

## **SERVICE IMPROVEMENTS BY DEVON PARTNERSHIP NHS TRUST FOR PEOPLE WITH A DUAL DIAGNOSIS**

Devon Partnership Trust would like to apologise and offer our sincere condolences to the people and families affected by this tragic event. We invite anyone who wishes to contact us in relation to this incident to do so via the office of Melanie Walker, our Chief Executive at Wonford House Hospital, Dryden Road, Exeter, EX2 5AF or on 01392 208662 or by e-mail at [melanie.walker6@nhs.net](mailto:melanie.walker6@nhs.net).

Devon Partnership NHS Trust has worked with the Health and Advisory Service and NHS England and Improvement to address the issues raised by the investigation into the care of Mr X. Since this incident occurred in 2013, the care of clients with a dual diagnosis (of a serious mental illness and substance abuse) provided by our clinical teams has improved greatly. We have undertaken work to:

- Ensure joint working practices are in place across mental health and drug and alcohol services to improve the quality of treatment plans.
- Ensure expertise is shared across services.
- Ensure information sharing for the benefit of safe and effective patient care.

We have continued to strive to deliver care in line with best practice and to further improve the quality of care experienced by the people that use our services.

### **Recommendation 1: Diagnosis and Dual Diagnosis Care Pathway**

We have improved the way that we work in relation to dual diagnosis and how this is organised and monitored. We have done this through working in partnership across mental health services and DPT-led drug and alcohol services in Torbay and with Rise Recovery in Devon, initially, and since 2018 recently with Devon Together Alliance, the new contract holders. A Dual Diagnosis overarching steering group meets regularly and there are frequent meetings in all areas of Devon between our community teams and the local drug and alcohol services. These meetings include discussion of clients on the teams' caseloads and reviews of how services are designed and operated. Locality leads have been introduced to focus on and progress joint working and opportunities for joint training.

Protocols and pathways that describe how we will support our clients have been agreed and put into practice. Practice now includes offering patients a joint assessment with both DPT assessment and drug and alcohol service staff present in the one assessment appointment. This was initially piloted in the Exeter area and has since been made available across Devon. Clients with a possible dual diagnosis are identified at the time that they are referred into our services. Services also now have reciprocal arrangements to refer directly to each other for support in joint working. There are some limitations, however, on the number of joint assessments that can take place due to capacity with the provider. Not all service users want or accept a joint assessment, but we will continue to work to increase the number of people for whom this helpful initial assessment takes place.

Most people with a dual diagnosis are cared for by our adult services, but occasionally care is led by one of our older adult teams. Joint assessments with drug and alcohol services can again be offered. Our older adult teams also work closely with voluntary agencies in the community who support older people with alcohol or substance abuse problems.

We have made changes to our electronic records system 'Care Notes' to enable managers to easily identify clients who have a dual diagnosis and ensure that their care is reviewed in staff supervision

and action taken if the good practice pathways are not being followed. These changes to Care Notes include identifying when a joint assessment with a drug and alcohol service should take place and whether risk assessments and care plans have been developed and agreed jointly with other services. Different services still use different patient record systems but where it is possible, we have trained staff to access each other's databases.

Our Dual Diagnosis Policy and the associated Mental Health and Substance Misuse Interface Protocol describe policy and practice agreed in Devon and Torbay Dual Diagnosis Strategy. This includes joint working principles and expectations agreed between drug and alcohol services, mental health services, commissioners and those with lived experience. Policy incorporates the local and national context of approaching care and treatment for dual diagnosis and for following NICE guidelines and best available evidence. Policy emphasises our commitment to close working relationships across teams, services and agencies; relationships that are beneficial and necessary to deliver excellent care and treatment. We expect all employees to deliver care and treatment that is commensurate with Policy and follows the associated Protocol; an annual audit, now in its 7<sup>th</sup> phase, covers the active and measurable points of NICE guidance. Our Policy and Protocol are in the process of planned review with finalisation in early 2022.

In addition, related Trust policies (for example how we use care co-ordination and the Care Programme Approach) have been reviewed to include explicit guidance on clients with a dual diagnosis.

