultimately it's our clients who are being failed…"

  Some staff described feeling that new initiatives were dismissed, sometimes by experienced staff, and sometimes by senior staff when discussing change or suggesting different approaches to practice. As an antidote to this, some felt that staff should be encouraged to access new learning to help increase motivation:

  "The service has many staff that have been there for a long time, they can be dismissive of new initiatives. More investment and encouragement is needed for staff to access academic addiction

courses and leadership courses…will increase knowledge, adopting a culture of care, improvement and innovation."

- **Definitions of recovery**
  Recovery was described as a continuum, with clients' at all different stages. It was further defined as a subjective process, and one that required hard work and commitment from both staff and service users.

  Some staff pointed out that the definition used impacted on figures measuring the efficacy of the service, such as if recovery was only measured as abstinence.

  "Recovery requires hard work, change of attitude and commitment on behalf of clients and staff."

- **Recovery interventions**
  There were requests here for a greater range of therapeutic interventions other than medication, with some staff believing that the service needed to replace methadone prescribing altogether, or to provide a greater range of opiate substitution options:

  "Less prescribing medication to be readily available/offered and more alternative options including many therapeutic interventions to aid recovery."

  The therapeutic relationship was also mentioned in this section, with staff stating it was essential to recovery and hindered by a lack of continuity of care:

  "…when they [clients] see a different member of staff each time they visit the clinic. Where is the therapeutic relationship in this?...it is indeed necessary and a basic requirement in the recovery process."

5. Summary

The themes which emerged from the four sections showed a lot of overlap. In particular, the comments reflected three main areas: staff needs, resource requirements (described at levels from individual interventions all the way through to environments and communities of recovery), and client specific needs such as continuity and a safe therapeutic relationship.

Staff expressed thoughts and suggestions around their own needs for support and learning opportunities.

Ideas about obstacles to change were described, as well as ways of sustaining and increasing motivation. As a part of worker's needs, logistic challenges were emphasised. A number of suggestions for improving learning opportunities were given, which are outlined in the 'recommendations' section below.

When considering their services, some staff were clear on the need for continuity of care and a therapeutic relationship in which clients could develop trust and engage with treatment.

There were a number of ideas about improving resources, which reflected a holistic understanding of recovery, and the recognition that recovery interventions need to address all parts of life; from facilitating transport through the provision of bus passes, through to supporting clients with social needs. There was a need to more clearly define recovery for some and for others a need to offer a wider range of intervention and choice.

6. Recommendations

A number of recommendations were given to address some of the issues or flaws in the service as perceived by members of staff. A repeated theme throughout the questionnaire was the wish of staff to be better informed and to be offered chances to share information and learn from each other.

Suggestions here included:

- Brief email bulletins with updated information/literature.
- Allocated study time e.g. to engage in peer sharing of learning.
- Could the ADP provide quarterly circulars for all services supporting service users in recovery to improve communication.
- Could there be a journal club to provide a less formal platform for sharing ideas and learning.
- More encouragement for staff to access new learning.
- More exposure to clients who have recovered for both staff and other clients.

Staff also had a number of suggestions to improve recovery resources:

- 12-step education for staff, SMART meetings, more events like the novel psychoactive substances event.
- AA meetings in Forth Valley Royal Hospital.
- More provision of bus passes.
- Peer recovery coaches.
- Clarity of the recovery path and integration with services supporting carers.
- Implement and resource recovery groups in the service.
- Role based access to patient information will facilitate better care.
- Provide better access to support with clients' social issues.
- Development of a wider range of therapeutic options for clients.

7. Forth Valley Alcohol and Drug Partnership Response

We will continue to listen and support the voices of recovery within our teams and services and we thank all who took the time and effort to complete the questionnaire.

We will attempt to progress all of your ideas and suggestions for changing practice. Also having heard your concerns loud and clear we will work hard to deliver change in a manner which is inclusive of staff and service users. However there is much to be proud of and we equally want to celebrate success and promote our achievements in service delivery. There is so much that we can influence both within our own workplace and strategically.

We would actively encourage all staff with vision to record their views and ideas and share them with us. We want you to be a part of this exciting recovery journey which will mean, for some, the delivery of a life changing outcome.

This is an update on the current and planned actions taking place within Forth Valley Substance Misuse Services in 2014 which are helping to address some of the issues and concerns highlighted in this survey report.

Staff Development and Support

Education and Training

Clinical resources are currently being reviewed and new resources will be made available to staff online via 'Moodjuice' – Addiction in the near future, and via resource packages under development by the Substance Misuse Clinical Psychology Service.

