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13 August 2015

Dear Mr Singleton

Elizabeth Godwin (deceased)

Thank you for sending me a Regulation 28 report in relation to this lady's care. In response to your concerns I would like to provide you with a summary the processes the Trust now has in place to manage referrals and mental health assessments. I will respond to each of your concerns in order:

- a) As to the way in which information is gathered from the family and others involved where there is a need for an individual to have a mental health assessment.**

The Trust Care Programme Approach, (CPA), and Risk Policy outlines that staff will involve families and carers in the full CPA process including assessment of risk. The Trust has in place further guidance on undertaking clinical risk assessment which also outlines that effective engagement and communication with and between the service user, their carer(s), other professionals and agencies, underpins all risk assessment and management.

The Trust CPA and Risk Training highlights the need for staff to include the views of service users and carers in undertaking any assessment. All registered clinical staff are required to undertake this training and to refresh this on a 3 yearly basis.

Where a Mental Health Act Assessment is undertaken it is requirement of the Approved Mental Health Professional, (AMHP), to recognise the value of involving other people in the decision-making process, particularly the patient's carers, family members and advocates, who are often able to provide a particular perspective on the patient's circumstances. In so far as the urgency of the case allows, AMHPs should consider consulting with other relevant relatives, carers or friends and should take their views into account.

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b) As to how the urgency of carrying out that assessment, is assessed, recorded and monitored.

When an individual is referred to our services a triage process is undertaken to establish the urgency with which an assessment is required. The Trust has developed a Standard Operating Procedure for Primary Care Liaison Services, (PCLS), which outlines the process for receiving referrals and carrying out a phone triage system to establish risk and therefore urgency of response. All referrals are now made through the PCLS.

The Trust has developed a triage tool to support decision making in PCLS. The response to urgent referrals is addressed in the Trust Access to Mental Health Care Assessment and Treatment General Policy. All urgent assessments should be carried out within 4 hours by the Intensive Support team. Those requiring face to face routine assessment will be seen by PCLS workers within an appropriate time frame indicated by the triage process, with an expected maximum of 4 weeks.

The outcome of the triage process is recorded in the electronic patient record for the service user, if the service user has had contact with the Trust Mental Health Services before this would be added to the existing record or a new record started if one does not already exist.

The Trust services in Wiltshire have recently audited the records of the PCLS service recently and have found these to be comprehensive.

In the event of a Mental Health Act Assessment the AMHP would conduct a risk assessment to determine the urgency and proceed to set up the mental health act assessment. The AMHP service record the time of referrals and the time of assessments and monitor any significant delays between the two.

c) As to how that information is shared with other agencies involved in the care of that patient.

The Trust CPA and Risk Policy outlines the requirement that referrals not requiring assessment will be returned to the referrer with referral outcome decision and recommendations for further intervention.

In addition the outcome of all triage processes and assessments will also be communicated to the referrer, the service user and their family or carer if appropriate.

The audit of PCLS services in Wiltshire included if the outcome of triage and any face to face assessment was communicated to the referrer and other agencies, again this was found to be comprehensive.

If a Mental Health Act Assessment is carried out then as part of the assessment the AMHP is required to communicate with all other agencies involved at that time in the service user's care.

d) As to who has responsibility for the care of that patient including the carrying out of the mental health assessment and any treatment arising from it.

From the point at which the triage process has indicated that the service user requires a face to face assessment the responsibility for the care of that service user sits with the Trust. Should the service user

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require emergency or urgent care the PCLS will refer to the Intensive Support Service who will provide further assessment and any treatment required, including admission to hospital if necessary.

If a Mental Health Act Assessment is requested and a referral not made to the Trust services, it is the responsibility of the local authority to make arrangements for an approved mental health professional to consider the patient's case on their behalf. Only once the assessment is completed would it be the responsibility of the Trust to provide treatment arising out of the assessment.

e) As to how a transfer of that care between the agencies is communicated and acknowledged so that there is a clear audit trail.

Where a referral is made to the local authority for a Mental Health Act Assessment, it is only at the point that either the service user is detained in hospital and therefore further assessment or treatment is required that they become the responsibility of the Trust, or if the service user is not detained the AMHP makes a referral to the Trust.

These decisions are recorded on the Mental Health Act paperwork which forms part of the service user's electronic patient record.

Where a referral is made by an AMHP to the Trust this will be received by the PCLS who will undertake the triage process outlined above. A record of the referral and outcomes of this will be made in the service user's electronic patient record. Referrals between Trust services are monitored in the electronic patient record.

I trust this response addresses your concern, but if I can be of further assistance, please do not hesitate to let me know.

Yours sincerely



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