Agreement for a
Women’s Mental Health Crisis House

Between

NHS Bristol

And

Missing Link Limited
The Representatives for Each Party:

NHS Bristol Authorised Officer for this Contract is:

<table>
<thead>
<tr>
<th>Name</th>
<th>Sally Whitley</th>
<th>Title: Commissioning Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>NHS Bristol</td>
<td>South Plaza, Marlborough Street, Bristol, BS1 3NX</td>
</tr>
<tr>
<td>EMail</td>
<td><a href="mailto:Sally.whitley@bristol.nhs.uk">Sally.whitley@bristol.nhs.uk</a></td>
<td></td>
</tr>
</tbody>
</table>

The Authorised Officer may nominate representatives to exercise some or all of his functions as appropriate and will ensure the Provider is informed, in writing, of the name of the appropriate representative(s) from time to time.

Provider Contract Manager for this Contract is:

<table>
<thead>
<tr>
<th>Name</th>
<th>Carol Metters</th>
<th>Title: Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Missing Link, 5 Queen Square, Bristol, BS1 4JQ</td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td>0117 9251811</td>
<td></td>
</tr>
<tr>
<td>E-Mail</td>
<td><a href="mailto:carol.metters@missinglinkhousing.co.uk">carol.metters@missinglinkhousing.co.uk</a></td>
<td></td>
</tr>
</tbody>
</table>

The Contract Manager may nominate representatives to exercise some or all of his functions as appropriate and will ensure the Commissioner is informed, in writing, of the name of the appointed representative(s) from time to time.
This document constitutes Agreement between:

**NHS Bristol, South Plaza Marlborough Street, Bristol BS1 3NX**  
(the Commissioner)

and

**Missing Link, Link House, 5 Queen Square, Bristol, BS1 4JQ**  
(the Provider)

For The Provision of a Women’s Mental Health Crisis House Service.

As outlined in the Service Specification at Annex A, the provider will deliver a flexible service which conforms to all necessary standards and regulations.

1. This Agreement shall remain in force for a period of 24 months from 1\textsuperscript{st} April 2012 to 30\textsuperscript{th} March 2014.

2. The Provider will deliver the activity levels and targets as set out in this Agreement and Annex A (Service Specification), and the Commissioner will pay the fees as set out in Annex B.

3. Payment will be made by the Commissioner within 30 days of receipt of validated invoices relating to the provision of services under the contract.

4. The Provider is required to maintain detailed records of all services carried out in respect of each Payment Period.

5. The Provider shall ensure that all relevant staff fulfil the requirements for registration with the relevant UK registration body and are so registered. The Provider shall provide evidence of registration at any time if requested by the Commissioner.

6. The Provider warrants that all Staff have been vetted in accordance with local requirements, including enhanced CRB checks.

7. The records referenced in point 4 must be available for inspection by the Commissioner’s Authorised Officer or NHS Bristol’s Audit Team at all reasonable times.

8. It may be necessary to amend the Agreement and/or specification as a result of legislation coming into force and/or relevant binding court decisions and not in contemplation at the Commencement Date. The Parties will liaise and discuss such issues as and when they arise, with agreement to such amendments not to be unreasonably withheld by either Party.

9. No variation should be made to the nature of this Agreement and services other than agreed in writing between the parties, in accordance with the service specification, the Commissioner’s Standing Financial Instructions, and any relevant guidance and legislation.
10. The Parties shall attempt in good faith to negotiate a settlement to any dispute between them arising out of or in connection with the agreement within 10 Working Days of either Party notifying the other of the dispute. After this period, the dispute may be escalated to a director for each party (or else a relevant senior officer).

11. Without prejudice to any other right in this Agreement, the Provider shall be terminated to terminate this Agreement if the Commissioner;
   a. Fails to pay the fee for 3 consecutive months, or;
   b. Otherwise commits a serious and fundamental breach of this Agreement.

12. Without prejudice to any other right in this Agreement, the Commissioner shall be terminated to terminate this Agreement if the Provider;
   a. Takes any steps towards winding-up including convening a meeting of its creditors or appointing a receiver or administrator, or;
   b. Commits a serious and fundamental breach of this Agreement.

13. No notice served by either party will be effective unless it is sent by prepaid post or delivered by hand or sent to a confirmed e-mail address of the Authorised Officer at the registered office as contained in this contract.

14. The Provider must take out and maintain as a minimum the insurances required to cover liabilities under the service. This is employers’ liability, public liability and professional and clinical negligence insurances.

15. The Parties recognise that patient specific data is confidential and that the provider cannot supply such information which might allow any individual clients to be identified without the client’s prior consent.

16. Any complaints relating to advice given or the manner in which individuals and or their cases have been handled by the Provider will be subject to the Provider’s complaints policy and notified to the Commissioner as soon as practical.

