Independent Quality Assurance Review
Livewell Southwest
NHS Devon Integrated Care Board

StEIS 2016/32823

Final report
1 February 2023

0161 785 1000

4th Floor, Trafford House,
Chester Road, Manchester M32 0RS

info@nicheconsult.co.uk

www.nicheconsult.co.uk

niche
HEALTH & SOCIAL CARE CONSULTING

Niche Health and Social Care Consulting
4th Floor, Trafford House
Chester Road
Old Trafford
Manchester
M32 0RS

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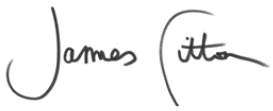
Independent Quality Assurance Review, Livewell Southwest and NHS Devon Integrated Care Board

This report is a limited scope review and has been drafted for the purposes as set out in the terms of reference for the independent investigation alone and is not to be relied upon for any other purpose. The scope of our work has been confined to the provision of an assessment of the implementation of the organisations' resultant action plans against the Niche Investigation and Assurance Framework (NIAF). Events which may occur outside of the timescale of this review will render our report out of date.

Our report has not been written in line with any UK or other auditing standards; we have not verified or otherwise audited the information we have received for the purposes of this review and therefore cannot attest to the reliability or accuracy of that data or information.

This report is for the attention of the project sponsor and stakeholders. No other party may place any reliance whatsoever on this report as it has not been written for their purpose. Different versions of this report may exist in both hard copy and electronic formats and therefore only this final signed version of this report should be regarded as definitive.



Niche Health and Social Care Consulting Ltd

Niche Investigation Assurance Framework

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Contacts

Danielle Sweeney
Director
Danielle.sweeney@nicheconsult.co.uk

Emma Foreman
Director
Emma.foreman@nicheconsult.co.uk

1. Method

1.1 Background and context for this review

NHS England commissioned Niche Health and Social Care Consulting Ltd (Niche) to undertake an assurance review using the Niche Investigation Assurance Framework (NIAF).

This is intended to provide an assessment of the implementation of the actions developed in response to recommendations from the Niche independent investigation into the care and treatment of a mental health service user, Mr P, in Plymouth.

1.2 Review method

This is a high-level report on progress to NHS England, undertaken through desktop review only, without site visits or interviews. The assurance review focusses on the actions that have been progressed and implemented in response to the recommendations made in the independent investigation report.

Our work comprised a review of documents provided by Livewell Southwest (LWSW) and NHS Devon Integrated Care Board (ICB), formerly referred to as the Clinical Commissioning Group (CCG). The CCG is referred to throughout this report as the ICB, except when stating the original recommendations made. Documents we reviewed included: action plans, policies, procedures, audits, meeting minutes and staff communications.

We have not reviewed any health care records because there was no requirement to re-investigate this case in the review's terms of reference. The information provided to us has not been audited or otherwise verified for accuracy.

1.3 Implementation of recommendations

The Niche independent investigation made nine recommendations to the above-named organisations; these are listed opposite and on the next page.

1	Livewell Southwest must ensure that the policy and procedure on engagement and support of families of victims and perpetrators involved in serious incidents comply with current guidance.
2	NHS Devon Clinical Commissioning Group and Livewell Southwest must ensure that serious incidents are investigated in accordance with the Serious Incident Framework, that provider action plans are monitored, that assurance is sought and provided that action plans are completed, and changes to clinical practice and patient care are monitored.
3	NHS Devon Clinical Commissioning Group and Livewell Southwest must ensure that care and treatment for psychosis and schizophrenia, and post-traumatic stress disorder are delivered in accordance with the relevant NICE guidelines.
4	Livewell Southwest must provide assurance to their commissioners and the Board that risk assessments are undertaken and documented in accordance with organisational policy.
5	Livewell Southwest must provide evidence assurance to their commissioners and the Board that discharge decisions are taken in accordance with organisational policy.
6	Livewell Southwest must ensure that crisis/contingency plans clearly describe the actions required by patients and staff when a patient is in crisis.

1. Method (continued)

7	Livewell Southwest must provide assurance to their Board and their commissioners that a system is in place to ensure that any patient waiting longer than ten days for allocation to a care coordinator is identified and the issue escalated to an appropriate manager for action.
8	Livewell Southwest must ensure an effective local interagency protocol with the National Probation Service is developed. This should agree specific responsibilities and actions for each organisation when a patient of Livewell Southwest is subject to a Community Order with a Requirement for Mental Health Treatment. Livewell Southwest must also ensure that in such circumstances, individual care plans are aligned to the Community Order and that clinical staff engage regularly with the patient's Offender Manager.
9	Livewell Southwest must provide assurance to their commissioners and the Board that the escalation route for professional differences between AMHPs and community mental health team staff is used effectively.

