South Essex Partnership NHS
NHS Foundation Trust

Independent Inquiry

Following the two incidents in December 2002 and January 2003 the Trust immediately undertook a thorough internal review. Our findings were implemented immediately and have been subject to regular review by both the Board of Directors and the Executive Team.

The findings of the Independent Inquiry mirror many of the Trusts internal reviews. The Trust has fully co-operated with the Independent review and accepts the recommendations contained within both reports.

Attached, as Appendix 1 (GR) and Appendix 2 (DF) are the Trusts action plans in response to the independent reviews. The action plans have been shared with the Strategic Health Authority and both South East Primary Care Trust and South West Primary Care Trust.

The Trust is committed to continually enhancing the quality of our services. The ongoing implementation of the recommendations will further strengthen our commitment to our community.

15th May 2008

Appendix 1

RESPONSE OF SOUTH ESSEX PARTNERSHIP NHS FOUNDATION TRUST TO RECOMMENDATIONS TO THE INDEPENDENT REVIEW INTO MR GARY ROBERTS

	General Recommendations	Trust position (April 2008)	Progress
A.	The keeping of full and accurate patient records	The Trust has a health record keeping policy and procedure that has been subject to external scrutiny through review processes such as CNST. This review process has included ensuring the Trust policy is subject to audit and reflects national best practice. Record keeping is provided as core training for all relevant staff and is monitored through reports to various trust committees. The Trust has developed a record keeping leaflet for staff to remind them of their responsibilities. This is further augmented by additional training from external speakers as required. Previously this has included presentations from legal advisors and the NMC. **Additional Action: A further audit of record keeping is planned for October 2008.** **Eunan MacIntyre / Jan Leonard October 2008**	
B	That reliance on locum Consultant Psychiatrists has been substantially reduced, to the extent that the majority of clients are now under the care of Consultants holding substantive posts.	The Trust has undertaken huge recruitment drive over recent years to reduce the need for locum psychiatrists. This has been very sucessful and currently the Trust has less than 5% of staff who are locum consultants. The Trust has gained national recognition for its recruitment of Consultant Psychiatrists. As an example of this, the Trust works on behalf of the Department of Health as a principle link between the United Kingdom and the recruitment of Psychiatrists from Italy.	
C.	That appointments of Care co-ordinators are now made by cluster leaders or other appropriate managers, with the consent of the appointee in each case and consistently with CPA principles	The CPA handbook for clinicians identifies it is the responsibility of the Team Manager to ensure and be able to demonstrate the care co-ordinator has the appropriate skills and competencies to undertake the tasks. This is in recognition of the workload and caseload mix of the worker. The CPA handbook has been revised to ensure it explicitely states the worker will also consent to the allocation of the client in relation to their own skills and competencies. **Additional Action: This revision of the handbook will be embedded in practice over the next few months throughout normal training process.** **Eunan MacIntyre September 2008**	

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D	That when a member of a CMHT is reasonably concerned about visiting a client at the client's home because of fears for his or her own safety effectIve measures are implemented by the Teams management to provide the team member with the requisite support. In this regard, management must be consistently alert to the fact that the failure or inability to provide such support may well adversely affect the number and/or pattern of contacts with the client, which may in turn provide the client with a greater opportunity to disengage from the Mental Health Service.	The Trusts CPA policy handbook for Clinical staff offers guidance on risk management. It includes specific reference for staff to consider visiting in pairs should the risk assessment necessitate such actions. The lone working policy approved in June 2003 offers further guidance about decision making processes for situations where workers may feel vulnerable. This policy was subject to further review in August 2006 and includes guidance issued by the Counter Fraud and Security Management Service (CFSMS). **Additional Action: As part of the Trusts ongoing commitment to safety, the Trust has just purchased an electronic personal call system which will be piloted in relevant services.** **Oliver Shanley November 2008**	
E	That the doubts about the availability and take-up of in-service training in areas such as the CPA and risk assessment which have now appeared in the course of our review, have now been addressed; that CMHT members now receive the necessary training; and that records exist to confirm that they have received training in these areas.	The staff training programme was reviewed in line with the Trust action plans in 2004. The Staff Induction and Mandatory Training Policy identifies that Clinical Risk Training and CPA is an essential/core requirement for relevant clinical staff. The assessment for level 2 Clinical Negligence Scheme for Trusts, provides external assurance that the training provided meets national best practice standards. As part of this review the Trust was required to submit relevant training records that verify training is taking place in accordance with Trust policy. Given the trusts ongoing commitment to clinical risk, the trust was selected by the Care Services Improvement Partnership to be a national pilot for the Department of Health guidance on managing clinical risk.	

