

ACTION PLAN POST INDEPENDENT INVESTIGATION – PUBLISHED ON WEBSITE

Serious Incident Review Proforma

| Patient ID/Other | Date of Incident | Service | STEIS Number (if applicable) |
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| Patient C | 15 July 2007 | Northumberland Community Mental Health Team | 2007/6930 |
| Summary of Incident: Male patient was convicted of the manslaughter of a man who died of knife wounds he sustained following an argument at a hostel they were both residing in. | | | |
| Recommendations Following Independent Investigation | Actions Undertaken / Planned | | Lead / Timescale / Date Completed |
| <p>1. A formulation based approach to clinical management of patients should be adopted. Formulation should be informed by multidisciplinary evaluations and be regularly reviewed.</p> <p>2. Decisions regarding patient care should not be taken on the basis of single presentations without regard to case</p> | <p>Policy and Procedure</p> <p>Trust Care Co-ordination and CPA Policy NTW(C)20 ratified in November 2010.</p> <p>The development of the core assessment document that is used by all services and clinicians in the Trust supports and enables holistic assessment as it encompasses health and social care needs and consequently biopsychosocial formulation.</p> <p>The core assessment has a formulation section which once validated cannot be changed. However when the created new facility of the electronic record is used the previous formulation pulls through, so is readily available to view by clinical staff. It is required to be amended or added to at significant points of transition e.g. admission to an inpatient ward, referral to another service either for transfer or to facilitate joint working.</p> | | Completed |

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| <p>formulation.</p> <p>3. At each point of transition in the care of a patient there must be a concise summary readily available to the receiving service that accurately sets out the patient's formulation; which includes diagnosis, treatment plan, risk factors and follow up requirements.</p> | <p>The electronic record also clearly identifies how many assessments have been entered. This enables clinical staff to easily view assessments and associated formulations over the time period of the record. All clinicians involved in a patient's care and treatment must keep accurate and contemporaneous records and it is the responsibility of the Care Co-ordination/Lead Professional to make sure that all clinical information is up-to-date on the electronic patient record (RiO) at any point of transition of care. This would be in addition to a face-to-face or verbal handover, or discussion as part of the review process. The recently developed transition protocol reinforces the need to do this.</p> <p>In addition to this, clinicians have caseload management with their clinical supervisors on a regular basis, which includes a records check of a number of open cases to look at the quality, not just completion, of the record.</p> <p>A safety message from the Executive Medical Director was circulated to all staff in the Chief Executive's Bulletin in September 2012 to reinforce the importance of the formulation and evaluation of risk. (Copy saved on database).</p> <p>Progress since the incident will be further strengthened by the design of new community pathways which is part of a two year transformation programme. The new pathways will minimise transitions for service users and enhance communication and joint working where planned transitions are necessary. The clinical record has been redesigned to include a standardised framework for formulation which will be prominently displayed along with the risk assessment. Standard work has been developed for reviews which greatly enhances multidisciplinary input.</p> | <p>September 2012</p> <p>Ongoing work</p> |
| <p>4. There should be consultant psychiatric input in cases in which there is diagnostic complexity or uncertainty, medication related issues or significant risk.</p> | <p>Policy and Procedure</p> <p>Trust Care Co-ordination and CPA Policy NTW(C)20 ratified in November 2010.</p> <p>Following implementation of New Ways of Working for Psychiatrists (October 2005), the consultant psychiatrists are increasingly embedded into multi disciplinary teams. This enables rapid access to all members of the team when additional advice or guidance is required to meet service users' needs. Within the community teams the team manager is responsible for ensuring that resources are allocated safely and that team members</p> | <p>Completed</p> |