2. Assurance summary

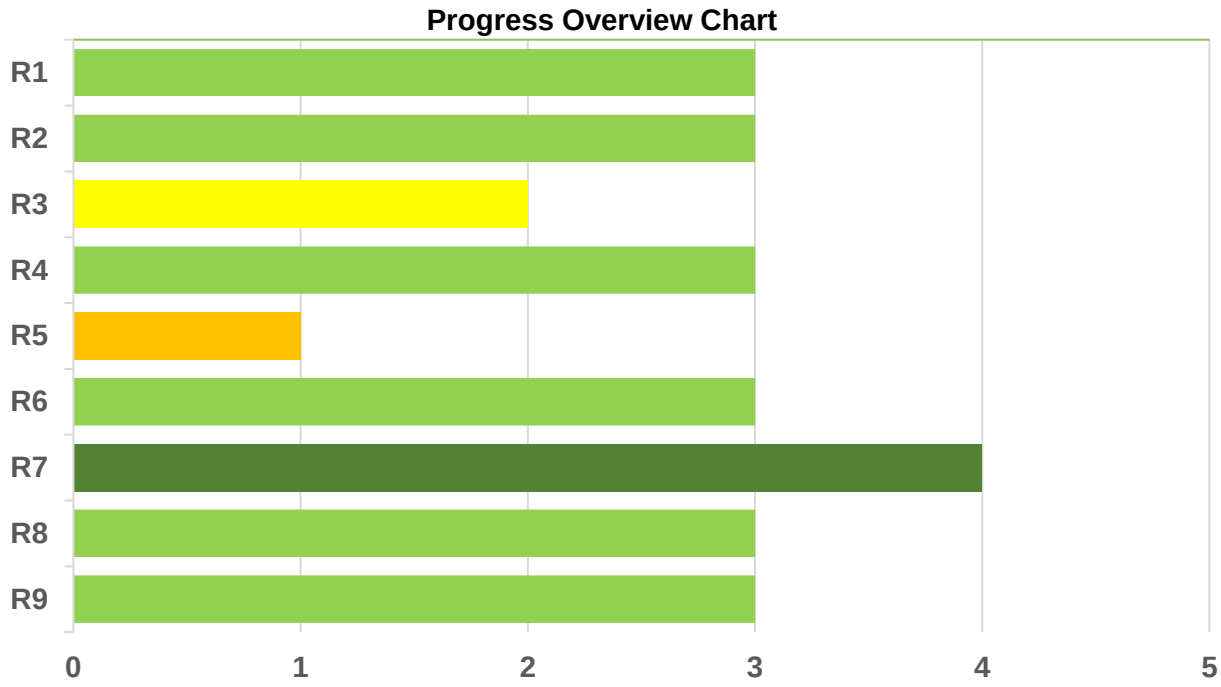
Scoring criteria key

We use a numerical grading system to help organisations focus on the steps they need to take to move between the stages of completed, embedded, impactful and sustained. 3 is regarded as a good score as it reflects action completion. Scores of 4 and 5 are harder to achieve due to the cycle of testing that is required to demonstrate sustained improvements being achieved (for at least 12 months).

Score	Assessment category
0	Insufficient evidence to support action progress / action incomplete / not yet commenced
1	Action commenced
2	Action significantly progressed
3	Action completed but not yet tested
4	Action completed, tested, but not yet embedded
5	Can demonstrate a sustained improvement

Implementation of recommendations

We have rated the progress of the actions which were agreed from the recommendations made. Our findings are summarised in the progress overview chart below:



2. Assurance summary

Summary

Good progress has been made in relation to most recommendations. There are two recommendations where evidence to support progression is more limited; Recommendation 3 and Recommendation 5, which relate to compliance with NICE guidelines and the organisational discharge policy respectively. Where appropriate, we have provided examples of further assurance which is required to demonstrate actions are complete, tested, embedded and/or sustained.

Some headline commentary to support these ratings has been provided in the following pages and Appendix 1 (evidence review) provides a more detailed assessment against each piece of evidence which has been submitted to Niche.

Commendable practice

Through our work we have identified certain areas of notable practice from LWSW and the ICB. While these may not be of direct relevance to the recommendations made in our original investigation report (and therefore do not impact the scores given on page 6) these are worth highlighting in this summary:

- Livewell has recruited a Practice Lead for Investigations, who will have a specific focus on mental health serious incident investigations. The role is designed to support the consistency of standards across the investigation process, and to support the engagement of patients and their families.
- Significant work has been undertaken in LWSW to establish the Individual Placement Support (IPS) team, which aims at helping people with severe mental health issues to find and keep employment. The service exceeded its access targets in 2021/22 and we have seen positive examples of service user feedback.
- There is evidence to show that LWSW is making concerted efforts to involve patients, their families and carers in service developments, including their programme of work to implement the Community Mental Health Framework.
- Staff in LWSW Community Mental Health Services (CMHS) have been approached to co-develop the audit programme. There is evidence that their feedback has led to some demonstrable changes in practice (for example, in relation to rejected referrals).
- Management supervision and line management processes at LWSW are more structured than we see in many similar organisations, with standardised paperwork to complete and compliance reporting in place.
- Minutes we reviewed from the ICB Serious Incidents Requiring Investigations (SIRI) Panel show a strong focus on the person at the centre of an investigation. There were various examples of useful challenge and probing questions from the Panel in the minutes we reviewed.
- The Patient Safety Specialists Network in Devon & Cornwall appears to be working collaboratively to implement the Patient Safety Incident Response Framework (PSIRF). There is good evidence of sharing learning and knowledge at this forum in the minutes reviewed.