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F	That systems of management supervision and clinical supervision are in place and that those systems now provide the supervisor with the opportunity actively to intervene, wherever necessary or desirable, to ensure that an individual client is receiving a proper level of care and treatment.	The Clinical Supervision policy was reviewed in July 2003 and subsequently updated. The new 'Supervision Policy' incorporates management and clinical supervision. It acknowledges that all staff must receive managerial supervision irrespective of professional background. Minimum standards are now included within the policy. The Healthcare Commission confidential staff surveys illustrate that appraisal, supervision and team working are now embedded within our services and places the trust in the top 20% of all trusts on these measures. The survey has continued to demonstrate that staff respond very positively about working in the Trust including support from Managers, supervision, and feedback on performance, dealing with and learning lessons from untoward incidents and working in a well structured team environment.	
G	That across the whole spectrum of a clients care and treatment communications between all staff are full and accurate, particularly to ensure that every member of staff involved in a particular client's case is informed of all matters which might affect that staff member's part in the case.	It was recognised that communication needed strengthening following the Trusts internal review in 2003. The development of the revised CPA policy, the strengthening of record keeping and training and the significant investment in information technology has enhanced communication across the organisation.	
H	Following on from the last point, that all members of staff involved in a client's care and treatment are kept informed, by efficient electronic or manual means, of a client's failure to attend out-patient clinic appointments, meetings with the Care Co-ordinator or other appointments bearing upon the safety of others including members of the Public, relatives of the client or NHS employees, as any such failure may be an indication of disengagement from the Mental Health Service and/or risk to a third parties.	The intranet is available 24/7 and has information which contains the services the client is currently accessing and who they are seeing. It also holds the history of all inpatient episodes, outpatient attendances (attended or DNA'd) and any community involvement. The Care Co-Ordinator is also identified and if there is an alert flag against the client then this is an indicator to warn clinicians to speak to the Care Co-Ordinator regarding this clients care. The protocol for admission ensures that before any patient / client is admitted / discharged from the Assessment centre that a check is done on the intranet on the clients information for alert flags. The revised CPA policy (revised June 2003 and September 2006) provides explicit guidance on what staff should do should a client seek to disengage from services.	

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I	That where national or local policies provide that a particular step be taken by or within a specific date or period, available resources permit front-line staff to have time to comply. Non-compliance with any such policy is potentially an indication of excessive pressure of work on front-line staff, requiring prompt attention by senior management, if risk to the client or third parties is to be avoided.	All significant national or local policies are considered by the Executive Operational Team. As part of this scrutiny process, the Executive Team considers the implications for embedding relevant policy changes within operational services. Since the incident, new services such as assertive outreach teams and crisis teams have been developed in accordance with national guidance.	