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| | <p>including consultant psychiatrists prioritise tasks based on clinical needs.</p> <p>This will be further strengthened by the design of new community pathways which is part of a two year transformation programme.</p> | |
| <p>5. In cases where issues of non compliance with medication arise, this ought to be noted specifically as part of the risk management plan. This plan should specify to all concerned how future instances of non-compliance are to be notified, as well as interventions required to develop concordance.</p> | <p>Policy and Procedure</p> <p>This is covered by the Care Co-ordination policy NTW(C)20 in relation to care planning of a patient's individual needs which includes risk assessment and contingency planning.</p> <p>The policy Promoting Engagement with Service Users NTW(C) 07 clearly articulates the expectation that staff will assertively try to engage with patients. If a service user does not engage or attend or if a carer raises a concern about a service user then the care coordinator or lead professional should actively seek to reengage and manage any concerns raised. At no point should an individual or team discharge a patient who has disengaged or where concerns are raised without a full discussion with the team and referrer about ongoing risks, needs and how to re refer if necessary. The CPA process embedded in Care Coordination Policy NTW (C) 20 would be the framework to ensure this happened.</p> <p>The policy Clinical Supervision NTW (C) 31 would also support safe practice as the supervisor would be ensuring all actions had been taken to ensure safe decision making.</p> <p>The Trust has a Managing Complex Cases process with a decision tree to support staff in its use. The tiered approach it outlines is based on the detailed guidance for staff within the Trust's Promoting Engagement with Service Users Policy and adds the option of a Complex Case Panel where the presenting risks and nature of the problem is a sufficiently serious nature, and cannot be resolved through :-</p> <ul style="list-style-type: none"> • the care co-ordination process, with the option of the Lead Professional / Care Coordinator arranging a review meeting incorporating consultation with an appropriate clinician or managers who may have the necessary knowledge, skills or experience to help the team resolve the complex case issue(s). • seeking specialist case specific consultation advice from appropriate sources outside of the Lead Professionals / Care Coordinator's immediate service area e.g. 'expert | <p>Completed</p> |

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| | <p>clinician' from a specialist area, MAPPA, Safeguarding Leads, Trust Clinical Risk Manager or escalating to the directorate triumvirate. A strategy meeting consisting of appropriate staff in an attempt to resolve the complex case issues should be used.</p> <p>Training and Implementation</p> <p>Training has occurred as part of the rolling Care Co-ordination training programme.</p> <p>Further training has been developed as part of a medication concordance programme, to help staff understand the issues associated with medication non-adherence and enhance skills in identifying and managing non-adherence. The Trust is currently recruiting some trainers and will continue with workshops for all clinical staff at the end of October. The aim is to train all clinical staff over the next two years and to evaluate the training in terms of what has changed as a result. Programme documentation on database.</p> | Completed |
| <p>6. All members of integrated teams should have access to all of the relevant clinical information.</p> | <p>Policy and Procedure</p> <p>The Trust's electronic health record (RiO) is the unified health record which is used by all NTW staff involved in the patient's care.</p> <p>The NTW Care co-ordination policy NTW (c)20 and associated PGNs and Record Keeping Standards PGN-02 (Part of NTW(O)09 Management of Records) set out the expectation in relation to the sharing of key clinical documents' with partners (LA: GP: Cares; Service User and other members of the care team) who do not have access to the Trust's electronic patient record (RiO). These policies / PGNs also guide staff as to how to integrate Local Authority documentation in the Trust electronic care record (RiO)</p> <p>This is further enhanced by information sharing protocols and associated arrangements with two local authorities in respect of an automated electronic exchange of information between their electronic care records and Rio and mutual read only access to each organisation's electronic records. In one locality of the Trust where the community teams remain integrated, RiO is the shared record.</p> | Completed |

