

23rd February 2017

PRIVATE & CONFIDENTIAL

Ms J Kearsley
Acting Senior Coroner
Manchester South Coroner's Court
1 Mount Tabor Street
Stockport
SK1 3AG

Our Ref: KB/ELD
Department: Trust Headquarters

Dear Ms Kearsley,

Re: Sandra Brotherton (Deceased)

Thank you for your Regulation 28 report dated the 13th December 2016, and for bringing to my attention the concerns you had after hearing all the evidence. Your concerns relevant to Pennine Care have been reviewed, and the Trust's response is outlined below.

Concern 1:

- "Knowing that SB was in effect a sole carer there should have been a clearly discussed contingency plan for DB in the event that there was an emergency and SB was not able to provide care."

Response:

The Trust records audit has been reviewed and amended. This has gone live within services from week commencing 30.01.17. Question 26 of the audit asks if there are detailed actions to take to manage/mitigate risk (e.g. triggers/crisis and risk management plans). Question 26 also asks if a crisis management / contingency / prevention plan is in place.

Care Coordinators within Stockport Community Services have been reminded that it is their responsibility to develop contingency plans in collaboration with the identified carer in the event of any emergency situation where they are unable to provide care, such as the care being admitted to hospital. Care Coordinators will ensure this is clearly documented in the service user's care plan.

To share the learning highlighted in your concern a 7 minute briefing has been developed regarding contingency plans in the absence of the main carer and this has been shared with all community based mental health teams in the Trust. The briefing recommends that where a service user's care in the community is reliant on the support of a carer, a contingency plan should be agreed and documented in the care plan for when the main carer is not able to provide care. Community Team Managers have delivered the briefing to teams, to reflect on the findings and recommendations in the briefing, to discuss the implication for individual practitioners practice and for the service or team. Practitioners have been asked to outline the steps they will take to improve practice in line with the recommendation.

Recommendation.

To be discussed at the Tier 4 (Trust-Wide Strategic Group, which oversees Community Mental Health Services) meeting to discuss adding guidance as an addendum to current operational policy for each community based team.

Concern 2:

- "Where a Personal Assistant is integral to the Mental Health Service care plan there should have been a clear and documented record that the care plan should be provided to them. If there is an objection to confidential medical information being shared by the relevant person, where there is no suggestion of a lack of capacity, this should be recorded."

Response:

Penhine Care NHS Foundation Trust Care Programme Approach Policy was updated in November 2016 to provide guidance on assessment and CPA care planning to clarify responsibilities and requirements where there are carers funded by direct payments.

The Trust records audit has been reviewed and amended and question 30 of the audit asks if there is evidence carers/others know who to contact in a crisis, if there is evidence of communication to other agencies involved in the care of the service user, and that other agencies involved in the service user's care have received a copy of the plan. This has gone live within services from week commencing 30.01.17.

Care Coordinators within Stockport Community Services have been reminded that in line with the CPA policy, version 12, where a Personal Assistant is in place with individual service users, the Care Coordinator will assess the need to share information with the PA based on risk. This must form part of the wellbeing care plan.

To share the learning highlighted in this regulation a 7 minute briefing regarding the involvement of a PA in care planning processes has been developed and has been shared with all community based mental health teams in the Trust. The briefing recommends that where a Personal Assistant is integral to the Mental Health Service

care plan there should be a clear and documented record that the care plan should be provided to them and that if there is an objection to confidential medical information being shared by the relevant person, where there is no suggestion of a lack of capacity, this should be recorded. Teams have also been advised to review the updated CPA policy, which includes guidance where carers are funded by direct payments. Community Team Managers have delivered the briefing to teams, to reflect on the findings and recommendations in the briefing, to discuss the implications for individual practitioners practice and for the service or team. They are asked to outline the steps they will take to improve practice in line with recommendations.

Recommendation:

To be discussed at the Tier 4 meeting to discuss adding guidance as an addendum to current operational policy for each community based team.

Concern 3:

- "It was concerning that the Care Coordinator who visited DB in August 2014 was not able to obtain an urgent appointment with a Consultant Psychiatrist (in what is a multi-disciplinary team) at a time when she felt an urgent appointment for someone with a dual diagnosis was required. Whilst his medication was increased at this stage he was not seen by a Consultant until October 2014."

Response:

Pennine Care NHS Foundation Trust Care Programme Approach Policy has been updated in November 2016 to describe the role of the Consultant Psychiatrist with regard to the CPA policy and care policy.

This will be discussed at the Tier 4 meeting where confirmation will be sought that community teams have a process for responding to crisis calls.

Work around responding to crisis calls completed by Stockport Community Services will feed into the Tier 4 meeting for other boroughs to develop similar guidance locally. Confirmation will be sought that community teams in other boroughs have a process for responding to crisis calls.

To share the learning highlighted in this regulation a 7 minute briefing regarding response to crisis calls has been developed regarding crisis calls and has been shared with all community based mental health teams in the Trust. The briefing recommends that community teams need to have triggers for responding to crisis calls and an escalation process in place. Community Team Managers have delivered the briefing to teams, to reflect on the findings and recommendations in the briefing, to discuss the implications for individual practitioners practice and for the service or team. They have been asked to outline the steps they will take to improve practice in line with the recommendation.

Recommendation:

To be discussed at the Tier 4 meeting to discuss adding guidance as an addendum to current operational policy for each community based team.

In order to provide you with further assurance that the Trust has reviewed all the concerns I attach a copy of the action plan that was produced in relation to issues relevant to this particular case.

I hope this response assures you that the Trust takes seriously any concerns that you raised.

Yours sincerely,

pp



Michael McCourt
Chief Executive