

Action plan for the recommendations of case 32823

Service Area:	Community Mental Health Services	Date: 09/11/21
Locality:	Mental Health and Wellbeing (previously West Locality)	Deputy Head of Service:
SIRI Number	Incident No:	

Issue Identified	Actions needed / Work to be completed	Review of issue/Action November 2020 post external review	Lead	Date of	
				review	completion
1. Livewell Southwest must ensure that the policy and procedure on engagement and support of families of victims and perpetrators involved in serious incidents to comply with current guidance.	Review of current duty of candour policy, and RCA training offered to Livewell staff to ensure compliance with current guidance	<p>This action is complete and there is a clear duty of candour policy embedded within Livewell practice which is compliant with current guidance. The SIRI policy is attached (1) above.</p> <p>The SIRI panel review concluded that the Duty of Candour has been completed as each case is entered</p>	Deputy Director of Safety and Quality	2019	2021

		<p>and presented, regardless of whether this is an internal review or full SIRI.</p> <p>All staff involved in the investigation of serious incidents attend training which covers the Duty of Candour.</p> <p>The CPA competencies (2) above include a section on carers (section 4). All staff complete a review of the competencies annually.</p> <p>Livewell are advertising for a PSW for carers whilst the focus will not be specifically related to serious incidents, there is capacity for this to be part of their role.</p> <p>There is also a plan for the implementation of Triangle of Care across the Community Teams.</p>			
202. NHS Devon Clinical Commissioning Group and Livewell Southwest must ensure	To ensure that Livewell provide comprehensive action plans and evidence of updates.	There is close reporting to the CCG as appropriate and local actions are monitored both	Deputy Director of Safety and	2019	2021

<p>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.</p>		<p>internally and by the CCG. The process is identified in the SIRI policy.</p> <p>The CCG have confirmed verbally that they have been satisfied with the evidence of learning from events and completion of action plans provided by Livewell.</p> <p>SIRI feedback and sharing of learning is a standard item on the acute interface meeting (an opportunity to share learning across the mental health acute care pathway).</p> <p>As we prepare for the implementation of the CMHF model, the services are re-establishing their audit programmes, which will incorporate actions from SIRIs and complaints and further evidence successful implementation of action plans. The audit plan will be reflected across core and specialist</p>	<p>Quality</p>		
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		<p>services.</p> <p>The work from the CQC action plan has also led to service developments including the formation of a Primary Care Mental Health Team (operational policy attached 5). This team's function has supported the CMHTS to focus on those with severe and enduring mental illness, and contributed to the reduction in waiting times for initial assessment (target less than 4 weeks) and allocation of a care coordinator</p>			
<p>3. NHS Devon Clinical Commissioning Group and Livewell Southwest must ensure that care and treatment for psychosis and schizophrenia, and post-traumatic stress disorder is delivered in accordance with the relevant NICE guidelines.</p>	<p>Review service provision against NICE Guidelines.</p>	<p>As a service Livewell have access to the necessary service components- to ensure that care and treatment is NICE compliant in both areas: the service works closely with the psychotherapy department and IAPT, as well as having psychologists within the team, there is an established EIP service.</p>	<p>Operational Manager</p>		<p>Review End March 2022</p>

The new CMHF model (3) will build on areas of good practice with specific focus on those people experiencing severe and enduring mental illness. We have introduced an IPS team to Livewell, and regularly work with STEPS and some VCSE organisations.

The IPS service was established in July 2020. In the first 8 months they saw 108 people and are scheduled to see another 108 people this year. The team is accessible for service users across the mental health pathway. The IPS staff are to be hosted within the CMHT from 2022

The implementation of the CMHF model (3) will enhance delivery of service provision in working with the VCSE, as well as focusing on the development of psychological intervention skills amongst the teams.

Livewell are in the process of undertaking a training needs analysis jointly with Devon Partnership Trust which has an emphasis on psychological interventions to promote more effective treatment.

There is an established process for the monitoring of physical health concerns utilising the RETHINK tool and providing physical health checks. We have recently recruited a wellbeing practitioner to support the health promotion aspect of this. The teams also undertake the annual schizophrenia audit.

Under the CMHF (3) the Specialist Rehab teams will support compliance with standards relating to people with high risk of relapse or disengagement and complex psychosis.

As a service we review our compliance with NICE Guidance

		regularly at the Acute Interface Meeting.			
4. Livewell Southwest must provide assurance to their commissioners and the Board that risk assessments are undertaken and documented in accordance with organisational policy.	Review of standards of risk assessments	<p>Livewell's CMHT CQC 2016 action plan (4) focussed on the improvements required included this, among other areas, and improvements were noted in the subsequent CQC visit in 2020.</p> <p>Improvements have included the development of a comprehensive Business Intelligence reporting system, which is used to monitor level of compliance with several measures including risk assessments across the teams and regularly reported to the Board.</p> <p>The teams have introduced a more formalised system of caseload supervision which involves a quarterly programme: month 1 line management, month broad overview of caseload position and</p>	Deputy Head of Service	2017	10/2021

compliance with standards, and month 3 an in-depth review of a set number of cases.

The CMHS audit programme, which is now being reintroduced post covid, includes a paperwork audit which is both qualitative and quantitative.

The organisational risk moderation training has been reviewed by the Livewell training Department.

Locally the CMHTS also include risk assessment training in their local induction for preceptees (6) and new starters, attached is an example of the presentation that supports the training the team receive.