2. Assurance summary (cont.)

Recommendation 1

Livewell Southwest must ensure that the policy and procedure on engagement and support of families of victims and perpetrators involved in serious incidents comply with current guidance.

Niche assurance rating for this recommendation	3

Key findings:

The LWSW SIRI Policy is reflective of the Serious Incident Framework (SIF) guidance regarding the engagement and support of families of victims and perpetrators involved in serious incidents. The policy has been extended while work to align processes to the PSIRF is in development. This is, in our view, reasonable given that the PSIRF is still in its implementation phase nationally.

A Practice Lead for Investigations has been recruited to lead on mental health SIRI investigations. The service has told us that that this role has been beneficial in ensuring consistency of standards, including working with and supporting families and victims.

LWSW has shared a breadth of evidence with us, demonstrating their proactive work with families and carers to prevent SIs from occurring, including their engagement in the Community Mental Health Framework implementation, development of Carer Lead roles within services, and Triangle of Care training across the organisation (74% of staff trained).

Residual recommendations:

As planned, update the existing SIRI Policy and associated training and templates to align to the PSIRF as soon as possible, including how families and patients can contribute to investigations to support learning. Consider ways in which LWSW can continuously demonstrate improvement in relation to family engagement.

Recommendation 2

NHS Devon Clinical Commissioning Group and Livewell Southwest must ensure that serious incidents are investigated in accordance with the Serious Incident Framework, that provider action plans are monitored, that assurance is sought and provided that action plans are completed, and changes to clinical practice and patient care are monitored.

Niche assurance rating for this recommendation	3

Key findings:

The implementation of this recommendation has been impacted by various factors, including the restructure from CCGs to ICBs, changes made in LWSW structures and personnel, and the move to the PSIRF nationally.

Existing processes are reflective of those described in the SIF, although the ICB SI follow-up meeting with LWSW was paused during the pandemic and has only recently been reinstated. As at 19 December 2022, we have been told that four actions arising from SIs remain outstanding with LWSW. We have not seen evidence of which actions nor SIs these relate to,

2. Assurance summary (cont.)

Recommendation 2 (continued)

Niche assurance rating for this recommendation **3**

Key findings (continued)

We have also seen some notable areas of good practice in this area, including:

- SIRI Panel minutes at the ICB show strong examples of support and challenge, to ensure the quality of reports.
- Minutes from the Patient Safety Specialists Collaborative Network show that this forum is used well to share learning from adverse events (including SIs and Never Events) across providers.
- Staff in Community Mental Health Teams (CMHTs) are shaping their own audit programmes to support learning from adverse events (e.g. rejected referrals), with learning shared across relevant teams.

Residual recommendations:

The residual recommendations relating to R1 (page 8) above also apply to R2.

Recommendation 3

NHS Devon Clinical Commissioning Group and Livewell Southwest must ensure that care and treatment for psychosis and schizophrenia, and post-traumatic stress disorder are delivered in accordance with the relevant NICE guidelines.

Niche assurance rating for this recommendation **2**

LWSW has shared a significant amount of evidence in relation to this recommendation, most of which consists of operational policies. Some of these (but not all) make reference to NICE guidelines. A significant amount of work has been undertaken in relation to the physical health NICE guidelines relating to these conditions.

There remains outstanding a system of control by which the organisation consistently monitors relevant NICE guidance, maps current practice to this, and assures itself as to its compliance or non-compliance with these guidelines. This is required both for the provider's internal assurance, but also to provide meaningful assurance to the ICB. We understand that work has commenced to implement this, but is in its early stages.

Residual recommendations:

Systematically identify relevant NICE guidance for these conditions, and monitor organisational compliance with this.

2. Assurance summary (cont.)

Recommendation 4
Livewell Southwest must provide assurance to their commissioners and the Board that risk assessments are undertaken and documented in accordance with organisational policy.
Niche assurance rating for this recommendation **3**
Key findings:
A Risk Assessment and Management Policy is in place, which is now due for review (December 2022). Monthly compliance reporting is in place which is reviewed at various operational meetings, and reported to the Executive Team and Safety and Quality Performance Committee. Risk management is also discussed in detail within clinical supervision meetings; expectations in this area are documented in policy and supervision paperwork.
Risk training is in place and 43% of relevant staff have received training at present, with plans to reach 100% compliance in January 2023.
Residual recommendations:
Evidence of increasing compliance with policy over time will provide the Board and commissioners with ongoing assurance about the effective management of risk.

Recommendation 5
Livewell Southwest must provide evidence assurance to their commissioners and the Board that discharge decisions are taken in accordance with organisational policy.
Niche assurance rating for this recommendation **1**
Key findings:
The CMHS Operational Policy has a section on discharge although we note the policy is overdue for review, and plans to remedy this remain unclear. This document is key to ensuring staff awareness of key processes, including those relating to referrals, discharge and care coordinator allocation. There is also a practitioner-led discharge template, but this appears to still be at proposal stage.
There have been three, two-week reviews of discharges to assess compliance with the policy in CMHS. While these returned positive results, we have been told that there was a valid sample of only three cases, which limits the level of assurance provided by this work.
Importantly for this recommendation, it is unclear how the Board or LWSW's commissioners are assured that clinical practice in relation to discharge complies with organisational policy.
Residual recommendations:
Complete this recommendation and provide assurance to the LWSW Board and commissioners that discharge decisions are taken in accordance with organisational policy.

