

**ANURIN BEVAN LOCAL HEALTH BOARD**  
**DIVISION OF COMMUNITY, MENTAL HEALTH and LEARNING DISABILITIES**

**Response to HIW confidential draft report**  
**In respect of Mr E and the provision of Mental Health Services following a homicide committed in August 2007**

**May 2011**

Recommendation	Action	Lead	Timescale	Progress update
<p><b>In relation to Leadership/Management the Trust should, in collaboration with it's Local Authority Partners:</b></p>				
<p>a) Put in place systems to inform senior managers in both organisations about issues arising in relation to workload, team capacity and performance management.</p>	<p>A monthly senior clinicians meeting (including Social Services) has been implemented in the Newport locality. All actions are recorded.</p> <p>All workload, team capacity and performance management issues are identified and discussed at this meeting.</p> <p>Any issue requiring the involvement of senior clinical staff will be escalated as appropriate to:-</p> <ul style="list-style-type: none"> <li>• The newly formed Mental Health Management Board. (MHMB)</li> <li>• The Learning Group</li> <li>• The monthly performance meeting with Trust Executives (DDaD)</li> </ul> <p>In addition the minutes of the MHMB are reviewed on a monthly basis at Trust Board.</p>	<p>Senior Nurse. (SN)</p> <p>SN</p> <p>Newport Locality Manager (NLM) &amp; General Manager(GM)</p> <p>GM</p>	<p>In place</p> <p>In place</p> <p>In place</p> <p>In place</p>	<p>Since the inception of the meetings cross organisational risks are now identified at an earlier stage, as a result senior clinical staff are engaged in developing appropriate risk management strategies to address performance issues. Examples include:-</p> <ul style="list-style-type: none"> <li>• Increased Medical Consultant input in the Newport East CMHT.</li> <li>• A review and introduction of new ways of working for medical staff.</li> </ul>

<p>b) Improve the leadership and management resources within the CMHT, in particular when leaders within the CMHT are expected to undertake wider corporate roles.</p>	<p>To facilitate the Consultant Psychiatrist's role as Clinical Director extra medical resources have been identified and funded. This equates to 0.40 wte Consultant Psychiatrist.</p> <p>Medical workforce has been reviewed and new ways of working introduced throughout the locality.</p> <p>Administration support to the Consultant's role as Clinical Director has been increased.</p>	<p>NLM.</p> <p>NLM</p> <p>NLM</p>	<p>In place.</p> <p>In place</p> <p>In place</p>	<p>Fully implemented no further action.</p>
<p>c) Ensure clarity about the requirement for high level leadership and management skills, not predicated upon a particular professional background, in the CMHT Team Leader role and take steps to ensure the post holder carries the appropriate authority to discharge the role effectively.</p>	<p>The role of the Team Leader has been reviewed and as a result a new appointment of a Team Leader has been made in the Newport East CMHT.</p> <p>All Team Leaders have been involved in the review of the role and the management component of the role have been re-emphasised.</p> <p>Currently three of the five Team Leaders have attended the vital signs management training. The remaining two are booked to attend in the near future</p> <p>All team leaders have received a Personal Development appraisal. Their personal Development Plans have focussed on the implementation of KSF leadership skills.</p>	<p>SN</p> <p>SN</p> <p>SN</p> <p>SN</p>	<p>In place</p> <p>In place.</p> <p>In place</p> <p>In place</p>	<p>The new team leader roles provide credible and visible leadership to all team members. All team leaders now meet on a weekly basis with their CMHT staff and all performance related issues are highlighted in these meetings. These meetings are fully minuted and all relevant issues are fed into the CMHT meeting and/or the monthly senior staff meeting.</p> <p>In addition more emphasis has been placed on empowering the Team Leaders to effect change within the teams. This has led to a more effective and efficient use of resources. Examples include: -</p> <ul style="list-style-type: none"> <li>• The introduction of more Robust caseload management strategies which have consequentially improved capacity within the teams</li> <li>• The introduction of standardised procedures such as CPA and risk management (the details of these will be discussed later in this action plan)</li> </ul>

