Progress on Key Issues raised by the 2007/536 External Review

The Care and Treatment of people with a Personality Disorder

The Trust has developed clinical guidelines for the treatment and management of people with an Emotional Unstable Personality Disorder, this has been implemented across the Trust in association with the Psycho-Therapy Service. To assist this process, funding was obtained to develop a Personality Disorder Consultancy Team. This Team includes both permanent and sessional staff with significant expertise in this area of work. A service user with lived experience in this area and a high level of training experience is a key team member.

The Consultancy Service work with teams to help them plan the care a person requires and develop the extended and personalised care plan that is an essential part of the guidance. This plan will include contingency arrangements and crisis plans for when service users require emergency interventions short term inpatient stays are recommended within increased community support on discharge.

The Consultancy Team offer on going supervision to staff to support them in caring for this complex group of people who typically are high risk of suicide and self harm.

Between May 2013 – April 2015, the target is for the Team to deliver 126 consultations. This approach both supplements and supports the on going training programme that is provided for staff which includes: -

- The delivery of the nationally approved Knowledge and Understanding Framework (KUV) training programme. This awareness raising three day training event has been provided to 659 staff members across the Trust and has been very well evaluated by them and increased generic understanding of the needs of people with a Personality Disorder.

- Extended care planning, twelve sessions per year to help staff understand how to engage service users with a Personality Disorder in participating in the development of their care plan.

- Interventions seminars, six per year outlining the content and skills used within Mentalisation Based Treatment (MBT) and Dialectic Behavioural Therapy (DBT) for clinical staff.

- Dedicated Practitioners Course - will commence in June 2014, and will take staff who have undertaken the KUV and help them develop upon their understanding of and skills in treating people with a Personality Disorder.

The Trust also provides individual and group therapy for service users via the Psychotherapy Service as well as providing the Rotunda Day Therapeutic Community Programme for people with complex needs related to Personality Disorder. A business case is currently with Commissioners to develop further the pathway available to people with a Personality Disorder, this programme will use funds currently used for Out of Area Treatments.

Access to Criminal Justice information

The Trust now has a centrally co-ordinated system for staff to access criminal records information and police held intelligence of service users this is supported by an information sharing agreement with Merseyside Police. The Trust's criminal Justice Team liaise directly with Police following a request from staff, the management of Police Information (MOPI) system is used to guide access and use of all data obtained.

The Criminal Justice Liaison Team (CJLT) also co-ordinate access to and the delivery of MAPPA and HRAMM meetings. They ensure that national guidance is adhered to and monitor usage within Teams via the MAPPA Champions group. Each Service has a MAPPA champion who works closely with the CJLT with the aim of ensuring that the latest guidance is available and utilised by their staff. MAPPA champions act as a resource within Services for advice and guidance on the use of HRAMM and MAPPA.

The Trust is now a national area of good practice for the way it liaises with the Criminal Justice system and is one of 10 areas nationally that have been chosen by the DoH to implement the Operational Framework for Liaison & Diversion. The Team have been actively involved with the developments that have been undertaken with the Section 136 Management pathway this specifically relates to the monitoring of service users who are detained under Section 136 (MHA 1983) on multiple occasions. The Team manage a monthly oversight panel which reviews the care of this group of people to ensure that their care plan is appropriately developed to prevent further reoccurrence's.

Access to Electronic Records

The Trust now has a fully established electronic records system, Epex. All clinical staff have been trained to use this system at the level they have been deemed to require access.

The system is available on a continuous basis and allows staff to gain information on service users and their care interventions over a twenty four hour period. The electronic health care records system has improved the ability of different services to understand the actions of other Trust teams and plan their interventions accordingly, enhancing the safety and quality of the care packages provided. It has also increased the ability of the Trust to monitor performance and understand if specific targets / standards are being met.

On-going work is underway to improve the current system or purchase one that will meet the changing needs of the service and its staff and service users and carers. A Chief Clinical Information Officer has now been appointed and is responsible for facilitating improved use and access to the clinical records system for and by staff.

