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| 1. **Commissioning to allow earlier intervention and responsive crisis services** | | | | |
| **No.** | **Action** | **Timescale** | **Led By** | **Outcomes** |
| **Matching Local Need with a suitable Range of Services – Commissioners** | | | | |
| 1. | Commissioners and mental health service providers to work with ambulance services to develop effective pathways to refer appropriate patients engaging with the ambulance service (999, 111).  To support patients where deterioration in mental state is identified. | April 2018 | **CCGs,** with Mental health providers | Effective and timely pathways in place 24/7, avoiding ED unless necessary. |
| 2. | Commissioners to work with ambulance service to develop robust mechanisms to deliver immediate access to informed mental health advice 24/7.  This may include development of mental health professionals within ambulance control room functions, and other specialist mental health interventions. | April 2018 | **CCGs,** with Ambulance service | Access to mental health information and advice available 24/7. |
| 3. | A mental health specialist will work jointly with the police in Berkshire to assess individuals who come to their attention as presenting with possible mental health issues | March 2018 | Berkshire Healthcare Foundation Trust | Together the police and health based staff will ensure that all S136 detentions are correct and appropriate for the individuals needs and taken to a place of safety.  The most appropriate response to the situation will be made at the first point of contact and consequently individuals will have a better experience when they are seen by the Police in a crisis.  Quarterly report on service performance. |
| 4. | Developing a culture of ‘zero suicide’ within Berkshire Healthcare Foundation Trust to improve care and outcomes for individuals at risk of suicide who come into contact with BHFT mental health services. It represents a commitment to patient safety and also to the safety and support of clinical staff, who do the demanding work of treating and supporting suicidal patients. | March 2019 | Berkshire Healthcare Foundation Trust | Staff will feel confident in their practice when working with patients who are at risk of suicide.  Monitored through number of people accessing suicide awareness training and records audited monthly to ascertain standards of record keeping. |
| **Mental Health Emergency Crisis Services Response Times** | | | | |
| 5. | All patients referred urgently to our Berkshire Crisis Response Home Treatment Team [CRHTT] from the Trusts Common Point of Entry [CPE] service (our referral service) are contacted within 4 hours. | Current | Berkshire Healthcare Foundation Trust | Patients will be contacted within four hours improving patient and relative satisfaction.  Quality schedule 16/17 |
| 6. | Out of Hours Crisis calls received directly by CRHTT from patients or relatives will be responded to within 1 hour by the service and where a visit is clinically required this will happen in 4 hours. | Current | Berkshire Healthcare Foundation Trust | Patients and carers will feel supported by the service because they know what service they can expect to receive.  Quality Schedule 2016/17 |
| 7. | Wexham Park Hospital (Frimley North) A&E – 80% of the referrals from A/E staff to the Mental Health A/E Liaison team will be assessed within two hours of referral provided the patient is physically well enough to undertake the assessment. | Current | Berkshire Healthcare Foundation Trust | All patients presenting with mental health problems at Wexham Park Hospital are receiving timely and appropriate care for their mental health need whilst in A&E.  Reported through quarterly audit of 20 cases. |
| 8. | Royal Berkshire Hospital A&E - referrals from A/E staff to the Mental Health A/E Liaison team that are deemed an emergency will be assessed within one hour of referral providing the patient is well enough to undertake the assessment | Current | Berkshire Healthcare Foundation Trust | All patients presenting with mental health problems at RBH are receiving timely and appropriate care for their mental health need whilst in A&E.  Implemented and monitored monthly as Key Performance Indicator |
| 9. | Quality improvement methodology that has been piloted and shown to reduce the numbers of patients failing to return [from approved leave] will be implemented across all mental health wards at Prospect Park Hospital during 2016-17.  Work will continue with regards to reducing patients absconding from a mental health ward. | March 2017 | Berkshire Healthcare Foundation Trust | There will be less patients [in crisis who have been admitted to a mental health ward] failing to return from approved leave and this will be reported quarterly as a Trust CQUIN.  Absconding’s will be reduced.  Both interventions will ensure the safety and continuity of treatment and patient care, whilst at the same time releasing police resources from dealing with this issue |
| 10. | Work will be undertaken to ensure the consistent use of definitions relating to patients going Absent With Out Leave [AWOL] or Absconding from in- patient care.  This is being undertaken in conjunction with TVP, Oxford Health FT, and CNWL FT | September 2016 | Berkshire Healthcare Foundation Trust | Definitions will be standardised, used and understood by all agencies who may become involved with this issue.  Monitoring of implementation by PIP. |