2. Assurance summary (cont.)

Recommendation 6
Livewell Southwest must ensure that crisis/contingency plans clearly describe the actions required by patients and staff when a patient is in crisis.
Niche assurance rating for this recommendation **3**
Key findings:
The CPA Policy clearly describes the expectation that all care plans should have crisis/contingency plans and the content that care plans should include. This is further underlined in the care plan template. Compliance with the policy is monitored via clinical supervision, and reported at operational, executive and committee levels.
Crisis and contingency planning is also referenced in the Person-Centred Planning Training.
Residual recommendations:
Demonstrate, over time, increasing compliance with the CPA Policy regarding crisis and contingency planning.

Recommendation 7
Livewell Southwest must provide assurance to their Board and their commissioners that a system is in place to ensure that any patient waiting longer that ten days for allocation to a care coordinator is identified, and the issue escalated to an appropriate manager for action.
Niche assurance rating for this recommendation **4**
Key findings:
A reporting system is in place to highlight patients waiting longer than ten days for allocation to a care coordinator. While a clear system is in place to enable timely escalation, it is not clear how this information is consistently used to make improvements. For example, at the time of our review, there were seven patients waiting longer than ten days for allocation to a care coordinator, and it was unclear why this was the case for five of these patients, nor how allocation was being expedited as a result of escalation.
Residual recommendations:
Demonstrate, over time, improvements in the timely allocation of care coordinators.

2. Assurance summary (cont.)

Recommendation 8
Livewell Southwest must ensure an effective local interagency protocol with the National Probation Service is developed. This should agree specific responsibilities and actions for each organisation when a patient of Livewell Southwest is subject to a Community Order with a Requirement for Mental Health Treatment. Livewell Southwest must also ensure that in such circumstances, individual care plans are aligned to the Community Order and that clinical staff engage regularly with the patient's Offender Manager.

Niche assurance rating for this recommendation	3

Key findings:

An Information Sharing Agreement has been signed between LWSW and Probation. Actions are clearly stated for each agency working with people subject to a Community Order with a Requirement for Mental Health Treatment. There are now plans to communicate required changes in practice to staff, and to update risk management training materials.

Residual recommendations:

Seek assurance as to the effectiveness of this agreement in relation to interagency working.

Recommendation 9
Livewell Southwest must provide assurance to their commissioners and the Board that the escalation route for professional differences between AMHPs and community mental health team staff is used effectively.

Niche assurance rating for this recommendation	3

Key findings:

LWSW has confirmed that there has not been occasion to escalate any differences in professional opinion since this recommendation was made. There are, however, documented processes in place, should this occur. There are also a series of actions in place which aim at increasing the scope for joint assessment, thereby reducing the risk of differences in professional opinion arising.

LWSW regularly attend meetings with other organisations, including Multi-Agency Team Meetings (MATs) and Primary Care Network (PCN) meetings, which provide opportunities for collaborative decision-making with other professions.

It remains unclear if LWSW has provided assurance that this process is in place to their Board or commissioners.

Residual recommendations:

Test relevant staff awareness of this process so that, should the need arise, the appropriate escalation channels are used.

Appendix 1: Evidence review

Appendix 1: Evidence review

Recommendation 1	
Livewell Southwest must ensure that the policy and procedure on engagement and support of families of victims and perpetrators involved in serious incidents comply with current guidance.	
Key evidence submitted	**Niche review**
Serious Incidents Requiring Investigation (SIRI) Policy Version No 2.8 Review: September 2023	This policy has been extended, due to the publication of the PSIRF; a new policy will supersede this in September 2023. The existing policy states that information may be obtained from the family, who may be involved in the review at any time. There is a section on Duty of Candour which underlines the importance of supporting patients, their relatives and carers. There is a further section on how these groups should be supported following an SI. The policy does not state that families affected can submit questions to be considered as part of an investigation; this should be updated so that families can contribute meaningfully to the learning process. It does state that the service involved in the incident should offer to meet with the affected patient or family, and that training and debriefing should be given to staff doing this. The policy underlines the link between SIs and complaints, in terms of family liaison.
Action plan narrative	The action plan notes that there is further work to do relating to: - The Duty of Candour Policy - RCA training to ensure compliance with current guidance
Appendix 46: Job description for Practice Lead for Investigations	Livewell have recruited a Practice Lead for Investigations to lead on Mental Health SIRI investigations. The service has told us that this role has been beneficial in ensuring consistency of standards across the SIRI process including the engagement and support of families and victims.
Appendix 1 – Extract from a letter to a complainant	Example from a complaint response showing that carers have been invited to become involved in service development following a complaint. LWSW detail that this is used as a proactive opportunity to use carer feedback before a serious incident occurs.
Appendix 6 – MDT minutes	MDT minutes have been updated to include a carers section. This ensures that carers assessments are taking place, with outcomes recorded.
Appendix 7 – Carers Policy (January 2022)	A Carers Policy is in place which applies to all staff. Its aims are to ensure that carers are identified, respected and supported in their role effectively. This expired in June 2022.

Appendix 1: Evidence review (cont.)

