

Livewell Southwest

**Caseload Discussion and Review Guidance
CMHT (and CAMHS – appendix)**

Version No.1.4

Review: April 2019

Notice to staff using a paper copy of this guidance

The policies and procedures page of Intranet holds the most recent version of this guidance. Staff must ensure they are using the most recent guidance.

Author: Professional Lead and CMHT Managers

Asset Number: 912

Reader Information

Title	Caseload Discussion and Review Guidance – CMHT and CAMHS (appendix) V1.4
Asset number	912
Rights of access	Public
Type of paper	Procedure
Category	Clinical / Managerial
Document purpose/summary	Guidance for community CMHT / CAMHS Staff and Managers as to how to manage individual staff caseloads
Author	Professional Lead and CMHT Team Managers, CAMHS Matron
Ratification date and group	23 rd March 2016. Policy Ratification Group
Publication date	8 th November 2016
Review date and frequency (one, two or three years based on risk assessment)	21 st April 2019 Three years after publication, or earlier if there is a change in evidence.
Disposal date	The PRG will retain an e-signed copy for the archive in accordance with the Retention and Disposal Schedule; all copies must be destroyed when replaced by a new version or withdrawn from circulation.
Job title	Community Mental Health Team Managers
Target audience	All Livewell Southwest (LSW) staff working within Community Mental Health Teams and CAMHS (appendix 3) working with those aged 18-65
Circulation	Electronic: Livewell Southwest (LSW) intranet and website (if applicable) Written: Upon request to the PRG Secretary on ☎ 01752 435104. Please contact the author if you require this document in an alternative format.
Consultation process	Worked with CMHT Team Managers Discussed at CMHT Team Manager Meetings Circulated via DLM Consultants comments via Dr S Cunningham CAMHS appendix added from Clinical Supervision Policy
Equality analysis checklist completed	no
References/sources of information	Appraisal and Line Management Supervision Policy Care Programme Approach Policy Clinical Record Keeping and Note Keeping Policy Practice Supervision Policy
Associated documentation	N/A
Supersedes document	V.1. 1

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Document review history

Version no.	Type of change	Date	Originator of change	Description of change
0.1	New guidance	May 2014	Professional Lead	New Guidance Written – first draft
0.2	Amendments	July 2015	Professional Lead	Comments received from CMHT Managers
0.3	Amendments	Dec 2015	Professional Lead	CMHT Manager Comments before final consultation
0.4	Final CMHT comments	January 2016	Professional Lead	Final draft before trialing
1.0	Final to go to PRG	March 2016	Professional Lead	For ratification
1.1	Minor amendments	July 2016	Professional Lead / Modern Matron	Appendix 3 added for CAMHS (this was previously included in Clinical Supervision Policy but fits better here)
1.2	Minor amendments	Aug 2016	Professional Lead	Amended to reflect changes in practice following CQC visit to CMHT processes
1.3		Sept 2016	Professional Lead	Sent for comments
1.4		Nov 2016	Professional Lead	S1 updated and final comments included

Contents		Page
1	Introduction	5
2	Purpose	5
3	Definitions	5
4	Duties & Responsibilities	6
5	Caseload Discussion and Review	6
6	Caseload Discussion and Review Tools	8
7	Training Implications	9
8	Monitoring Compliance and Effectiveness	9
Appendix 1	Patient Record Review – Audit Tools – including DLM QA Check	11
Appendix 2	Caseload Discussion Prompt Sheet – On SystemOne	14
Appendix 3	CAMHS Guidance	15
Appendix 4	How to Record on SystemOne using Appendix 2	17

Caseload Discussion and Review Guidance – CMHT (and CAMHS appendix).

1 Introduction

- 1.1 Caseload Discussion and review is a useful way of managing an individual staff member’s caseloads; however what has been recognised is that one single tool is not adequate. Managers need to have a range of tools at their disposal to give an accurate discussion and review of an individual’s caseload over a period of months.
- 1.2 This guidance is to be read alongside LSW Appraisal and Line Management Policy and CMHT Operational Policy. For some staff there will be a cross over between Line Management Supervision and Caseload Discussion and Review, however for the purposes of this policy they will be 2 separate elements.
- 1.3 Child and Adolescent Mental Health Teams (CAMHS) follow the same principles of Caseload Discussion but should refer to appendix 3 for guidance. Community Mental Health Teams should use appendix 1 and 2.