The CPA competencies (2) include a section on risk assessment (section 2) and practitioners are assessed annually.

<p>5. Livewell Southwest must provide evidence of assurance to their commissioners and the Board that discharge decisions are taken in accordance with organisational policy</p>	<p>Review of discharge processes</p>	<p>The Operational Policy (7) section 12 describes the discharge criteria and sets out the process for this to occur. This includes discussing all potential discharges in the MDT prior to this occurring. This includes discharge processes that relate to the management of non – attendance and also transfers out of area.</p> <p>The MDT (8) minutes have a section for all discharges to be discussed and identifies any other actions required. MDT minutes will be a part of the newly reformed audit programme</p> <p>Section 6 of the CPA competencies (2) are specifically related to discharge.</p> <p>Moving forward under the CMHF Livewell are considering the replacement for CPA. Potential alternatives include Dialogue + across Livewell</p>	<p>Operational Manager</p>	<p>2019</p>	<p>2021</p>
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<p>6. Livewell Southwest must ensure that crisis/contingency plans clearly describe the actions required by patients and staff when a patient is in crisis.</p>	<p>Crisis and Contingency planning training to be reviewed and rolled out</p>	<p>The CQC action plan (4) demonstrates the improvements made in this area.</p> <p>Training is provided regarding crisis and contingency planning in the induction (6) During Covid the teams also developed further training on the creation of WRAP plans, and staff are familiar in supporting service users to develop their plans, utilising a wide range of resources. Livewell and the local service users have co-produced a mental health passport, which is due to be piloted, and will be available to those people not using Livewell services.</p> <p>CPA competencies (2) section 3.8 and 5.11 required to be completed by CSWs, Nurses, Occupational Therapists and Social Workers who act as Care Co-ordinators or Lead professionals include crisis and contingency planning.</p> <p>This will also form part of the</p>	<p>Operational Manager</p>	<p>2017 Review ed 2018 Review ed 2021</p>	<p>2021</p>
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		paperwork audit within the CMHS audit programme			
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.	Demonstration of a comprehensive care coordination allocation process.	<p>The CQC action plan (4) also included this recommendation, there is a clearly defined process embedded for managing a waiting list for care co-ordination.</p> <p>The Board, Team Managers and Operational Managers, as well as all relevant clinical staff have visibility of the reporting system which provides assurances of this using a RAG rating system.</p> <p>In 2018 Cornwall Partnership Trust requested that Livewell showcase the work they had undertaken to improve their CQC rating and standards.</p> <p>More recently Livewell's work has been further improved with the development of the Primary Care Mental Health Team and closer working with the VCSE. The new CMHF will see the formalisation of</p>	Operational Manager	2017	2017 Review 2021

		<p>the VCSE working arrangements, Livewell has also developed a single triage team for all new GP referrals who meet three times a week to triage against referral criteria documented in the operational policy.</p>			
<p>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.</p>	<p>The Information Governance team will support the development of a local interagency protocol with the National Probation Service</p> <p>Care plans to reflect the content of Community Orders and details of contacts and reporting arrangements.</p>	<p>Community Orders with a mental health treatment requirement are not frequently used locally. The new CMHF model will support closer working with the NPS. There is frequent contact between the SCFT and the NPS</p> <p>Moving forward Livewell are requesting that the Information Governance team support the implementation of an effective interagency protocol between the organisations. On completion specific training will be developed to ensure that all staff are aware of the required actions in relation to delivery of care.</p>	<p>Operational Manager</p>		<p>Review ed and ongoing 2021</p>

		<p>We are currently in communication with the NPS and will meet to take this work forward.</p> <p>Further developments include the development of the Specialist Community Forensic Team, Business Case attached (9)</p> <p>Internally, the Specialist Community Forensic Team also now provide advice and consultation via a forum they host, details below. Any staff member can request information sharing with the police using the MH1.</p> <p>Additionally, Livewell has actively engaged with a number of professional forums, where complex cases can be discussed, and information shared. Terms of reference (TORS 10).</p>			
<p>9. Livewell Southwest must provide assurance to their commissioners and the Board that the escalation route for</p>	<p>Update of AMP operational policy to reflect an agreed escalation process.</p>	<p>This process has been agreed and is embedded. It is fully documented in the AMHP operation policy in section s 9.4</p>	<p>Operational Manager</p>	<p>Reviewed 2019</p>	<p>2021</p>

<p>professional differences between AMHP¹s and community mental health team staff are used effectively.</p>		<p>and 10.1-10.4 describes disagreements with the outcome of an MHA</p> <p>Clinicians would initially hold a discussion within their own team, then if appropriate discuss with the AMHP team. If there is uncertainty about whether an MHA is required a joint visit to determine the most appropriate course of action is arranged. Managers of relevant services would only have them escalated if a resolution cannot be reached.</p> <p>At times FRS do provide the joint assessment if required. This has proved a useful development within our services.</p> <p>Wider developments include close links with the court diversion service and the development of the joint response unit who work with the police. The CMHTs also attend</p>			
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		<p>a range of multi- agency forums including TIMS and Creative Solutions where people who are a risk to self or others due to their mental health are discussed. TORS (10). All these forums allow Mental Health Professionals to engage with other services to identify, discuss and plan collaboratively for the people of concern, and to avoid people “slipping through the net”</p>			
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