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| <p>7. Appropriate weight should be given to all reported concerns of carers and other key figures in patients' lives; particularly when past reporting has proved to be reliable. Whilst such policy guidance may form part of training, it is essential to achieve a demonstrable change in the approach taken by professionals in such instances.</p> | <p>Policy and Procedure</p> <p>Care Co-ordination policy NTW(C)20 includes section 13 – “involving carers”. This section of the policy outlines the Care Co-ordinator’s responsibility for ensuring carers are not only offered an assessment of their needs but also highlights the importance of carer input. It states that concerns from carers should be taken very seriously and should lead to the Care Co-ordinator considering the need to initiate a review.</p> <p>Engagement with Carers is also promoted though Common sense confidentiality (part of Confidentiality policy) the introduction of which was supported by a programme of training for staff.</p> <p>Embedding and Evidence of Improved Outcomes</p> <p>The Trust Quality Monitoring tool for records audit demonstrated that in 2013</p> <p>Planned care 74% of care plans had been developed with the involvement of SU and their family/carer</p> <p>Urgent care 83% of care plans had been developed with the involvement of SU and their family/carer</p> <p>Specialist service 75% of care plans had been developed with the involvement of SU and their family/carer</p> <p>The Trust Quality Monitoring tool for records audit is augmented by a clinical audit dashboard available to all managers. Figures for the percentage of carers involved in a patient’s risk assessment are available on request.</p> <p>At the time of the incident, while there was wide acknowledgement of the importance of the support to carers and appropriate policies were in place, implementation of these assessments were not well embedded, and systems to monitor completion were also not well developed.</p> <p>The Trust has undertaken significant work over the past few years to engage and support Carers. A carer’s charter has been developed in partnership with carers and carer organisations that clearly outlines expectations and standards for carers and Trust staff in relation to involvement and information. Common Sense Confidentiality guidance for carers</p> | <p>Completed</p> |
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and staff is part of the Trusts information sharing policy and training has taken place to raise awareness of the importance of this with all staff. A high quality 'Carers' Pack' has been developed which until April 2013 focused mainly on in-patient services. Following positive evaluation from our annual carer's survey this is now being rolled out across community services as a CQUIN scheme for 2013/14. The pack is comprehensive and includes:

Getting to Know You process (which supports a 'think family' philosophy)

Carers Charter

Useful contacts for Carers

A Carers checklist

A guide for Carers, family and friends relating to 'Common Sense Confidentiality'

Carers resource Information

Carers Pocket Pack

Both the 'Getting to Know' you guide and the 'Carers Checklist' provide a framework for staff to share information and listen to carers. Additionally the RIO system will record if the information has been given to carers and whether it is accepted or declined in supporting monitoring of the CQUIN scheme.

A large number of community teams from the Trusts localities have received carer's awareness training in line with the GTKY process and CQUIN scheme

Training and Implementation

Training has occurred as part of the rolling Care Co-ordination training programme.


20.11.13 Information received from Performance Management

The CQUIN is actually about the roll out of the "Getting to know you Process" for carers and roll out of Carers packs. Community teams have been included in the CQUIN from this year, last year the Carers CQUIN related to In Patient Units. There has been a slight delay on the roll out of the carers packs due to printing issues.