2 Purpose

- 2.1 Many serious incidents have had recommendations that call for the production of clear guidance to enable managers and staff to accurately determine the complexity and challenges of individual caseloads.
- 2.2 Managers have requested the Guidance be written to offer them guidance to assess complexities of individual caseloads and the work being undertaken by their teams.
- 2.3 Effective Discussion and Review of individual and team caseloads will enable those on caseload and those waiting for Community Mental Health Team (CMHT) input to have needs assessed in a timely manner to ensure a seamless service.
- 2.4 This document will describe the processes to record Caseload Discussion and Review that should be used in combination by Managers to support staff managing caseloads within LSW.
- 2.5 Managers can support those in their teams and ensure staff are supported enabling a healthy workforce.

3 Definitions

CMHT	Community Mental Health Team.
Line Management	Provision of guidance & feedback to the staff member about their job role, responsibilities and individual performance.
CPA	Care Programme Approach.

Line Manager	Person who conducts Line Discussion and Review with individual or Team Manager.
SystemOne	Electronic Records System in use by LSW.
Referral Allocation	This is the term used within S1 to define Caseload
CAMHS	Child and Adolescent Mental Health Services

4 Duties & Responsibilities

- 4.1 The **Chief Executive** is responsible for staff having the time, skills and support to adequately carry out their roles, part of this is Caseload Discussion and Review.
- 4.2 Responsibilities of **Locality Manager(s)** include ensuring Team Managers have the time and skills to offer Caseload Discussion and Review to their staff; to ensure that they review how often Caseload Discussion and Review is happening and support Team Managers when issues arise.
- 4.3 Responsibility of **Line Managers** to adhere to LSW policies and Guidance in respect of ensuring all staff who carry a caseload are in receipt of Caseload Discussion and Review.
- 4.4 Responsibility of all **staff** to adhere to LSW policies and Guidance in respect of ensuring all staff that carry a caseload are in receipt of Caseload Discussion and Review.

5 Caseload Discussion and Review:

5.1 Caseload Discussion and Review is:

- A discussion about individual clients / service users on a practitioner's caseload with their line manager;
- A regular, structured process, which aims to be both challenging and supportive;
- Designed to ensure that the individual practitioner is maintaining a caseload of a suitable size, with individuals who have on-going needs and that appropriate support / clinical supervision is being provided / received by staff.

5.2 Standards in relation to Caseload Discussion and Review:

- Community staff that hold a caseload will be met with every 4 weeks for Caseload Discussion and Review supervision. This will be with the Team Manager or nominated supervisor as per the supervision tree. It is expected that Line Management will occur 12 weekly and will replace one of the caseload discussion sessions.
- If Caseload Discussion and Review is cancelled, this is to be documented in the record and the following session to be prioritised, if there are concerns it should be rescheduled as soon as possible.

- Locality / Deputy Locality Managers / Other Suitable Professional will provide oversight / assurance of the process to team managers every 4 weeks, this can be through Line Management or in addition to.
- On occasions there may be a need to meet more frequently at times when staff require extra support and supervision from the line managers – in these circumstances the frequency will be arranged as appropriate between the line manager and the member of staff.
- Appendix 1 the brief record review will be signed by both parties, the original kept by the Line Manager in the Team Caseload Supervision File and the supervisee will have a copy. There must be no identifiable information on the Appendix 1.
- Where appendix 2 is used as a prompt – there should be a comprehensive written record within the electronic record of the individual being discussed. See appendix 4 for recording this on S1.
- The Line Management Form, stored in the Individuals Management File should contain details that caseload management has taken place and include dates, whether actions were identified and how they will be followed up. Patient identifiable information should not be held within individual files or Line Management Records.
- Deputy Locality Manager Line Management checklist / review of Report Manager should be kept centrally by the Deputy Locality Manager and be visible for review if requested. Patient identifiable information should not be held within checklists / reviews.

5.3 **Scope of Caseload Discussion and Review:**

- To support clinical staff with managing their caseloads, in the context of complexity, risks, level of need are recognised.
- To ensure caseloads are proportional for staff acknowledging part time working, other commitments and roles within the team.
- To ensure that the Care Programme Approach Policy is being adhered to.
- Review last action plan from previous session.
- Identify areas of risk and design a plan to manage the risk, complete documentation.
- Prioritise concerns, agree and document action plan.
- To maintain an ongoing record of workload and service priority based on client need.