Recommendation 1 (continued)	
Key evidence submitted	**Niche review**
Appendix 2 - Service User and carer involvement in the Community Mental Health Framework planning and implementation	Document outlining the governance structure of the Community Mental Health Framework (CMHF) planning and implementation. Workstream groups (including for Rehabilitation and Recovery) have nominated experts by experience to support the service in identifying and responding to concerns to promote safety. Livewell are actively pursuing opportunities to promote service user and carer involvement enabling them to identify and respond to concerns prior to a serious incident.
Appendix 3 – Job description – Carers Peer Support Worker	This role sits in the Primary Care Mental Health Team but LWSW outline that the post holder works across the service. The role has been developed specifically for people who have lived experience of mental health challenges. The role duties include: • the provision of peer support and assistance to carers of people who use mental health services. • acting as a recovery advocate.
Triangle of Care figures	The core and specialist services have 74% of staff trained in the Triangle of Care. The organisation is aiming for 80% of staff trained, with the self-assessment completed by quarter 4 2022/23. One carer is involved in the related working group.
Appendix 4 – Triangle of Care Practice Leads Meeting agenda (CMHS) Appendix 5 – Team Carers Lead Role Description.	Carer leads are being developed within each team. The role description states that they will act as a voice for carers within teams and ensure that involving and supporting carers becomes part of business as usual. Tasks within the job description support the safety agenda, including accurate carer record keeping on SystmOne, identifying learning needs relating to working with carers, and co-ordinating the Triangle of Care action plan.

Appendix 1: Evidence review (cont.)

Recommendation 2

NHS Devon Clinical Commissioning Group and Livewell Southwest must ensure that serious incidents are investigated in accordance with the Serious Incident Framework, that provider action plans are monitored, that assurance is sought and provided that action plans are completed, and changes to clinical practice and patient care are monitored.

Key evidence submitted	Niche review
One Devon Potential SI process flow	This is a process map setting out how SIs are identified. There is a Potential SI Panel, which meets twice weekly, and determines if an incident meets SI criteria and how it should be investigated.
One Devon - Follow up of incident investigation actions process flow	A clear process is in place to outline how actions will be overseen for their implementation by the ICB. There could be a clearer description of what is meant by evidence or assurance. During the COVID-19 pandemic, the SI follow-up meeting with LWSW was paused. We have been told that the ICB is in the process of reinstating these meetings, but this action has been delayed by the restructuring of relevant teams in LWSW.
Mental Health & Learning Disability SIRI Panel Minutes (11 August 2022)	Example of minutes from the LWSW SIRI Panel. We note that there is significant discussion of the affected person before presenting the case. For each of the cases presented, the Panel makes a series of follow-up questions, challenges any gaps or omissions, and commends notable practice. In the example reviewed, no reports were closed on first submission, which suggests a good level of rigour and challenge from the ICB.
Example agendas - Patient Safety Specialists Collaborative Network in Devon & Cornwall	A Patient Safety Specialists (PSS) Collaborative Network has been established in Devon and Cornwall, of which LWSW are members. The purpose of this forum is both to ensure a joined-up understanding of the PSIRF, and to ensure support and learning across providers. For example, there is evidence of learning from recent SI investigations, a Never Event, and Duty of Candour conversations.
Reviewer training tracker	There are 21 named SI reviewers although the ICB has confirmed that there are more reviewers who were training prior to this tracker being implemented.

Appendix 1: Evidence review (cont.)

Recommendation 2 (continued)	
Key evidence submitted	**Niche review**
10674 and 10639 – Serious Incident Decision Making Checklists	This is a form which summarises an incident. It includes a section asking "based on majority vote, does this incident meet the SI criteria?" There are also fields to check whether a multi-agency investigation is required, why SI criteria do not apply, if applicable, and to capture any actions.
SI reviewer training slides V7 2022	Training slides for a session which quality reviewers attend prior to their further training (as described below). An overview of the PSIRF is given and the importance of Duty of Candour is underlined. Key topics such as root causes and human factors are referenced. We understand that future training sessions have been scheduled, with materials now aligned to the PSIRF, although we have not seen this training pack.
Standard Operating Procedure: Serious incident reviewer training (undated)	This Standard Operating Procedure (SOP) sets out the process for training new quality reviewers within NHS Devon CCG (now ICB) when a Root Cause Analysis (RCA) report has been submitted following the investigation of a serious incident. This SOP was introduced to increase the number of quality reviewers, to improve compliance with the CCG's internal key performance indicator of review within 14 days. We note that new reviewers are trained using three 'dummy reviews' as a learning exercise, with oversight by a 'buddy', who will confirm their readiness to take on reviews alone.
Appendix 46: Job description for Practice Lead for Investigations	The newly appointed Practice Lead for Investigations in LWSW works with team managers to develop and monitor the implementation of action plans.
Appendix 9 and 10a- North and West Community Mental Health Team Business Meeting minutes – July 2022 and second meeting (undated)	Incident themes are shared as standard in CMHT business meetings. An example was provided from the North and West locality. We have been told that feedback is facilitated by a team manager who sits regularly on the SIRI panel.

Appendix 1: Evidence review (cont.)

