

15<sup>th</sup> October 2019

Mr Andrew J. Cox  
Acting Senior Coroner for Cornwall and the Isles of Scilly

By Email Only: [cornwallcoroner@cornwall.gov.uk](mailto:cornwallcoroner@cornwall.gov.uk)

Dear Mr Cox

**Regulation 28 Prevention of Future Deaths**  
**Dr Geraint Hughes, deceased**

I write in response to your report to prevent future deaths following the conclusion of the inquest of Dr Geraint Hughes.

**1. Involvement of Carers**

As a Trust we recognise the importance of the involvement of carers; this inclusion we know impacts on staff, carers and patients alike in achieving improved outcomes of care for the patient. The Triangle of Care guide was launched in July 2010 as a joint piece of work between the Carers Trust and the National Mental Health Development Unit, emphasising the need for better local strategic involvement of carers and families in the care planning and treatment of people with mental ill-health. The Triangle of Care approach was developed by carers and staff to improve carer engagement in acute inpatient and home treatment services.

The Trust is working to embed the Triangle of Care standards and has joined the Triangle of Care membership scheme committing to changing the culture of the organisation to one that is carer inclusive and supportive. The Triangle of Care is a therapeutic alliance between the service user, staff and the carer that promotes safety, supports recovery and sustains wellbeing of both. The Triangle of Care clearly identifies six key standards required to achieve better collaboration and partnership with carers in both the patient's and carer's journey through mental health services.

The six key standards state that:

1. Carers and the essential role they play are identified at first contact or as soon as possible thereafter.
2. Staff are 'carer aware' and trained in carer engagement strategies.
3. Policy and practice protocols regarding confidentiality and sharing information are in place.
4. Defined post(s) responsible for carers are in place.

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We are a research active trust, to get involved in a research project, please email [cpn-tr.CFTresearch@nhs.net](mailto:cpn-tr.CFTresearch@nhs.net)

For information on mental health medication visit [choiceandmedication.org/cornwall](http://choiceandmedication.org/cornwall)

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5. A carer introduction to the service and staff is available, with a relevant range of information across the care pathway.
6. A range of carer support services is available.

The Triangle of Care has been introduced across the Trust's mental health in-patient and community mental health services and we now have Carers' Leads within the inpatient mental health wards and community mental health service as well as a Carers Lead for the Trust.

The impact of this is that carer information is readily displayed and a Carers Group has been established on Fletcher Ward, our inpatient acute admission psychiatric ward. Carer events have taken place and further carer events have been arranged. We hold these events regularly in order that we can look at other ways in which we can gain feedback from carers. Raising awareness sessions regarding carers and the Triangle of Care have been delivered to staff.

### 1.1. Carers' Assessments

The Trust's Carers Policy sets out how the Trust assesses, supports and responds to the needs of carers and records this information in RiO (electronic patient record system). The term "carer" refers to "someone who provides practical unpaid help or emotional support to family members, neighbours or friends who use the services of Cornwall Partnership NHS Foundation Trust" as defined in the Care Act 2014. The Policy has been produced by the Trust in consultation with patient and carer representatives and applies across all services. Training has been provided to staff on carers' rights and processes.

For adults aged 18 years – 65 years with a mental health problem the Carers' Policy sets out that the care co-coordinator for the patient is well placed to identify their carer and ensure that the carers' assessment is carried out. Carers' assessments are not limited to cases where domestic abuse is present. The assessment must be completed by a member of staff and not left for the carer to complete. If the carer does not wish to have an assessment their wishes must be accepted and recorded. The carer should be offered another assessment as circumstances change or at least every six months.

The carer's assessment assesses the carer's needs including their physical and emotional health and well-being and allows the carer the opportunity to consider how being a carer affects their relationship with other family members, friends and their ability to hold down a job. The purpose of the assessment is to identify what support they need to carry out the caring role including time out or respite from caring. The assessment is recorded in the carer's own record within RiO. RiO also supports staff to complete carers' assessments and contains a number of prompts as follows:

*"The 'Assessment' is an opportunity for you to consider your role as a Carer. It acknowledges the help you already give and receive and looks at any other areas of concern you may have. It also helps you to think about any restrictions, difficulties and pressures you are both under. It is sometimes difficult to explain how you feel about your caring situation - and the stresses involved - in the presence of the person you care for. For this reason it will be suggested that you and the person completing the assessment talk in private."*

Carers are given a copy of their own care plan; a carer information pack; contact information for the care team; details of who to contact in an emergency and information on what to do if the carer feels they are unable to continue in the caring role. The following ongoing methods are used to obtain feedback relating to carers: our Patient Advice and Liaison Service; interventions at service line; annual patient survey and Carers Meridian survey; monitoring of referrals made to local carers' organisations; internal surveys and the Triangle of Care membership self-assessment tool. The Trust is also a member of the Carers Partnership Board for Cornwall.

The Trust's Carers Policy is currently being reviewed via the Trust's Carers Committee which meets monthly and this provides a valuable forum for carers and for the Trust to consider improvements. The Trust's Carers Lead requests monthly reports from the community mental health services in relation to the number of assessments offered and accepted. The Trust's community mental health service are also proposing that the role of carers is to be part of the Trust's 2021 quality account priority to continue to improve engagement with carers.

### 1.2. Domestic Abuse

The intervention introduced in relation to domestic abuse is "routine enquiry." The standard is that every patient should be asked as part of their mental health assessment whether they experience domestic abuse. In this instance, the patient could possibly have been considered a perpetrator, though this was unproven. Routine enquiry might detect this but is not specifically designed to do so.

### 1.3. Mandated assessments

The current review of the Trust's clinical risk policy is considering the use of mandatory questions at key points in a patient journey. However, there are risks inherent in this which need to leave some room for clinical judgement.

## 2. Supervision and oversight

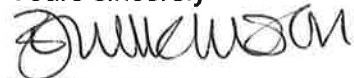
The Trust's Community Mental Health Teams monitor compliance through a compliance dashboard. Individual members of the team can access their own compliance report. The compliance report details information including days since last appointment; care plan date and the number of days since the care plan was created; risk assessment date and days since last risk assessment. Where a care assessment or risk assessment is out of date this is highlighted in the compliance report in red providing a visual tool to assist with assessing compliance. Team managers also discuss compliance with individual team members within supervision.

There are 6 Community Mental Health Teams within the Trust; each team's compliance is reviewed at monthly performance meetings. The team compliance report includes details of the number of patients on caseload; numbers of referrals and discharges; the percentage of patients seen by their care co-ordinator with the last 8 weeks; the percentage of risk assessment in date; percentages of active care plans and levels of supervision.

Supervision has always been available to staff but we now have better recording of supervision with much more structure and focus than previously. The Trust's Supervision Policy was reviewed and re-written in May 2018 to provide a framework for the delivery of comprehensive, consistent and good quality supervision for all our staff. The policy deals with the three elements of a comprehensive supervision structure; managerial supervision, caseload supervision and clinical/ professional supervision. As a minimum caseload supervision should include a review of record keeping quality; frequency of contact; access to appropriate treatment; any cases currently subject to or which may be referred to Adult Safeguarding; any Child Safeguarding concerns; use of Routine Enquiry; non-attendance and subsequent management of cases; self-neglect and complex cases with multiple services are engaged.

I hope that the above response provides assurance in respect of the Trust's continued commitment to improve engagement with carers and the robust supervisory arrangements within the Trust. On behalf of the Trust I would like to extend my sincere condolences to Dr Hughes's family.

Yours sincerely



Dr Ellen Wilkinson  
Medical Director