- A sample of the clients on caseload (referral allocation) will be reviewed using one of the following tools:
 1. SystemOne Caseload Manager Report looking at the teams caseload (referral allocation) and records in line with CPA standards for record keeping;
 2. Review of patient record (appendix 1);
 3. Caseload Discussion prompt sheet (appendix 2).

NB Reviewing written and electronic records during caseload supervision will be in addition to the regular cycle of CPA and peer review audits.

6 Caseload Discussion and Review Tools:

There are various ways of conducting Caseload Discussion and Review supervision outlined within the Guidance. Managers are able to choose which ever tool is most appropriate for their staff, however good practice would indicate that to fully assess and manage a individual's caseload a detailed discussion using the prompt sheet (appendix 2) should be recorded regularly on SystemOne for each client on caseload. It is not expected that every person on caseload will have the prompt sheet completed every 4 weeks.

6.1 Electronic Records Report of an individual's caseload as a whole.

- The benefits of this method are a review of the caseload of a whole and the adherence to CPA / record keeping standards.
- It is expected that the Line Manager would run a report from the electronic record system indicating for example dates of last CPA care plan, assessment, and risk assessment and there are plans to expand to include HONOS score and PbR cluster and review date in the future.
- Following this the Manager and staff member would be able to prioritise what aspects of record keeping need to be addressed and this should be recorded within line management on a maximum of 12 weekly basis.
- It is expected that the following link would be used to run the scan:

<http://picts313/Reports/Pages/Folder.aspx>

6.2 Brief Review of Patient Record (appendix 1) – Used for record audits / prompt for detailed discussion.

- This should be completed for an individual patient. It is a review of one patient record.
- It is suggested that 5 - 8 patient records are reviewed in this way during one Caseload Discussion and Review session.
- The benefits of this method are a review of a larger sample of the caseload and the adherence to CPA / record keeping standards.
- Following this the Manager and staff member would be able to prioritise what aspects of record keeping need to be addressed; this action plan must be signed

by both parties, contain no patient identifiable information and be kept within the teams Caseload Management File.

- All actions identified must have timescales for completion.
- There are separate templates for care coordinators and support workers.

6.3 Caseload Review Prompt Sheet (appendix 2) - discussion must be recorded on SystemOne (appendix 4)

- The benefits of this method are an overview of the complexity of the whole patient is considered.
- The prompts for review remain the same for all staff thereby enabling managers to equally review all caseloads within the team.
- It provides an overview of aspects of a caseload risk, levels of contact, impact of non- contact and severity of need as well as future planning and crisis contacts.
- The completed caseload discussion is recorded immediately onto SystemOne ensuring all discussions regarding the patient are held within the patient clinical record and visible for all. Recording should be as per appendix 4.
- It is expected that the caseload discussion is used a minimum of 5 monthly in conjunction with the other tools.

7 Training Implications

- 7.1 There will be training implications for Team Managers who are new in post or for whom are unfamiliar with the tools and processes. It is expected that other CMHT team managers would provide a peer training package, which can be cascaded down to those in development posts.
- 7.2 Initially Caseload Discussion and Review awareness should be covered for Team Managers during their induction to the role. This should include skills such as what is contained within this guidance, experiences of other team managers and skills such as running reports.
- 7.3 Sound clinical judgement is an essential skill in balancing caseload discussion with individual team member's skills and strengths.
- 7.4 For individual practitioners an awareness of this Guidance and LSW's CPA and standards of record keeping policies should be sufficient.

8 Monitoring Compliance and Effectiveness

- Team Managers will be responsible for ensuring that Caseload Discussion and Review is happening within their teams and appropriate evidence of completion is visible with line management records, the team caseload discussion file and within the electronic record. This will provide first level assurance of compliance with these standards.
- Locality / Deputy Managers to audit evidence of caseload Discussion and

Review through reports on SystmOne, team files and through discussions with team managers.

All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.

