

Trust Response to Niche Independent Inquiry into the care and treatment of a mental health service user (MC) in Bristol

Theme	Recommendation	Trust Response
Assessment	<p>The Trust should ensure that each new or re-admission to the medium secure unit has a full and comprehensive multi-disciplinary mental health assessment, informed but not dictated, by his/her history. This assessment would lead to a detailed care plan owned by all professionals involved.</p>	<p>Prior to each new admission to Fromeside medium secure unit there is a medical assessment (access assessment) completed, and also at the very minimum a nursing assessment completed by a nurse from the ward where the service user will be admitted. Other members of the multidisciplinary team also complete pre-admission assessments as appropriate.</p> <p>The access and nursing assessment include a risk assessment.</p> <p>This risk assessment is used to inform care plans for admission. There is an admission care plan for all service users, but then individual care plans for specific risks raised by the medical and nursing assessments. The nurses lead on care planning for admissions, but other members of the multidisciplinary team can also contribute. The care plans are</p>

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		<p>reviewed weekly for new admissions in the multidisciplinary patient care reviews (PCRs).</p> <p>Following admission a full admission summary is completed by the medical team within a month of admission using all the information available including admission assessments, past psychiatric notes and information from other disciplines or family/ carers as appropriate.</p>
Multi-disciplinary Working	The Trust should ensure that forensic multi-disciplinary inpatient teams work more closely with inpatient nursing staff.	<p>Secure Services are currently completing a comprehensive service re-design and skills-mix review. One of the principal objectives of the consultation is the re-evaluation of the Multidisciplinary Team (MDT) function and in particular ensuring that key personnel including psychologists, occupational therapists, social workers and other disciplines are primarily based on the ward environment promoting close working practice with ward based nursing staff.</p> <p>Each Consultant Psychiatrist within Secure services has taken a new key leadership role on each ward, in partnership with the ward manager to ensure that clinical decisions through the MDT are timely and</p>

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		responsive and that the MDT provide patient centred care.
Risk Assessment	The Trust should ensure that, in forensic services, there is a multi-disciplinary discussion and agreement on individual risk assessment, including static, dynamic and personality factors, and a clear link between risk assessment and risk management.	<p>Risk assessments and risk management plans take place as follows at Fromeside:</p> <ul style="list-style-type: none"> • Preadmission risk assessments by medical and nursing staff to inform care planning on admission for risks. • Regular review of risk assessment and risk management plans at patient care review (PCRs) meetings. PCRs are multidisciplinary and occur weekly on acute wards and fortnightly on rehabilitation wards at Fromeside. • HCR-20 violence risk assessments completed within the first 3 months of admission and then reviewed every 6 months and prior to discharge. This risk assessment includes static, dynamic and personality factors. The HCR-20 meetings are multidisciplinary meetings.

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		<ul style="list-style-type: none"> • Trust risk assessments completed within the first 3 months of admission and then reviewed every 6 months and prior to discharge. These are multidisciplinary meetings. • All service users at Fromeside are offered individual psychological assessments and treatment for risk assessments and risk reduction work • Some clinical areas at Fromeside also use a Trust nursing tool to risk assess and inform risk management of service users prior to each PCR, and also at other times when risk management decisions are necessary, for example, reducing levels of observation. We are taking this forward to be used across all wards at Fromeside. • Section 117 aftercare planning to ensure that robust risk management is in place prior to discharge considering relapse prevention in partnership with the relevant Local Authority. To also consider risk reduction plans are shared with service users, their professional carers, and also informal carers (with their permission).

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		<p>Also risk management will include liaison with other agencies including the Ministry of Justice, MAPPA, victim liaison, childcare services if appropriate, and legal proceedings as appropriate. Secure Services routinely involve external agencies for specific risks including education by fire services regarding fire setting.</p>
Risk Assessment	<p>The Trust should ensure that there is very careful history taking on previous risk behaviour and attempts to identify antecedents.</p>	<p>Initial access assessments and admission summaries will record all previous risk behaviours. This information will be taken from a variety of resources including the service user account, past psychiatric notes, GP notes, and with the service user permission information from other sources including relatives and carers, legal documentation and other paper records.</p> <p>The gathering of this risk information and antecedents will continue during the service user's admission including a formulation of their previous risk behaviours, risk factors, and risk reduction plans.</p>
Multi-agency Working	<p>The Trust should ensure that all forensic patients are considered for</p>	<p>A Multi Agency Public Protection Arrangement (MAPPA) referral is now completed whenever there is a change in the level of supervision with</p>