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| | <p>The timescales for the CQUIN</p> <table border="0"> <tr> <td>Sunderland & South Tyneside</td> <td>GTKY Training Q1</td> <td>Roll out Q2</td> <td>Carers Packs</td> <td>Roll Out Q2</td> </tr> <tr> <td>Gateshead & Newcastle</td> <td>GTKY Training Q2</td> <td>Roll out Q3</td> <td>Carers Packs</td> <td>Roll Out Q3</td> </tr> <tr> <td>Northumberland & North Tyneside</td> <td>GTKY Training Q3</td> <td>Roll out Q4</td> <td>Carers Packs</td> <td>Roll Out q4</td> </tr> </table> | Sunderland & South Tyneside | GTKY Training Q1 | Roll out Q2 | Carers Packs | Roll Out Q2 | Gateshead & Newcastle | GTKY Training Q2 | Roll out Q3 | Carers Packs | Roll Out Q3 | Northumberland & North Tyneside | GTKY Training Q3 | Roll out Q4 | Carers Packs | Roll Out q4 | |
| Sunderland & South Tyneside | GTKY Training Q1 | Roll out Q2 | Carers Packs | Roll Out Q2 | | | | | | | | | | | | | |
| Gateshead & Newcastle | GTKY Training Q2 | Roll out Q3 | Carers Packs | Roll Out Q3 | | | | | | | | | | | | | |
| Northumberland & North Tyneside | GTKY Training Q3 | Roll out Q4 | Carers Packs | Roll Out q4 | | | | | | | | | | | | | |
| <p>8. An assurance system should be put in place to ensure CPA policy is complied with and any shortcomings in individual cases are identified at the earliest opportunity in order for remedial action to be taken.</p> | <p>Policy and Procedure</p> <p>Care Co-ordination policy NTW(C)20.</p> <p>Audit and Outcomes</p> <p>Clinical audit to ensure appropriate implementation of Care Co-ordination is undertaken e.g. the annual Trust-wide Quality Monitoring audit programme</p> <p>The Trust Quality Monitoring audit programme is undertaken by ward / team managers / clinical leads on a regular basis. This ensured that there was a process for audit of records both in terms of completeness, compliance with key policies including Care co-ordination (CPA) and quality and provided excellent evidence for the Trust NHSLA assessment</p> <p>In 2012 the Clinical Audit department and other colleagues undertook a significant review of the Quality Monitoring tool, removing content no longer required due to other audits in place, identifying the elements that Rio can report on and developing these into a clinical audit dashboard. This allows the clinical audit process by ward / team managers / clinical leads to be much smaller and focus on quality elements of the records , compliance with key policies including Care co-ordination (CPA)</p> <p>The Quality Monitoring Audit results are reported via the Operational Groups Quality and Performance assurance structures. The identified Operational Groups Quality and Performance group is also responsible for monitoring the action plans produced by service. i.e. Specialist Group Q&P sub group Safety Planned care Q&P sub group Quality and Management. Urgent Care Quality and Performance Group</p> <p>The current build of the electronic patient records system (RiO) has incorporated a navigation page that identifies if the key components of Care Co-ordination have been</p> | <p>Completed</p> | | | | | | | | | | | | | | | |

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| | <p>completed; including reviews, again this is available for managers to use in clinical supervision.</p> <p>Within the CQ Essential Standards of quality & safety there is a requirement under Outcome 14 for Trusts to ensure that staff receive among other things regular supervision to ensure that appropriate levels of care and treatment are provided and Policy and Procedure are being observed. Every month this requirement is reviewed by all Trust Service Managers via the utilisation of the CQC Essential Standards pre-visit questionnaire.</p> <p>Dashboards also are the monitoring tool that provides data to managers re the completeness of administration requirements.</p> <p>Reflection on a patient's care and treatment following a serious incident , identifying remedial action and sharing lessons learnt.</p> | <p>Deputy Director of Quality and Safety December 2013</p> |
| <p>9. Professionals who counter sign any clinical document should be aware that they are accountable for it and must take steps to check its accuracy.</p> <p>10. An effective system should be implemented to ensure adherence to professional standards of contemporaneous record keeping. This must include all discussions and events relevant to the patient's care.</p> | <p>Policy and Procedure</p> <p>Highlighted in Management of Records policy NTW(O)09, ratified in October 2012, which is NHSLA compliant. This includes a Practice Guidance note on record keeping standards for clinicians, which was ratified in December 2012. Northumberland Tyne and Wear NHS Foundation Trust is the only trust which has implemented a standard for time in relation to contemporaneous recording.</p> <p>In addition to this, clinicians have caseload management with their clinical supervisors on a regular basis, which includes a records check of three random open cases.</p> <p>The Trusts' electronic patient record (RiO) also has the functionality of a Patient administration system and is used to record appointment dates, times, and outcomes; outpatient clinics; Records date time of admissions to all wards; MHA status; has a patient document tracking system that records the location of previous paper records and enables them to be requested at any representation;</p> | <p>Completed</p> |