Recommendation 2 (continued)	
Key evidence submitted	**Niche review**
Action plan narrative	Through its implementation of the CMHF, services in LWSW are re-designing an audit programme to focus on ensuring quality of service developments and changes, which will further evidence successful implementation of action plans.
Appendix 11 – Rejected referrals quarterly audit – Q1 findings	All senior staff across the CMHS have been approached to review the existing audit programme, and establish a new programme in line with CMHT principles. An example of such a new audit came from a complaint regarding rejected referrals. Example of change to practice arising from this learning - 10% of rejected referrals are now reviewed quarterly by a consultant and a senior nurse to review the appropriateness of the decision and the quality of the advice given by the triage team. Learning from this audit is shared amongst the triage team
Supplementary information received	• Mental Health & Learning Disability SIRI Panel Minutes (8 September 2022) • Mental Health & Learning Disability SIRI Panel Minutes (29 September 2022)

Appendix 1: Evidence review (cont.)

Recommendation 3

NHS Devon Clinical Commissioning Group and Livewell Southwest must ensure that care and treatment for psychosis and schizophrenia, and post-traumatic stress disorder are delivered in accordance with the relevant NICE guidelines.

Key evidence submitted	Niche review
NICE implementation summary: AMBER guidance (as of 05/01/22)	Extract from NICE compliance report for guideline CG178: Psychosis and schizophrenia in adults. This is currently recorded as “NOT IMPLEMENTED (with action)” in LWSW. The recorded reason for this is that LWSW is an outlier for Standard 6: Service users receive a physical health assessment annually. This was "*expected and a result of the Coronavirus crisis*”. The trajectory for improvement to compliance is not stated. We have seen no evidence of compliance with post-traumatic stress disorder guidelines, nor any other psychosis and schizophrenia guidelines.
Appendix 13 – Job description for Advanced Health Improvement Practitioner	This is a pilot role which has been introduced into the Wellbeing Team to work alongside core teams with people who have a SMI. The service is now advertising to make this a permanent role.
Appendix 14 – Job description for Physical Health & Mental Wellbeing Peer Support Worker	The service is currently seeking to recruit a peer support worker with an emphasis on physical activity
Appendix 15 - Job description for Clinical Associate Psychologist (CAP)	The service has recruited and trained three CAPs in order to increase the availability of psychological interventions.
Appendix 15 - Job description for Non-medical Prescribers (NMPs)	The Core Enhanced Services have employed two NMPs to support people with SMI with the intention that they are able to provide more in-depth reviews of service users who have been managed primarily by doctors and the depot clinics in the past.
Action plan narrative	Various other initiatives to improve physical health, including a new healthcare assistant role to support physical health clinics.

Appendix 1: Evidence review (cont.)

Recommendation 3 (continued)	
Key evidence submitted	**Niche review**
Depot and Long-Acting Injection (LAI) Antipsychotic Medication Policy and Practice Guidelines - For use in Adults - Version No. 6.0 – April 2021	This policy makes reference to NICE guideline 178 - Psychosis and schizophrenia in adults: prevention and management. Compliance with the policy is monitored through incident reporting of medication errors via the Provider Medicines Governance Group. We have not seen evidence related to compliance with this policy, nor medication errors.
Employment Support Service (IPS) - Operational Policy - Version No 1.0 (Working Draft)	This draft policy references (unspecified) NICE guidelines re psychosis and schizophrenia in adults. The Individual Placement Support (IPS) team is employed by LWSW and aims at helping people "with severe and enduring mental health issues find and keep competitive employment."
Greenfields Unit Operational Policy - Version No 4 - June 2022	The Greenfield Unit provides a service to women with a range of mental disorders, including complex psychosis, who require enhanced support, including complex psychosis.
Syrena Operational Policy - Version No 3.1 – August 2022	The Syrena service provides rehabilitation for people with complex psychosis. Specific reference is made to NICE guideline [NG181] - Rehabilitation for adults with a complex psychosis.
Specialist Outreach Recovery Team Operational Policy - Version No 1.0 – November 2022	This policy sets out operational processes in relation to the Specialist Outreach Recovery Teams (SORT) within Plymouth, such as: assessment processes, transfer processes, intervention types and team structure and supervision. It states that it is based on the service criteria identified within the Community Mental Health Framework and NICE Guidelines for Recovery. Specific reference is made to NICE guideline [NG181] - Rehabilitation for adults with a complex psychosis.
Supplementary information received	• Livewell Southwest Clozapine Policy for Mental Health Staff and Plymouth GP Practice Staff - Version No 3.6, July 2021 • Community Mental Health Framework (CMHF) progress update 25th February 2021 • Community Model Redesign Paper 2018 (to Executive Team) • Home Treatment Team Operational Policy, V3.4, November 2021 • IPS Fidelity Action Plan – October 2022 • IPS Fidelity Review Report – August 2022 • IPS Service leaflet • Use of Clozapine during COVID-19 memo

Appendix 1: Evidence review (cont.)

Recommendation 4

Livewell Southwest must provide assurance to their commissioners and the Board that risk assessments are undertaken and documented in accordance with organisational policy.