17. Where there is an incident, the Provider shall immediately notify the Commissioner of the incident and outline what action has been taken. The Provider shall comply with any reasonable guidance issued by the Commissioner in relation to the incident, and provide any further information which the Commissioner reasonably requests.

18. The Provider shall comply with the Commissioner’s Safeguarding policies.

19. The Commissioner does not bind itself to receive or pay for items or services other than those specified in this Agreement and or ordered by the authorised officer for this service.

20. Meetings between the Commissioner and Provider will take place on a quarterly basis during the Agreement.
21. The Provider shall deliver quarterly reports to NHS Bristol’s authorised officer or delegated deputy as per the requirements set out in Annex B (Service specification) along with any other reasonable requests for information to support the development of the service.

The Parties have signed this Agreement on the date first above written.

SIGNED by ........................................

Date ........................................

for and on behalf of NHS Bristol

SIGNED by ........................................

Date ........................................

for and on behalf of Missing Link
Annex A - Service Specification
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1. Introduction

The Crisis House will provide a high quality support service to women who are experiencing a mental health crisis.

The Crisis House is an alternative to inpatient care for women who are experiencing acute mental illness. The service will have an emphasis on building resilience and long term recovery; it will provide effective clinical interventions in an environment preferred by service users to the traditional hospital setting.

The Crisis house will have a different treatment approach from hospital services and work to a social model of recovery it will provide person-centred, intensive short term treatment and support. It will offer a holistic approach focusing on promoting and maintaining mental health wellbeing and also allowing social issues to be addressed as part of a care plan. It will address the immediate crisis but also focus on ongoing recovery, building support networks and maintenance of good mental health on returning home.

The benefits of addressing the wider health and social care issues as well as the mental health issues include fewer mental health crises, early intervention and improved integration back into community.

The Project will be funded by Bristol PCT and work in collaboration with, service users and AWP

Values and Aims

Individual Rights and Empowerment

- The rights and responsibilities of service users and staff are promoted and protected
- There is a commitment to the values of diversity and inclusion and to the practice of equal opportunities – including accessibility in its widest sense
- Security, health and safety of all individual service users, and staff.
- There is a commitment to empowering service users, and supporting their independence and engagement within the wider community
- Individual rights to privacy and confidentiality are respected
- Users, carers and other stakeholders are made aware of complaints procedures and how to use them
- Individual service users are valued and respected and their needs recognised in everyday service provision

Individual Support

- Each service user will have a risk assessment, an individual support plan and a crisis prevention plan
- There will be a process of regular review of needs and risks
- There is effective co-ordination with other agencies involved in providing support or related services for each individual service user
- Users, and if agreed their carers, are involved in planning services to meet their needs, based on self-assessment but including a risk assessment and the judgement of skilled workers
Organisation and Management

- Leadership is highly skilled and professional and there is a robust approach to governing, directing and accounting for the service
- Effective management practice is evident in systems, practices and processes, and is developed and maintained in support of service delivery
- Development of the service organisation is on-going and the service is organised within a culture of continuous improvement

Managing and Developing People

- There is effective management of people; service quality and improvement is achieved through sound strategic, procedural and inter-personal management of all the people working to deliver support.
- Future capability is a priority; people are developed and supported in carrying out their work to achieve continuous improvement in services

2. Statement of Purpose

Missing Link responds by:

- Providing support to women and their children in mental health crisis
- Providing a safe environment in which women can work through their crisis and build resilience for the future,
- Enable choice and participation in decisions that affect service provision
- Engaging in activities that raise the profile of their needs and promote their rights

In all Missing Link’s activities we will

- Demonstrate respect for the individual
- Achieve the highest possible standards and quality throughout the organisation
- Provide equality of opportunity, embrace diversity and difference.

3. Description of Service

1. To provide 24/7 high support for women and women with children with serious and enduring mental health problems who are in crisis

2. The Crisis House will have facilities to support mothers with children and women who are pregnant.

3. The Crisis House will have a cultural sensitivity to encourage women from black and ethnic communities to access it.

4. To provide effective clinical and non clinical interventions and have an emphasis on building resilience and long term recovery

5. To provide person-centred, intensive short term treatment including brief solution focussed therapy
To provide effective support and assistance to help to stabilise the woman’s mental health and return her to her home environment

Together with the woman develop a crisis prevention plan to use when she leaves the crisis house

To maintain the dignity and individuality of women who are seriously mentally ill and strive to promote choice, self-determination, independence and recovery.

To provide services in partnership with service users, carers, and relevant statutory and non-statutory services in the community.

To improve the well being of each service user through the utilisation of personal resources, social networks, professional skills and community services.

To help the woman access community services to help her to maintain her recovery

To provide a quality assurance framework to evaluate and continuously improve services.