Signed: Director of Operations

Date: 20th April 2016

Appendix 1 NHS No: _____

Care Coordinator: Brief Review of Patient Record – Please file in Team Caseload Management File and record a summary on Line Management Template.	Please put a cross in the appropriate box.		
	YES	NO	N/A or Actions
• Date last seen & letter completed to GP within 2 weeks			
• Consent to share information recorded?			
• Date of last CPA review/ward round/MDT meeting/ outpatient appointment			
• CMHT – is the CPA review recorded on S1?			
• Next CPA review date easily identifiable on S1?			
• Is there evidence of collaborative assessment on S1? Date of last Assessment			
• Does the assessment record if there are any safeguarding children concerns?			
• If yes to the above does the record indicate contact details of other professionals involved and children’s names and DoB?			
• Is there a care plan and crisis / contingency plan on SystemOne?			
• Is care plan SMART and Goal focused??			
• Date of last Risk Assessment			
• Does Care Plan reflect risks identified in Risk Assessment			
• Depot medication - is prescription in date?			
• Does prescription and administration follow depot policy?			
•			
•			

Ethnicity Coded <input type="checkbox"/> Yes <input type="checkbox"/> No	Employment status recorded <input type="checkbox"/> Yes <input type="checkbox"/> No	HONOS in date <input type="checkbox"/> Yes <input type="checkbox"/> No	PbR Clustering in date <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------------------------------------------------------------------	----------------------------------------------------------------------------------------	---------------------------------------------------------------------------	------------------------------------------------------------------------------------

New Action Plan - All questions with a 'no' answer must be addressed with the action plan

I agree this is an accurate reflection of the discussions

Signed: Signed:

Printed: Printed:

Date & Time: Date & Time

Appendix 1 NHS No:

Support Worker: Brief Review of Patient Record – Please file in Team Caseload Management File and record a summary on Line Management Template .	Please put a cross in the appropriate box.		
	YES	NO	N/A or Actions
• Date last seen and record updated			
• Consent to share information recorded?			
• Date of last CPA review/ward round/MDT meeting/ outpatient appointment			
• CMHT – is the CPA review recorded on S1?			
• Next CPA review date easily identifiable on S1?			
• Is there evidence of collaborative assessment on S1? Date of last Assessment			
• Is there a plan for their interventions / CSW Role on SystemOne?			
• Is care plan SMART and Goal focused??			
• Does Care Plan reflect any risks identified in Risk Assessment			
•			
•			
•			

Ethnicity Coded <input type="checkbox"/> Yes <input type="checkbox"/> No	Employment status recorded <input type="checkbox"/> Yes <input type="checkbox"/> No	HONOS in date <input type="checkbox"/> Yes <input type="checkbox"/> No	PbR Clustering in date <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------------------------------------------------------------------	----------------------------------------------------------------------------------------	---------------------------------------------------------------------------	------------------------------------------------------------------------------------

New Action Plan - All questions with a 'no' answer must be addressed with the action plan

I agree this is an accurate reflection of the discussions

Signed: Signed:

Printed: Printed:

Date & Time: Date & Time

Deputy Locality Manager & Team Manager: Brief Review of Caseloads - Please file in Team Caseload Management File and record a summary on Line Management Template .	Please put a cross in the appropriate box.			Actions or record if not discussed
	YES	NO	N/A	
• Do all team members have an appropriate number on caseload?				
• No of contacts per team member per day				
• Issues with Medical Staff Caseloads?				
Using Report Manager and S1 consider the following across the team				
• Are all Risk / TAG assessments in date				
• Is all PbR Clustering In Date				
• Are all CPA Reviews in Date				
• Is Consent to share information being recorded?				
• How many are currently on Allocation List for Care Coordinator – does this show on report manager and accurately recorded on S1?				
• Evidence of Caseload Discussion and Review being recorded on S1				
• Minimum Dataset requirements across the team – is everything recorded				
•				
•				
•				
•				
Other Quality Measures				
• MDT minutes – quality of minutes and are decisions being transferred to S1				
• Evidence of caseload management and Line Management across the in team file				

New Action Plan –

I agree this is an accurate reflection of the discussions

Signed: Signed:

Printed: Printed:

Date & Time: Date & Time

Caseload Review Prompt Sheet:

This should be recorded on SystmOne – see appendix 4
This should be done at least 6 monthly for every patient on caseload

These are prompts for discussion during the session:

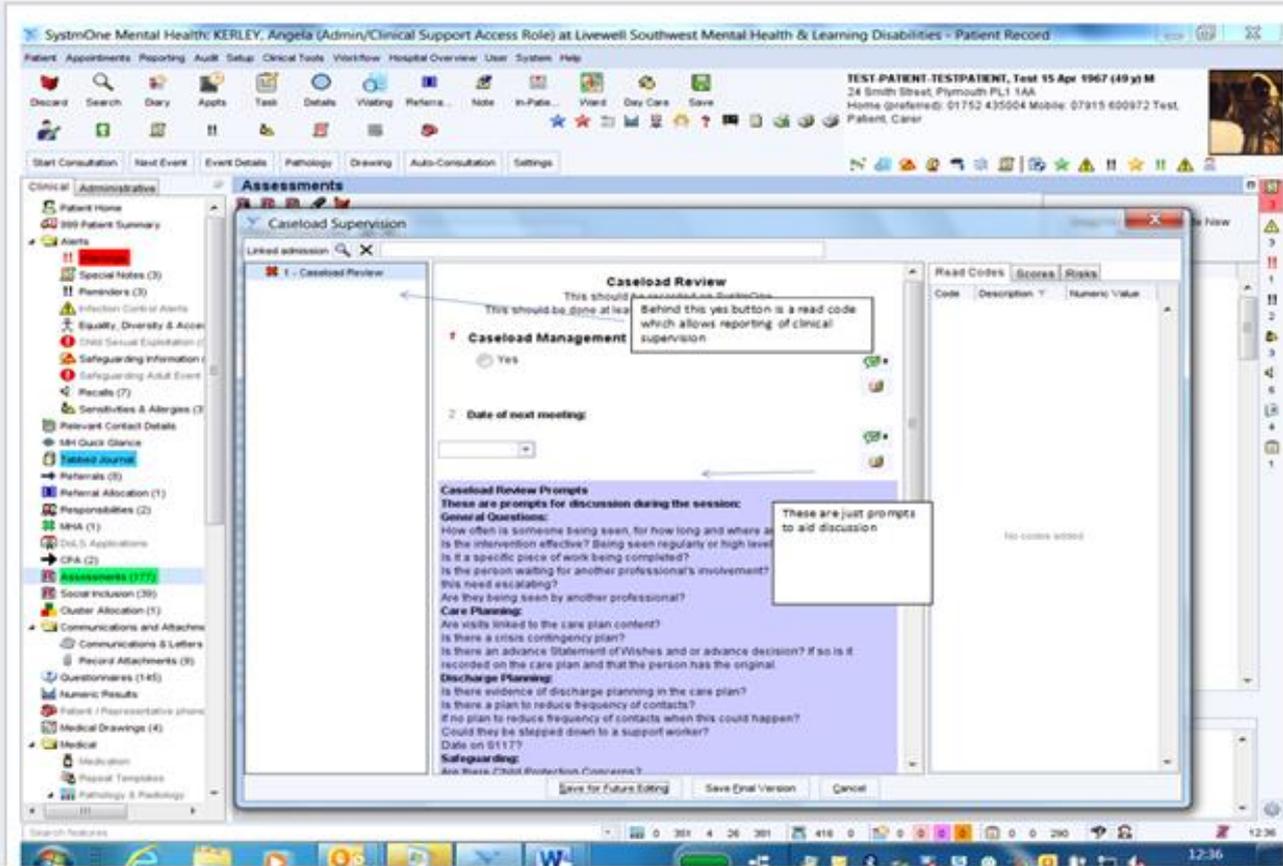
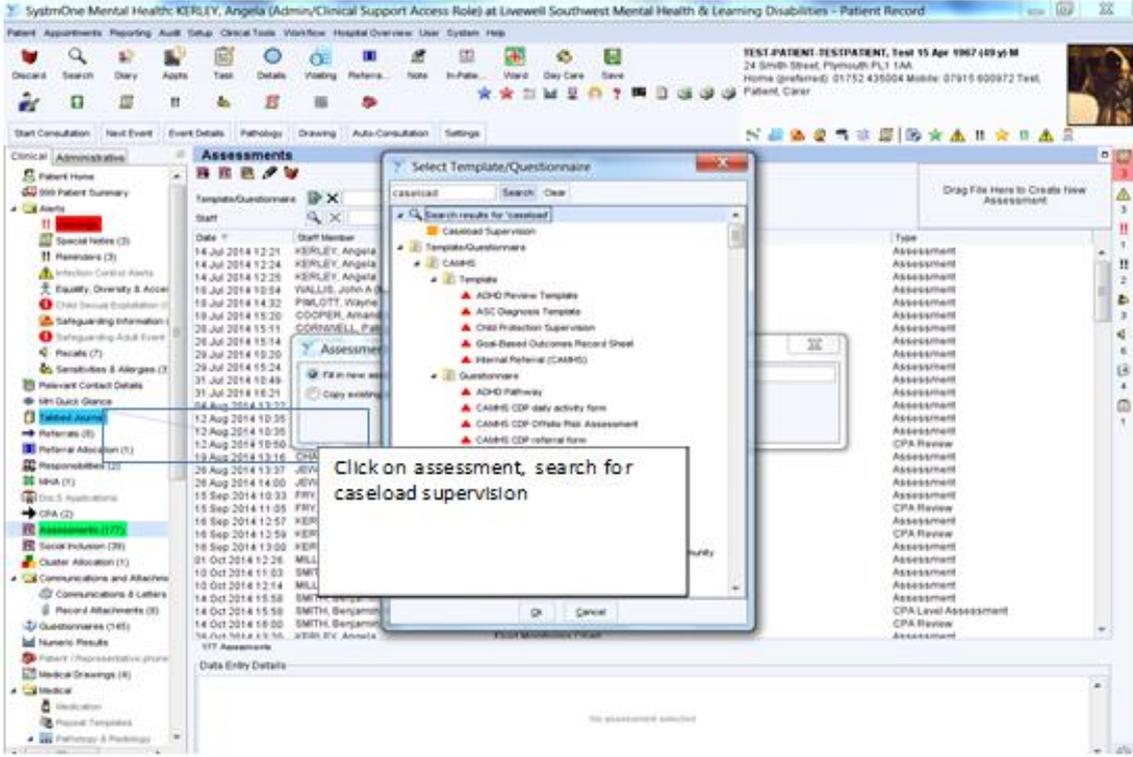
General Questions:
How often is someone being seen, for how long and where are they being seen?
Is the intervention effective? Being seen regularly or high level of DNA.
Is it a specific piece of work being completed?
Is the person waiting for another professional's involvement? Is there a delay, does this need escalating?
Are they being seen by another professional?
Care Planning:
Are visits linked to the care plan content?
Is there a crisis contingency plan?
Is there an advance Statement of Wishes? If so is it recorded on the care plan and that the person has the original.
Discharge Planning:
Is there evidence of discharge planning in the care plan?
Is there a plan to reduce frequency of contacts?
If no plan to reduce frequency of contacts when this could happen?
Could they be stepped down to a support worker?
Date on S117?
Safeguarding:
Are there Child Protection Concerns?
Is Child Protection Supervision recorded / received?
Are there Adult Protection Concerns?
Any on-going Action Plans?
Any new Safeguarding Concerns?
Unmet Needs / delays:
Any unmet needs / delays identified?
Record Keeping
Is the person on CPA / Standard Care?
Is the Consent to Share Question up to date?
MHMDS recorded correctly including clustering.
Other:
Recent Admission to Glenbourne?
Recent Referral to HTT?
High Number of Duty Calls to CMHT?
Crisis / OOH Contacts increasing?
Other statutory processes involved e.g. MAPPA, MARAC,

