**ASSURANCE STATEMENT**

Publication date: 12th October 2022

**Assurance statement in response to the Independent Investigation and Independent Assurance Review into the death of the victim, and the care and treatment of Miss A, by Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW).**

This statement had been produced in response to the Joint Domestic Homicide Review and Independent Mental Health Homicide Investigation commissioned by NHS England and Northumberland County Council and undertaken by NICHE following an internal investigation into the care and treatment of mental health service user Miss A in Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust. This report has been published on <https://www.england.nhs.uk/publication/?filter-keyword=&filter-category=&filter-publication=independent-report&filter-date-from=&filter-date-to=&filter-order-by=date-desc>

In August 2019, NHS England (NHSE) and Northumberland County Council (NCC) commissioned Niche Health and Social Care Consulting Ltd (Niche) to undertake a Joint Domestic Homicide Review (DHR) in accordance with the statutory requirement set out in Section 9 of the Domestic Violence, Crime and Victims Act 2004. The overall purpose of the review was to:

* To identify any gaps, deficiencies or omissions in the care and treatment received by the perpetrator which could have predicted or prevented the incident.
* To identify any areas of best practice, opportunities for learning and areas where improvements to services are required, with a focus on the period from April 2017 to the incident occurring in April 2019.

Although Niche were appointed to carry out the joint review starting in August 2019, it was not possible to complete the review within the six months set out within the Home Office Statutory Guidance. This was due to the provision of clinical information and the Trust internal report being delayed resulting from practical restrictions relating to the Covid -19 pandemic. The joint review panel met for the first time in May 2020 and the review was completed in March 2021.

To complete the review, NICHE carried out a range of tasks including, reviewing clinical records; the internal investigation report; training and supervision records; staffing establishment April 2019; reviewing policies and procedures and other documents including Individual Management Reports, Northumberland Domestic Violence Policy, Primary Care clinical records and General Hospital records.

Following the NICHE report the Trust has developed an overarching action plan and undertaken a series of actions to embed learning from this tragic case. Many of these actions are ongoing and have been incorporated into regular training programmes to ensure the learning is embedded across the organisation.

**Recommendation 1 – GP, NHS Northumberland CCG and CNTW** (to note the CCG is currently in the process of transitioning responsibilities to the ICB who in turn will carry out the recommendations identified)

NHS Northumberland Clinical Commissioning Group must provide assurance that GP surgeries:

1. Have the necessary knowledge and skills to recognise domestic abuse.
2. Use the systems in place to recognise and act on disclosures of domestic abuse.
3. Northumberland Clinical Commissioning Group should explore the inclusion of an established domestic abuse awareness programme for general practice, such as IRISi.
4. NHS Northumberland CCG and CNTW should develop systems to ensure there is a shared care approach to the provision of physical and mental health care and treatment.
5. Specialist substance misuse services or staff must be requested to advise or to assess and contribute to care and treatment plans where there are substance misuse issues and associated risk to others.

**Trust Response**

1. Medicines considered suitable for shared care are those which are usually initiated by a specialist, but where prescribing and monitoring responsibility may be transferred to primary care. Due to their potential side effects, shared care medicines usually require going physical health monitoring and/or regular review by the specialist to determine whether the medicine should be continued. Shared care agreements seek to ensure that any potential prescribing related risks are mitigated through appropriate monitoring, communication and resourcing, thereby reducing the chance of avoidable harm.

CNTW shared care arrangement covers second generation anti-psychotics. When initiating or switching antipsychotic medication CNTW teams are responsible for physical health monitoring as detailed in CNTW PPT-PGN-08 Physical Health Monitoring of Patients Prescribed Antipsychotics and Other Psychotropic Medicines and its various appendices (last reviewed May 2021, next scheduled review due August 2023) for the first year of treatment with a new antipsychotic. Ongoing monitoring is provided by the GP after the first year. The requirements are included in the North of Tyne, Gateshead and North Cumbria APC Information leaflet for primary care (last revised October 2019 next scheduled review October 2022). This reflects CNTW PPT-PGN 08.