This progress has been supported and further evidenced by a recent CQC report (published 2nd September 2021):

**Skilled staff to deliver care:**

*The teams included or had access to the full range of specialists required to meet the needs of patients under their care. Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.*

*The service had, or had access to a range of specialists to meet the needs of each patient and managers made sure staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff. Managers gave each new member of staff a full induction to the service before they started work, supported staff through regular, constructive appraisals of their work and supported staff through regular, constructive clinical supervision of their work. (Ref: p. 28-29).*

**Multidisciplinary and inter-agency team work:**

*Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The team(s) had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation. Staff held regular multidisciplinary meetings to discuss patients and improve their care. Staff made sure they shared clear information about patients and any changes in their care, including during transfer of care.*

*Staff had effective working relationships with other teams in the organisation and with external teams and organisations. (Ref: p. 29-30).*

Further developments are underway as part of the community framework for mental health programme of work. The Devon community developments seek to improve person-centred care and support through multi-agency teams coming together around each primary care network population. These teams will routinely work together to ensure individuals' care and treatment is based on their assessed needs regardless of service boundaries. In these multi-agency teams, drug and alcohol services and core mental health teams will continue to support one another through advice guidance and partnership working alongside other services such as primary care, employment services and voluntary sector. Improved information sharing will be enhanced through shared access to records

and the development of personalised plan with the individual and their support in a format that is shared across all agencies involved.

(Ref: <https://www.england.nhs.uk/wp-content/uploads/2019/09/community-mental-health-framework-for-adults-and-older-adults.pdf>)

An objective of this work is to improve access and outreach into the community. The formation of mental health multi-agency teams enables quick access to mental health advice and guidance for all agencies and an ability to step up support through routes other than formal referral processes. Working closely with a newly formed voluntary sector alliance, mental health teams will develop outreach strategies particularly within communities who may not routinely seek support such as street homeless, traveller and farming communities.

As part of the community developments a rehabilitation and recovery team is being established in each locality to meet the needs of individuals who have a functional impairment due to their severe mental illness, this is frequently complex psychosis. All rehabilitation practitioners will undergo training in substance misuse and receive supervision and support from drug and alcohol services. Rehabilitation practitioners will in turn provide mental health training and supervision to substance misuse workers thus improving the dual diagnosis pathway and identification of severe mental illness in those accessing drug and alcohol support.

In 2018, the National Inquiry into Suicide and Safety in Mental Health (NCISH) published the evidence based 'Ten Key Ways to Improve Safety' with the recommendation that these became the focus for Mental Health Trusts to improve safety. These elements of safer care are presented as quality and safety statements about clinical and organisational aspects of care and NCISH evidence is cited in national policies and clinical guidance and regulation in all UK countries. (Ref: [NCISH Annual report 2018: England, Northern Ireland, Scotland and Wales - NCISH \(manchester.ac.uk\)](https://www.ncish.org.uk/annual-report-2018)).



Embedding the *Ten Ways to Improve Safety* into Trust policy, process and practice is therefore a core approach to safety in those who are under the care of our clinical services. The *Ten Ways* include a focus on reducing alcohol and drug misuse which also has clear links with the standard on personalised risk management. Our half day Level 2 Clinical Risk Assessment training includes reference to the evidence base related to understanding the risks associated with drug and alcohol misuse, a trauma informed approach and emphasises the importance of a personalised risk assessment approach and associated safety planning.

Senior clinicians conduct desk top reviews following serious incidents against the *Ten Ways* and this includes rapid learning regarding dual diagnosis and also informs more comprehensive patient safety investigation.

## **Recommendation 2: Internal Investigation Process and Being Open**

The investigation report was critical of aspects of the internal investigation conducted by the Trust after the incident. We now employ dedicated incident investigation resource as well as commissioning external patient safety investigations and we are confident from our monitoring of patient safety reports and feedback from commissioners that the quality of our investigations is very high, including how families are involved in our investigations. 'Learning from Experience' groups and mechanisms to share learning and improve practice are in place centrally in the Trust and within all directorates.