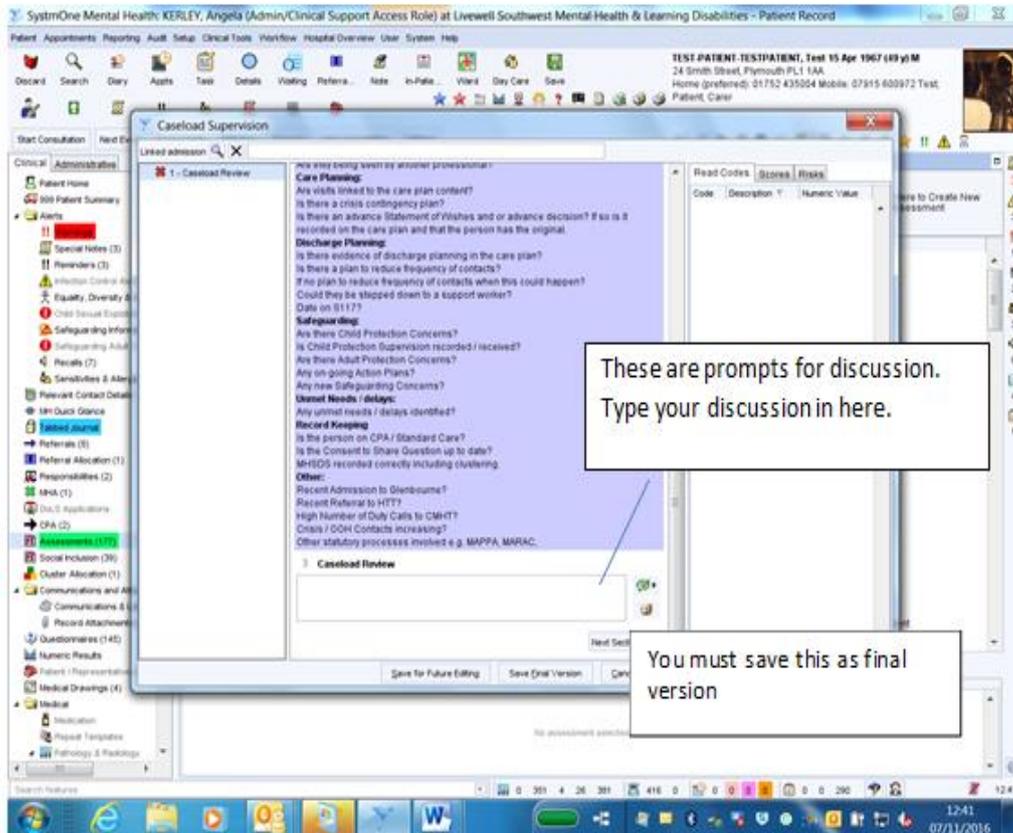
Child Adolescent Mental Health Services CAMHS Caseload Management Guidance