Scope of Service

1. The Project will be staffed 24hrs per day, 7 days a week

2. The Service will be provided for up to 10 women (including 2 mothers with their children)

3. It will provide short term (maximum 4 weeks) crisis intervention

4. The Individual Assessment and Support Plan (IASP) will identify the support needs the support offered and outcomes aimed for. It also will be the tool used to plan and co-ordinate liaison with, carers, and with professionals and agencies external to the Project who are involved with the service user.

5. A Crisis Prevention Plan (CPP) will be drawn up with the service user. It will have an emphasis on improving mental health well being, building resilience and support networks to support her return to her home environment.

6. The service will provide a varied day programme that accesses community resources, and alternative therapies.

7. The Service will offer phone support for a period of time after the woman leaves.

Management and Staffing arrangements
The Management and the Support will be provided by Missing Link Mental health Services. Missing Link will meet regularly with the PCT, AWP, Survivors and others that have been involved in the setting up of the scheme. An evaluation of the service will take place at the first 6 months, at 12 month and at 18 months.

The Senior manager and the Service Manager will be responsible for ensuring that advice is always available to staff, service users, referring agencies and other enquirers, and for the quality of the support within the Project.

The Service Manager will be responsible for the overall day to day management and quality of services.

Project Workers will be responsible for the provision of services whilst on duty, drawing up, delivery and evaluation of Individual Support Plans and Crisis Prevention Plans in liaison with the woman, other professionals and agencies.

5  Steering Group

The Steering Group will be made up of Senior Missing Link Staff, Service Users, Senior staff from AWP including representatives from the HIT, Commissioners from Bristol PCT and other relevant organisations. It will have its own terms of reference and have a monitoring and advisory role to ensure that a quality service is provided at the project.

The Steering Group will:

- Will establish protocols for the interface between the Crisis House and primary and secondary mental health services
- Provide clinical input, support and advice to the Crisis House Service Manager and Support Staff.
- Receive regular reports from the Crisis House Manager and monitor the work of the service against its agreed aims and objectives
- Commission and set up an ongoing external evaluation of the Crisis House culminating in a full report at the end of two years
- Consider the ongoing findings of the evaluation to determine the priorities of the service and its future development.
- The Steering Group will be serviced by Missing Link

6  Liaison with other agencies

The Crisis House will be an integral part of community mental health services and Missing Link will work with them to provide an effective interagency service to service users who are supported at the project.
The areas of joint working will include:
- Referral pathways and protocols
- Care pathways
- service user care plans
- review meetings
- joint assessment including risk
- project steering group
- staff training.
- information sharing

There will be a nominated worker from the Trust that will be assigned to the Crisis House and will meet with the manager on a regular basis.

7 Complaints

All Complaints, about the services will be dealt with in line with Missing Links complaints policy.

8 Staff roles

Staff roles will be detailed in the job description and person specification for each post.

9 Access

The Project is intended for women, and women with children:-

- Who are experiencing a mental health crisis and would otherwise be admitted into psychiatric hospital.
- Who have a serious and enduring mental health problem
- Who would be currently in the mental health system
- Are willing to comply with the rules of the Project and use the support
- Willing to work towards a sustained recovery

10 Exclusions

The Project is not considered suitable for:

- Women with a primary diagnosis of alcohol or drug dependency.
- Women whose behaviour poses a serious danger to others.
- Persons requiring detention or who are already detained under the Mental Health Act 1983
- Women who are not in crisis

11 Referral Care Pathway

It will be a single point of entry managed on a daily basis by a steering process with representation from the HIT the PCT and Missing Link.
Referrals will be made by the Home Treatment Team. A&E mental health liaison nurse or the woman herself.

*A waiting list may operate from time to time managed by the Service Manager.*

Information gained from the application, crisis, needs and risk assessment form and from the interview will be used to make a decision to accept the referral.

Unsuccessful applicants will be given an explanation as to why they were refused.

All referrals will be treated with confidentiality and all forms from unsuccessful referrals will be shredded after 6 months.

### 12 Assessment

**Purpose**

The Crisis House will decide the appropriateness of the referral.

The crisis, needs and risk assessments will encompass psychological, social, cultural, physical and illness factors, both present and past and will be critical to the effective management of risk - whether of harm to self or others or of self-neglect.

Sound baseline measures established through good assessments are crucial to the measurement of the Project’s effectiveness in improving the quality of mental health and social care of its service users.

**Project objectives in assessment**

- Assessments will be, accurate, comprehensive and consistent.
- Assessments will include strengths and capabilities as well as difficulties and limitations.
- Assessments will be conducted by the most appropriate staff member to guarantee expertise and will always involve the service user. If appropriate it will include other Project staff, careers and other mental health professionals.
- Assessments will be clearly documented and communicated to relevant personnel or agencies.
- Assessments will involve a range of techniques as a means of gaining and recording information.

