

An independent investigation into the care and treatment of Mr N

Recommendation	Trust response
<p>1.</p> <p>The Trust does not have sufficiently sensitive quality oversight and monitoring processes to provide assurance that standards for risk assessment and care planning are being met.</p> <p>The Trust should review its current controls and develop a range of measures that can provide oversight of risk assessment and care planning, through the use of supervision and quality monitoring. Including:</p> <ul style="list-style-type: none"> • The involvement of families and carers in risk assessment and care planning. • A single risk assessment completed using the Five Ps, reflecting the full range of risk information in the records, and leading to a risk management plan. 	<p>The Trust's Quality Committee has ratified a new 7 Core Principles of Care and Treatment Policy, which will replace the current Assessment and Care Planning (inc. CPA) Policy. It will support equity of care and treatment for people accessing services across the organisation with people receiving the right care, with the right service, at the right time. It provides the overarching framework and 'golden thread', which will be evidenced in each service's service operational protocol.</p> <p>The policy supports context specific care and treatment and provides services with an opportunity to ensure person-centred, outcome focussed approaches are implemented. The seven principles also provide a set of standards which can be audited, and areas of completeness and improvement implemented where required.</p> <p>The policy also covers specific learning from the report recommendations around carers input.</p> <p>It has been developed with, and by, a range of senior clinicians and has had extensive consultation, including clinical divisions, council of governors and other relevant stakeholders such as the local authority and ICB.</p> <p>Compliance with this policy is audited and quality assessed.</p> <p>Additionally, the Trust is working towards compliance with the Personalised Support and Care Planning Standards, through which assurance will be obtained and monitored in relation to the specifics of care planning and its effectiveness.</p>
<p>2.</p> <p>There is a lack of clarity regarding the assessment of domestic abuse and children at risk.</p>	<p>In January 2023, all safeguarding training was reviewed in relation to the issues identified in the report and it was confirmed that this specific area was included in the training staff received, in relation to risk to children, how and when to use screening tools, parental responsibility, and the possibility that services may be working with a perpetrator of abuse.</p>

<p>Assessment questions about domestic abuse should include the possibility that the service user is a potential perpetrator.</p> <p>The wording in the child safeguarding tool should be clear on how and when the tool should be used where there are issues of parental responsibility and/or domestic abuse.</p>	<p>In August 2023, the Trust's Safeguarding Team completed new guidance around perpetrators of domestic abuse in response to this DHR, supporting the safeguarding screening tools and providing clarity regarding the assessment of domestic abuse and risk. This included the possibility that the service user could be a perpetrator of abuse and built on the existing Trust training.</p> <p>In October 2023, the Trust's Safeguarding Team completed a review of safeguarding screening tools. The child safeguarding screening tool specifically references domestic abuse in the household. All screening tools domestic abuse sections were updated and amended to support frontline staff in this area.</p> <p>In January 2024, work continued between the Trust's Clinical Systems and Safeguarding teams to look at implementation of new safeguarding screening tools onto clinical systems.</p> <p>In February 2024, an engagement project with Trust's Criminal Justice Liaison & Diversion Team was completed. This focussed on the identification of children within assessments, particularly when there is evidence of domestic abuse.</p>
<p>3.</p> <p>An autism diagnostic assessment was instigated without the expected supporting clinical opinion. The assessment is a scarce resource and allocation to a waiting list should only follow if clinical opinion supports the referral.</p> <p>The Trust should provide assurance that the criteria for processing a referral for an autism diagnostic assessment are always met.</p>	<p>Work has been completed to shorten the diagnostic process for adult autism assessments and the Trust now have dedicated days for clinical duty workers to review referrals and triage paperwork.</p> <p>Referrals are opened, uploaded and added to the database. Duty workers review referrals and triages with the same outcomes above. They have a duty buddy who they can seek guidance from and an escalation process to the clinical lead if they need support on a clinically informed outcome. They also have the option to discuss in an MDT if they need additional support.</p> <p>A recent audit undertaken internally demonstrated that the autism diagnostic process is working effectively - only adding patients to the waiting lists where it is clinically indicated to do so.</p>