The Leeds Teaching Hospitals NHS Trust

Summary of Lessons Learned

Recommendation One

Where patients admitted to acute medical wards have a diagnosed serious mental illness or are prescribed antipsychotic medication, acute medical staff should, as part of the care pathway, access the early opinion of a Consultant Psychiatrist or liaison team to consider the impact of planned physical health treatment regimes as they would from a Consultant specialising in physical health problems.

A review was undertaken of the Liaison Psychiatry Service and this is detailed in Recommendation Six.

In response to the above recommendation, Leeds and York Partnership Foundation Trust (LYPFT) devised and implemented two core documents. The first of these was the 'Liaison Psychiatry Specialist Practitioner Out of Hours Service'. This was originally launched in December 2016 and reviewed in October 2018. The document covers the management of working age and older age in reach referrals; the recording of clinical information for these referrals (out of hours); communication and handover; Mental Health Act Assessment; Discharge out of hours; clinical supervision out of hours and prescribing.

The second document to be published was the 'Liaison Psychiatry Mental Health Team Local Operating Procedure'. This was initially launched in 2017 and has recently undergone a further review. The document includes a service description; the referral criteria; guidance on how to refer to the LYPFT Hospital Mental Health Team (HMHT) along with a description of HMHT's core operational and clinical functions. The fundamental principle of the HMHT is to work collaboratively with LTHT to deliver an integrated model of care for patients who have coexisting physical and mental health conditions. The HMHT provide a specialist liaison psychiatry service to meet the specific mental health needs of patients admitted to St James's Hospital Leeds (SJUH) and Leeds General Infirmary (LGI)

Both these documents have been cascaded to staff across Leeds Teaching Hospitals NHS Trust (LTHT).

Recommendation Two

All mental health assessments and in particular risk assessments undertaken by LYPFT Older Peoples Liaison Team should be shared with and available for the respective acute medical team and ensure historical and current risks are being consistently documented and appropriately assessed.

The Hospital Mental Health Team for Older People Assessment Pack has been developed. This ensures that information is captured is a cohesive, consistent way and that this enables an appropriately informed assessment of the risk to the patient and others. The assessment pack requires staff to document the following:

- Situation (Reason for Admission to LTHT)
- Reason for referral to Liaison Psychiatry for Older people
- Background Information - History of presenting psychiatric complaint; brief synopsis of medical progress on ward; discharge plan;
- Past Psychiatric history (including previous risk history and relevant past psychotropic medication);
- Past Medical History;
- Current Medications;
- Social Circumstances;
- Forensic History;
- Assessment (Appearance and behaviour; eye contact; speech; mood; risk to self; risk to others; abnormalities of perception; insight)
- Problem list;
- Impression;
- Recommendations
- Summary for MDT (Situation; background; assessment; risk summary and protective factors
- Recommendation(s)

This completed pack is accessible to both LYPFT and LTHT staff involved in treating the patient. This is in addition to the sharing of important clinical information set out in response to Recommendation Nine below. All assessments appear as contemporaneous notes onto PPM (LTHT's electronic patient record system). All assessments include identification and management of risk as a core component. Where historical or complex risks are relevant, FACE risks assessments are copied across to PPM so that they are visible to all LTHT staff.

Recommendation Three

Trusts should review how families are involved in the care and treatment of their family members; how they can support the care processes; inform both risk assessments and support plans and how services can respond to their needs.

Since the incident occurred the Trust has devised and implemented an Information leaflet for carers. This is aimed at encouraging carers to help Trust staff how to make care more personal to the individual patient and sets out the Trust's Carers Charter. Carers are invited to talk to staff about any concerns they have with the care and treatment being delivered with a view to making improvements.

The Trust has signed up to 'John's Campaign'. This is a national campaign that asks the families and carers of patients to be invited to stay with them for as many hours

as they are needed and as they are able to give. The campaign supports care for people who have conditions such as dementia where families and carers have the knowledge and skill to work in partnerships with ward staff to ensure patients receive care that works best for them.

The Trust has also published an information leaflet on its Enhanced Care Risk assessment and supporting procedure and the important role that carers/relatives have in this process. The leaflet explains that 'a patient may be confused, agitated or distressed as a result of their illness. This may be out of character or something you are already familiar with. Patients may be at risk of hurting themselves or others - ward staff will be able to identify changes in behaviour, but will need your help to understand what is normal for them. If appropriate, you may be asked to help complete the "Know Who I Am" or Hospital Passport document to help staff know more about the patient they are caring for.'