**Assessment of Crisis**

The service is for women whose mental health has precipitated a crisis which is impacting on her ability to function in her home environment. An assessment of the degree of crisis will be carried out by a member of staff with the woman herself and
any relevant person or agency. The degree of crisis will determine whether a service is offered.

**Assessment of Needs**

The service user will be central to any assessment of practical, emotional and mental health needs. Staff will use feedback from the service user and any other relevant person to help identify the level of need.

The needs assessment will categorise needs in terms of low, medium and high. A decision to offer a service will be based on the level of need and the level of support that can be offered being compatible.

**Assessment of Risk**

Missing Link will be committed to identifying risks and taking measures to prevent risk as far, as is reasonable and practicable. There will be an obligation on employees to take reasonable care of themselves, others and work towards Health and Safety policies and procedures.

Missing Link will seek to ensure its staff and all that work in its services are aware of risks and are confident and capable of coping with incidents that may arise.

In carrying out the *risk assessment* staff will need to:

- define the circumstances known to increase the risk
- understand what must change to reduce risk
- agree how such changes might be brought about
- consider how successful planned interventions might be in reducing risk

The *risk management* plan will focus on:

- identification of the *risky* circumstances
- consideration of ways in which these can be *avoided or minimised*
- identification of the *early warning signs*
- the *action* to be taken and definition of roles outlined within the Intervention Plan
- *review and evaluation*

Effective risk management will require good assessment skills, meticulous recording in service user plans, good communications between individuals and agencies. There will also be consideration of contingency arrangements should the risk increase to an extent where it is judged that the Project is unable to maintain the safety of the service user or others. The level of manageable risk will determine an offer of a service.

**Children and young people**

Children will have their own individual risk assessments. Any concerns regarding the welfare of children will be managed in line with Missing link’s child protection policies and procedures.
Service Offer
The assessment process will explore individual functioning mental state, behaviour, parenting, physical health, social relationships. The techniques and personnel involved will vary according to individual circumstances. The offer of a service will be determined by the outcome of the Crisis, the Needs and the Risk assessments. The decision will be taken by the manager in conjunction with the assessment worker.

Induction process
The service user will be met by the staff member in charge of the Project at the time and be introduced to other service users and staff. A Project Worker will usually be responsible for the initial stages of introduction and will work with the service user on understanding the house rules and her rights and responsibilities.

13 Individual Support Plan (ISP)
A Individual Support Plan will be drawn up with each service user. It will include the service user aspirations and have clear and realistic goals relevant to recovery, which will be reviewed in the light of the service users changing circumstances. The ISP will be signed by the service user and will be the basis of all support reviews.

Purpose
The ISP will identify the needs specified and agreed between the service user and the Project. The ISP will set out in unambiguous terms what support is offered, by whom and when. The ISP will be updated in response to changing circumstances and the progress of the service user in the Project.

The ISP will identify the resources needed to meet assessed needs.

The ISP will be the key reference for the service user, link worker, other Project staff and is crucial to effective co-ordination of support, recovery and move-on.

Objectives in ISP’s and implementation
- To help service users work towards managing their crisis
- Developed by negotiation with, and with the full consent of service users
- Clarification of expectations and responsibilities
- To identify areas where service users may need support/advice/information
- To give service users a sense of purpose and to define achievable goals
- To highlight areas where service users have made progress or maintained stability
- To build a professional relationship between service user and link worker. Not to create dependency.
- To provide information to other staff members who will support the service user when the link worker is off duty.
- To be an accurate record of achievement and support being undertaken with service users.

Content of Individual Support Plans
Individual Service Plans will include:
- An understanding the current crisis situation
- Risk assessment and management
- Mapping of current support including any key workers or careers
- Identifying targets to stabilise crisis and an action plan
- Project based activities: individual and group
- Community based activities: social, recreational, educational and employment
- Daily living skills: self-care, managing money, cooking, domestic skills, organising time
- Aim to widen rather than restrict opportunities.
- Medium term, long term aspirations - setting goals and plans to meet them
- An exit plan

The ISP will be completed within 3 days of a service user moving in and will be reviewed on a weekly basis. If the service user has deteriorated in any area of her life then the frequency of reviews will be increased.

**Allocation of Key Worker**

The Project workers will be responsible for the overall co-ordination of care for each service user. Service users will be allocated a key worker.

**Notification to Psychiatrist And GP**

If appropriate the service user’s psychiatrist and general practitioner will be notified of the admission in writing. A copy of the letter will be filed in the service user’s case file.

**ISP Organisation Reviews**

As part of a quality assurance framework the Service Manager will arrange with the Project Workers to attend 4 support contract reviews during a 12-month period.

