



**CNWL Action Plan 2013 21453  
Update 11 June 2018**

## Recommendations

1 The Trust should put in place processes that will ensure that the number of different staff visiting individuals from a HTT is limited to as few as possible. This should be prioritised for those clients new to the service. The Trust should also evaluate whether allocating a key worker to oversee a case would be helpful.

### **Trust Update:**

The HTT have incorporated this action into the revised Operational Policy. In situations where patients are for example finding it difficult to engage with the service and risks are perceived to be complex, where support from several team members may be overwhelming or the patient may have stipulated a preference for working with a minimal number of staff. Decisions in relation to this issue take place in the daily review meetings.

2 Where it is clinically indicated joint visits between Hillingdon ABT and the HTT should take place. This is to increase the likelihood of clients engaging and improving continuity of care, in particular for clients who were previously unknown to Trust services.

### **Trust Update:**

Since this incident occurred mental health services in Hillingdon have undergone a service redesign. The new service was launched in March 2016. The changes brought together the Assessment and Brief Treatment (ABT) team and the Community Recovery Teams to form three locality community mental health teams (CMHTs) aligned with Hillingdon GP practices: Hillingdon North, Hillingdon West and Hillingdon East. As a result of the service redesign the ABT as a stand-alone team no longer exists; the duty function provided by the ABT is incorporated into the revised teams. The teams support two patient groups dependent on level of risk and need; those patients who are newly referred by a range of agencies for assessment and short term intervention including referral on to other services within secondary care and sign posting to external agencies including for example housing and alcohol and drug services and those with a higher complexity of needs who require support and monitoring on CPA.

The multi-disciplinary team continues to provide duty cover through use of a rota; duty seniors provide senior support for duty workers to discuss patients and make joint decisions in terms of care and treatment. The model supports a greater level of continuity and partnership working in relation to assessing and supporting vulnerable patients where risks and needs are highly complex. In addition, where possible joint visits do still take place with the HTT and the relevant CMHT

**3** The clinical director should review the size of caseloads with Hillingdon ABT consultants to ensure they have time to offer priority appointments and appropriate intervals between routine appointments.

**Trust Update:**

Please see response to recommendation no. 2. Consultant Psychiatrists working in CMHTs hold a combination of patients supported on the Care Programme Approach and Lead Professional Care in addition to providing initial assessment of patients newly referred to the CMHT.

**4** The Trust should undertake a review of GP's understanding of the current team structures and service line arrangements and if needed put in place a communication strategy to improve their understanding.

**Trust Update:**

The Clinical Director and Borough Director for Hillingdon Mental Health Services attend a twice yearly network meeting with local GPs. There is a GP representative for mental health services so that other GPs have direct access to the service and are able to raise any issues or concerns in relation to the care provided to their patients. Each GP has been given contact details for the Clinical Director, Borough Director and Service Manager. There is also network newsletter that all GP's receive which the GP MH lead uses to update all GP's about any possible changes or developments within the service

Additionally the Clinical Director attends the GP mental health master class to provide training and development in relation to supporting patients with mental health problems.

CNWL now have The Single Point of Access (SPA) team, which offers mental health triage for routine, urgent and emergency referrals, in addition to information and advice 24 hours a day, 7 days a week, 365 days per year. The team takes referrals from GPs, other statutory services such as the Police and London Ambulance Service, and non-statutory services such as housing providers. The team are also able to make appointments with the appropriate locality community mental health team. People can also make enquiries on behalf of a family member or friend.

**5** The Trust should consider how GPs are kept up to date about the progress of clients they have referred. In particular, clients who are moving through a number of care pathways and being supported by different teams.

**Trust Update:**

A system (standardised forms-MH2, 3, 4 and 5) is in place to support mental health services to liaise with GPs in order to keep them informed of decisions made by mental health services at the point a patient is referred by a GP, following a review of care and treatment and when a decision is made to transfer the patient back to the GP. Team members also ensure that where necessary telephone contacts are made to the GP to follow up written feedback

**6** The Trust should amend the discharge notification (inpatient/HTT) form and the CRT discharge summary plan form to clearly indicate a client is being transferred between services and not being discharged.

**Trust Update:**

The inpatient/HTT discharge notification form, which is sent to the GP includes a section which indicates where the patient is being discharged/transferred to either within CNWL or back to the GP.

**7** The Trust medical director and chief operating officer should issue guidance to Trust staff to remind them of the importance of liaising with non-Trust clinical staff who are providing care/treatment to their clients.

**Trust Update:**

Guidance was issued by the Trust medical director and chief operating officer to all clinical staff in May 2014. Information Governance training completion annually is mandatory for all staff and includes Caldicott principles for guidance regarding information sharing. The IG training is currently being reviewed to further support staff understanding of collaborative working and information sharing to ensure that professionals have comprehensive information of the care and treatment that clients are receiving from non-Trust health providers.

**8** The Trust medical director should seek advice from the GMC on whether a private psychiatrist should cooperate as fully as possible with a trust investigation.

**Trust Update:**

Advice was sought from the GMC, who informed the then Medical Director that whilst they would expect doctors to cooperate with inquiries, it is not a statutory obligation and in this situation the doctor had cited justifiable and mitigating circumstances. Minutes of a meeting from 9 May 2014 are available for assurance and evidence.

**9** Senior Trust managers should ensure post incident support continues so that as many staff members as possible use it.

**Trust Update:**

The Trust Incident and Serious Incidents Policy advises managers on the importance of staff debrief following incidents and the serious incident investigation process requires investigators to note whether or not staff have been offered support. The trust has an extensive programme to support staff at work, which staff can access directly.

## Action Plan Completion and Implementation

Please confirm full implementation of Action Plan (within the given deadlines) by fully completing the action plan template above.  
Include all relevant evidence and forward the completed action plan to [goodallqualitygovernance@nhs.net](mailto:goodallqualitygovernance@nhs.net)

### Divisional Sign Off

Assurance is given that all the actions within this document have been implemented and have been effective. These have been fully understood by front line staff as appropriate and others as needed.



Divisional Director: Helen Willetts

Signature:

Date: 22.06.18

### Executive Director of Nursing & Quality Sign Off



Name.....Andy Mattin.....

Signature:

Date: 22.06.18

### BHH Director of Quality & Safety Sign off

Name: Judith DeMello

Signature



Date: 30.07.18