Listening to and engaging with carers has been featured in the Trust's Patient Care and Safety days; via the Lessons Learned Bulletin and in the Quality and Safety Matters bulletin.

Recommendation Four

Overall clinical leadership and accountability for patients in Acute Hospital beds lies with the responsible Consultant. Mental health services providing input to the care and treatment of medical patients also hold that same responsibility for their actions. Therefore the Trusts should review how a more integrated approach could be developed between the two specialties.

This recommendation has primarily been covered by the implementation of the documents detailed in Recommendation One.

In addition to the Standard Operating Procedures, a joint LTHT/LYPFT forum has been established which meets on a regular basis. Initially the focus of the forum was in relation to serious incidents, both in ensuring that a collaborative and timely approach was in place to identify and address learning from these and maintaining oversight of the implementation of agreed recommendations/actions from previous and current incidents. The objectives of the forum have since expanded to include:

- Ensuring there is a shared governance forum relating to incidents, risks and issues that require collaborative resolution
- To identify shared opportunities for joint working, efficiencies and service improvement and to make recommendations to executive directors regarding delivery
- To take account of all relevant sources of evidence within both Trusts to form a comprehensive picture of the safety and quality of service and to agree, recommend and commission action as necessary.

In additional to this forum that is co-chaired by the LTHT Director of Nursing (Corporate) and LYPFT Chief Operating Officer we have established a joint operational meeting with clinical representation from LTHT and LYPFT and a local joint meeting between LTHT Emergency and Specialty Medicine CSU and the LYPFT HMHT that is co-chaired by a Physiatrist and Medical Consultant.

Recommendation Five

Acute hospital based staff would benefit from further training in mental health issues including assessment and appropriate responses. LTHT should review its current post-graduate training for staff to include this additional mental health training, with the local mental health services being commissioned in delivering that training.

The two Trusts established a working group with a view to developing a training module that specifically enhanced the knowledge of Acute Trust staff in managing patients with mental health issues. The module has been launched and is entitled: 'An Introduction to the Care of Adults with Mental Health Difficulties'. This covers:

- The signs and symptoms of mental health difficulties;
- Managing distress or challenging behaviour;
- Identifying and responding to risk;
- Consent, capacity, restraint and deprivation: Use of the Mental Capacity Act and Mental Health Act on hospital wards.

It is delivered by professional leads from both Trusts and incorporates as series of case studies for staff to work through and apply their learning. The working group completed a training needs analysis to identify the staff groups that needed to complete the module. Completion of the module is monitored through the Trust's central training recording system and regular reports on attendance are sent to the management teams in the Clinical Service Units and to Heads of Department. The feedback from staff who have completed the module has been extremely positive.

Recommendation Six

Both Trusts together with NHS Commissioners should undertake a collaborative review of the Hospital Mental Health for Older People Service to ensure that it is responding to the changing needs of patients, in line with current practice and builds on the aims and objectives described in LYPFT Liaison Psychiatry for Older People Hospital Mental Health Team for Older People 2014.

At the time of the investigation a full review of the Liaison service had just started (commissioned by the Clinical Commissioning Group - CCG). This was commissioned because of funding concerns against a background of a significant rise in demand for services. In addition new national guidance (CORE 24) was issued which had notable resource implications for the service.

LTHT participated in the full review of Liaison Psychiatry Services and worked with colleagues in LYPFT to develop a series of recommendations. As a consequence of the review a new model of care was developed in line with national CORE 24 guidance, which has been incrementally implemented over the last 2 years supported by funding increases from CCGs and NHS England. The CORE 24 model sets out the key mental healthcare functions that should be available on a 24/7 basis. This includes Consultant Psychiatrists being available 24/7 to provide a number of services including provision of a response to mental health crises in EDs

and inpatient wards within one hour and 24 hours for all urgent referrals and working more collaboratively with other healthcare providers. Implementing this model has addressed a number of the actions, including the development and expansion of both the working age and older adult in-reach components of the service onto the LTHT wards across 7 days. At the time of the incident on ward J19 the Psychiatric Liaison Service was a Monday-Friday service available between 9-5. The current provision therefore represents a significant improvement and has facilitated more timely access to specialist advice. The service is managed as a single team through the LYPFT structure, providing a clear lead relationship to LTHT. The new model has resulted in a significant improvement to both the capacity and responsiveness of the Liaison Psychiatry services across LTHT.