Key evidence submitted	Niche review
Risk Assessment and Management Policy – V3 – no ratification date.	This policy is undated and due for review in December 2022. The policy acknowledges that different services will often use different risk assessment tools. It has a flowchart denoting the points at which a clinical risk assessment should be undertaken. Managers do a monthly submission confirming their compliance with the policy. This information is aggregated and reported to the Executive Team and Safety and Quality Performance Committee. These reports have not been shared with us.
Appendices 24 and 25 - Risk Assessment Training excerpts	Sample of the mandatory risk assessment training materials, including use of the "5 Ps" for case formulation. This is also included in local and corporate induction. The latter includes key changes from CPA to CMHF, higher risk factors and risk recording in SystmOne. 43% of relevant staff are currently trained in this, with plans to reach 100% compliance in January 2023.
Appendix 26 – Current Caseload and Risk Assessments within date	Compliance with CPA risk assessments is reviewed on a monthly basis by operational and team managers.
Action plan narrative	As at 15 December 2022, 86%, of CMHS CPA patients have an in date risk assessment.
Appendix 27 – Caseload Supervision Policy (July 2019) Appendix 28 – Evidence of supervision compliance – monthly report	This policy outlines expectations regarding the overview of individual and team caseloads by managers. This includes the consideration of risk and complexity in a given caseload. The policy states that line managers should use CPA care plans and risk assessments in caseload supervision meetings. There is a caseload prompt sheet appended, which states that caseload should be reviewed in light of changing risk, including levels of contact, impact of non-contact and severity of need (including crisis). Managers do a monthly submission confirming their compliance with the policy, and that paperwork has been updated accordingly. Compliance is discussed at monthly business meetings, but it is unclear where concerns would be aggregated and escalated to beyond this level.

Appendix 1: Evidence review (cont.)

Recommendation 4 (continued)	
Key evidence submitted	**Niche review**
Example (2) case load review	The organisation has introduced (date unknown) a new approach to line management in which, on a quarterly basis, team managers undertake a detailed review of five sets of clinical notes from each staff member's caseload. This review checks for, among other things: • Date of last CPA review • A care plan and crisis/contingency plan on record • Date of last risk assessment, and whether the care plan aligns to the outcome of this risk assessment The outcomes of these reviews have not been shared with us.
Supplementary information received	• Caseload Review Prompt Sheet

Appendix 1: Evidence review (cont.)

Recommendation 5	
Livewell Southwest must provide evidence assurance to their commissioners and the Board that discharge decisions are taken in accordance with organisational policy.	
Key evidence submitted	**Niche review**
Appendix 30 – CMHS Operational Policy (February 2021)	The policy has a section on discharge, which includes the discharge criteria and the process for this to occur. This appears to have been due for review in August 2021.
Appendix 30 a – Process map	There is also a documented process map for handling complaints and concerns raised for patients following discharge from CMHS.
Appendix 31 – Practitioner-led discharge template	Process designed for "people have been mentally stable for some time, with no changes in medication, no hospital or Home Treatment Team (HTT) admissions and who are not receiving multi-disciplinary intervention within the CMHT." This template appears to be a proposal in draft, and it is unclear if it has been fully adopted by the service.
Appendix 32 - Rapid Reassessment Pathway	The rapid reassessment pathway allows for prompt reassessment of a person with SMI if they are showing signs of relapse and the medication advice and support offered on discharge in the event of relapse.
Action plan narrative	In June 2022, a brief (two-week) review of discharges was undertaken, during which MDT meeting minutes were reviewed, to assess the extent to which discharge decisions met the standards described in the CMHS Operational Policy. This process was repeated in November and December 2022. We have been told that this returned a valid sample of three cases to review, all of which complied with policy. This does not appear to have been a formal audit and we have not seen the paperwork associated with this review. There are plans to review discharge processes again in light of the implementation of the CMHF.
Action plan narrative and Appendix 33 – RTT assessment figures (as at September 2022)	The range of options open to service users who require support post discharge has increased, and includes urgent support via Alternative to Emergency Department (A2ED), First Response, and urgent and planned support from Headspace. The waiting time for assessment within a CMHT is currently less than four weeks which helps to ensure that prompt routine reassessment can be undertaken if required.

Appendix 1: Evidence review (cont.)

Recommendation 6	
Livewell Southwest must ensure that crisis/contingency plans clearly describe the actions required by patients and staff when a patient is in crisis.	
Key evidence submitted	**Niche review**
Care Programme Approach (CPA) Policy – V2.1 – October 2022	This policy clearly sets an expectation that all care plans will include crisis, relapse and contingency plans. There is a section in the policy describing what should be included in a crisis/contingency plan. Compliance with the policy is measured through performance reporting, as discussed under R4.
Care plan (redacted)	There is a detailed section in the care plan template which indicates: • What the service user needs to do to stay well • What they should look out for • Sources of support if they feel more unwell • What family and friends can do if they are worried
Appendix 35a – Person Centred Planning training	This training guide sets out what is meant by person-centred planning, and what guidance and regulations expect from the service. There is a specific section on what should be included in a crisis plan, with an example provided. There is a similar section on contingency planning.
Appendices 34 and 35 – Risk Assessment LSW training materials and Suicide Awareness Training materials	Crisis and / contingency planning is not mentioned in these materials, nor how to form mitigation plans. Safety planning features briefly in the Suicide Awareness training, but it is unclear what the expectation is from staff (e.g. in terms of recording and sharing of information with colleagues).
Supplementary information received	• Appendix 36 – Document outlining various self-soothing techniques aimed at service users • Appendix 37 – Mental health passport

Appendix 1: Evidence review (cont.)