CBT Training

This training has been made available to identified staff as a professional development opportunity regarding further enhancing skills and competencies in relation to the delivery of evidence based psychological interventions for our clients.

Team Development Sessions

These sessions will be undertaken within substance services in the autumn, in partnership with FVNHS Organisational Development Team.

Training and support to GP's

Over the last few months we have delivered training and support to GPs. We have revised the GPPS Handbook for General Practitioners. We offer ongoing support to GP's and to Community Pharmacists to undertake the RCGP Course related to Opiate Replacement Therapy.

Workplace Stress

Over the past months the FVADP have taken some measures to tackle work related stress and have supported staff by offering Seated Chair Massage to alleviate workplace stress. We offer staff the opportunity to discuss stress in a confidential way through occupational health channels and informally via our Consultant Clinical Psychologist, this support is available to both NHS and Third Sector Staff.

Recovery Resources

Forth Valley Family Support Service

FVADP have invested funding for the development of this service. This service will operate from hubs across the Forth Valley area from April 2014. It is envisaged that the service will be active in engaging the substance misuse workforce in training and development related to families and recovery.

SMART Recovery Forth Valley

A well developed plan and associated funding has enabled the development and future delivery of SMART Recovery in Forth Valley. This work will require the support of all who operate within SMS in Forth Valley.

Alcoholics Anonymous (Forth Valley)

A weekly AA meeting has been established within Forth Valley Royal Hospital.

Mutual Aid / Self Help – We are actively promoting the use of mutual aid and self help across the system. We will produce a resource which will detail all of the available organisations that are in operation across Forth Valley.

Peer Support Approaches

Development of a peer support programme has begun in collaboration with ASC's Community Rehabilitation Service.

Integrated Recovery Approaches to Care

Integrated Care Pathway development and implementation

Within Forth Valley Substance Misuse Services will enhance working in partnership with service users, families and carers, adopting a whole systems approach to recovery. The ICP will map the journey through the third sector, statutory provision and prison.

Service User Journey of Recovery Pathways

There are plans in place to involve staff in workshops to explore and enhance service user pathways. It is envisaged that all staff will have equal opportunity to participate into these workshops.

Recovery Orientated Systems of Care

FVADP has committed to train 100 Staff from all substance misuse staff on the topic of recovery. This training package will help create a greater understanding of recovery across the system and will enable much more movement across the pathway, aiding the recovery journey.

Quality and Service Improvement

Substance Misuse Integrated Clinical Governance Group

This group meets monthly and its remit is to give assurance to the FVADP and the NHS in relation to the quality of the substance misuse service provision overall in Forth Valley.

Quality Improvement Leads

Staff within teams and services have been identified as “Quils” to contribute, support and delivery on quality improvement work within the services and to improve the interface between senior management through improved communication.

Openness

Substance Misuse Services Education Meeting

The purpose and remit of this meeting is to communicate learning, the remit has been reviewed and access has been broadened out to include **all** staff working within the substance misuse services. It is also envisaged that staff will be consulted on service-related issues via open discussion within the education meeting

Capacity and Efficiency

We understand the issues of ‘fire fighting’, as raised by staff, to be related to the design and delivery of services, and is equally related to patient pathways. The strategic plan for implementation of the Forth Valley Quality Improvement Framework and our revised Forth Valley Treatment Strategy will attempt to resolve these inefficiency issues. We must create an environment and culture where individuals are routinely involved, and consulted about service –related changes.

Risk Tolerance

Supervision

We understand the views and testimonies of staff as portrayed within these results by staff to be a serious matter, in terms of the lack of supervision available to them. This type of support is not an optional extra, and should never be viewed as such. Providing appropriate supervision for staff is a mandatory requirement. We intend to seek both answers and assurances in relation to improvements required

here through the strategic forums we attend. We will also also recommend that there is a supervision training programme for all of those who supervise staff, and clear plan put in place.

Management Support

Additional management resource has been deployed within Statutory Services in recent months. This has allowed the examination of the issues of managing caseloads and capacity and audits to be undertaken. Consistency of absence management processes will reduce the use of bank staff.

Service Quality

We have undertaken to externally review and evaluate our four main Opiate Replacement Therapy Services within Forth Valley. This was undertaken to ascertain the Quality and Consistency of service delivery. And will be useful in terms of identifying areas of concern relating to standards of care. This will inform the development of our revised Treatment Strategy going forward. We plan to evaluate all ORT provision within Forth Valley, including our Prison based programmes.