Recommendation Seven

Currently communication between the two clinical teams is not well defined. Both Trusts should review with the respective clinicians how effective communication can be pragmatically managed and improved.

This recommendation has been addressed through the Hospital Mental Health Team Local Operating Procedure referred to in recommendation one above. There is a section in the procedure which clearly sets out roles and responsibilities in relation to the collation and communication of clinical information as follows:

- The HMHT will collect collateral clinical information from LYPFT/ LTHT relating to the patients presenting and historical risks.
- All assessments will incorporate an assessment of risk of the concurrent mental health and physical conditions.
- Risk assessments will be recorded using the FACE risk assessment tool on the LYPFT electronic patient record system PARIS.
- Risk assessment will include assessment of risk to self and others and risk associated with the safeguarding of adults, older adults and children.
- Risk assessment will include assessment of social circumstances including relationships, housing and any related vulnerability and safeguarding matters
- The HMHT on recognising risk will advise LTHT on what specific measures should be implemented to manage and mitigate the risk. A cohesive approach to safeguarding the patient will be paramount.
- HMHT recommended measures to manage and mitigate risk will be recorded in a clinical management plan that is accessible to LTHT clinicians at all times. This plan will be clearly visible in the LTHT patient medical notes (PPM+) and form part of the LTHT clinical handover and review process.
- LTHT will retain responsibility for contacting LYPFT if the risk management plan requires review in the event of the patient's deterioration.
- The HMHT will report safeguarding concerns to LTHT and in line with the LYPFT Safeguarding procedure

The Use of Mobile Personal devices to Create Live and Contemporaneous Clinical Case Notes Procedure referred to under recommendation nine also supports this recommendation.

Recommendation Eight

The current physical and mental health assessment documentation reflects a separate approach to care. The Trusts should review these assessments to enable a more integrated physical and mental health assessment process.

A number of changes have been made to improve the systems for assessing and acting on a patient's care needs.

The first of these is the Adult Nursing Specialist Assessment (NSA) document which is completed by LTHT on a patient's admission to identify care needs. This is updated weekly or if there is a change in the patient's condition. As well as assessing the patient's physical abilities; the assessment contains a section on psychological well-being divided into sub-sections. The first part addresses anxiety/depression/anger and agitation and dependent on the responses guides staff to other care plans e.g. assessment and care of psychological health care plan; use of harm to self or others care plan; or directs staff that a further assessment/mental health referral is required. Further sub-sections on the assessment document cover Psychological well-being - impact of illness/treatment; dementia/delirium and cognition. Completion of the various domains within the assessment document also triggers staff to consider whether the patient is in need of enhanced care. Patients can also be identified as needing enhanced care at pre-admission or during admission through professional judgment for example during the "Safety Huddle". If a patient is assessed as not requiring enhanced care, they will be reassessed for triggers through reassessment of the patient's' needs using the NSA or earlier if their condition or location changes.

A risk assessment is undertaken using the LTHT Enhanced Care Risk Assessment tool. The tool guides the nurse to assess the level of risk that the patient has to potential harm and directs them to describing the level of supervision that the patient needs and the type of worker that the patient requires to undertake the supervision. Patients receiving enhanced care are reassessed every 24 hours or earlier if their condition dictates. Associated care plans must be evaluated, identified and completed. The nurse in charge is required to ensure that accurate handover is given to the person delivering the enhanced care, who must understand what is required of them.

The phrases intermittent observation, constant observation (within eye sight) and enhanced observation (arm's length) have been adopted for use within LTHT based on commonality and agreed best practice within NICE (NG 10) and Leeds and York Partnership NHS Foundation Trust (LYPFT) procedures (2012).

Supporting the Enhanced Care Risk Assessment tool is the Enhanced Care Guideline. This guideline provides practical information and guidance for staff to carry out effective enhanced care whilst maintaining the patient's dignity.

This guidance is based on National Enhanced Care Policy (Trust Development Authority, 2016). LTHT is committed to improving standards of care by delivery of a service that is of the highest quality possible. This includes ensuring there is a system of monitoring in place applicable to patients' needs and responsive to alterations in risk. This guidance supports ward staff in ensuring that patients requiring enhanced care have the appropriate level of care, supervision and observation available to them, provided by a suitable grade of staff with the right knowledge and skills to competently care for and or supervise the patient(s).

