

Assurance Statement

Publication date: 21st December 2022

Assurance statement in response to the independent investigation into the care and treatment of Ms F, by Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW).

Firstly, and most importantly our thoughts are with the family of the victim, and everyone affected by this tragic incident. From the external review commissioned by NHS England and the Trust's own internal investigation, there are identified areas of learning in our care, for which we offer our sincere apologies.

This incident met the Serious Incident Framework (SIF) criteria for an independent investigation. NHS England commissioned an organisation called NICHE to undertake this and they concluded their investigation in March 2022. The Trust received and accepted the report recommendations in May 2022, this is now published at [NHS England — North East and Yorkshire » Independent investigation reports](#). Prior to this the Trust had been addressing recommendations from its internal investigation where there was clear evidence for potential learning in practice or changes required to improve quality and safety.

This assurance statement has been produced in response to the two investigation reports.

NICHE made 11 recommendations (see below) and their report notes the Trust has commenced actions for each of the findings from the internal report which are included in the NICHE report.

The Trust has identified the following key learning points from this incident.

3 Key learning points for the Trust

- The need to improve the standard and quality of both the formulation and risk assessments undertaken by clinical staff
- Importance of effective co-ordination of care for patients open to community services
- Ensuring staff receive effective clinical supervision

Recommendations

Recommendation 1: The Trust must review the utility of the Functional Analysis of Care Environments (FACE) risk assessment tool, and the care coordination care and risk management plan (CCC/RMP) systems and processes to ensure that (a) they are fit for purpose (comprehensive, up to date and edited with relevant risk information) within the clinical setting, (b) able to be practically applied, and (c) embedded in practice ensuring ready access to key clinical background and developments.

Trust Action

The issue was in relation to the case work supervision process/system overseen by the clinical lead which need to be robust and ensure that all patients are reviewed.

The service completed a caseload audit by Clinical Leads in February 2020.

Findings were that clinical supervision checklist was in place. All Clinical Leads received clinical supervision sessions with South CBU Modern Matron to ensure standard practice across Community Treatment Teams.

A review the FACE Risk Assessment tool is in progress with the aim of replacing it with a narrative risk assessment. This is linked to the Trust's Community Mental Health Transformation programme which will see the introduction of the new Keyworker and Dialogue + policy that will replace the existing Care Coordination policy.

Recommendation 2: The Trust must ensure that the Safeguarding Adults at Risk Policy is embedded, with training compliance identified, in local procedures and practice ensuring that (a) risk is considered in relation to adult safeguarding criteria (b) that opportunities to refer to MARAC and domestic violence services are considered (c) adult safeguarding concerns are accurately documented with advice, referrals and outcomes captured within clinical records and (d) that victim safety planning includes family members as part of the risk management plan.

Trust Action

The Trust has a Safeguarding Adults CNTW (C) 24 policy in place.

The Safeguarding Adult Public Protection (SAPP) team reviews all incidents classified as Safeguarding as part of a triage process. Advice provided following this review is reflected in the clinical record.

Referrals are made to Safeguarding processes in line with Trust policy.

Domestic abuse/MARAC and Safeguarding Adult policies have been updated to ensure they dovetail.

Work is ongoing to ensure this is embedded in practice.

Recommendation 3: The Trust must ensure that the principles of the Community Mental Health Framework are embedded in practice and supported by relevant

training to address the quality of risk assessment, holistic care and management plans, professional curiosity, multiagency working and family engagement.

Trust Action

CNTW is divided into 7 locality areas, Sunderland, South Tyneside, Newcastle and Gateshead, North Tyneside, Northumberland and North Cumbria.

Each of these areas has a 'place-based' community transformation programme in progress which will encompass the points contained in this recommendation.

Recommendation 4: The Trust must ensure that the Clinical Supervision Policy is embedded in practice.

Trust Action

A documentation audit tool has been developed to be used as a supervision tool. Clinical supervision notes are now populated straight into the electronic clinical record (RIO) during the supervision session.

The following recommendations are intended to address the additional NICHE findings:

Recommendation 5: The Trust must implement systems to ensure that patients waiting for treatment and care coordinator allocation in the Community Treatment team are adequately supported whilst they do so.

Trust Action

Waiting list management guidance is in place Trust-wide and all services follow this, adjusting it to meet the specific requirements of their teams.

Revised waiting list management process in place. Peer support workers funding was agreed and these workers are now available to support patients.

Recommendation 6: Specialist substance misuse services or staff must be requested to advise on, or to assess and contribute to, care and treatment plans where there are substance misuse issues and associated risk to others.

Trust Action

Trust Addictions Development Paper has been presented to BDG, Board, Governors and User and Carer Forum. This has been welcomed and approved for action with update requested to the Board in August.

Less than half of the trust has CNTW drug and alcohol services, the rest are provided by third sector partners.

The 'Dual Diagnoses policy' has been reviewed and the title changed to Co-occurring Mental Health and Substance use Conditions Policy. This has been ratified by trust. There are two key messages in the policy;

1. There is no wrong door
2. This is everyone's business.

The Trust Addictions teams can offer advice, support referrals and shared care, to Trust services even if outside commissioned areas, however cannot offer care and treatment for non-commissioned areas.

Scaffolding Process: this forms part of the ongoing Development Plan and is also cited in the new policy.

Recommendation 7: Care coordinators must initiate a discussion with the Consultant Psychiatrist to assess whether a formal medication review is required when there is a crisis and serious risk of harm to self.

Trust Action

Any discussion required or concerns regarding patients including whether a medication review is required, are taken to the multi-disciplinary team pathway meeting which is attended by the Consultant Psychiatrist

Recommendation 8: The Trust must ensure that the forensic service specification follows the National Institute for Mental Health in England guidance *Personality disorder: No longer a diagnosis of exclusion* (2003).

Trust Action

Team developing feedback questionnaire to evaluate the effectiveness of scaffolding to support those patients presenting with a personality disorder. The remains work in progress.

Recommendation 9: The Trust should ensure that the Duty of Candour Policy provides staff with guidance where criminal justice services are involved.

Trust Action

The Trust Policy on Duty of Candour has been updated to include guidance for staff and examples. .

Recommendation 10: The Trust should ensure that standards for serious incident reports comply with national guidance.

Trust Action

Since the incident the CNTW incident policy and associated practice guidance (*IP-PGN02 How to investigate and incident*), have been reviewed to ensure continued alignment with the NHS England Serious Incident Framework 2015, and that 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. Where timescales are not going to be met, extensions are formally requested and agreed in advance.

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

Recommendation 11: The Trust should implement the use of psychologically informed formulations to complement, summarise and make sense of complex risk assessments.

Trust Action

A training programme linked to trauma informed care has been developed. Emotion Regulation and Stabilisation. Training sessions have been delivered for community staff.

Governance and Oversight of Actions

Regular reports and updates have been provided to the Trust Safety Group regarding the incident and progress of the investigations since 2019. These will continue until all actions have been fully completed.

Summary

The Trust recognises the deficits in care identified in the independent investigation and we again offer our sincere apologies for these deficits. Regular review will take place to ensure these recommendations are embedded in our daily ways of working.