The results of the observation will be discussed through the supervision process. Managers will be required to consider these areas:
- Did the ISP include measurable outcomes?
- Did the ISP meet the needs and expectations of the Service (i.e. Educational activities, move on, independence etc,
- Did the ISP have an action plan?
- Was a review date set?
- Did the ISP allow the service user to make decisions and choices?

ISP reviews will be written up and copies will be given to the service user, Project Worker, and any other relevant parties.

**14 Occupational & Recreational Activities**

It will be important to maintain a balance between Project based ‘therapeutic’ activities aimed at helping a woman to overcome or come to terms with personal difficulties, and community based activities aimed at re-establishing and maintaining independence in the community.
15  Crisis Prevention Plan (CPP)
The Key worker together with the woman, carer, advocate, and relevant health professional will draw up a crisis management plan. The plan will include identifying triggers, an action plan in response to triggers, personal support that can be called upon, involvement with voluntary support organisations, specialist health and local authority follow up, welfare benefits and health promotion.

16  On-going support
Service user when they move out may be able to access other Missing Link services such as resettlement support, a self-harm worker, counsellor and TREE worker.

17  Grounds for Withdrawal of Service
The support can be terminated and the service user discharged in the following circumstances
- The service user does not follow the house rules
- The Project is unable to meet service users care and support needs
- The service user is unwilling to cooperate with the support plan
- The service user’s behaviour has an impact on the lives of other service users and/or the functioning of the Project.
- Where a service user is seriously disruptive or violent
- Where a service user’s mental health has deteriorated to the extent that her needs are greater than the project can manage.

18  Service user’s involvement in Project.
Service users will be supported and encouraged to be involved in the activities of the crisis house. There will be regular meetings where the views and opinions of service users will be canvassed. Service users will be consulted on the quality and effectiveness of the support they receive and the overall running of the project. Their opinions will be shared with the project advisory group and published in an annual monitoring and evaluation report.

19  Advocacy and legal advice for service users
Some service users may have a need for additional support or may want an independent view of their support. These may include members of ethnic minorities (especially those for whom English is not a first language), people with sensory impairment or other disabilities, and service users needing support when raising concerns or complaints about their support. The key worker will seek to access the relevant support required.

20  Crisis House Meetings
The following meetings will be held at the Project. This may change as the service develops.

<table>
<thead>
<tr>
<th>Title</th>
<th>Frequency</th>
<th>Membership</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Handover</td>
<td>Three times each day</td>
<td>Staff</td>
<td>To convey information, discuss</td>
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</table>

Memorandum of Agreement
NHS Bristol
<table>
<thead>
<tr>
<th>Meeting Type</th>
<th>Frequency</th>
<th>Participants</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service users Meeting</td>
<td>Weekly</td>
<td>Service users and staff</td>
<td>Discuss project issues and arrange activities</td>
</tr>
<tr>
<td>Review meetings</td>
<td>Once a week</td>
<td>Staff</td>
<td>To review the progress of individual service users and review Individual Support plans.</td>
</tr>
<tr>
<td>Staff meeting</td>
<td>Monthly</td>
<td>Staff</td>
<td>To discuss staff issues, (training), Health &amp; Safety, Quality Standards, Support Provider Policy and Practice and Service development.</td>
</tr>
<tr>
<td>Individual Staff Supervision</td>
<td>Monthly</td>
<td>Individual staff and Supervisor</td>
<td>To provide support, encourage reflective practice and facilitate staff development.</td>
</tr>
<tr>
<td>Appraisal</td>
<td>Annual</td>
<td>Individual staff</td>
<td>To appraise practice, agree standards and develop the person to meet needs of Service and Organisation</td>
</tr>
<tr>
<td>Management meeting</td>
<td>Bi-Monthly</td>
<td>Relevant ML managers</td>
<td>To discuss Service Development</td>
</tr>
<tr>
<td>Project Advisory Group</td>
<td>Quarterly</td>
<td>Missing Link, Survivors, mental health professionals</td>
<td>Monitor service, consider priorities and service development</td>
</tr>
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</table>

**21 Diet and Catering**

The Crisis House will promote a healthy, balanced diet. Service users will be encouraged with support from staff to prepare their own meals as a step towards self-management. Consumption of Alcohol will be forbidden.

Staff involved in the preparation of food will attend the appropriate Food Hygiene Course.

**22 Cleaning**

The house will be cleaned on a twice weekly basis. Service users will be encouraged to clean their own space.
23 Laundry

Service users will be encouraged to use the laundry facilities within the Project. Service users will be responsible for doing their personal laundry with appropriate staff support. This facility will be used as a means to develop and redevelop independent living skills and to promote satisfactory levels of personal hygiene.

24 Record keeping

The Support Provider will be required to keep an appropriate record of the support provided to each service user and the service user’s needs. Such records will be treated as confidential and kept in a secure place at the project.