Our patient safety incident investigators routinely include families and carers in the investigation process. In addition, a business proposal is in place regarding the appointment of a dedicated Family Liaison Officer to provide a consistent and high quality support service for families and carers involved in serious incidents which reflects the expectations of national guidance; for example: NHS England 'Framework for involving patients in patient safety' (June 2021)

We are also preparing for the implementation of the Patient Safety Incident Response Framework in spring 2022. A key part of the NHS Patient Safety Strategy, the Framework clearly sets out how providers should respond to patient safety incidents and we are working hard to ensure our implementation reflects the expectations and best practice reflected within the framework.

This progress has been supported and further evidenced by a recent CQC report (published 2<sup>nd</sup> September 2021):

*The trust had worked hard to ensure learning from incidents was common practice. The trust had trained an additional 18 staff in Root Cause Analysis (RCA). There had been a significant reduction in overdue serious incident reviews. In August 2020 there had been 72 overdue reviews. As of May 2021, this was down to 15. (Ref: p.18)*

*Staff knew what incidents to report and how to report them; they reported serious incidents clearly and in line with trust policy. Staff raised concerns and reported incidents and near misses in line with trust policy. The service had no never events. Managers debriefed and supported staff after any serious incident. Managers investigated incidents thoroughly. Staff received feedback from investigation of incidents, both internal and external to the service and met to discuss the feedback and look at improvements to patient care. (Ref: p.27)*

*Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. Staff received feedback from investigation of incidents, both internal and external to the service. The trust circulated quality and safety briefings, learning from experience bulletins and quality improvement safety bulletins. These were sent out to all staff and discussed in team meetings. (Ref: p.40).*

The table below shows further aspects of our action plan that have been implemented and describes ongoing work to continue to improve practice.

## Action Progress and Implementation

	Action	Progress	Status
1.	To hold training workshops that include presentations from service users, outlines of good practice, presentation of audit results and lessons learned from incidents for teams to develop their expertise and practice in dual diagnosis.	<ul style="list-style-type: none"> <li>The first of these workshops was held on the 24th January 2018 with representatives from all assessment teams and drug and alcohol services.</li> </ul> <p>Further developments: Rehabilitation &amp; Recovery teams, Primary Care Network (PCN) multi-agency teams and associated training plan as part of the Devon community framework has built upon this work.</p> <ul style="list-style-type: none"> <li>Refreshed audit process in 2022 will enable further shared learning and development.</li> </ul>	
2.	To ensure staff receive training to develop their skills in working with dual diagnosis and to ensure they follow best practice.	<ul style="list-style-type: none"> <li>Core clinical skills training for working in partnership with clients has been and continues to be delivered to our core mental health teams.</li> <li>In addition, we have developed an e-learning awareness course on dual diagnosis that is mandatory for all community and ward staff. Further training to build on this foundation has been developed - specifically modules for the community mental health framework implementation led by the Adult Directorate Clinical Director in conjunction with Together drug and alcohol services</li> </ul> <p>Further developments: New substance misuse roles within Rehabilitation &amp; Recovery teams' will also be responsible for upskilling the wider team. This will be augmented by ongoing peer supervision between mental health and drug and alcohol services.</p>	
3.	To develop community assessment staff skills by spending time in drug and alcohol services.	<ul style="list-style-type: none"> <li>We had a rolling programme of our community staff shadowing drug and alcohol workers in their clinics.</li> <li>We continue to improve the number of clients who receive joint assessments from community and drug and alcohol team staff across Devon.</li> <li>The Mental Health Single Point of Access (SPA) process includes a question to identify the need for joint assessment in the triage form; this is supported by a joint assessment indicators reference guide.</li> <li>Individuals triaged as having a possible dual diagnosis are offered a joint assessment with both DPT's mental health assessment services and drug and alcohol service staff in one appointment.</li> </ul>	

