Keele UNIVERSITY TEACHING TRUST

NHS
North Staffordshire Combined Healthcare NHS Trust

Dr [redacted]
Consultant Psychiatrist/Medical Director
Trust Headquarters
Lawton House
Bellringer Road
Trentham
ST4 8HH

Date: 1st October 2021

[redacted]

Emma Serrano, Area Coroner
Stoke-on-Trent & North Staffordshire Coroner
Stoke on Trent and North Staffordshire
Stoke Town Hall,
Kingsway,
Stoke-on-Trent,
ST4 1HH

[redacted]

Dear Mrs Serrano

Regulation 28 Report – Prevent Future Deaths

During the course of the inquest the evidence revealed matters giving rise to concern. In my opinion there is a risk that future deaths will occur unless action is taken. In the circumstances it is my statutory duty to report to you.

The **MATTERS OF CONCERN** are as follows:

(1) During the course of the inquest evidence was hear in regard to the fact that each patient who is under the care of the CMHT should be allocated a Care Co-Ordinator. This Care Co-Ordinator will be responsible for co-ordinating the care that each CMHT patient will receive.

(2) The allocation of the Care Co-Ordinator was of concern as there was no system to ensure that a Care Co-Ordinator was actually being allocated into this role. What was taking place was that a clinician was being chosen, in Rebecca Pykett's case, her Consultant Psychiatrist who was no, in fact carrying out the role, and tasks expected as a care co-ordinator.

(3) An example would be that the allocated Care Co-Ordinator should be allocated within 5 days, see their patient within 5 days, and complete a care plan. This did not happen in Rebecca Pykett's case.

(4) It appears that there was routine allocation of the allocated Consultant Psychiatrists as care co-ordinator. The reason behind this routine allocation was that Lorenzo (the patient record keeping system employed by the north Staffordshire Combined Healthcare NHS Foundation Trust), required this box to be filled in. Therefore the allocation of the care Co-Ordinator was being dealt with as a "box ticking" exercise, to satisfy the record keeping system.

(5) Once allocated, in this way, it was clear from the evidence that was produced at inquest that no such role was carried out by the Care Co-Ordinator.

Trust responses to Matters of Concern Above

(1) The revised Trust Care Management Policy provides details on the role of the Care Co-ordinator being responsible for co-ordinating patient care. On receipt of this notice, we reviewed our practice to provide assurance that there were no gaps in Care Co-ordinator provision. I can confirm that procedures have been implemented since the incident to ensure that the Trust policy is adhered to. This is monitored and reviewed on a monthly basis at internal performance meetings.

(2) Since this incident, we have reviewed our processes and procedures and have clarified the expectations associated with the role of Care Co-ordinator through additional training. Weekly reports are reviewed by the Team Leaders to monitor the performance of all staff allocated as Care Co-ordinators. Individual staff members are provided with the information pertaining to their individual case load with the expectation that they will address any outstanding issues, the following week's report provide assurance that this has been done.

(3) The revised Trust Care Management Policy provides expectation in terms of the timeframes required for allocation, assessment, care planning and review (see appendix 1). Training for all Care Co-ordinators has taken place to ensure that staff are aware of the full requirements of their role. Assurance that this process is followed is monitored through the weekly review of compliance reports, overseen by Team Leaders. This data is further reviewed at Service Manager and Associate Director Level with accountability being provided through Monthly Performance Review sessions with the Executive team.

(4) Care Co-ordinators are allocated according to the patients assessed clinical needs. For many patients, it is appropriate that a consultant psychiatrist fulfils the role of a Care Co-ordinator should the patient remain on standard care. This is recorded in the Electronic Patient Record (EPR) using the Care Programme Approach (CPA) determination tool or the individual's core assessment. The allocated Care Co-ordinator may change should the individual needs of the patient change. Therefore, the Trust can confirm that this is not treated as a "box ticking" exercise. This process is aligned to the Trust Policy.

(5) The Trust recognises from this inquest process that the role of the Care Co-ordinator did not meet the standards expected. Since this was highlighted we have addressed these gaps, as previously stated the weekly reports provide feedback on key aspects of the care coordinators role.

While there is still work to be done as set out in the action plan below (see appendix 2), I hope that the information provided above provides assurance that we at North Staffordshire Combined Healthcare NHS Trust are committed to improving practice and implementation of the Care Management Policy.

Please do not hesitate to contact me should you need any further information.