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| <p>11. An effective system should be implemented to ensure that all records, including patient administration records, are appropriately made and maintained in accordance with policy and statutory requirements.</p> | <p>Dashboards also are the monitoring tool that provides data to managers re the completeness administration requirements e.g service users with first name ; surname address phone number and allergies completed; waiting times</p> | |
| <p>12. Secondary mental health services should establish with primary care services the circumstances and procedures by which changes in risk are effectively communicated to each other.</p> | <p>Policy and Procedure</p> <p>The Trust Care Co-ordination policy NTW(C)20 ratified in November 2010 makes explicit the standards expected with regards to communicating with primary care. The Trust has standardised letters to GPs on RiO which includes standardised information, including current risk assessment. In addition if there is an escalation of risk and the patient becomes subject to the Mental Health Act or has contact with crisis services, there is a clear system in place to inform the GP about the escalation and provision of information regarding the patient’s management plan.</p> <p>The Trust has a CQUIN target agreed with commissioners to implement an improvement plan undertaken during 2012/13 regarding agreed standards of communication with GPs for three milestones on a service user pathway for agreed teams in three localities:</p> <ul style="list-style-type: none"> • Completion of assessment (to be signified by point of clustering) • Medication change • Inpatient discharge <p>Work is currently underway to further standardise information that is communicated to primary care and refine the electronic discharge summary. This will enable discharge information to be more easily recorded and retrieved which should result in significant improvement in performance across the Trust by the end of the year. This will include a new interim discharge form being introduced (based on headings agreed by the Royal College of Psychiatrists).</p> <p>GP’s have been heavily involved in the design of the new Principal Community Pathways</p> | <p>Completed</p> |

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| | <p>and have contributed to the design of the new formulation document and risk assessment. Standards for communication specify the required timeliness of communication to the GP as well as the key content that should be included.</p> <p>The Trust will continue to look to make communication more timely and effective through evolving IT systems.</p> | |
| <p>13. When professionals have dual roles, the responsibilities and functions of each must be clearly set out and fully discharged.</p> | <p>Effective Care Co-ordination in Mental Health Services – Modernising the Care Programme Approach (Department of Health guidance 2000), set out that The CPA will be integrated with Care Management in all areas to form a single care coordination approach for adults of working age with mental health problems. This requirement has underpinned Trust policy from that date onwards.</p> <p>Although the role of Care coordinator and Care manager (attached document) are congruent in most aspects of clinical activity the significant differential, dependent on partnership arrangements, is the arrangement to access social care budgets. However the review and development in partnership arrangements with Northumberland Social Service (SW staff are now within Service called CSBU) recognised the need to clarify roles and responsibilities between Health and Social care staff including identifying when care management is the only framework of care. This has resulted in a clear model of integrated working agreed by both organisations and recorded in a document that sets out the integrated model of working with an number of appendices that address specific issues / circumstances - 2 of which are attached as examples</p> <div style="text-align: center;">  <p>131112 Care Management in Practi Care Packages 24 04 2013 - Costed North Standard v7 -Northur Operational</p> </div> | <p>Completed</p> |
| <p>14. Guidance on the management of patients whose cases are complicated by misuse of drugs or alcohol should be followed. Any such misuse should be noted as a</p> | <p><u>North of Tyne Services</u></p> <p>Community Mental Health Teams can access specialist clinical advice and support from Trust Addiction services.</p> <p>In addition there is 1 full-time Dual Diagnosis Clinician embedded into North</p> | <p>Completed</p> |

risk factor and marked in any care plan as an issue for ongoing care.

Northumberland Community Mental Health Team and 1 further specialist part – time alcohol clinician based within West Northumberland Community Mental Health Team.