Information Sharing

The Trust has a variety of Information Sharing agreements in place that have been "taylor made" to underpin the sharing of various information between the Trust and other organisations – a Trust "standard" is not used .

It has been recognised that different organisations and service users groups require different levels and types of information, requiring staff to have specific direction. Organisations also have different levels of adherence to standards of confidentiality hence the need to develop protocols jointly with individual agencies so that they recognise the needs of Mersey Care NHS Trust and the standards it has to maintain as regards data management. All the Information Sharing agreements are signed off as a minimum by the Caldicott Guardian & countersigned as required by Chief Executive Officer.

When developing information sharing protocols, the Trust will follow the Code of Practice issued by Information Commissioners Office (ICO) for evidence against standards within the IG Toolkit. The Trust keeps a register or log of all organisations it has information sharing agreements in place for, the purpose, review date, what security standards the other organisation has in place and what their score was against their last IGT submission.

The Trust has a Legal Team and Data Management Team that are available to assist staff across the Trust in considering individual requests to share service user data. They respond in a timely manner and their interventions are highly regarded by staff. The Trust also has a National Health Service Litigation Authority (NHSLA) Compliant policy on Information Sharing that directs staff on the standards that should be met.   This policy defines the framework to ensure the Trust meets its obligations in relation to the NHS Code of Confidentiality, Data Protection Act 1998, and Information Commissioner Officer's Code of Practice for Data Sharing. Implementation of and adherence to this policy will help ensure that: -

Information is held, used, obtained and shared in accordance with the Data Protection Act 1998 and Freedom of Information Act 2000.
Information is safeguarded against the risk of data breach, loss, damage, destruction.
Staff are aware of their responsibilities in respect of the NHS Code of Practice for Confidentiality, Information Governance and Data Sharing.
This policy is applicable to all staff working for, or with, Mersey Care NHS Trust

This policy should be read in conjunction with the following Trust policies:-

IM&T Security Policy
Information Governance Policy
Data Protection Act Policy
Freedom of Information Policy
Corporate Health Records Policy
Corporate Records Policy

Protocols on Leave Arrangements for Patients

The Trust now has a policy which has been implemented across the Trust; it was initially validated in 2006. This document provides direction for staff re organising and managing leave arrangements for informal service users 'Policy and Procedure for Leave for Informal Inpatients'. The policy clarifies that: -

An informal inpatient service user may leave hospital at any time. In most instances, however, it will be more appropriate to plan periods of leave in order that appropriate support can be organised for service users.

Periods of leave are agreed between staff, service users and carers subject to an appropriate risk assessment.

Support is provided for service users and carers during periods of leave.

Any medication is available during periods of leave.

A review of the period of leave is undertaken in order that care plans can be amended to better prepare the service user for discharge.

The policy and procedure applies to all inpatients receiving care informally in Mersey Care NHS Trust and the staff caring for them. It applies to extended periods of leave away from the ward incorporating an overnight stay and for other shorter periods of leave.

The policy and procedure is based on the belief that service users and carers have a right to expect appropriate arrangements to be in place for the continuing care of informal inpatients during periods of leave.

Risk Assessment

The Trust has a policy that guides staff as to how assess and manage clinical risk it was written in association with national and internal experts and is representative of best practice.

The policy and procedure applies to all practitioners in Mersey Care NHS Trust, regardless of qualifications and experience, who are required to assess and manage clinical risks as a part of their duties, whether on Trust premises or not.

The purpose of this policy is to ensure a thorough and consistently high standard of practice in respect of clinical risk assessment in order that the range of relevant clinical risks can be identified and then managed effectively and safely. This policy: -

Sets out the principles underlying clinical risk assessment in Mersey Care NHS Trust.

Proposes a system for managing clinical risk assessment tools within the Trust.

Outlines the systems for ensuring that appropriate and high quality training and post-training support is provided to staff to support the practice of clinical risk assessment across all directorates.

The policy is substantially underpinned by Best Practice in Managing Risk: Principles and evidence for best practice in the assessment and management of risk to self and others in mental health services.

