**Independent review of mental health treatment and care provided by Leicestershire Partnership NHS Trust - 2019/14670**

**Update on recommendation actions 16/08/22**

| [**Recommendation**](#Section_14) | **Progress Update 15/08/22** |
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| 1.To improve knowledge and practice when NHS and police staff overlap and when operational manners and 86 procedures challenge patients. We urge the Trust and the police to discuss together (for example, in a workshop or a series of seminars focused on best practice) how they might consider developing knowledge, understanding and improve practice when patients need to be taken to the Health Based Place of Safety (HBPOS) under S.136 of the MHA and/or who are already detained under Section of the MHA and need help to be returned to hospital.  | The Trust has a bi-monthly regular Mental Health Operational Meeting with all partner agencies to look at proactive care and multi-agency working. There is a subgroup that meets bi-monthly that focuses on system incidents and learning between agencies. There is joint Standard Operating Procedure for section 136/135 in its final stages between the Trust and Police that clearly sets out roles and responsibilities between the different agencies; this is expected to be signed off in September 22. |
| 2. Trust clinical teams and leaders to improve learning, awareness, motivation and responsiveness to safeguarding practice. Whilst safeguarding staff, policy and systems exist in the Trust, operational routine practice is not currently embedded. We recommend that the Trust should take action and demonstrate metrics as well as qualitative feedback within six months | The Trust has developed a series of advice and guidance fact sheets for staff on areas of Safeguarding practice and these are available on the Trust website. There is a monthly Safeguarding newsletter with up to date practice and advice and a trust Safeguarding Advice HUB all staff can access for support. New level 3 safeguarding training for adults and children is available face to face/ via Teams from September 22 to allow interactive discussion and local examples.  |
| 3. Our team recommends that the Trust should show how basic care processes (e.g., care planning, risk assessment, and access to outpatient appointments, etc.) are being delivered during the transformation. Our team urges particular special attention to the quality and content of risk assessment, an area of concern in X’s case. | The Trust has a Clinical Risk Assessment Policy with supporting clinical training for staff and the principles of 5 P’s –1 – Presenting problem, 2- predisposing factors, 3- precipitating factors, 4- perpetuating factors and 5- proactive factors is being embedded into our collaborative care planning approach with patients. This remains the standard of risk assessment and care planning during the transformation programme. The transformation programme has also developed a responsive central access point and a mental health urgent care hub. It is building partnerships with providers from primary and voluntary care as part of care pathways in mental health  |