Service users may have access to their personal files and other records maintained by the Project. They may request access to their files and Project Staff will follow the Procedures for service users having access to their files according to Missing Link policy. Confidential information from third parties for which permission on disclosure has not been obtained will be kept separate from the Project record. Service users will be encouraged to play a part in the writing of their Personal Service user Plans.

The Support Provider will develop a Record Keeping Policy that includes:

- providing accurate, current, comprehensive and concise information about individual service users;
- providing a record of any issues that arise and actions taken in response to them;
- providing evidence of support required, interventions by Project staff and others and of the service users response;
- providing a record of factors (physical, psychological and social affecting a service user;
- recording a chronology of events and reasons for decisions;
- supporting standard setting, quality assessment and audit;
- providing a baseline record against which improvement or deterioration may be judged

Service user files must provide:

- a comprehensive picture of support offered, associated outcomes and other relevant information;
- pertinent information about the well-being of a service user at any given time and of the measures taken to respond to identified need;
- A record of the Individual Crisis management Plan.
- Computer records are subject to the provisions of the Data Protection Act 1984. The Support Provider will be registered under the Act as a ‘data user’. Its register entry will not include the holding of personal records other than for the purposes listed in the Act.
Records will be stored in a secure filing cabinet and access limited to staff. Records will be the property of and will not be copied to other agencies without the written permission of the service user and the manager of the Project.

25 Medication policy and practice

The basic premise is that service users will be self-medicating. That is, they will be independent of others (except for medical professionals) in taking responsibility for administering their own medication. However, there may be instances when service users need assistance and support in this area. As with other areas of support, Missing Link staff are available to assist within their professional boundaries.

Missing Link will publicise its limitations in terms of administering medication as widely as possible to all relevant parties. These include primary care services, hospitals, relatives etc. The aim of doing so is to ensure there is clarity about the limits of the support that can be provided.

Any information received regarding a service user’s medication will be treated in confidence and stored appropriately.

Missing Link staff will ensure they have local knowledge of support networks and medical centres appropriate to service users’ medical needs to help service users to maximise their choices of treatment.

Staff should only become involved in assisting with medication:
- with the service user’s consent and
- if a monitored dosage system is used and
- only in the following ways:
  - reminding the service user of the need to take their medication;
  - enquiring or checking whether medication has been taken; and
  - assisting in physically accessing the medication such as opening a bottle, rupturing blister packs, shaking the bottle, etc.

Advice on medication whether prescribed or otherwise, must never be given. Recommendations should not be given and staff should not purchase any form of medication on behalf of a service user. This includes homeopathic and herbal remedies. Service users should always be encouraged to consult their GP or pharmacist.

If instructions for taking medication are unclear the service user should be encouraged to seek the advice of the GP or pharmacist. If a medication is to be taken “as required” it is not legitimate to suggest an appropriate time for taking the medication; this decision is for the service user to take. Staff must not store medication for service users. If there appears to be a risk of an overdose staff should inform the GP, having informed the service user of their intention to do so.

Any assistance given to a service user in the administration of medication should be accurately recorded, in detail, giving the date and time. Service users should be reminded to take their medication with them when admitted to hospital. If a service user is incapable (e.g. unconscious), staff may hand over the medication together with any administering instructions to the ambulance crew.

Service users should be encouraged to give staff details of the medication they take. If service users do not wish to disclose the information, they should be made fully
aware of the reasons why this information is being requested and the possible consequences in an emergency if that information is not readily available. Any information regarding medication must be treated in accordance with Missing Link’s confidentiality policy and storage of such information must be considered carefully, allowing access in an emergency.

A service user wishing to cease taking prescribed medication should be given information about withdrawal symptoms and any side effects. Staff need to make it known to other agencies that they cannot be responsible for administering medication, but they will report any signs of non-compliance with medication directions so that the health team can take appropriate action. Staff should also be able to recognise symptoms and be able to access outside support with the consent of the service user. If this is an issue not covered in the individual’s Risk of Harm Assessment this may need to be reviewed.

Staff must not ignore any real evidence of misuse of medication (not hearsay) and should try to persuade the service user to seek professional help. There may be Risk of Harm implications and these would need to be incorporated into a revised Risk of Harm Assessment. The limitations of Missing Link staff involvement should always be clarified to all medical professionals and others involved in caring for service users. It is legitimate, with the consent of a service user, to report any problems experienced in taking or managing medication to the individual’s GP. Wherever possible it is best practice to advise the service user to consult the GP personally.

Repeat Prescriptions

Service users will be responsible for collecting a new prescription from their general practitioner. Where necessary, a Link Worker will remind a service user that this is necessary. The service user will be responsible for collecting medicines from the pharmacy.