The policy has also been informed by Rethinking Risk to Others in Mental Health Services: Final Report of a Scoping Group, which was published by the Royal College of Psychiatrists.

Service users should expect that the clinical risks presented by them will be assessed and reviewed as often as deemed necessary in order that the risks identified can be managed effectively, safely and progressively over time. The policy and direction of risk management within the Trust takes: -

Decisions involving clinical risk always involve balancing the health and safety of service user and others with service users quality of life, their personal growth and their right to exercise choice and autonomy in the care they receive. It is acknowledged that achieving this balance is often a complex task where absolute safety can never be guaranteed.

Structured professional (or clinical) judgement is the approach recommended as the core technique for assessing and managing the risks posed by service users to themselves or to others. Structured professional judgement is a method

designed to promote best practice in risk assessment by the linking of judgement to an evidence-base, both of the risks to be managed (e.g., risk of violence) and good clinical.

Information and encouragement should be given to service users and carers in order to maximise their freedom of choice, and to encourage independence (having regard to their capability in law, their age and level of understanding). Adults who lack capacity in law should be protected from significant harm.

Training is available to staff on risk assessment within the Suicide Prevention Training programme, each Clinical Business Unit has a lead clinician / manager who actively monitors the use of good risk management. Collaboration is encouraged both with service users and their carers as well as with external agencies. Confidentially is considered and sharing of information is based on information sharing protocols, where available and or based on risk and public interest.

The Trust fully endorses the use of Multi Agency Risk Panels, Multi Agency Risk Assessment Conference (M.A.R.A.C) and Health and Risk Assessment Management Meetings (H.R.A.M.M), which are formal processes for managing risk and sharing information between agencies. These allow open and transparent sharing of information and they help ensure that risk management plans are representative of a broad spectrum of information.

Care Programme Approach (CPA)

In February 2010 Mersey Care NHS Trust CPA conference launched the CPA documentation to be introduced in April 2010, which was based on new national guidance. The Trust, although at the time was working within the Care Programme Approach, needed to address these changes in a fashion which not only reflected the different paperwork required, but to ensure that a change in approach was adopted from a quality perspective and was also considered a crucial factor in ensuring high quality care was, delivered, monitored and audited.

To ensure effective adherence to the Trust policy it was agreed that services needed to support the workforce and ensure that a training programme was developed and delivered to potential Care Coordinators to develop the skills and knowledge necessary.

This training has continued to be rolled out and Trust is confident that appropriate staff has been engaged in this direct learning. The work completed by the National CPA Group for the Department of Health crossed referenced Care Coordination Competencies with National Occupational Standards and KSF dimensions. This competency framework has been adopted by the Trust.

The Trust has an on-going process to review and monitor the implementation of its Care Programme Approach policy. It is at present undertaking a root and

branch review of how it uses the CPA process with the aim of reducing duplication and increasing the quality of the information documented.

Quality of Clinical Records

A review day took place on 28 November 2012 to complete a study of the quality of clinical written records within the patient's electronic health records and commenced with data collection from the relevant clinical information systems. The data was then analysed and a discussion of the results was held with the staff involved to gain their perspectives with the aim to develop an action plan.

In total 7 representatives from the Clinical Business Units and the overall quality of the information looked at what was noted to be of a good standard.

The findings of this gave a baseline to identify specific areas of record keeping to be addressed via trust wide multi-professional training; this led to re-writing the course outline for Recording Information Workshop training events.

Action points for the next session include ensuring that staff with the relevant knowledge and experience attend the audit and representation from each Service is essential.

The purpose of the review day is to review the quality of the written clinical records. All areas of the Trust will be represented at the day and the team will look at random samples of health records across the services. Once the study has been completed a report will be produced on the findings which will be taken back to the Health Records Committee (this will then be fed into the Information Governance meetings) and to the Patient Safety Group.

The Information Governance Lead is leading on work to re-design the audit tool that will be used at the next audit session. The tool was used in 2012/13 and the results shared with the Information Governance and Patient Safety Groups). The results will be also used for benchmarking across the organisation.