CNTW works closely with colleagues in primary care via local prescribing committees North and South of Tyne to ensure the shared care agreements can be implemented by both CNTW teams and Primary Care teams. Staff resolve any issues that may arise collaboratively. Feedback is regularly received from primary care both directly and via prescribing committee. This is acknowledged and acted upon by clinical teams e.g., new system of physical health monitoring implemented in 2021 within Newcastle Older Persons Community Teams following an incident and feedback from primary care.

CNTW have completed the following audits that included physical health monitoring for assurance within CNTW Teams which will include Northumberland Patients:

* POMH 18b Clozapine Audit Jan 2021
* CNTW Audit of the use of High Dose and Combined Antipsychotics 2020/2021
* POMH 9d Audit of the use of Antipsychotic Medication in Patients with a Learning Disability 2020
* POMH 17b Audit of the use of Long Acting Antipsychotic Injections for Relapse Prevention 2019/2020POMH 1h&3e Prescribing high dose and combining antipsychotics – April 2022

Further actions undertaken include:

* CNTW(C) 38 Pharmacological Therapies Policy and related practice guidance notes are available to all staff on the Trust intranet.
* An antipsychotic flowchart regarding prescribing and monitoring in adults has been produced for Primary Care staff.
* Description of Medicines and conditions suitable for shared care agreements are identified by either of two local prescribing committees within the CNTW.

1. A development paper has been completed describing the new addictions strategy for CNTW that includes an update on developing addictions services and addiction awareness in CNTW (in response to the [Dame Carol Black](https://www.gov.uk/government/publications/independent-review-of-drugs-by-dame-carol-black-government-response/government-response-to-the-independent-review-of-drugs-by-dame-carol-black) report, July 2021).

This Paper was presented to BDG, Board, Governors and User and Carer Forum. This was welcomed and approved for action regular updates are provided to Trust management and governance meetings to monitor progress.

Actions undertaken include:

* The Dual Diagnosis Policy was reviewed and has been superseded by the new, renamed policy - CNTW(C)44 Co-occurring Mental Health and Substance Use Conditions following Trust wide consultation. This Policy was ratified by the Trust’s Business Delivery Group and implemented in May 2022. The new policy represents a fundamental shift in the way we view and treat patients to ensure a more holistic approach.
* An animation to raise awareness of the new policy has been developed and promoted to staff.
* Further staff training and awareness sessions are planned for 2022 to support the embedding of the new policy in practice and increase awareness of the Dame Carol Black review and associated recommendations.
* Greater involvement of addictions services in the Trust and ICB mental health transformation workstreams

**Recommendation 5 - CNTW - family involvement**

1. CNTW must ensure that families and carers are appropriately involved in care planning and risk assessment.
2. CNTW must ensure that referrals for carers’ assessments are routinely part of care planning and risk assessment.

**Trust response**

To ensure families and carers are involved in all aspects of their loved ones care as appropriate, we have examined the Trust’s ‘Getting to Know You’ process, to ensure staff understand who is a carer and how they are formally referred to the Local Authority for a carers’ assessment.

* A new updated carers’ awareness training programme has been co-produced and is being co-delivered in conjunction with Peer Support Workers, Trust wide.
* A CAS alert has been circulated to all staff reminding them of the importance of ‘Think Family’ principles and the importance of the Getting to Know You process.
* Increase in Carers Champions across the Teams
* Carers slots have now been included in both community Assessment & Treatment appointments.

**Recommendation 6 - CNTW - care and treatment in the community**

1. CNTW must ensure that the CPA Policy is embedded in practice and supported by relevant training addressing the quality of risk assessment, management plans, discharge planning and involvement of carers.
2. CNTW must ensure their workforce strategy addresses and monitors the clinical risks associated with CTT medical and nursing recruitment and retention workforce issues.
3. CNTW must ensure that the NICE guidance for treatment of psychosis and schizophrenia in adults: prevention and management is embedded in practice with reference to medication management.
4. CNTW must review the arrangements for assessing the need for and providing assertive outreach support in the psychosis care pathway.

