

Additional information from NICHE Assurance Review Report

R1 The Trust should evaluate the senior primary care mental health nurse practitioner role in south east Essex to establish whether it has facilitated the management of depot medication and mitigated the risk of patients not receiving it.

Actions:

Undertake evaluation of the senior primary care mental health nurse practitioner role and report on:

- a. Whether the role has facilitated the management of depot medication*
- b. Mitigated the risks of patients not receiving prescribed depot medication.*

Following the evaluation, implement any recommendations/required changes to the role.

Additional Supporting Evidence

Since the assurance review the trust has:

- Established a consistent Job Description and Person Specification for the primary care mental health practitioner
- Undertaken two audit cycles on to evaluate the primary care mental health practitioner role to address the defined actions. This audit included a sample of medical records to test if patients have experienced any problems in receiving their depot medication.
- Reviewed standard operating procedures that include the issue of depot medication including development of specific formulary and prescribing guidelines for the 'Treatment of Psychosis'.
- Shared the report findings with community mental health teams.
- Report findings will be included in the Medication Safety Improvement Plan being developed under Patient Safety Incident Response Framework (PSIRF).

R2 The Trust, Local Medical Committee and relevant Clinical Commissioning Groups should develop and agree a shared protocol for the administration of depot medication in the community. This should include agreement as to which party is responsible for undertaking the initial patient assessment, and for the initial and ongoing administration of depot medication.

Requirement One: To develop a new model of care for SMI (Serious Mental Illness) Mental Health for Adults and Older Adults to be embedded and delivered in Primary Care Networks (PCN) across Mid and South Essex.

Actions:

- 1. Task and finish group to co-produce a Mental Health Continuing Care and Prescribing Protocol for General Practitioners and Psychiatrists in relation to identified medications (including depot antipsychotics).*

Additional Supporting Evidence

Since the assurance review the Trust has:

- Worked closely with the Integrated Care Board (ICB) to develop a shared care protocol. In response to the needs of the community across Essex, it is being developed with involvement from EPUT and the three Integrated Care Boards (ICBs) across Essex. It is specifically focused on Primary Care and being developed to reduce differences across the county ensuring equity of services. This work has included the review of the PCN policies and how they support an Essex-wide approach.
- Established the Formulary and Prescribing guidelines for the 'Treatment of Psychosis' which includes a system partner approach to support administration of depot medication.
- Established the primary care mental health practitioner role with consistent Job Descriptions.
- Undertaken two audit cycles on to evaluate the primary care mental health practitioner role to address the defined actions. This audit included a sample of medical records to test if patients have experienced any problems in receiving their depot medication.
- Report findings will be included in the Medication Safety Improvement Plan being developed under Patient Safety Incident Response Framework (PSIRF).

R3 The Trust should assure itself that electronic patient records only give staff access to the patient's current GP contact details and that all other out-of-date contact details are archived.

Action: Review of electronic patient records to confirm that all out of date contact details are archived.

Additional Supporting Evidence

Since the assurance review the Trust has:

- Developed access for identified staff to have access to the clinical record viewer within SystmOne that contains the GP details. Further supporting this, all staff have access to the CERNER (electronic patient record system provider) shared care record where a large number of the GP details can be viewed. A further development to this will be the introduction of a new shared care record later in 2024 that will enable all staff to view the GP details through SystmOne.
- Policies and procedures have been reviewed to include requirement for staff to check contact details at each patient contact.
- Clinical guidelines supporting discharge and transfer include the sharing of information and providing updates to GPs.

R4 The Trust should assure itself that concerns submitted by families or members of the public regarding a patient are documented, subject to assessment and review, and where appropriate proactively acted on. In instances where action is not taken, the rationale should be documented.

Action: Review of the Trust's CPA Policy and Procedure (CLP30) and Clinical Risk Assessment and Safety Management Policy and Procedure (CLP28) to ensure that both policies include explicit guidance on actions required following concerns raised by families or members of the public about a specific patient.

Additional Supporting Evidence

Since the assurance review the Trust has:

- Reviewed staff induction and ongoing training that includes risk management, documentation and importance of engaging with families.
- Reviewed policies and guidelines supporting discharge and transfer and the Care Programme Approach (CPA) which include engaging with families.
- Established Patient Safety Partners (PSP) as part of the NHS Patient Strategy and a role for experts by experience including patients, families, carers and other lay people to have a role in contributing to governance and management processes for patient safety. PSPs are active members of safety and quality meetings in the trust.
- Progressed the development of Safety Improvement Plans under Patient Safety Incident Response Framework (PSIRF) which include record keeping and clinical handover risk reduction.
- In addition to the Friends and Family Test, the Trust has implemented I want Great Care (digital tool) to enable families to give feedback on care received or raise concerns.
- Reviewed the Complaints guidelines which include supporting families to raise concerns.
- Reviewed the transfer and discharge policy which includes process for engagement with families.

R5 The Trust should put a system in place to ensure that internal investigation report findings are shared with service users, their families, and that other affected parties are taken into account.

Action: Review and improve Trust's system for sharing the findings and learning of patient safety incident investigations and reviews.

Additional Supporting Evidence

Since the assurance review the Trust has:

- Further developed engagement of families throughout the investigation and review process under the Patient Safety Incident Response Framework (PSIRF), which includes a Family Liaison Officer (FLO) being allocated to families.
- PSIRF governance arrangements have been reviewed and adapted which includes the importance of engagement and involvement of families and significant others throughout the different stages of the investigation or review process. Reports are shared with families as part of the shared learning process.