Yours sincerely

[redacted]

Dr [redacted]
Consultant Psychiatrist
Executive Medical Director

Appendix 1

Trust systems and processes that provide assurance:

Standard Operating Procedure (SOP) - Crisis Response SOP between Crisis Care Centre and CMHT's

- New referrals:- Routine referrals to CMHT's will be assessed within 28 days if clinical judgement indicates that 28 days is not sufficient to manage their presenting needs their care will be managed by the Crisis Care Centre and interventions put in place until handover of care to the CMHT.
- Service users in crisis and needing contact within 72 hours will be managed by the Crisis Care Centre
- Where patients are receiving only outpatient appointments any crisis will be managed by the Crisis Care Centre

There have been a number of changes and revisions to our triage processes which are not covered by the above SOP, neither is the process for Care Coordinator allocation.

Performance monitoring

- Weekly performance reports are distributed to CMHT team leads. The reports show an overview of caseload alongside key performance indicators with highlighted cells to indicate where criteria has not been met. In respect of the matters of concern raised the following data is included for each patient on the caseload:
    - CPA status
    - Name of Care coordinator
    - Date of last review
    - Whether the review is in date (according to specified standards)
    - Type of care plan (CPA or Non CPA)
    - Date of last plan
    - Whether the care plan is in date
    - Whether the care plan is offered to the client
    - Date of next planned appointment
    - Whether risk assessment has been completed.
    - Date of risk assessment

The above are all key elements of the care coordinator role. Team leaders have a role in monitoring the performance of their team and taking actions to address any identified deficit. Patients allocated to Consultant Psychiatrists are included in the report and there is no difference in the expectations of this group of staff in terms of meeting the standards expected of the care coordination role.

The current Care Management Policy

NHS England and NHS Improvement position statement indicates a need for a shift away from generic care coordination to meaningful interventions with documentation and processes that are proportionate and enable the delivery of high quality care. A named key worker for all service users with a clearer MDT approach to both assess and meet the needs of service users.

As the transformation process progresses there is a need to review our current policy in light of the above requirements whilst maintaining the standards that are embedded within the current CPA framework.

Action Plan **Appendix 2**

Area of Concern	No	Identified Action	Lead	Completion date	Assurance
During the course of the inquest evidence was heard in regard to the fact that each patient who is under the care of the CMHT should be allocated a Care Co-Ordinator. This Care Co-Ordinator will be responsible for co-ordinating the care that each CMHT patient will receive.	1	A process mapping exercise will be undertaken to ensure that there is consistency in practice and no gaps in the process. This will capture the developments in practice that have been implemented but for which we currently have no documented procedure.	[redacted]	October 4th 2021	NA
	2	Standing Operating procedures will be developed which will encompass the referral, triage and care coordinator allocation processes as identified through the process mapping exercise.	[redacted]	October 31st 2021	SOP will be ratified at directorate and trust level. The reports referred to in action 3 will provide assurance that standards are being met.
The allocation of the Care Co-Ordinator was of concern as there was no system to ensure that a Care Co-Ordinator was actually being allocated into this role. What was taking place was that a clinician was being chosen, in Rebecca Pykett's case, her Consultant Psychiatrist who was not, in fact carrying out the role, and tasks expected as a care co-ordinator.	3	Team leaders will continue to utilise the weekly reports to monitor the performance of individuals within the team in meeting the required Care coordination standards.	Team Leaders	Ongoing	Overview of performance is maintained at Directorate level

An example would be that the allocated Care Co-Ordinator should be allocated within 5 days, see their patient within 5 days, and complete a care plan. This did not happen in Rebecca Pykett's case.	4	The example provided is not as stated in the current Trust Care Management Policy, however it is felt that the current document does not present the required standards in a concise and accessible manner and it would therefore be appropriate to review the policy. A review of this policy will also be required in order to implement the Community Mental Health Framework. This is a significant piece of work and will be ongoing as the transformation work progresses.	Trust Head of Nursing	June 2022	The Community Safety Matrix provides ongoing audit of Care management standards. The annual Community Mental Health survey audits the patient experience.
It appears that there was routine allocation of the allocated Consultant Psychiatrists as care co-ordinator. The reason behind this routine allocation was that Lorenzo (the patient record keeping system employed by the North Staffordshire Combined Healthcare NHS Trust), required this box to be filled in. Therefore the allocation of the care Co-Ordinator was being dealt with as a "box ticking" exercise, to satisfy the record keeping system.	5	Care coordinators are allocated according to clinical need. The agreed SOP will outline how this need is assessed and how individuals are informed that they have been allocated to a patient.	Team Leads	Ongoing	Monitored through performance reports
	6	In conjunction with the policy review a training package will be developed which outlines the roles and responsibilities of staff. This to be rolled out to support the implementation of the revised policy.	Trust Head of Nursing	July 2022	Monitored through performance reports.

Once allocated, in this way, it was clear from the evidence that was produced at inquest that no such role was carried out by the Care Co-Ordinator.		See action no 3 above.			