26 Health and Safety
See Health and Safety Manual

The Project will follow the Missing Link Health and Safety Policy. The Policy will ensure as far as is reasonably practicable, the health, safety and welfare of all its employees, contractors and other persons who may be affected by its operations. The policy will provide and maintain safe and healthy working conditions, equipment and systems of work for all employees, and will provide such information, training and supervision as they need for this purpose.

Management and employees will be required to observe and comply with current health and safety legislation within the workplace. Neglect of health and safety requirements will be regarded seriously.

Health and Safety affects all aspects of work and Missing Link have produced guidance to enable periodic risk assessments to be carried out.

27 Challenging Behaviour
The term ‘challenging behaviour’ is sometimes a euphemism for aggressive or violent behaviour. The Project will not automatically refuse a referral regarding an individual with such a history. Previous incidents may, however, indicate that in similar circumstances the person may revert to such behaviour again.

Key factors in the successful management of such individuals will be:

- knowledge of the person’s history and in particular of the circumstances in which such behaviour occurred in the past. Information should be sought both from the service user and at least one other source e.g. a professional, relative or friend
- awareness of an individual’s changing moods and feelings
- knowledge of strategies which the service user or others have found helpful
- the ability to implement such strategies when such challenging behaviours are likely to occur
- access to other support services

Challenging behaviours producing management problems can include:

- continuing refusal to participate in support programmes or in Project domestic or communal activities
- prolonged verbal abuse
- Racial or sexual harassment
- persistent or serious damage to property
- sexual disinhibition
- general antisocial behaviour e.g. persistent unwillingness to maintain basic standards of hygiene, persistently playing loud music or other inconsiderate behaviour to an extent which has an adverse effects on the quality of life of fellow service users, staff or neighbours.
- regular consumption of alcohol or non-prescribed or illegal drugs
- the display of grossly offensive posters, magazines or videos
- aggression or violence posing a risk to others

All these behaviours will always lead to a review of the service user’s place in the Project.

Staff Training

Staff will be given practical guidance and training in dealing with challenging behaviour situations.

Missing Link will have policy and practice to deal with violent or threatening situations that include reporting of incidents, debriefing, counselling and support for staff.

28 Management of Self-Harm

Self-Harm will always be treated seriously. The support of a dedicated self-harm worker will be offered to all women who self-harm. The woman will be referred to other self-harm groups in the community if appropriate. In the case of life threatening
self-harm the Project may not be able to safely manage people who are considered a suicidal risk and this will be reviewed on an individual basis.

29   **Sexuality**

Missing Link recognises the respect for sexual difference and the rights of service users to fully express their sexuality. Missing Link will ensure that all requests for support relating to sexual issues are dealt with sensitively. Besides giving support by listening to service users and offering basic advice, staff may signpost service users to relevant support agencies.

30   **Cultural Diversity**

Missing Link recognises the importance of respecting cultural diversity. Missing Link has an anti-discriminatory practice and will ensure that women from Black and Minority Ethnic communities are treated equally and fairly. When appropriate interpreters will be offered and if possible a dedicated BME worker. Staff will also signpost women to relevant BME communities services.

31   **Arrangements for General Medical Care of the Service user**

The medical care of the service user will, in the first instance, continue to be the responsibility of the person’s general practitioner (GP) and if appropriate her psychiatrist.

Missing Link will liaise with specialist community services - such as occupational therapists, district nurses and physiotherapists - as necessary.

32   **Medical Emergencies**

The Project will not have immediate access to medical assistance and in the case of emergencies will have to rely on the 999 ambulance service or the urgent response of the service user’s GP or Psychiatrist. The majority of staff will be trained in elementary first aid and the Project will include such training in its annual staff training and development programme.

33   **Sexual and Racial Harassment**

Missing Link will provide policy and practice regarding sexual and racial harassment which will state that the ‘Support Provider recognises that its clients, members, volunteers and staff can sometimes be subject to harassment which interferes with their peace or comfort or causes nuisance or annoyance to them. Harassment is often, though not exclusively, based on its victim’s race, gender, sexual orientation, disability, age, ethnic origin or religion. The Support Provider will regard harassment of any sort as completely unacceptable. It will investigate thoroughly any allegation or suspicion of harassment, and take any steps necessary to stop it and prevent its recurrence’.

The Service Manager will responsible for ensuring that the appropriate procedures are properly implemented, that the matter is thoroughly and fairly investigated and recorded, and that support is provided to individuals as required.
34 **Non-prescribed and illegal drugs**

The use of non-prescribed and illegal drugs is prohibited in the project use of them will lead to withdrawal of the service.

35 **Appeals**

There will be no formal appeals procedure against withdrawal of services in the circumstances described in the previous section. The wellbeing of other service users and staff and the good management of the Project is paramount. A service user who feels aggrieved by action leading to their removal from the Project will be given details of Missing Links Complaints Procedures.