Environments Supporting Recovery

There were issues raised by staff which identify clear opportunities that already exist within the services, to arrange and organise appointments and clinics to suit service users/recovery patterns, ideas such as appointing those service users at different stages of recovery to attend in clusters. These suggestions have already in some cases been made by service users in various surveys, reports and audits and should be acted upon without further delay.

Provision for all aspects of recovery

Through the work of FVADP and our overarching workforce plan, we have commissioned bespoke training on 'attitudes and values' for our key partners. This is to help tackle issues relating to stigma and exclusion directly. We have undertaken to deliver this training with the housing and homeless workforce, early evaluation has been very encouraging from these staff training events in Clackmannanshire. We plan to roll this training out to Falkirk and Stirling next.

Logistical obstacles to recovery

FACE (Care Planning)

Work is underway to ensure that all Substance Misuse Services involved in adult care have access to service user information by way of the FACE electronic clinical record system; this includes third sector services and Prison Healthcare.

Service User Involvement

This is a vital and important aspect of any treatment/recovery system, user empowerment is a key tenet of our recovery strategy. We have an active Service User Group (SUG) which receives funding from FVADP.

We support a community based social evening in Stirling for service users where social interaction is the main focus of the event. This has been possible due to support of active partners such as the Salvation Army, as well as the support from those in recovery. Service user involvement requires further development across Forth Valley to promote equity of access to all of those in treatment. The SUG membership is consulted on key plans and documents and are encouraged to be involved in local service development work; for example the recent recovery themed conferences.

Energy

Motivation- Access to Learning

Further learning/ education opportunities are widely circulated to managers within services via the ADP.NHS Staff Education Endowments exists and can be utilised for this purpose. The Third Sector actively promotes further learning within the workplace. Opportunities also exist for on line learning, e-modules such as BBV and Child Protection being some examples of these. FVADP also supports doctors, pharmacists and substance misuse services staff to undertake RCGP qualifications.

The FVADP are currently working with Health Scotland and STRADA to develop a robust workforce plan, this development plan will include specific recommendations for the non traditional workforce (Housing, Social Work, Job Centre Plus) and traditional substance misuse workforce (Drug and Alcohol Services).

We have delivered Recovery Cafe events to other key partners in an attempt to gather recovery momentum. We need to further embed the recovery message within communities.

Recovery interventions

Appropriate interventions to support recovery are available within Forth Valley. These include group work , rehabilitation services and referral to residential options where clinical assessment indicates. These services are dependent on referral from other parts of the system. We must ensure that the" right person is being seen by the right service for the right purpose at the right time" and there is a need to improve the flow of service users for the whole of their treatment journey through the system in order for them to build resilience to support their recovery.

8. Action Plan

This survey report will be shared with all staff within Forth Valley Substance Misuse Services to inform them of the outcomes of the survey. The survey report will also be sent to Forth Valley Integrated Substance Misuse Services Clinical Governance Group and to the Substance Misuse Services Quality Improvement Framework Board and FVADP, to consider the recommendations made within the report and to include these in the work plan of the group where applicable.

9. References

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Appendix 1 – Data Tables

Description What service do you work with?	Count	%
Addictions Support and Counselling	11	11%
Addiction Recovery Service	6	6%
Barnardos AXIS	4	4%
Barnardos Freagarrach	5	5%
Community Alcohol and Drugs Service	11	11%
Hospital Addiction Team	1	1%
Phoenix Futures	4	4%
Substance Treatment Service	11	11%
Signpost Recovery	18	18%
Young Persons Service Clacks	0	0%
Connect Services for Young People	1	1%
NHS SPS Health Care	6	6%
GP Prescribing Service	3	3%
Community Pharmacy	21	21%
Total	**102**	100%

Section 2 : Curiosity	Strongly Disagree		Disagree		Agree		Strongly Agree		Unanswered / spoiled			
Please rate the following statements	**Count**	**%**	**Count**	**%**	**Count**	**%**	**Count**	**%**	**Count**	**%**	**Total**	**%**
People differ in the way they recover from addiction	4	4%	3	3%	34	33%	61	60%	0	0%	102	100%
Recovering from addiction can occur without help from professionals	4	4%	25	25%	62	61%	11	11%	0	0%	102	100%
Those close to someone with addiction may need time to recover themselves	1	1%	0	0%	44	43%	57	56%	0	0%	102	100%
The recovery process is different for alcohol users than for drug users	7	7%	44	43%	47	46%	4	4%	0	0%	102	100%
I regularly take time to discuss and reflect on trends in practice with peers and as part of social networks	4	4%	24	24%	52	51%	18	18%	4	4%	102	100%
I regularly take time to update myself with regards to current literature and research allowing me to provide the most relevant recovery focused care	2	2%	10	10%	64	63%	26	25%	0	0%	102	100%