| 11. | TVP will develop a process and then gather and share data relating to the timely access to services for those people in mental health crisis in custody; specifically:   * Access to AMHP and s12 Dr * Delay in assessment * Delay in application for admission * Delay in access to appropriate transport | On-going | Thames Valley Police | To improve data collection to inform timely access to:  AMHP  Avoid delay in assessment  Avoid delay in hospital admission  Avoid delay to convey patient by appropriate transport service |
| 12. | TVP will report on difficulties associated with transport for the transfer of patients from custody:  • Where there is a delay in service  • Where SCAS ambulance unavailable  • Where secure provision unavailable  TVP will work with Mountain Healthcare and Liaison and Diversion services in custody to ensure that Community Crisis Resolution Teams are informed asap of a person in custody who may require a service | On-going | TVP | To monitor the response time to convey mental health patient to hospital in a timely manner and ensure response time is standards are met by responsible organisations |
| **Responsive Ambulance Times** | | | | |
| 13. | Commissioners to support the development of robust mechanisms to provide local Directories of Services [DoS] (via 111 where possible).  This should incorporate the development of single points of access to minimise geographical uncertainty and clarify pathway options. | April 2017 | **CCGs,** with mental health providers, ambulance service | Accurate and reliable DoS available to SCAS. |
| 14. | Improvement in response times for section 136 patients and police requests for movement of patients to a place of safety | April 2017 | CCGs with ambulance service and Thames Valley police | Meet national standards and improved patient experience |

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| **2. Access to support before crisis point** | | | | |
| **No.** | **Action** | **Timescale** | **Led By** | **Outcomes** |
| **Improve Access to Support via Primary Care** | | | | |
| 15. | A specialist training programme will be provided to GP’s and teaching staff which will help them spot emerging mental health issues in children and young people and give them the confidence to know how best to manage the situation.  There will be better links between school /Local Authority staff and specialist mental health services so that worried practitioners access help before problems escalate to crisis. | April 2016 | Berkshire Healthcare Trust and Commissioners | Mental Health issues in children and young people are more likely to be identified at an early stage in education and primary care settings and be dealt with appropriately. |
| 16. | An evidence based parent training course will be available to more families who have a child under the age of 8 years with conduct disorder | April 2016 until August 2017 | Local Authorities and CCG Commissioners | * A reduction in additional 1-1 resources utilised in schools and nurseries in order to manage difficult behaviour * A reduction of referrals into social care as a result of family breakdown * A reduced demand on NHS services including A&E through a reduction in high risk behaviour associated in conduct disorders * Reduced stress and anxiety in parents would lead to a further reduced demand in GP services * Increase in school readiness and engagement * A reduction in community anti-social behaviour * Reduction in future school refusing and an increase in school attendance and attainment |
| **Social Services Contribution to Improved Emergency & Crisis Response Times** | | | | |
| 17. | TVP will work with Mountain Healthcare and Liaison and Diversion services in custody to ensure that MHA assessments are appropriately requested  TVP will monitor and report on delays in assessment for those individuals who are detained in police custody  TVP will share that information with partners | September 2017 | Thames Valley Police | Maintain a log on those delayed assessments of those held in custody |
| **3. Urgent and emergency access to crisis care** | | | | |
| **No.** | **Action** | **Timescale** | **Led By** | **Outcomes** |
| **Improve CAMHs Alternatives to Admission and Access to Tier 4 Beds** | | | | |
| 18. | Pilot a CORE 24 compliant Urgent Care Response Team for all children and young people under the age of 18 years who present with an acute mental health need that requires an urgent mental health assessment and plan of care | Start March 2015 for 12 months | Berkshire West CCGs Head of Children’s Commissioning  Berkshire Healthcare Trust  RBFT Urgent Care | Expected outcomes/benefits (KPIs are in development)   * Reduction in overnight beds in A&E/Medical Assessment Unit * Reduction in use of Paediatric beds * Reduction in time waited for young people and families * Increase in service user & partner agency participation to shape service * Increase in community assessments * Identifying risks earlier * Increase in multi-agency working * Developing new practice * Empowering partner agencies by support and training |