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	Specific Recommendations	Trust position (April 2008)	Progress
A	That if there is any continuing doubt about the full implementation of the CPA, then the Trust be asked to carry out a further audit, covering not only the simple observance of the mechanics of the CPA procedures, but also the quality of the work done in observing them.	We have continued to make good progress in improving the use of CPA across the Trust. Recent monitoring of CPA indicated an improved understanding of the components of CPA and in meeting the standards outlined in our CPA policy and procedure. In launching our new CPA policy and Handbook we have increased the standards to be met by Care Co-ordinators and this is further endorsed in CPA training that takes several forms i.e induction, central and cascade. CPA audits are undertaken annually to monitor ongoing compliance. The Board of Directors also monitors some indicators that perform to the CPA, notably data on adherence to CPA reviews. **Additional Action: An audit on CPA will be undertaken in October 2008 as part of the Trust audit cycle.** **Eunan MacIntyre October 2008**	
B	That if the contract for the post of a Community Psychiatric Nurse on Grade G is still in the same form as the contract produced to us in respect of CPN2, the Trust give consideration to the inclusion in the contract of provisions, which make it clear that the employee is subject to both managerial and clinical supervision and is expected to comply with Management's reasonable requirements in that regard. The contract produced to us stresses the autonomous nature of a Grade G post, without containing any reference to supervision.	The Trust's employment contract explicitely states that employees must adhere to all Trust policies and procedures. The specific requirements are then detailed within the relevant policy. In this instance, the expectations of professional staff is contained within the Trust's supervision policy.	

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	Specific Recommendations	Trust position (April 2008)	Progress
C	That the Trust be asked to confirm that a system is in place whereby a newly appointed Consultant Psychiatrist and all members of the Community Team(s)with whom he will be working, know the clients, for whom he will be responsible, and that the Consultant, in conjunction with Care Co-ordinators, draws up a programme of clinic appointments for any clients who many need to be seen before their next routine appointments.	The appropriateness of clinic appointments forms part of a process of expected revalidation of lists and the prioritisation of bookings with Consultant Psychiatrists. **Additional Action: To further strengthen this process, lists of clients will be sent to all newly appointed consultants with date next to be seen. These will include the need to discuss with care co-ordinators if any clients need to be seen before this date. Furthermore, as part of the new starter procedure for consultants, medical staffing will notify the Director of Information of all starting details. The Director will then arrange for an induction handover to include the current patient caseload and including any potential concerns. This will also incorporate appropriate liason with the relevant care co-ordinator to ensure a smooth transition of care.** **April 2008 - Immediate implementation Jan Leonard**	
D	That the Trust be asked to confirm that emergency assistance is now available to a client's family or lay carers through telephone numbers local to the particular client's place of residence.	The Trust continues to work on improving services for carers. On 8 December 2006 (Carers rights day) the Trust launched its carers strategy (Caring for those who care; A strategy for families of people with Mental Ill Health or a Learning Disability) and produced six promises as a carers' charter. In January 2007 we produced the Carers Crisis Card. This mirrors the card we already produced for service users and contains the out of hour's emergency number (where calls from across the whole Trust area are taken. Callers speak to qualified clinical staff at the Assessment Unit at Basildon Hospital for immediate help and advice).	

Appendix 2

RESPONSE OF SOUTH ESSEX PARTNERSHIP NHS FOUNDATION TRUST TO RECOMMENDATIONS TO THE INDEPENDENT REVIEW INTO MR DEREK FIELD