South of Tyne Dual Diagnosis Services

Within Trust South of Tyne Planned Care services there are 7 full-time “Dual Diagnosis” Therapists. All Dual Diagnosis Therapists are highly experienced clinicians in their own right, having now had several years’ clinical experience of working with complex substance misuse issues and co-occurring mental health concerns.

These clinicians provide expert clinical advice and support across Trust care teams in South of Tyne and are embedded into existing Community Treatment Teams to promote and augment Team clinical skills and expertise whilst working with substance misuse issues and to mitigate clinical risk.

All Dual Diagnosis therapists referred to above in both North and South of Tyne Services are in receipt of monthly 1 to 1 clinical supervision from the Planned Care Dual Diagnosis Nurse Lead.

Training

The need for additional staff training in dual diagnosis has been a central theme identified in a range of National documents since publication of the Department of Health Dual Diagnosis Practice Implementation Guide (2002). In addition the core competencies required to deliver effective care for people with combined mental health and substance use problems were identified in DH paper, Closing the Gap (2006).

In keeping with national dual diagnosis guidance a tiered approach to training has been implemented which has now been formally adopted since 2010: to address both essential and specialist training needs by way of a measured and evidence based process.

Essential Dual Diagnosis Training

Since June 2010 essential awareness NTW dual diagnosis instructor led training has been rolled out for all NTW clinical staff.

With Dual Diagnosis Therapists now in post and all contributing to the instructor led training: dual diagnosis essential awareness staff training completion target rates are:

Staff training completion rates in August 2013

| Service Line > Directorate | | Numerator | Denominator | Percent |
|--|--------------|--------------|--------------|------------|
| PLANNED CARE | Total | 1,452 | 1,638 | 89% |
| COMMUNITY | Total | 1,103 | 1,229 | 90% |
| STEPPED CARE | Total | 349 | 409 | 85% |
| URGENT CARE | Total | 801 | 863 | 93% |
| ADULT MENTAL HEALTH | Total | 600 | 655 | 92% |
| OLDER PEOPLES FUNCTIONAL & LEARNING DISABILITY | Total | 201 | 208 | 97% |
| SPECIALIST CARE | Total | 1,207 | 1,459 | 83% |
| CHILDREN & YOUNG PEOPLE | Total | 411 | 480 | 86% |
| SPECIALIST ADULT | Total | 796 | 979 | 81% |
| Total | Total | 3,460 | 3,960 | 87% |

Specialist Dual Diagnosis Clinical Training

1. Motivational Interviewing training has been commissioned and hosted in South of Tyne during 2011, 2012 and 2013.
2. For all South of Tyne Trust clinicians there are also now a range of regular “open training events” facilitated by the Dual Diagnosis Therapists in each South of Tyne locality area: e.g. Substance Misuse and Mental Health.

Future Direction

A Dual Diagnosis Training Plan for Planned Care services has been developed and submitted to Planned Care Clinical Director for further consideration and potential roll out under the Trust Quality Priority Training plans associated with Transforming Services and Skills Programme.

Summary of training plan given below:

Training Plan

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| Name of Course: | Dual Diagnosis |
| Training Lead: | Dual Diagnosis Lead and / or nominated deputies |
| Course Format and How Delivered: | <p>Course consists of 4 modules delivered over 2 whole days or as individual half day modules.</p> <p>Following attendance there will be opportunities for practice development and consolidation of learning through advanced workshops / master classes.</p> <p>Training delivery will be via Power-point, handouts, discussion, links, references and further reading.</p> |
| Supervision Arrangements: | <p>Specialist dual diagnosis clinical supervision will be provided following training.</p> <p>This will include small group supervision plus some opportunities to co-work with a supervisor, and an information / advice</p> |