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| **Improved quality of response when people are detained under Section 135 and 136**  **of the Mental Health Act 1983** | | | | |
| **Improved Ambulance Response Times for S135 & S136 Detentions** | | | | |
| **Improved Training and Guidance for Police Officers**  **Patient Safeguarding and Safety** | | | | |
| **Staff Safety** | | | | |
| 19. | | BTP – Police training  Mandatory internal training in Suicide prevention and MH awareness for all student officers and 1st line managers, voluntary training for all other officers. External training offered to all officers from Samaritans. Joint agency training with other organisations wherever possible for locally based BTP officers:  BTP will undertake to an escalation process where a specific location has experienced three or more suspected suicides or injury attempts in the past 12 months. BTP together with NWR will collate relevant information and approach local authority and health partners to identify and address the concerns and work together to target identified vulnerable groups to prevent future incidents and promote partnership working and training  Community Outreach locations, BTP has identified locations that create concerns for BTP and NWR due to the number of incidents as well as the disruption to travelling public, once identified as a concern location, various contacts will be made with partner agencies and area demographics identified to enable some direct targeting of vulnerable groups to promote suicide prevention.  Police lead proactive Operations (Previously Op Avert) to prevent suicidal behaviours, identify vulnerable persons and signpost and support them in ascertaining the best support processes for them and their crisis. | On-going/Current  On Going/Current  On Going/Current  Planned for April/May 2016 and Sept/Oct which are identified as peak times both nationally and with BTP | BTP – Insp 0438 Smith  BTP – Insp 0438 Smith  BTP – Insp 0438 Smith  BTP – Insp 0438 Smith | Improved awareness and understanding of vulnerable persons in crisis and of each organisations processes and priorities. All training will be reviewed and upgraded to ensure that Authorised Professional Practice guidelines from College of Policing are included.  Partnership working and fast time awareness of future incidents. Saving of life and prevention of future behaviour, improvement passenger safety and exposure to suicidal/crisis behaviour  Partnership working. Saving of life and prevention of future behaviour, improvement passenger safety and exposure to suicidal/crisis behaviour  Partnership working and identification of vulnerable persons, Saving of life and prevention of future behaviour, improvement passenger safety and exposure to suicidal/crisis behaviour |
| 20. | | TVP will continue to support the National Restraint Expert Reference Group as they develop the national policy for police restraint of patients  TVP will provide support for understanding by partners when that policy is published  TVP will work with partners to improve the joint working protocol for reporting and management of patients who are absent or missing | On-going | TVP, BHFT & LAs | Follow the recommendations from the National Restraint Expert Reference Group when published in 2017 |
| 21. | | TVP will record, monitor and report on all usage of places of safety  TVP officers will ensure that Health Based Places of Safety are their default location and will report on any difficulties in accessing the HBPoS  TVP will support the implementation of amended legislation and code of Practice which is being debated in the Policing and crime Bill. | On-going | TVP | Monitor usage of PoS  Report mental health patient held in police custody in exceptional cases when PoS is not available |
| 22. | | TVP will monitor and review complaints against police where mental ill health was an element of the complaint – organisational learning will be provided as necessary | On-going | TVP | Monitor complaints and provide adequate training to officers |
| 23. | | TVP will support the development and delivery of any National Police Training package from the college of policing | On-going | TVP | As part of officers training and development based on the National Guidance for Police Training |
| 24. | | TVP will support training to ensure that the Safeguarding Vulnerability and Exploitation programme brings together all aspects of safeguarding in order to ensure when responding to incidents, encounters and calls for service, TVP is equipped to deal with them effectively. The SaVE programme includes adults at risk which will include response to mental health. | On-going | TVP | Monitor training of officers as described in the National Police Training Guidance |
| 25. | | TVP will continue to support existing triage services  TVP will, where appropriate, support development and expansion of existing triage services  TVP will support and encourage the development of triage in areas not currently covered. | October 2017 | TVP, BHFT, CCGs, LAs, SCAS | TVP will maintain its current investment to support the street triage service in 2017/18 and beyond |