	General Recommendations	Trust position (April 2008)	Progress
A.	Procedures for keeping track of clients in need of admission or other care and treatment following a domiciliary visit and ensuring the active follow-up of any such client within a reasonable time.	The Trust now has in place a bed management department which is notified of all pending admissions. This department was established in September 2004. The bed management department ensures that the patients are allocated a bed and are monitored by them until the bed has been allocated. This process and other major service reconfigurations since 2003 mean that beds are always available where a patient requires in-patient care.	
B	Procedures for ensuring that a new client is assessed by the CMHT in question within a reasonable time after referral for community care.	Every service user now referred to secondary mental health care services are referred to the Clinical assessment services. This ensures that for routine referral the service user receives an assessment within 20 working days. For urgent referrals a service user will be seen on the same day.	
C.	That patient records are held in safe custody, and are traceable; at all times throughout the whole of the Trust's organisation	The intranet now has patient record tracking system that searches the whereabouts of health records and records movements. The client history is now available on the intranet. Where access to the intranet is not available a 24 hour switchboard is available who can access all information. SEPT information systems are now accessible at Basildon A&E and for Southend A&E via the Runwell Hospital switchboard.	
D	That Cluster Leaders, who we understand now appoint Care Co-Ordinators, ensure that Care Co-ordinators so appointed have the requisite training, skills and experience to perform their duties properly in accordance with the principles of the CPA.	The CPA handbook for clinicians identifies it is the responsibility of the Team Manager to ensure and be able to demonstrate the care co-ordinator has the appropriate skills and competencies to undertake the tasks. This is in recognition of the workload and caseload mix of the worker. This process is further supported by training for CPA care co-ordinators. The uptake of training is regularly discussed at the monthly CPA steering group. The Executive Team receive regular reports on compliance levels for relevant training including record keeping, CPA and clinical risk.	

RESPONSE OF SOUTH ESSEX PARTNERSHIP NHS FOUNDATION TRUST TO RECOMMENDATIONS TO THE INDEPENDENT REVIEW INTO MR DEREK FIELD

	General Recommendations	Trust position (April 2008)	Progress
E	That regular and effective support, in the form of management and clinical supervision and training, is provided for all Care Co-ordinators and that records are kept of when each Care Co-ordinator is supervised and undergoes training. training status of their staff on a monthly basis.	The Clinical Supervision policy was reviewed in July 2003 and subsequently updated. The new 'Supervision Policy' incorporates management and clinical supervision. It acknowledges that all staff must receive managerial supervision irrespective of professional background. Minimum standards are now included within the policy. The Healthcare Commission confidential staff surveys illustrate that appraisal, supervision and team working are now embedded within our services. The survey has continued to demonstrate that staff respond very positively about working in the Trust including support from Managers, supervision, and feedback on performance, dealing with and learning lessons from untoward incidents and working in a well structured team environment. The Healthcare Commission survey regularly places the Trust in the top 20% of mental health trusts in the country. All care co-ordinators are required to attend CPA training. The initial training is delivered centrally when new staff join the Trust. The Trust has cascade CPA trainers who deliver updates when required. All training is recorded and monitored through the central training database; managers are informed of the training status of their staff on a monthly basis.	

RESPONSE OF SOUTH ESSEX PARTNERSHIP NHS FOUNDATION TRUST TO RECOMMENDATIONS TO THE INDEPENDENT REVIEW INTO MR DEREK FIELD

	Recommendations Relating to Carers	Trust Position (April 2008)	Progress
A.	That the Trust be asked to confirm generally that channels of communication between Psychiatrists and Care Co-ordinators are now sufficiently effective to ensure the provision of a proper standard of care and treatment.	The revised CPA policy explicitly states the expectations within the organisation in relation to communication between all practitioners. This is further reinforced through the minuting of clinical team meetings which are provided to Consultant Psychiatrists in the event that they are unable to attend. The Healthcare Commission confidential staff survey demonstrates that the Trust performance is above the national average in staff reporting this work in a well structured team.	
B	That the Trust be asked to confirm that the new bed management system referred to above continues to operate effectively	The bed management group continues to function effectively since it's inception in September 2004. These arrangements have been enhanced considerably since the Trust opened its new assessment unit in March 2005. This assessment unit ensures that all patients who are assessed to require a bed, are given an immediate and rapid assessment by a Multi Disciplinary Team including medical staff within 24 hours of admission. As a result of the bed management system and the assessment unit, no out of area treatment bed has been used by an adult mental health patient since September 2004. As a result of the development of the assessment unit, this also means that there is now no waiting list for admissions as all patients are immediately admitted to the assessment unit. In addition to these developments within bed management and the assessment unit, the Trust has now fully implemented 5 crisis resolution home treatment teams since January 2005.	