36 **Staff - Service user Relationships and Staff Conduct**

In Working with Missing Link handbook

A good therapeutic relationship between staff members and service users is essential for effective assessment and rehabilitation. The size of the Project will facilitate the formation of such relationships and enable service users to explore emotional issues, access support services in the community and acquire new skills in an environment which is safe and supportive.

Staff will need to be aware of the potential for more personal relationships to develop between individual service users and individual staff members. Such relationships, however, would be likely to impede progress towards independence. Staff meetings, management supervision and individual supervision will be the forums where problems will be discussed, and where individual staff can receive guidance and support. Staff involved in relationships with service users which are considered to have breached professional boundaries will be subject to action under disciplinary procedures.

The following will help ensure appropriate behaviour on the part of staff working in the Project:

- Service users will receive a service in accordance with support provider’s Equal Opportunities policy. The service will not discriminate against people on the grounds of age, gender, race, culture, nationality, religion, sexuality, disability, or economic situation.

- The service will make available to service users written information setting out the aims and objectives of the service.

- Staff will be punctual and reliable and will maintain good standards of personal hygiene. Staff will not drink alcohol or take illegal drugs whilst on duty.

- Staff will not discuss their private or personal life in an inappropriate manner and will not disclose their address or phone number or those of other staff.

- Staff will not engage in an inappropriate personal relationship with a service user or lead a service user to think that such a relationship is being offered.

- Staff will not accept gifts of value or money from service users.
• Staff will not act as a signatory to any lease, contract or loan on behalf of a service user.

• All financial transactions undertaken on behalf of service users will be recorded in a log specific for that purpose and receipts obtained.

• The health and safety of residents and other service users shall be promoted and safeguarded.

• Staff will respect confidential information obtained during the course of their work and will refrain from disclosing such information without the consent of the user, except where disclosure is required by law or by order of a court or is necessary in the public interest.

37 Complaints

A Complaints Procedure will be available to service users and other agencies at the commencement of the service. Service users will be given details of Missing Links Complaints policy when they move in. Complaints will be investigated and responded to in line with the policy.

38 Staff Disciplinary Procedure

This section is covered in Missing Links staff Handbook

39 Staff Grievance Procedure

This section is covered in the Handbook

40 Financial Arrangements

The service will be funded by Bristol Primary Care Trust.

Missing Link will be responsible for the management of funding and will provide finance support in line with its financial regulations.

41 Quality Assurance

The Project will be audited internally by the support provider focusing on the expectations of service users, health professionals, managers, and funders.

42 Service Monitoring, Evaluation and Development

The service will be monitored by the Project Advisory Group and Management Review meetings. Service users will be encouraged to review the Project by completing Satisfaction Surveys, attending service user meetings and exit surveys.

43 Policy Review
The Operational Policy will be reviewed at six months and at 12 month intervals to ensure the views of service users, volunteers, Project Advisory Group and staff are taken into account, and to ensure that particular policies are relevant to the work of the service.

 Targets specific to this Service

3.1 To help women to avoid crisis situations arising or getting worse.

Indicators:
- Reduction of the readmission rate.
- Reduced length of stay as inpatient.
- Pattern of the frequency of crises reducing
- Returning home rather than entering hospital
- Women gaining greater self-management skills.
- To have and demonstrate the use of a crisis plan
- Increased use of community services
- Ability to keep self and others safe
- Increase in coping strategies (relationships, behaviour)
- Reduction in troubling thoughts and feelings

3.2 A reduction of the use of inpatient beds

Indicators:
- Number of referrals from the crisis and home intervention team
- Reduction of the readmission rate.
- Reduced length of stay as inpatient.
- Pattern of the frequency of crises reducing
- Returning home rather than entering hospital

3.3 Increase in women's ability to remain with and look after their children at times of crisis

Indicators:
- To offer an earlier intervention at times of crisis
- To shorten the length of time away from home.
- Child/children removed from child protection register
- Reported improvement in relationships with children
- Increased time spent with children
- Reduction in use of physical punishment

3.4 Reduced reliance upon mental health specific services.

Indicators:
- Having links with a wide range of agencies and community facilities.
• Increased ability to access other services
• Evidence of use of primary care level mental health services as early interventions
• Evidence of the effective implementation of the crisis plan
• Starting a course
• Starting paid work
• Starting voluntary work
• Involvement in a community activity
• Taking up leisure activities

3.5 Improved general health

**Indicators:**
• Reported increase in taking of physical exercise
• Increased energy levels
• Reporting of decrease in anxiety and depressive symptoms
• Increased ability to make healthy lifestyle choices
Annex B – Cost Schedule

1. It is a condition that these monies must be spent wholly and exclusively on the Service as defined in this Agreement.

2. This funding is subject to continued satisfactory performance and fulfillment of targets annually;

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