| 26. | | TVP will record, monitor and report on all usage of S136 including location of place of safety  TVP will work with partners to ensure all use of s136 is the least restrictive means of accessing care.  TVP will record all events of repeat use of S136 on an individual  TVP will record, monitor and report on all usage of S135(1) | On-going | TVP | Continue to reduce the usage of Section 136 with support from the Street Triage Service  Produce regular report to commissioners on the effectiveness of the street triage service in Berkshire West |
| 27. | | Data Sharing, BTP will commit to sharing data, within appropriate guidelines, to enable all parties to understand the demand and impact of incidents relating to suicide, suicidal behaviour and mental health on the railway. This will be produced on a yearly basis and updated after every financial quarter. Further data can be shared on an ad hoc basis where relevant  Awareness and circulation of the BTP Suicide Prevention Hotline number within health and other relevant agencies to ensure that fast time sharing of information of vulnerable people when risk is high towards railways where lethality is a concern is understood and completed | First yearly report for the financial year 2015/16 is already circulated, updates will be available going forward  Current – On going  Current and on going | BTP – Insp 0438 Smith  BTP – Insp 0438 Smith | Partnership working to understand demand and impact, to monitor activity and understand peaks and troughs in behaviour  Fast time sharing of information |
| **Response from Community Substance Misuse Service Providers** | | | | |
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| **4. Quality of treatment and care when in crisis** | | | | | | | | |
| **No.** | | | **Action** | **Timescale** | | **Led By** | | **Outcomes** | |
| **Review Police use of Places of Safety under the Mental Health Act 1983 and Results of Local Monitoring** | | | | | | | | |
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| **Use of Restraint – Knowledge & Skills of Workforce** | | | | | | | | |
| 28. | | | Calming (De-escalation areas) will be introduced to all mental health ward environments | March 2017 | | Berkshire Healthcare Foundation Trust | | Patients who are highly agitated and who may become or are presenting as violent and aggressive, have a dedicated space to de-escalate. This means staff can utilise physical and non-physical de-escalation strategies to manage the situation using least restrictive means, in line with best practice and whilst maintaining privacy and dignity for the patient.  NB BAU is now an inpatient unit and Sorrel is being redesigned  Report when completed | |
| 29. | | | All mental health inpatient and crisis response home treatment team staff will be provided with Breakaway training to enable appropriate prediction, prevention and safe management of situations where an acutely unwell patient may be a risk to staff and others. | March 2017 | | Berkshire Healthcare Foundation Trust | | Staffs are supported to maintain both their own personal safety and that of their patients.  Training compliance report | |
| 30. | | | All patients who are at risk of having restrictive interventions utilised on them will have the opportunity to agree a care plan with staff for the prevention and management of violence and aggression, which focusses on recognition and primary and secondary preventative strategies to manage violence and aggression, as well as identifying preferred physical interventions where appropriate. | March 2017 | | Berkshire Healthcare Foundation Trust | | Staffs are involving patients in their own risk management and decision making around their care and treatment when in crisis. Best practice guidance and Department of Health objectives to minimise the use of restrictive practices and focus care on proactive prevention strategies are embedded and patients are managed using least restrictive means  Monthly combined risk audit | |
| 31. | | | The Royal Berkshire NHS Foundation Trust will review their mental health training needs analysis and training plan, last completed in 2013. This will include:   * Conflict resolution/de-escalation training * MCA/DoLS training * MHA training * Knowledge of management of patients with mental illness appropriate to the service e.g. dementia, management of mental illness in CYP | June 2016 | | Royal Berkshire NHS Foundation Trust | | The RBFT staff will be better equipped to understand patients’ mental health conditions and to respond/manage appropriately | |
| 32. | | | The Royal Berkshire NHS Foundation Trust will review the resilience of our security arrangements to manage the consistently high number of patients with mental health illness and/or with alcohol or substance abuse attending and admitted to our services, particularly patients with mental health illness who are triaged as red risk:   * Capacity of security officers to respond * The adequacy of the environment for patients * The adequacy of CCTV and swipe card access * Capacity of ED/AMU to provide 1:1 or additional nursing * Capacity of the Local Security Management Specialist to deliver conflict resolution/de-escalation training * Negotiate a local tariff for management of patients with mental health illness while they are in crisis with the CCG | September 2016 | | Royal Berkshire NHS Foundation Trust | | The RBFT security arrangements and services will be more resilient and experience and safety of patients with mental health illness in crisis will be more consistent | |