<p>d) Develop and implement an effective and robust caseload management supervision policy, consistent with development of the recovery model</p>	<p>All clinicians will be instructed to engage in a fortnightly caseload management review.</p> <p>All caseload reviews will be conducted using the EPEX information system</p> <p>All teams will engage in suitable training in the recovery model philosophy.</p> <p>The Division will develop a caseload management supervision policy.</p>	<p>SN</p> <p>Team Leaders (TL)</p> <p>SN</p> <p>Chief Nurse (CN)</p>	<p>In place</p> <p>In place</p> <p>In place</p> <p>In place</p>	<p>The caseloads of every clinician within the locality have been reviewed using the most up to date clinical information off the EPEX system. This has resulted in a caseload cleansing exercise across all mental health services in the Newport locality. This is considered to be the first step to introducing a robust caseload management system. This exercise is currently being undertaken in all localities.</p>
<p>e) Set out and implement a vision and strategy for seamless, integrated services to mental health service users.</p>	<p>The locality will establish a multi-agency group to consider re-designing services in Newport (the model will be based on the recovery philosophy). In addition the group will be tasked with service integration between health and social care</p>	<p>NLM and Head of Community Care and Adult Services in Newport Social Services.</p>	<p>In place</p>	<p>Furthermore the group has developed an integration strategy that focuses on Learning Disabilities in the first instance. It is intended that adult and older adult services will follow a similar path.</p>
<p>f) Ensure that policies and procedures, together with the introduction of resources such as the Home Treatment Teams, address the need for assertive care and treatment arrangements for patients when such are justified, including when appropriate at the referral stage of care.</p>	<p>All teams will review their policies to ensure that assertive management strategies are included.</p> <p>The new model of service in Newport will include a First Access service designed to improve the referral stage of care.</p> <p>A joint pathway will be developed with Primary Care partners to identify and escalate those new referrals that carry significant risk when they DNA appointments or disengage with secondary services.</p>	<p>SN</p> <p>NLM</p> <p>Integrated Service Manager for Newport</p>	<p>In place</p> <p>In place</p> <p>December 2011</p>	<p>The model of service in Newport is based on a whole systems approach as described in the Adult Mental Health National Service Framework for Wales. Currently the model has virtually all the components required and this is due to significant levels of investment over the last 3 years e.g. The funding and development of Crisis Resolution and Home Treatment Team (CRHTT), Assertive Outreach Team (AOT) and the re-provision of the in-patient unit.</p> <p>The newly agreed model for Newport describes a First Access Service (FAS) as being the gatekeeper of secondary services and furthermore the FAS will improve the liaison between secondary and primary care. This is seen as a vital step to developing the joint pathway.</p> <p><b>Update May 2011:</b> Following the re-configuration of the Adult Mental Health service the planning group are developing a pathway which will escalate referrals.</p>

	<p>The recently introduced MDT format also compels teams to review the risk associated with any individual who has DNA'd and or disengaged from the service. MDT meetings (to include representation from CRHTT and AOT) are held weekly and all decisions are recorded.</p>		<p>Complete</p>	<p>The Division has organised a multi agency review of first access services. The day is scheduled for the 21<sup>st</sup> of October 2009.</p>
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<p><b>The Trust should take steps to improve the quality of planning for care and treatment using CPA in particular by:</b></p>				
<p>a) Taking steps to improve the implementation of CPA and establishing monitoring/auditing arrangements to monitor compliance.</p> <p>b) Providing staff training focused on developing the skills required to deliver and improve care within the framework of CPA, and take steps to ensure that in other training the relationship of CPA to successful practice is highlighted.</p>	<p>As a direct response the Division will:-</p> <ul style="list-style-type: none"> <li>• Reinstate the pan Gwent CPA Board</li> <li>• Introduce locality CPA planning groups.</li> <li>• Instruct all teams to undertake caseload cleansing exercise and introduce caseload management strategies</li> <li>• Instruct all teams to introduce the standardised MDT agenda.</li> <li>• Introduce a risk register in all localities</li> <li>• Implement the high risk pathway</li> <li>• Develop and introduce a CPA audit programme</li> <li>• Introduce a programme for WARN risk management training</li> <li>• Engage with the DSU to establish a pilot project in Caerphilly</li> <li>• Agenda CPA as a standing agenda item on the MHMB.</li> </ul>	<p>Divisional CPA Lead/Chair MHMB</p>	<p>In place</p>	<p>The Newport locality are represented on the Gwent CPA Board and in addition to this have established a Locality CPA Board that feeds into the pan Gwent Board.</p> <p>Emphasis has been placed on ensuring that all staff receive the latest WARRN training.</p> <p>The recent CPA audit undertaken by the DSU highlighted significant improvement in CPA compliance by the Newport East team. The team, which is the subject of the HIW Homicide review, has now improved CPA performance to such an extent that it is now considered to be in the top quartile in Wales. However to ensure continuous improvement is monitored and maintained CPA is discussed in the MH management board and Senior Divisional Senior Nurse forum on a monthly basis. In addition progress is checked in the Pan Gwent and locality CPA forums.</p>