- (CAMHS) Caseload Management form must be agreed and completed at each caseload management meeting between the line manager (or designated caseload manager) and employee.
- Caseload management meetings occur on a minimum of a 6 weekly basis, between line manager (or designated caseload manager) and each employee who has an active clinical caseload.
- Caseload lists of each employee attending caseload management, must be obtained through SystemOne and brought to each meeting.
- Caseload management must adhere to a structured process of caseload review for each individual case that is actively on CAMHS caseload. This process aims to be both supportive and challenging to the treatment plans in place for children and young people, which will effectively consider duration and intensity of CAMHS involvement with children and young people. All treatment received by children and young people must be evidenced based in line with NICE guidance.
- Caseload management must clearly identify active needs of the child, young person and/or family and ensure that agreed actions resulting from the caseload management meetings are documented on the caseload management form. Discharge planning and/or signposting to other agencies at the appropriate time must be clearly considered, to ensure that children and young people flow through the service.
- Caseload management must ensure that the standards for health Records within Livewell Southwest are being adequately met and note where any improvement must be made within each individual health record.
- Caseload management must discuss whether there have been previous/current child protection concerns and make a note of these discussions appropriately, in line with the standards for child protection supervision within Livewell Southwest.
- A manageable caseload workload for each employee will need to be established at caseload management meetings. Children and young people's individual needs will need to be considered and their level of complexity and risk factors, in order to establish a caseload that is a suitable size for the employee to manage during their employed hours. *(At this stage there is no locally agreed caseload management weighting tool used in CAMHS but this will be explored as part of the current CAMHS service improvement that is taking place).*

- Caseload management will monitor that each employee has an identified clinical supervisor and is attending clinical supervision meetings with them on a regular basis.
- Caseload Management forms will be completed electronically. This will be coordinated by each relevant line manager/designated caseload manager.

Recording Caseload Discussion and Review on S1:





Tabbed Journal Entry will look like this:

<p>07 Nov 2016 AK</p>	<p>11:01 - Mount Gould Hospital: KERLEY, Angela (Admin/Clinical Support Access Role) Caseload Supervision - questionnaire started - (finalised: 07 Nov 2016 11:01) Case management started - (Added from Questionnaire)  Assessment: 07 Nov 2016 11:01 Staff Member: KERLEY, Angela</p>
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SystemOne Mental Health: KERLEY, Angela (Admin/Clinical Support Access Role) at Livewell Southwest Mental Health & Learning Disabilities - Patient Record

TEST-PATIENT-TESTPATIENT, Test 15 Apr 1967 (49 y) M
24 Smith Street, Plymouth PL1 1AA
Home (preferred): 01752 435004 Mobile: 07915 600972 Test
Patient, Carer

Event Details

Date & Time: Mon 07 Nov 2016 11:01

Template: [Empty] Apply Template New Template

Staff: Angela (Admin/Clinical Support Access Role)