**Trust Response**

1. Following the publication of the CPA position statement by NHS England and NHS Improvement (NHSE/I) in July 2021, CNTW has begun assessing the impact of the abolishment of CPA and what it means for our patients/service users, their families and carers, the impact on clinical practice and underpinning policies. All points in the recommendation have been discussed and informed actions/considerations as part of the impact assessment.

The Trust has an existing, well established training programme to support staff working within the Care Program Approach (CPA), in line with CNTW(C)20 - Care Programme Approach Policy. All staff are required to undertake mandatory CPA training every 3 years; suicide awareness and risk assessment training are also undertaken on a 3 yearly basis.

Currently as staff are recruited into community treatment teams (CTTs) they are provided with an induction program which includes a specific CPA package, the training is tailored to the needs of the individual based on experience and previous use and knowledge of CPA.

As part of the assurance and governance structure within a CTT, staff will receive clinical supervision which will examine the quality of a sample of CPA documentation as part of clinical review of care and treatment of specific patients.

A regular program of Trust wide and local audits further examines the quality of documentation.

All CTT staff complete carer awareness training and identify specific carers champions within their service area.

1. There has been a weekly Medical Staffing Incident Management Group (IMG) looking at pressures, gaps, locums, new hires and the pipeline of new consultants or those who are able to act up, specifically focusing on medical resource and where patient need is greatest in the North locality. In May 2022 this group was stepped down from an IMG and reinstated as a regular and ongoing Medical Position Assurance Group in recognition of the continued challenges of recruitment and retention in the medical workforce. This is chaired by the group medical director.

The Trust Workforce strategy identifies recruitment and retention as a key priority and there are a number of actions associated with this.

To address the wider workforce issues, the Trust has recently set up a recruitment and retention taskforce to look at both short term issues linked to the pandemic as well as longer term initiatives. Where there are concerns regarding recruitment or retention these are also captured in the Trust risk registers.

In addition, the Board receives regular updates on activity regarding recruitment, retention and staffing levels.

1. The Trust was instrumental in the production of the Northern Treatment Advisory Group (NTAG) Guidance on the Use of Antipsychotic Long-acting Injections in the North of England which aims to inform and support prescribers in the evidence-based, cost-effective use of antipsychotic long-acting injections. This builds upon recommendations made in NICE guidance for treatment of psychosis and schizophrenia in adults: prevention and management.

Furthermore, NICE guidance and professional best practice in relation to medicines optimisation are routinely embedded within CNTW policies/practice guidance notes and reviewed in line with changing recommendations or results/action plans arising from local and national audit/Quality Improvement programmes.

All Medicines Management-related policies and practice guidelines are reviewed and approved by the Medicines Optimisation Committee. Examples include:

* CNTW(C) 38 Pharmacological Therapies Policy – last reviewed Sept 2021, next scheduled review due Sept 2023.
* PPT-PGN-05 Safe Prescribing of Clozapine – last reviewed Nov 2020
* PPT-PGN-08 Physical Health Monitoring of Patients Prescribed Antipsychotics and Other Psychotropic Medicines
* PPT-PGN-10 Guidelines for the Use of High Dose Antipsychotic Therapy

The CNTW Pharmacy Service have also authored a Prescriber and Patient Decision Aid for Antipsychotic Drugs which is available on the CNTW Prescribing and Medicines Optimisation intranet page.

1. As part of the wider program of Community Transformation, a trust wide review of organisational approaches to assertive engagement was undertaken in 2021. A range of models exist across the 4 localities covered by CNTW, due to variations in historical commissioning arrangements. This includes approaches including ‘step up’, more traditional assertive outreach and community rehabilitation services. A summary of these different approaches has been collated and an options paper developed for further exploration with systems and commissioning partners as part of the Community Transformation program. In the interim teams continue to follow CPA guidance and policy including the Promoting engagement policy (CNTW C07) and Non-attendance policy (CNTW C06) and can seek support from other community based services both within CNTW (various step up resources and Crisis teams) and other providers (including VCSE partners) to provide an enhanced level of care and treatment when required.