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| | | service. | |
| | Course Content: | <ul style="list-style-type: none"> • Substances of Misuse and Managing Risk • Treatment Approaches and Dual Diagnosis • Alcohol Clinical Management • MI and Cycle of Change | |
| | NICE Guidance Recommended: | <p>Participants will gain awareness of the following NICE Clinical Guidance's and their contexts:</p> <ul style="list-style-type: none"> • Service user experience in adult mental health CG136 • Psychosis with co-existing substance misuse CG120 • Schizophrenia (update) CG82 • Bi-polar Disorder CG38 • Medicines adherence CG76 • Alcohol dependence and harmful alcohol misuse CG115 • Alcohol Use Disorders CG100 • Drug misuse - psychosocial interventions CG51 • Drug-misuse – opioid detoxification CG100 • Self-Harm CG16 • Self-harm (longer-term management) CG133 | |
| | Skills/Knowledge Developed: | <ul style="list-style-type: none"> • A clinically informed, evidence based view of the constantly changing field of substance misuse and its relationship with mental disorder, risk, mental health | |

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| | | <p>treatment and recovery.</p> <ul style="list-style-type: none"> • Knowledge of Substances of Misuse and Associated Disorders • Awareness of principles of Motivational Interviewing • Working knowledge of Harm Reduction and Health Education clinical approaches • Dual Diagnosis and Recommended Therapies • Awareness of Service User and Carer issues in Dual Diagnosis care. | |
| <p>15. There should be full compliance with policies dealing with non-attendance and in particular, that any referrer is consulted in order to re-assess the situation and formulate an appropriate action plan.</p> | <p>Policy and Procedure</p> <p>The Trust has a comprehensive Non Attendance policy NTW(C)06 which was ratified in March 2010. It also has a policy called Promoting Engagement with Service Users, NTW(C) 07, which clearly articulates the expectation that staff will assertively try to engage with patients. If a service user does not engage or attend or if a carer raises a concern about a service user then the care coordinator or lead professional should actively seek to reengage and manage any concerns raised.</p> <p>At no point should an individual or team discharge a patient who has disengaged or where concerns are raised without a full discussion with the team and referrer about ongoing risks, needs and how to re refer if necessary. The CPA process embedded in Care Coordination Policy NTW (C) 20 would be the framework to ensure this happened. It was recognised that a standard approach in this area was required and when the policy was reviewed, practices such as opt in / opt out letters and automatic discharge after three missed appointments were removed.</p> <p>The policy Clinical Supervision NTW (C) 31 would also support safe practice as the supervisor would be ensuring all actions had being taken to ensure safe decision making. Care Co-ordinators can a use clinical supervision sessions to discuss patients who are difficult to engage.</p> | <p>Completed</p> | |

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| | <p>The Trust has a Managing Complex Cases process with a decision tree to support staff in its use. The tiered approach it outlines is based on the detailed guidance for staff within the Trust's Promoting Engagement with Service Users Policy and adds the option of a Complex Case Panel where the presenting risks and nature of the problem is a sufficiently serious nature, and cannot be resolved through :-</p> <ul style="list-style-type: none"> • the care co-ordination process, with the option of the Lead Professional / Care Coordinator arranging a review meeting incorporating consultation with an appropriate clinician or managers who may have the necessary knowledge, skills or experience to help the team resolve the complex case issue(s). • seeking specialist case specific consultation advice from appropriate sources outside of the Lead Professionals / Care Coordinator's immediate service area e.g. 'expert clinician' from a specialist area, MAPPA, Safeguarding Leads, Trust Clinical Risk Manager or escalating to the directorate triumvirate. A strategy meeting consisting of appropriate staff in an attempt to resolve the complex case issues should be used. <p>Training and Implementation</p> <p>Training has occurred as part of the rolling Care Co-ordination training programme.</p> | |
| <p>16. A system of quality assurance should be put in place to ensure the accuracy of diagnoses and discharge summaries.</p> | <p>This is to be addressed jointly between the Group Medical Directors and Deputy Medical Director for Safety through the work plan of the Safety Programme.</p> | <p>Group Medical Directors / Deputy Medical Director for Quality and Safety March 2014</p> |
| <p>17. There should be an operational policy for each team that is kept updated and observed.</p> | <p>Policy and Procedure</p> <p>There is a service specification for CMHTs which is underpinned by policies and frameworks which promote best practice. A copy of the service specification for Northumberland CMHTs 2013-14 is on database.</p> | <p>Completed</p> |