| **Primary care response** | | | | | | | | |
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| **5. Partnership Working** | | | | | | | | |
| **No.** | | **Action** | | | **Timescale** | | **Led By** | | **Outcomes** |
| **Monitoring Progress and Planning Future System Improvements** | | | | | | | | |
| 33. | | Patients who are identified as frequently coming into contact with Ambulance/Police or A/E services will have this information shared confidentially between partner agencies. Where needed specific multiagency plans of care will be shared, which will specific actions to be or not to be taken by agencies in specific situations.  This issue will be a standing agenda item at the Berkshire multiagency/service Protocols in Practice meeting, hosted by BHFT. | | | Current | | Berkshire Healthcare Foundation Trust | | The police, ambulance and A/E services will be able to understand what the most appropriate care for an individual is when they are in mental health crisis.  Monitored by PIP |
| 34. | | Maternity Services will review the training needs analysis for perinatal mental health.  Review Maternity mental health guideline to include PMS response times, back up contact procedures, first line medication for agitated patients and how this can be found in the RBH and details of how staff can access Mental Health trained nurses to provide 1-1 care.  In line with the recommendations in the document Spotlight on maternity Services, we will review and if necessary improve the information available to maternity staff to ensure they are aware of local perinatal mental health pathways | | | December 2016 | | Royal Berkshire NHS Foundation Trust | | Staff will be better informed on early detection of perinatal mental health and the risks associated with it. |
| 35. | | Royal Berkshire NHS Foundation Trust (RBFT) will review their 2014-15 self-harm and suicide prevention action plan, to take into account outstanding actions, incidents/near misses during 15/16, ligature audit to be carried out in May 2016 and lessons from local/national inspections. The plan will be monitored by the self-harm and suicide prevention working group, chaired by the RBFT Mental Health Co-ordinator; Reading Samaritans are represented on this group. | | | June 2016 | | Royal Berkshire NHS Foundation Trust | | Further reduce and minimise risk and occasions of self-harm/suicide attempts by patients in crisis in the wards/departments and on the RBH site, provide a safe environment for patients of all ages in crisis attending or admitted to the RBH. Learn lessons and act on those lessons when there is an incident or near miss. |
| 36. | | The Royal Berkshire NHS Foundation Trust will agree and approve a Mental Health Policy, that includes procedural documents and guidelines covering:   * Contact details * Referral pathways, ED and wards to PMS and CAMHS * Emergency response to a mental health crisis within RBH * SOP – ED/PMS * Guidelines for searching patients’ property * Safeguarding/vulnerability flags on EPR   6 month review to include:   * Absconders flow chart * Review of rapid tranquilisation * Absent without leave * Death of a detained patient * SOP – CAMHS Urgent Care pilot   This has/will be achieved through joint working with BHFT PMS | | | August 2016  Nov 2016 | | Royal Berkshire NHS Foundation Trust | | Clear pathways and ways of working between the mental health services provided by BHFT for the patients who attend RBFT that will support continuous improvement in patient/staff experience and patient safety and outcomes.  Parity of esteem - provision of equitable and high quality care to all patients with mental health illness who attend the RBFT.  Policy statement concerning the roles and responsibilities from board to ward in relation to the care of patients with mental illness. |
| 37. | | The Royal Berkshire NHS Foundation Trust will continue to work with the BHFT PMS services to:   * Analyse every Emergency Department 4 hour quality standard breach involving patients with mental health illness * Analyse Datix incidents identifying inappropriate referrals to the Emergency Department * Identify frequent attendances of patients with mental health illness to the Emergency department * Use this information to inform service and pathway improvement and commissioning intensions | | | Already in place:  Monthly ED/PMS operational meetings  Bi-monthly RBFT/BHFT senior management team meetings | | Royal Berkshire NHS Foundation Trust | | Continuous improvement in patient/staff experience and patient safety and outcomes.  Parity of esteem - provision of equitable and high quality care to all patients with mental health illness who attend the RBFT. |
| 38. | | TVP mental health lead will continue to co-ordinate publication of the interagency joint working protocol. Updates will be distributed via the MHCCC chair to all users.  TVP will continue to engage with the local operational management groups (PiP) where compliance with the joint working protocol and scrutiny of performance information takes place | | | On-going | | TVP | | Under the PiP agreement TVP will continue to commit joint working across multi agency and pro-actively support new initiatives to enhance performance |