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	<p>referral to the local MAPPA process, and the decision, and reasons for it, recorded in the patient's records.</p>	<p>respect to accessing leave in the community or when a patient is being considered for discharged. This form is used to inform local service providers including the police of service users in mental health services (including those who are detained or conditionally discharged) who may meet the MAPPA criteria or who present a significant risk of committing violent or sexual offences.</p> <p>The MAPPA process is used for updating and informing relevant providers, including the local police force of any significant risk changes, to be recorded on relevant Police intelligence systems.</p> <p>This process of referrals to MAPPA is now embedded into Secure Services processes.</p>
<p>Risk Assessment</p>	<p>The Trust should ensure that, for forensic patients, any specific risk assessment (eg, fire setting) should be integrated with generic risk assessments and discharge plans.</p>	<p>At Fromeside any specific risk factors will be considered at each stage of the admission process:</p> <p>Prior and on admission via the access assessments which will detail specific risk factors and then have care plans for each specific risk accordingly.</p>

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		<p>During admission specific on-going risk assessment and risk management plans for specific risks both current and historical are informed by multidisciplinary input and formulation, and structured risk assessments.</p> <p>Prior to discharge Section 117 discharge planning and risk reduction plans considering specific risks both current and historical, and sharing of risk reduction plans.</p> <p>A comprehensive review of risk assessment and management has taken place in order to ensure that there is a clear link between the assessment of a risk and the subsequent recording of a clear and meaningful management plan. These plans are then reviewed at each Multi-Disciplinary Team meeting based on the ward and any changes noted in the plan of care.</p> <p>All discharges now require a checklist to be 'signed off' by the particular patients Responsible Clinician (RC) who is a Consultant Psychiatrist before being allowed to progress. This means that very specific criteria set to ensure that the discharge process is considered complete and</p>

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		safe is required to be in place prior to any discharge.
Multi-disciplinary Working	The Trust should ensure that relapse indicators, questionnaires and prevention strategies are agreed and reinforced by the whole multi-disciplinary team.	<p>Following a comprehensive service review, which places all those professions that work with a patient in the ward environment the multi-disciplinary team will now work more closely with the nursing staff ensuring that all strategies are agreed and utilised.</p> <p>This will ensure that a single approach to care planning and review will take place and that any strategies or approaches are shared and agreed for both relevance and efficacy.</p> <p>Relapse indicators and relapse prevention are always addressed prior to discharge with the service user. These are informed by the multidisciplinary team as there are often a variety of relapse indicators which need addressing. With the permission of the service user family or carers can also be involved in this process of identifying relapse indicators or triggers and prevention strategies.</p> <p>These are documented in a risk reduction/relapse prevention plan to be shared with the service user, professional carers and informal carers</p>

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		<p>(with the permission of the service user).</p> <p>The WRAP (wellness recovery action plan) is also used for this purpose to ensure seamless and timely interventions.</p>
Clinical Tools	<p>The Trust should ensure that any relapse tools are rigorously tested for validity for the individual patient by examining historical risk behaviour and also reviewing the efficacy of prevention strategies in further situations which could generate frustration or aggression.</p>	<p>Secure Services are currently completing a comprehensive service re-design and skills-mix review. One of the principal objectives of the consultation is the re-evaluation of the Multidisciplinary Team function and in particularly ensuring that key personnel including psychologists, occupational therapist, social workers and other disciplines are primarily based on the ward environment promoting close working practice with ward based nursing staff.</p> <p>Allowing closer working between professionals will promote a range of knowledge and experience within the MDT structure to widen the evidence base for assurance when considering that the correct tools are applied and vigorously tested - "the right people with the right tools in the room to solve the problem together".</p>

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Mental Health Act	The Trust should develop good practice guidance on leave of absence under section 17 of the Mental Health Act, which should, amongst other elements, require responsible clinicians to set out clear criteria and conditions for such leave.	<p>In partnership with both Wiltshire and Avon and Somerset Constabularies, the Trust has developed and approved a new Protocol for the Management of Missing Persons and Absent Without Leave.</p> <p>An additional Procedure to the Mental Health Act Policy on section 17 Leave has been developed.</p>
Information Sharing	The Trust should ensure that in any multi-disciplinary review of issues arising from a forensic patient's leave of absence the patient's placement is fully informed and fully involved in the discussion.	<p>Following a review of discharge management protocols and procedures a number of processes have been agreed in order to ensure that all relevant parties, including future placement providers are involved in any discussions following leave and prior to discharge.</p> <p>These processes include:</p> <ul style="list-style-type: none"> • The requirement to ensure that all parties, including community providers who are involved in discharge plans are included in the wards review processes.