Section 2 : Openness	Strongly Disagree		Disagree		Agree		Strongly Agree		Unanswered / spoiled			
Please rate the following statements	**Count**	**%**	**Count**	**%**	**Count**	**%**	**Count**	**%**	**Count**	**%**	**Total**	**%**
People who are in recovery need the support of family, friends, partners and workers	1	1%	1	1%	36	35%	63	62%	1	1%	102	100%
Recovering from addiction is possible no matter what you think may have caused it to occur	2	2%	5	5%	44	43%	48	47%	3	3%	102	100%
Recovery can occur even if the person still requires substitute medication	0	0%	11	11%	54	53%	35	34%	2	2%	102	100%
It is necessary to change the service in response to service user views and feedback where possible	0	0%	8	8%	60	59%	31	30%	3	3%	102	100%
More open discussions about service issues are needed where you work	1	1%	42	41%	39	38%	19	19%	1	1%	102	100%
Mutual trust and cooperation among staff in your service is strong	2	2%	6	6%	60	59%	33	32%	1	1%	102	100%
Your service deals with staff performance fairly	4	4%	11	11%	60	59%	24	24%	3	3%	102	100%
Staff in your service are always kept well informed of developments, both strategic and operational	5	5%	16	16%	59	58%	19	19%	3	3%	102	100%

Section 2 : Risk tolerance	Strongly Disagree		Disagree		Agree		Strongly Agree		Unanswered / spoiled		Total	
Please rate the following statements	**Count**	**%**	**Count**	**%**	**Count**	**%**	**Count**	**%**	**Count**	**%**	**Total**	**%**
There are no viable and safe alternatives to prescribed interventions	16	16%	68	67%	12	12%	1	1%	5	5%	102	100%
Staff within your service encourage clients to change and actively encourage them to access self help/mutual aid	1	1%	7	7%	52	51%	37	36%	5	5%	102	100%
Staff within your service understand and apply national and local standards when providing treatment	1	1%	7	7%	48	47%	39	38%	7	7%	102	100%
Staff have the necessary IT information systems and skills to allow them to provide a recovery focused package of care	4	4%	19	19%	50	49%	23	23%	6	6%	102	100%
There is sufficient support within your workplace to deal with staff stress and workload pressures	10	10%	25	25%	49	48%	11	11%	7	7%	102	100%
There are sufficient training and development opportunities offered by your service to support effective performance	4	4%	17	17%	56	55%	18	18%	7	7%	102	100%
The service allows for effective workload management	3	3%	28	27%	54	53%	10	10%	7	7%	102	100%

Section 2 : Risk tolerance	Strongly Disagree		Disagree		Agree		Strongly Agree		Unanswered / spoiled		Total	
Staff have sufficient time to see clients in order to support recovery	3	3%	24	24%	55	54%	14	14%	6	6%	102	100%
The service allows appropriate time and support for staff supervision	4	4%	13	13%	57	56%	21	21%	7	7%	102	100%
Client waiting areas offer an environment which is welcoming and conducive to clients recovery needs	2	2%	37	36%	42	41%	14	14%	7	7%	102	100%

Section 2 : Energy		
In the last two years how many of your clients have achieved recovery? (if you do not have your own caseload please tick not applicable)	**Count**	**%**
None	9	9%
1-6	25	25%
7-12	15	15%
13 or more	13	13%
Not applicable	31	30%
Unanswered	9	9%
Total	**102**	**100%**

Section 2 : Energy	Strongly Disagree		Disagree		Agree		Strongly Agree		Unanswered / spoiled			
Please rate the following statements	**Count**	**%**	**Count**	**%**	**Count**	**%**	**Count**	**%**	**Count**	**%**	**Total**	**%**
The recovery process requires hope	3	3%	3	3%	38	37%	51	50%	7	7%	102	100%
The general attitude in your service is to accept new evidence based approaches	1	1%	8	8%	59	58%	26	25%	8	8%	102	100%
The general attitude in your service is to accept changing technology	0	0%	10	10%	70	69%	13	13%	9	9%	102	100%
You feel the service as a *whole* is reluctant to embrace new ideas	29	28%	45	44%	19	19%	1	1%	8	8%	102	100%
You feel you are willing to try out new ideas	0	0%	2	2%	38	37%	54	53%	8	8%	102	100%