	Action	Progress	Status
		<ul style="list-style-type: none"> <li>• Meetings in all areas of Devon between our community teams and the local drug and alcohol services have been embedded. These meetings include clinical discussion about people on the teams' caseloads for which the drug and alcohol services may provide some consultation, discuss how joint working may benefit the client and develop skills and understanding across services. This approach will be developed further through a multi-agency team approach as part of the new community framework.</li> <li>• Joint assessments with drug and alcohol services are also offered to older service users via our Older People's Mental Health Teams (OPMH). The OPMH teams work closely with voluntary agencies in the community who support older people with drink or substance misuse problems.</li> <li>• The OPMH directorate is currently standardising this joint working to ensure that best practice is standard across all of its teams in Devon.</li> </ul> <p>Further developments:</p> <ul style="list-style-type: none"> <li>• PCN multiagency teams review of cases / potential referrals enables identification of joint assessment needs or partnership working between adult or older adult mental health and other agencies to enable a holistic personalised plan.</li> </ul>	
4.	Ensure that individual clients' care is reviewed in staff supervision.	<ul style="list-style-type: none"> <li>• Clients with a possible dual diagnosis can now be readily identified on Care Notes; reports are run regularly to guide managers on cases that should be reviewed in their supervision with staff.</li> </ul> <p>Further developments:</p> <p>Improved understanding of neighbourhood population needs via PCN multi-agency teams will enable a community focussed approach to supporting individuals identified as dual diagnosis / complex psychosis enabling rapid access to mental health support via voluntary sector, housing employment support without GP referral.</p>	
5.	Provide a 'clinical bundle' of documents to enable easy access for staff to sources of good practice and an induction programme for new starters	<ul style="list-style-type: none"> <li>• This clinical bundle is in place and all assessment team staff have signed to say that they have read the key documents which are a 'Do's and Don't's' list, care planning guidance and a dual diagnosis good practice guide.</li> </ul>	

	Action	Progress	Status
		<ul style="list-style-type: none"> <li>• Induction checklists for mental health community staff have an additional item for induction to the local drug and alcohol team to ensure staff spend time in drug and alcohol services to build relationships and improve understanding of drug and alcohol misuse</li> </ul>	
6.	<p>Ensure that we work in partnership with the providers of supported accommodation to help residents retain settled, appropriate housing.</p>	<ul style="list-style-type: none"> <li>• This guidance is in place and practice has been audited achieving 90 -100%.</li> <li>• Development of joint working arrangements has been led by a multi-agency steering group. This group have recognised organisational changes that have occurred though the embedding of joint working and information practices.</li> </ul> <p>Further developments: Building upon this multi-agency approach and further developing a holistic and community focussed approach is central to the ongoing community developments.</p>	
7.	<p>Auditing and monitoring progress</p> <p>The standard of care for those with a dual diagnosis is measured once a year since 2017 via a multi-agency audit and patient survey.</p>	<ul style="list-style-type: none"> <li>• The 2018 audit showed some challenges with arranging joint assessments, which were explored and discussed with the drug and alcohol service providers and local authority commissioners to consider how we may further develop our partnership working.</li> <li>• The most recent audit carried out in December 2019 – January 2020 showed an improvement in many areas of joint working, there continue to be areas for improvement; local teams are working together to agree and implement the recommendations of the audit.</li> <li>• Improvement plans have focused on the multi-agency aspect and have been supported by multi-agency workshops which included presentations from service users, outlines of good practice, presentation of audit results and lessons learned from incidents for teams to develop their expertise and practice. Representatives from all assessment teams and drug and alcohol services attended.</li> </ul> <p>Further developments: Developments to implement the Devon Community Framework commenced in Summer 2021. All local implementation teams include drug and alcohol services as a key member of the multi-agency team. Established clinical discussion and integrated working will continue to be built upon through these developments.</p>	

	<b>Action</b>	<b>Progress</b>	<b>Status</b>
		<ul style="list-style-type: none"><li data-bbox="671 159 1297 360">• Audit was paused in 2020/2021 due to challenges and pressures presented by the covid-19 pandemic. Audit has now been re-established and data collection for the 7<sup>th</sup> phase of the audit for 2021/2022 is currently taking place.</li></ul>	