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		<ul style="list-style-type: none"> • Prior to discharge Section 117 discharge planning and risk reduction plans considering specific risks both current and historical, and sharing of risk reduction plans with relevant agencies including community providers. • A comprehensive review of risk assessment and management has taken place in order to ensure that there is a clear link between the assessment of a risk and the subsequent recording of a clear and meaningful management discharge plans. • All discharges now require a checklist to be 'signed off' by the particular patient's Responsible Clinician (RC) who is a Consultant Psychiatrist before being allowed to progress. This means that very specific criteria set to ensure that the discharge process is considered complete and safe is required to be in place prior to any discharge.
Information Sharing	The Trust should ensure that all pertinent information including risk assessments is shared with the organisation to which a forensic patient	Following a review of discharge management protocols and procedures a number of processes have been agreed in order to ensure that all relevant parties, including future placement providers are involved in any

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	is being discharged.	<p>discussions following leave and prior to discharge.</p> <p>These processes include:</p> <ul style="list-style-type: none"> • Evidence that a Community risk assessment (as opposed to inpatient) has been completed and agreed by the MDT in partnership with external agencies and community providers. • Prior to discharge Section 117 discharge planning and risk reduction plans considering specific risks both current and historical, and sharing of risk reduction plans with relevant agencies including community providers. • A comprehensive review of risk assessment and management has taken place in order to ensure that there is a clear link between the assessment of a risk and the subsequent recording of a clear and meaningful management discharge plans. • All discharges now require a checklist to be 'signed off' by the

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		<p>particular patient's Responsible Clinician (RC) who is a Consultant Psychiatrist before being allowed to progress. This means that very specific criteria set to ensure that the discharge process is considered complete and safe is required to be in place prior to any discharge.</p>
Discharge Planning	<p>The Trust should ensure that, for forensic patients, discharge plans (including meaningful use of time) are fully established, implemented and tested prior to trial leave and discharge, so that the plan and routine for life in the community is firmly embedded prior to actual discharge. This should include awareness of and planning for the seven days of the week and 24 hours in each day.</p>	<p>Secure Services are currently completing a comprehensive service re-design consultation and skills-mix review. This re-evaluation of the Multidisciplinary Team function is centred around ensuring that key personnel including psychologists, occupational therapist, social workers and other disciplines are based on the ward environment promoting close working practice with ward based nursing staff.</p> <p>It is now a requirement for the ward based Occupational Therapists to have assessed any patient discharging into the community prior to being agreed by the Consultant Psychiatrist. This assessment will take into account meaningful daily occupation whilst in the community.</p> <p>All discharges now require a checklist to be 'signed off' by the particular patient's Responsible Clinician (RC) who is a Consultant Psychiatrist</p>

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		<p>before being allowed to progress. This means that very specific criteria set to ensure that the discharge process is considered complete and safe is required to be in place prior to any discharge.</p>
<p>Incident Management</p>	<p>The Trust should ensure that any future internal investigation of a serious incident should, where appropriate and possible, be undertaken as fully as possible in partnership with other involved agencies.</p>	<p>This requirement is already enshrined in both policy and practice and was undertaken in this case; however there are sometimes constraints outside of the Trust's control that prevent this happening as well and as timely as possible. Where it is not possible to achieve a clear audit trail of the reasons why will be maintained.</p> <p>The Trust is committed to continuing to involve partnership agencies in our investigations and will pro-actively seek police permission at a senior level for joint investigative work with other agencies, when barriers to full joint working are experienced.</p> <p>Since this incident, the Chief Executive has escalated one matter to the Police in order to ensure effective engagement of all parties. This matter was reported to the Trust's Clinical Incident Overview Group, which has an on-going scrutiny role to ensure this practice is applied.</p>