As part of the enhanced care package the Trust has devised an 'activity log' to be completed by the member of staff providing supervision to the patient. The activity log captures information about any activities the patient has undertaken; an assessment of their mood; and any changes in mood. The staff member is required to record and changes in behaviour, language, demeanour noted during the shift. They are also required to note any interventions that the patient engaged/disliked participating in or things that improved or appeared to agitate the patient. This information is then used by other staff providing enhanced care so that an individual, supportive approach to each patient can be delivered.

There may be patients who require assessment for their psychological needs (in addition to physiological assessment) to ensure they receive the most appropriate level of enhanced care. This assessment and referral to appropriate teams and services is done on an individual basis. In hours there are liaison psychiatric services. Out of hours the Liaison Psychiatric Specialist Practitioners are available to assess patients and advise ward teams. Assessments can be undertaken on existing patients (who may have deteriorated psychologically and are a risk to themselves or others) or newly admitted patients who need to be assessed overnight.

Where patients are displaying signs of distress; anxiety; upset; or appear withdrawn, staff are directed to use the 'Assessment and Care of Psychological Health' pro-forma. This must be completed at every shift or where there is a change in the patient's condition. The aim of this document is to identify the reason(s) for the patient's behaviour and support them to manage/resolve this. It prompts staff to record if the patient has been admitted with symptoms of a mental illness; whether the patients is detained under a Mental Health Act section; asks if a mental capacity assessment is required; details of identifiable triggers relating to the causes of distress; level of enhanced supervision being provided and when a referral to the Mental Health team has been made; contact details and date and time of assessment.

Together these documents and supporting guidelines ensure that staff consider both the physical and psychological needs of the patient.

Recommendation Nine

The review has identified multiple patient clinical information formats and systems. The Trusts should agree a collaborative approach to information recording and sharing that is in an accessible and single format.

This was the most challenging recommendation in the report. At the time of the incident LYPFT staff were recording patient data in three locations; on PARIS (their local computerised record keeping system); in LTHT's paper records and on PPM (LTHT's electronic patient record). Not only was this inefficient, it increased the risk of important information being missed from one of the recording systems. It was clear that despite the duplication and the clinical time this required, important clinical information was not routinely visible to those providing care. A working group was established with a view to looking at recording relevant patient information in one location which would be accessible to both organisations.

In 2016 an IT work stream was formed as part of the Liaison Psychiatry Review Implementation Group. The work stream engaged clinicians and IT experts from LYPFT and LTHT. A trial commenced during which a small number of clinicians were issued with portable tablet devices and the means to access stable WIFI connections within both LYPFT and LTHT. The clinicians were authorised to use both the mental health electronic patient record (PARIS) and the LTHT electronic patient record (PPM+) to ensure that clinical information was visible to both LYPFT and LTHT clinicians as a clear, contemporaneous record. This trial was successful.

Following this devices were procured for all staff members in the relevant teams and agreements were reached between LYPFT and LTHT about network access to ensure stable internet access for all of them, regardless of which Trust's environment the clinicians were operating within.

A process was also agreed within each component team to describe how the devices would be used to document clinical contacts in a way that ensured core clinical information was available to all members of the treating team (LTHT and LYPFT) on a timely basis, without the need for duplication. The process was then set out in a procedure document entitled "The Use of Mobile Personal Computer Devices to Create Live and Contemporaneous Clinical Case Notes".

In addition to the above, the Trust has moved, in line with NHS recommendations, to using an electronic prescribing and medicines administration (EPMA) system.

A multidisciplinary approach to avoiding and managing potential missed doses of medicines was introduced as part of the implementation of the EPMA. Reporting functionality is in development to allow unacknowledged missed doses to be identified and this will replace the current ward healthcheck metrics monthly sampling approach. Both approaches aim to encourage behavioural leadership change and development of systems that avoid all unintentional missed doses rather than develop an escalation process.

The Ward Healthcheck metrics contain specific omission of medicines questions which are managed during the monthly review process locally.

Recommendation Ten

The review has identified a number of issues in relation to case mix and the environment of ward J19. Both Trusts should review the suitability of caring for patients with primary mental health issues on an acute medical ward.

The suitability of caring for patients with primary mental health issues on an acute medical ward was considered. It was concluded that patients would not be admitted to acute medical wards with a primary mental health need in isolation; they would be admitted with an acute physical condition, but may also have an underlying mental health condition. This would not preclude the patient from admission to an acute hospital as the physical condition would need to be assessed, supported by the mental health team. In the event that a physical cause is excluded following review and investigation, and it is determined that the primary cause is related to mental health, arrangements would be made to transfer the patient to the appropriate clinical environment for on-going care in a mental health Trust.