**Recommendation 7 - CNTW - care and treatment whilst an inpatient**

CNTW must ensure that the safeguarding adults at risk policy is embedded in practice and supported by relevant training.

**Trust Response**

From April 2022 CNTW is delivering a redesigned safeguarding adults level 3 training for all relevant staff. This includes guidance and support for recognising and responding to safeguarding concerns and domestic abuse. Completion of training and percentage compliance is monitored regularly via Trust management and assurance meetings.

An audit was completed in 2020 to confirm compliance with Trust safeguarding adult processes. The audit provides assurance that any safeguarding concerns are dealt with promptly, with the involvement of CNTW Safeguarding and Public Protection Team, to ensure the victim is safeguarded.

Findings from the audit show that CNTW clinicians working into Northumberland Locality follow Trust reporting processes when an adult safeguarding concern is raised, that safeguarding concerns are dealt with promptly and that the CNTW Safeguarding and Public Protection (SAPP) Team are involved to ensure the victim is safeguarded.

Domestic abuse/MARAC and Safeguarding Adult policies have been updated. All Trust Safeguarding and Domestic Abuse policies are available to staff on the Trust Intranet. Trust bulletins and other communications have been utilised to increase staff awareness of the polices and guidance.

**Recommendations 8 - CNTW care and treatment - diagnosis**

CNTW must assure itself through regular audit that where appropriate, objective diagnostic criteria should be applied with reference to formulation and evidence base.

**Trust Response**

In many cases where patients are seen in crisis or very urgent situations by e.g., crisis or liaison teams, it is not possible to assign a diagnosis and indeed many patients do not in fact meet any diagnostic criteria – diagnostic clarity usually requires further assessment and, where applicable, a diagnosis to guide treatment should be clear in the records of anyone taken on for further work by secondary care mental health services.

A formulation based approach is favoured, with a structured narrative summarising the key factors relating to the current presenting problem; this approach is favoured by many patients and carers who find diagnostic labels stigmatising. However categorical diagnosis does have a role with psychiatrists routinely doing so with reference to relevant diagnostic criteria (ICD, DSM) to inform and enhance the wider formulation and to guide treatment plans and prognosis.

**Recommendation 9 - CNTW - care and treatment - medication**

CNTW must assure itself through regular audit that NICE guidance is followed in the prescribing of antipsychotic medication for those with chronic symptoms who have not responded to initial treatment.

**Trust Response**

CNTW regularly participate in the RCPsych Prescriber Observatory in Mental Health-UK (POMH-UK) Quality Improvement Programmes and can demonstrate learning from those QIPs and resulting action plans. The response to recommendation 1 gives further detail on the POMH-UK audits undertaken.

When the Trust receives POMH-UK final reports, it reviews and interprets data and formulates an action plan that is approved and overseen by the Medicines Optimisation Committee (MOC). Summaries of POMH-UK QIP are routinely shared with staff via the MOC newsletter, Safer Care Bulletin and locality care groups for action by clinical teams.

More local audit is undertaken on standards contained within policy and practice guidance notes on a rolling schedule of audit as described in CNTW(C) 38 Pharmacological Therapies Policy, Appendix C Monitoring Framework.

**Recommendation 10 - risk and safeguarding**

**CNTW**

1. CNTW must ensure that adult safeguarding concerns are accurately documented within patient records and referrals are captured within clinical records.
2. CNTW must ensure that familial risks associated with Capgras syndrome, the impact of illicit drug use, the importance of exploration of risk with family members and the significance of assessing and monitoring medication compliance particularly in relation to familial risk are routine risk assessment and management considerations. Where risk to family members is reported, risk assessment must be updated, and victim safety planning must become part of the risk management plan.

**Trust Response**

1. See response to recommendation 7

The CNTW SAPP team review all incidents classified as Safeguarding and provide advice and support to clinical teams. Advice provided following this review is reflected in the clinical record.