<p>c) Producing clear guidance in line with WAG policy concerning the criteria for enhanced CPA, and ensuring that understanding of staff about when CPA should be used</p>	<p>Relevant WAG policy will be re-issued to all teams and their performance against this guidance will be supervised by MHMB through the CPA audits that have been programmed for all teams. In addition compliance will be further monitored by the pan Gwent CPA team through their liaison with the CPA facilitator in each of the localities.</p>	<p>CPA lead.</p>		<p>Newport have now introduced a system that identifies on a weekly basis those services users requiring enhanced CPA review. If for any reason this meeting is cancelled, a clinical incident will be instigated. As a direct result of introducing this system the number of cancelled enhanced CPA reviews has significantly diminished.</p>
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<p>d) Ensuring risk management is well integrated into CPA process</p>	<p>As a direct response to this issue the Division has developed a risk management/CPA process that consists of the following 5 elements:</p> <ul style="list-style-type: none"> <li>• The introduction of WARRN training to all staff.</li> <li>• The development of CPA risk pathway.</li> <li>• The development of auditable paperwork.</li> <li>• The development of a high risk pathway.</li> <li>• The development of complex risk reference panel.</li> </ul>	<p>Clinical Director</p>	<p>In place. To be reviewed through the quarterly internal performance review process</p>	<p>Senior clinical staff from both Gwent and Hywel Dda Mental Health Services have led the way in developing the Welsh Applied Risk Reference Network (WARRN) training programme. This has influenced the Health Minister's decision to implement the programme across Wales.</p> <p>The CPA Risk Pathway developed in Gwent provides teams with a clear decision making process. Professor Nicola Gray (Consultant Clinical Forensic Psychologist, WARRN) is now in discussion with WAG to implement this pathway nationally.</p> <p>The high risk pathway has been completed and is currently out for consultation.</p> <p>The complex risk reference panel has been established. Professor Nicola Gray is a member of the panel and the panel discusses 2 cases per month.</p>
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<p><b>In relation to Risk Assessment and Management the Trust should make a clear decision about the tool to be used for this purpose, confirm an apparent decision to deploy the services of the Welsh Applied Risk Research Network (WARRN) and:</b></p>				
<p>a) Secure the resources necessary for implementation of the new system.</p> <p>b) Ensure the necessary training is put in place for all staff.</p> <p>c) monitor the impact of training</p> <p>d) Audit compliance with its arrangements for risk management.</p>	<p>As a direct response to this issue the Division has developed a risk management/CPA process that consists of the following 5 elements:</p> <ul style="list-style-type: none"> <li>• The introduction of WARRN training to all staff.</li> <li>• The development of CPA risk pathway.</li> <li>• The development of auditable paperwork.</li> <li>• The development of a high risk pathway.</li> <li>• The development of a complex risk reference panel.</li> </ul>	<p>Clinical Director</p>	<p>The training will need to be continuous so that all new staff receive it as part of their induction. To date 75% of staff in Newport have received the training.</p>	<p>The rates of training compliance in all localities will be reported to the Learning Group on a monthly basis.</p>
<p><b>The Trust should:</b></p>				
<p>a) Develop clear written guidance for staff about dealing with patient’s families including how to draw them into appropriate and helpful collaboration with care and treatment of patients and how family members should be supported when their family member (the patient) may be placing them in difficult and stressful situations. The guidance should include information</p>	<p>HIW have recognised that this is a Trust wide issue. However, senior members of the Division will engage with the Caldicott Guardian to develop guidance that informs all mental health staff of the boundaries of confidentiality and more importantly when they can be</p>	<p>The Trust Caldicott Guardian Divisional Service Director</p>	<p>December 2011</p>	<p>A directive has been issued to all staff around the boundaries of confidentiality and all Team Leaders have been instructed to specifically address all issues relating to confidentiality within their clinical supervision sessions with their staff. This will enable</p>

about how to deal with issues relating to confidentiality. The purpose of this guidance should be helping staff to have confidence in engaging with families.	breached. This would enable the clinicians in the Division to overcome the difficulties faced in a similar situation.			the staff to access appropriate guidance and support in the absence of the awaited guidance. The Division will develop clear guidance for staff in conjunction with both the legal team and the Caldicott Guardian
b) Audit the use of carer's assessments, and the implementation of action plans derived from such assessments to ensure they are conducted at an early stage in the care and treatment of patients whether they are subject to standard or enhanced CPA.	Audits of CPA compliance will be undertaken annually. These will include an audit of carer's assessments and the implementation of action plans.  The Division have reviewed their CPA training programme and the importance of effective carer assessments have been included.	Divisional Clinical Audit Lead.  Divisional Clinical Audit Lead. & Training officer	In place  In place	
<b>The Trust and the LHB should review its arrangements for sharing information and active liaison between primary and secondary care services in relation to mental health patients. A specific responsibility should be identified within CMHTs for liaison with Primary Care drawing upon experience elsewhere in Wales.</b>	This point has been previously addressed when discussing the development of the new service model with particular reference to the First Access Service. (Refer to page 4).		In place	
<b>In order to maximise and encourage patient's compliance with medication regimes, Primary and Secondary Care services should ensure good communication and ensure that medication reviews are undertaken regularly with patient involvement.</b>	A specification for directed enhanced services for the care of service users with mental illness has been developed. Medication management forms a significant part of this enhanced service.	Newport Locality primary care team.	In place	Take up of this enhanced service has been developed across 90% of GP practices within Newport.  An annual review is undertaken in order to ensure compliance within the primary care teams in the Newport locality.