The Information Governance Team have hosted 3 x half day sessions on "Recording Information Workshop – Writing Clinical Records" with a further 2 sessions booked. This workshop looks at the impact of written clinical records for service users & carers, healthcare professionals and the organisation. Sessions will also be held during 2014/15.

Dual Diagnosis

Regular 2 day Dual Diagnosis Training sessions take place for staff across the Trust and have been taking place since 2009. These sessions provide overviews

for staff about substances themselves and how to manage patients diagnosed with dual diagnosis.

Dual Diagnosis Network Events take place quarterly (since 2010) and provide learning for both Trust Staff and those from neighbouring Trust/Non Statutory Agencies, topics so far have included Legal Highs, Alcohol and Providing Networks.

Formal links from Addictions CBU into inpatient areas are now in place, with staff regularly attending to provide support for patients and guidance for staff regarding the care of individuals with a diagnosis of dual diagnosis.

Involvement of Carers

The Trust has set a target to be 100% compliant with the Triangle of Care Self Assessment Tool within inpatient services (March 2014) and within community services (June 2014). The Triangle of Care refers to the essential 3-way relationship between professionals, service users, their carers and families.

Monthly self-assessments are being carried out and reported to the Deputy Director – People Participation. The Performance Team are collating data for quarterly reports to Board. An E-resource pack has been compiled and shared with all community mental health teams via operational managers. Report submitted for Exec Committee discussion December 2013

The Trust's new website format will have a dedicated Triangle of Care page publishing the compliance results, as well as providing guidance regarding access to help and support for Carers and Carer Awareness Training approved by the Education Governance Committee and included within Corporate Essential Mandatory Training from January 2014.

Inpatient compliance is on target. Compliance will be confirmed through the Carer Survey and Mock CQC Inspections, The Triangle of Care sets specific standards re the way carers should be engaged in the provision of care.

Access to Clinical Records for Adverse Incidents Process

HASCAS have reviewed another incident post this one, and the information provided by the Trust was found to be of a very high standard, including the information used by the reviewing group. Procedures at the time were reviewed and improved to ensure that all clinical information is provided to incident investigation.

Care of Vulnerable Adults

Mersey Care NHS Trust has a dedicated Safeguarding Team who provide consultancy, advice and guidance on safeguarding matters. In addition,

the service oversees training, quality assurance and auditing of practice to ensure that the Trust and its employees fulfil their statutory and professional responsibilities.

After a comprehensive Safeguarding Review in 2012, the Trust Executive Team and Integrated Governance Committee agreed to strengthening the team's role in relation to the Safeguarding of Vulnerable Adults and therefore the team now includes a Safeguarding Adult lead post in addition to the Named Nurse for Safeguarding Children, Named Doctor for Safeguarding Children and a Specialist Safeguarding Practitioner. Safeguarding Ambassadors have also been identified in all Trust operational services and they are given safeguarding supervision and support from the Safeguarding Team.

The Trust Safeguarding Strategy, also agreed in 2012, outlines the strategic themes that emerged from the Review that are addressed by the Review recommendations:

1. **Safeguarding is Everyone's Business within a Human Rights Based Approach**

   - Ensure all managers and practitioners have the knowledge and experience to be operationally accountable for safeguarding within services
   - Continue to develop information and guidance for service users and their carers

2. **Governance of Quality Safeguarding Practice**

   - Corporate safeguarding services will ensure robust safeguarding assurance processes and assist services in developing accountable, high quality safeguarding practice that is consistent with regulatory frameworks
   - Ensure that the corporate strategic framework for safeguarding is developed to take into account the increasing priority of safeguarding vulnerable adults.

3. **Zero Tolerance of the Abuse of Children and Vulnerable Adults**

   - Implementing review recommendations will safeguard children and vulnerable adults and reduce safeguarding incidents. The Trust aims for a service in which there are no substantiated safeguarding allegations against staff.

The management of safeguarding within the Trust is overseen by the Executive Director for Medicine and quarterly reports are shared with the Quality Assurance Committee . A Director of Safeguarding and Social Care manages operations on a day to day basis.