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| | <p>A task and finish group will be formed to look to set a standardised format for operational policies for each community team. The first meeting of this group will be held on 21/10/13. The group will then oversee the rollout of format for each team and ensure all operational policies are updated as a result. Operational policies will then be reviewed as required but as a minimum on an annual basis. Any amendments to operational policies must be agreed through Clinical Management team meetings.</p> | <p>Service Manager, North of Tyne Planned Care December 2013</p> |
| <p>18. Clinical records should include a flagging system in relation to Section 117 status.</p> | <p>Policy and Procedure</p> <p>The Care plan for those on CPA includes reference to the patient's Section 117 status. Section 117 is also included in the standardised discharge summary.</p> <p>This is a complex area that the Trust is continuing to work through with Local Authorities and partners. A draft protocol for north of Tyne was under development led by the PCTs however this was impacted on by the organisational change to CCGs.</p> <p>Some work has been taken forward in the intervening period since the incident to the present time, (led by Primary Care Trusts/ Local Authorities) however the need to have enhanced joint policy / protocols remains an area requiring further development. The Trust does not presently have access to a comprehensive data source that provides an objective indication of all individuals who are subject to Section 117 aftercare entitlement and what that entitlement is. As a result it is unlikely the Trusts clinical staff would be able to support Clinical Commissioning Groups (CCGs) and Local Authorities to meet their statutory responsibilities to satisfy them that individuals either need to continue or no longer need such aftercare entitlement. The Mental health Act Code of Practice is clear in that Section 117 cannot be withdrawn because an arbitrary period of time has passed. This implies that there are a significant number of individuals subject to Section 117 who are unidentified and this represents a clear risk for the local health and social care economy.</p> <p>At an intra-organisational level staff understanding of Section 117 is reported to be limited. The infra-structure to specifically record Section 117 care plan information exists in the RIO electronic care plan. This is however only available for those individuals on Enhanced CPA but not for those who receive Standard Care.</p> | |

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| | <p>In light of this the Trust is undertaking work on a locality basis to focus on having clear arrangements in relation to section 117, to produce practical guidance for clinicians and to review how 117 entitlement is recorded on the trust electronic care record, however it is not intended to be the equivalent of the 117 register. The initial focus of this work is in Sunderland where there is support by the local CCG commissioner and the LA. The aim is that the outcome will be shared with other local authorities, through the MHA multi agency group, as a model of good practice and enable similar / consistent approach.</p> | |
| <p>19. The panel recommends that the SHA liaises with the North East Offender Health Commissioning Unit regarding the establishment of a system that ensures that if a prisoner requires examination by a psychiatrist and it has not occurred by the due date, prompt remedial action is taken.</p> | <p>The North East Offender Commissioning Health Unit has contracted Care UK to provide health services to all the north east prisons. The mental health provision is subcontracted to the two north east mental health trusts (TEWV and NTW). Robust arrangements are in place between the two trusts and between TEWV (primary contract holder) and Care UK for governance of the mental health provision. Although we are assured with current arrangements we propose that the panel recommendation is discussed at the joint governance group between the two trusts for further assurance. We have therefore forwarded the recommendation to Forensic Clinical Manager at NTW Trust (prison inreach) and Consultant Forensic Psychiatrist and Associate Clinical Director, Offender Health, TEWV for action.</p> <p>Update required from Forensic Clinical Manager in January 2014.</p> | <p>Community Manager Forensic Services Update January 2014</p> |