Recommendation 7
Livewell Southwest must provide assurance to their Board and their commissioners that a system is in place to ensure that any patient waiting longer that ten days for allocation to a care coordinator is identified, and the issue escalated to an appropriate manager for action.

Key evidence submitted	Niche review
Appendix 38 - Flow chart – Management of Clients awaiting Care-Co-ordination	There is a clear process in place for allocation of service users to care coordinators (CCO); however, it does not mention what steps should be taken if a CCO has not been allocated within ten days.
Appendix 39 – Report Manager excerpt	A reporting system is in place which provides assurance of CCO allocation, using a RAG rating system. We have been told that these reports are accessible on the Report Manager system at any time. The Board, team managers and operational managers have access to this, but we have not seen evidence of proactive reporting to senior leaders/ the Board to suggest that this is being used effectively. There are seven patients waiting longer than ten days in this report excerpt. We were told that one is out-of-area, and another was awaiting an interpreter. The rationale for the other five patients waiting for allocation is unclear. Comments can be added to explain exceptions and escalate this to management.
Action plan narrative	The service is taking other steps to reduce unnecessary waits, including: • Caseload reviews and fewer patients receiving consultant-only care, which is leading to treatment in a more timely manner. • Staff working in primary care mental health teams, who provide assessments within GP surgeries. • The Doc2Doc email system in which GPs can ask for specialist mental health advice.

Appendix 1: Evidence review (cont.)

Recommendation 8
Livewell Southwest must ensure an effective local interagency protocol with the National Probation Service is developed. This should agree specific responsibilities and actions for each organisation when a patient of Livewell Southwest is subject to a Community Order with a Requirement for Mental Health Treatment. Livewell Southwest must also ensure that in such circumstances, individual care plans are aligned to the Community Order and that clinical staff engage regularly with the patient's Offender Manager.

Key evidence submitted	Niche review
Appendix 41 - Information Sharing Agreement	An information sharing agreement was signed on 8 December 2022 with Probation Southwest Region. The agreement states that "*Livewell Southwest would like to establish a two-way flow of information in order to help both services meet the needs of the individual. It is important that we are aware for example when treatment orders are in place*." Actions are clearly stated for each agency working with people subject to a Community Order with a Requirement for Mental Health Treatment. There are now plans to communicate required changes in practice to staff, and to update risk management training materials in relation to working with Probation. A working group will be established to implement these actions.

Appendix 1: Evidence review (cont.)

Recommendation 9	
Livewell Southwest must provide assurance to their commissioners and the Board that the escalation route for professional differences between AMHPs and community mental health team staff is used effectively.	
Key evidence submitted	**Niche review**
Approved Mental Health Professional Operating Policy – V1 – April 2021	The purpose of this policy is to set out the standard operating procedures and policies for the Approved Mental Health Professional (AMHP) Service. There is a section about professional disagreements and how these can be escalated
Difference of Professional Opinion Policy	This is a short flow chart showing how differences of opinion about discharge to the HTT should be handled, ending in a joint assessment by the HTT and CMHT Band 7 if necessary. It remains unclear how assurance that this process is being used effectively has been provided to the Board or commissioners. That said, LWSW have confirmed that there has not been occasion to facilitate any meetings where escalation has been required.
Action plan narrative	LWSW have documented a series of other actions which aim at increasing the scope for joint assessment and reducing the risk of differences in professional opinion arising, including: • intention to recruit another social worker and put them through AMHP training, to increase awareness of mental health law; and • opportunities for joint assessment, for example through the joint response unit.
Multiagency meeting individual case template	This template is used and submitted in advance of multiagency meetings. It is unclear how often these are used, but they provide an opportunity for colleagues across organisations to discuss and debate any differences of opinion.
Primary Care Network (PCN) Mental Health (MH) Multi-Agency Team (MAT) meeting – Terms of reference	There are bi-monthly MAT meetings led by the PCN in which LWSW takes part.
Supplementary information received	• Appendix 44 - Creative Solutions Forum – Terms of Reference

Appendix 2: Glossary of terms

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CCG	Clinical Commissioning Group
AMHP	Approved Mental Health Professional
CCO	Care Coordinator
CMHF	Community Mental Health Framework
CMHS	Community Mental Health Services
CMHT	Community Mental Health Teams
CPA	Care Programme Approach
HTT	Home Treatment Team
ICB	Integrated Care Board
LWSW	Livewell Southwest
MAT	Multiagency Team
MDT	Multidisciplinary Team
NIAF	Niche Investigation Assurance Framework
NICE	National Institute for Health and Care Excellence
PCN	Primary Care Network
PSIRF	Patient Safety Incident Response Framework
PSS	Patient Safety Specialist
SIF	Serious Incident Framework
SIRI	Serious Incident Requiring Investigation
SMI	Serious Mental Illness

Our address is:
4th Floor
Trafford House
Chester Road
Manchester
M32 0RS

Tel: 0161 785 1000
www.nicheconsult.co.uk

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