Location: West Mental Health & Learning Disabilities

Contact Method: Professional Contact

Consultation Activity

Contact with: Other Professionals

Activity: Case Discussion

Method: Professional Contact

Duration: 30 minutes

Template: Caseload Supervision

Select template caseload supervision and amend time

Contact method is professional contact

07 Nov 2016 11:01 - Mount Gould Hospital: KERLEY, Angela (Admin/Clinical Support Access Role)
 Caseload Supervision - questionnaire started - (Finalised 07 Nov 2016 11:01)
 Case Management started - (Added from Questionnaire)
 Assessment 07 Nov 2016 11:01
 Staff Member: KERLEY, Angela

SystemOne Mental Health: KERLEY, Angela (Admin/Clinical Support Access Role) at Livewell Southwest Mental Health & Learning Disabilities - Patient Record

TEST-PATIENT-TESTPATIENT, Test 15 Apr 1967 (49 y) M
24 Smith Street, Plymouth PL1 1AA
Home (preferred): 01752 435004 Mobile: 07915 600972 Test
Patient, Carer

Assessments

Date	Staff Member	Data Entry	Type
10 Dec 2015 13:54	BHOJAN, Anja	Frage Assessment	CPA Level Assessment
29 Jan 2016 14:50	CHOHO, Rashwa	CPA Care Plan	Assessment
29 Jan 2016 15:04	CHOHO, Rashwa	MUST Screening Tool (48hrs)	Assessment
22 Feb 2016 11:10	MUDGE, Gary	CPA Review	CPA Review
09 Mar 2016 15:32	KERLEY, Angela	STORM - Problem Solving Worksheet	Assessment
09 Mar 2016 15:32	KERLEY, Angela	CPA Risk Assessment	Assessment
09 May 2016 12:11	SMYTH, Shanika	AMPS Summary Page	Assessment
05 Jul 2016 14:36	COPE, Carol	Mini-ACE	Assessment
14 Jul 2016 11:33	KERLEY, Angela	Capacity to consent to admission and DoLS	Assessment
14 Jul 2016 11:33	KERLEY, Angela	132 Rights	Assessment
14 Jul 2016 11:33	KERLEY, Angela	Admission Record Form	Assessment
14 Jul 2016 12:49	KERLEY, Angela	CPA Review	CPA Review
14 Jul 2016 13:36	KERLEY, Angela	132 Rights	Assessment
14 Jul 2016 13:36	KERLEY, Angela	Carbapenemase Producing Enterobacteriaceae Assess	Assessment
14 Jul 2016 13:36	KERLEY, Angela	Carbapenemase Producing Enterobacteriaceae Assess	Assessment
14 Jul 2016 14:25	MILLWOOD, Sarah	Berg Balance Scale	Assessment
28 Jul 2016 10:57	FRY, Paul	Allergy Flowchart	Risk Assessment
28 Jul 2016 11:16	KERLEY, Angela	Admission Record Form	Assessment
09 Aug 2016 15:56	MITCHELMORE, Emma	Risk As for Patients Awaiting Care Co-Ordination v1	Assessment
09 Aug 2016 16:09	MITCHELMORE, Emma	CPA Review	CPA Review
16 Sep 2016 14:13	STOTT, Sophie	CPA Review	CPA Review
16 Sep 2016 14:13	LDICK, Joanne	Risk As for Patients Awaiting Care Co-Ordination v1	Assessment
19 Sep 2016 11:34	MITCHELMORE, Emma	Notification of Entitlement to Aftercare (S)	Assessment
20 Sep 2016 14:49	WILLIAMS, Amanda	Notification of Termination of Aftercare (S)	Assessment
22 Sep 2016 11:23	MILLWOOD, Sarah	Unified Assessment (Pilot)	Assessment
26 Sep 2016 16:06	KERLEY, Angela	HOLD'S Questionnaire	Assessment
05 Oct 2016 14:40	MILLWOOD, Sarah	Equality, Diversity & Accessible Information	Assessment
05 Oct 2016 14:40	MILLWOOD, Sarah	Risk Management Meeting	Assessment
07 Nov 2016 11:01	KERLEY, Angela	Caseload Supervision	Assessment

Data Entry Details

Started: 07 Nov 2016 11:01 Title: Caseload Supervision Entered By: KERLEY, Angela (Admin/Clinical Support Access Role) Final Version: Score: Linked Quarter: 0

It will be visible in the assessments node as Case load Supervision.