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	Recommendations Relating to Carers	Trust Position (April 2008)	Progress
C	That the Trust also be asked to confirm that all professional staff are aware of the need to keep General Practitioners fully informed of all matters affecting, or likely to affect, the care and treatment of their respective patients, particularly where any such matter has repercussions for the care and treatment which the General Practitioner himself may be called upon to provide.	The CPA framework includes guidence for care co-ordinators on the need to ensure GP's are included within relevant correspondance including the reviews of care plans. This is further supported by the copying letters to patients policy written in line with Department of Health Guidance. **Additional Action: The Trust will undertake an audit on record keeping to further assure itself this is embedded in practice.** **Eunan MacIntyre / Jan Leonard October 2008**	
D	That the Trust be requested to confirm that Consultant Psychiatrists and Care Co-ordinators are aware of their obligations to close relatives of clients to ensure that such relatives clearly understand the nature and effect of the client's mental illness	The Trust's Carers Strategy has been developed (following extensive consultation with users and carers). Carers are very involved within the Trust in a number of Trust activities for example, Junior Doctor Training, the Plain English Group, CPA and Carers Training. Community Teams have been well briefed on informing carers of their right to receive an assessment of their needs and direct payments. The Consultant Social Work Practitioner and PPI Manager are working closely together to improve all information available to carers through staff knowledge, paper leaflets and intranet/internet. All carers are offered an assessment of need on an annual basis. Uptake of services as a result of carers assessments are monitored by the local forums and Partnership Board. The numbers of carers assessed is also monitored by the Board of Directors. At March 2008, 2062 registered carers had been offered an assessment in the last 12 months. The CPA handbook also includes guidance to staff on supporting carers under CPA. A carers training workbook has been developed and rolled out to improve the recognition of carers and their involvement in the care of service users.	

	Recommendations Relating to Carers	Trust Position (April 2008)	Progress
E	That full and accurate communication between members of staff about the clients in their care is a principle constantly promoted by the Trust among its staff, in the interests of the care and treatment of those clients and the protection of others.	The importance of timely and contemporaneous record keeping and information provision is in force through a number of mediums. This includes articles within the Trust internal magazine, information leaflets for staff and clients, and the principles endorsed through relevant training courses. The Trust communication process regarding patient safety has been subject to external assurance through accreditation with CNST Level II and Risk Management Standards Level II. As part of this external review process, the Trust has also undertaken annual record keeping audits. The CPA practice handbook includes guidance on the role of the care co-ordinator in communicating across all relevant staff. **Additional Action: The Trust will as part of its planned audit work, undertake a further record keeping audit in October this year.** **Eunan MacIntyre / Jan Leonard October 2008**	
F	That where a client's care and treatment is transferred from an in-patient ward to a CMHT, a pre-discharge CPA meeting should be held on the ward and attended by the Consultant Psychiatrist or his representative, a member of the ward nursing staff and a representative of the CMHT (preferrably the Care Co-ordinator, if then appointed). The client, near relatives who will be caring for him and his General Practitioner should also be invited to attend.	The CPA policy clearly outlines the responsibilities of the Trust in relation to pre-discharge planning. Furthermore as part of the Trusts response to the National Confidential Inquiry into Suicide and Homicide, the organisation has put in place the following. All patients on discharge receive a 24 hour follow up telephone call from the named nurse on the ward to ensure that initial discharge arrangements are satisfactory. Furthermore at the point of discharge each patient is provided with an appointment letter giving time and date of 7 day follow up. The compliance with 7 day follow up is monitored by the bed management team. In addition the Executive Team and the Board of Directors receive information on adherence to 7 day follow up. As part of the Trusts commitment to this very important aspect of care the Director of Community Services and her two Deputies receive daily information on discharge across the organisation. This ensures that all discharge from inpatient services are followed up by the organisation.	