1. A training session in psychosis detection and recognition, which included the rare Capgras syndrome, was delivered on 01.10.21 by a Consultant Psychiatrist to Crisis Team clinicians.  The training was recorded and made available to all CNTW staff via Microsoft Teams. Further training to incorporate consideration of risk in psychosis, including misidentification syndromes such as Capgras, are planned to maintain awareness.

The Trust risk training referenced at recommendation 6, is embedded in mandatory training for all staff, and includes consideration of risks to both self and others in the context of mental illness, suicidality and substance misuse. This training highlights the importance of gaining collateral information from relatives/carers and ensuring anyone identified to be at risk is appropriately safeguarded as part of a comprehensive risk management plan and in line with safeguarding policy and procedures.

**Recommendation 11 – CTT discharge and housing**

**CNTW**

1. CNTW must ensure that robust CTT administration governance systems are in place to eliminate human error in the referral process.

**Trust Response**

This recommendation related to examining how to minimise human error in CTT administrative systems.

The process for managing referrals has been reviewed and streamlined. Changes included:

* Referrals are sent directly to the Triage Hub for further information gathering and action, to avoid information being passed around the services.
* Dedicated triage hub team including administrative staff and clinicians
* The self-referral processes were strengthened including the use of SMS messages to acknowledge the call and providing the details of the crisis team and the Samaritans.
* Team trackers developed to allow the oversight and review of work that is ongoing/completed.

CNTW also receives regular SIRMS incident reports from GPs via commissioners highlighting errors/issues relating to administrative systems and these are reviewed on receipt to make ongoing improvements.

**Recommendation 12- CNTW - inpatient discharge**

CNTW must have services in place to meet the needs of patients requiring an assertive approach.

**Trust Response**

Please see recommendation 6 above with information regarding a review of these processes including the step up hub, assertive outreach functions and community rehabilitation.

The Trust has a Non-Attendance (DNA) policy CNTW(c) 06 and a Promoting Engagement policy CNTW(c) 07 which are available to all staff on the Intranet. Currently patients who require an assertive approach would have their needs identified within a plan of care, with regard to their levels of engagement and a contingency for engagement if this diminishes due to relapse or chronic symptomatology. They are likely to be under enhanced CPA and where a community practitioner is unable to provide sufficient care, support or treatment due to relapse then the patient can be referred to a variety of services (see also recommendation 6d) to provide increased support in terms of frequency of contact and engagement where vulnerability or risk are considered too great to immediately discharge a patient from a care pathway at the end of a period or episode of treatment.

**Recommendation 14 - CNTW & NHS Northumberland CCG - serious incident review**

CNTW and NHS Northumberland CCG should ensure that standards for SI reports meet national guidance, to include:

• Identifying the timescale to be examined in detail.

• Review of root causes identified.

• Carried out with the support of appropriate clinical advice.

• Delivered within expected timescales.

• Recommendations are outcome focussed and flow from the evidence and findings.

• Appropriate family involvement.

**Trust Response**

Incident policy CNTW (0)05 outlines standards for SI investigation and reports. Where timescales are not going to be met, extensions are requested and agreed in advance. Appropriate family involvement is always considered as part of the investigation process, however in this individual case, the patient had not consented to sharing information with family and delays in meeting were due to family request to wait for a face-to-face meeting rather than a Teams meeting during Covid pandemic.

Review of policy has been undertaken to ensure all these points are covered and Independent Investigators are working to the agreed policy standards. Since the incident the CNTW incident policy and associated practice guidance *(IP-PGN02 How to investigate an incident),* have been reviewed to ensure continued alignment with the NHS England Serious Incident Framework 2015.Those incidents investigated by an external investigator are classified as level 2 concise investigations and as such will be monitored as per established CNTW serious incident review process and in line with STEIS reporting requirements and CCG monitoring arrangements. Incident policies will be further updated in the coming year, in line with the new PSIRF framework.

Further guidance has also been offered to external investigating officers particularly around including and supporting families and victims in incident review, and the CNTW Practice Guidance note *IP-PGN10 Managing Independent Investigations* has been revised*.*