

Item

Action

SAFETY

17/9 Mortality Review Q3 (October 2016-December 2016)

The Committee received and discussed the report. The following key points were reported:

- During Q3 there were a total of 80 deaths by natural causes:-
 - 73 of the deaths reported were of patients of Older People's services and a further 2 patients were over 70 at the time of their death.
 - Of the 5 patients under 70:-
 - 1 (aged 47) died of cancer
 - 1 (aged 63) died of cardiac arrest following a hip operation
 - 1 (aged 60) died of kidney failure
 - 1 (aged 56) died of physical health issues related to alcohol misuse
 - 1 (aged 66) died of heart failure
- There were 8 suspected suicides. The highest cause group was overdose.
- There were 10 unexpected deaths. All 10 were reported from community teams.
- One PFDR was received in December relating to services available to patients with alcohol/drug dependency.

The following key points were raised in discussion:

- There was a peak in suspected suicides at the end of 2016.
- Suicide prevention is high on the national agenda.
- A review using a structured questionnaire is undertaken when a patient death is reported. This is signed off by the Clinical Director for the relevant service.

17/10 Neuro Developmental Service and CAMHS waiting times

The Committee received and discussed the report. The following key points were reported:

- The paper provides an update on waiting times within CAMHS Tier 3 services across the Trust and specifically provides an update on the position of the Trust in relation to the CAMHS Neurodevelopmental waiting times.
- The CAMHS Neurodevelopmental diagnostic service is funded through the block contract managed by South West London CSU on behalf of the 5 CCGs. Despite service remodelling and productivity improvements, demand for assessments has outstripped the capacity of the service and this has been accepted by CCG commissioners. Waiting times have exceeded 10 months and in November 2016 commissioners provided approx. £634k to reduce the waiting list backlog of 527 cases but indicated that no additional recurrent funding will be available in 2017/18.
- CCGs have therefore tasked the Trust with developing alternative service models and reviewing and revising the current eligibility criteria to focus specifically on those cases where a clear mental health or co-morbid condition is indicated. The effect of reviewing and revising the criteria must be to reduce the number of children and young people who are able to access a full diagnostic assessment from the Trust

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and will require extensive engagement to stimulate existing resources across social care and education services to support the new care pathway.

The following key points were raised in discussion:

- When a referral is received, it is reviewed by a clinician. A lot of background information is provided. A small number are prioritised. If further additional information is received this is also assessed.
- The capacity is for the team to undertake 750 assessments per year. The team is currently receiving approximately 25 referrals per week.
- The CAMHS Neurodevelopmental service backlog is being reduced with the longest waiters being prioritised. The funding for this activity is non-recurrent. This impacts on the Trust agency reduction plans and NHSI targets.
- Current service model, when benchmarked against other providers, is seen as efficient and cost-effective.
- Threshold criteria to change to include a clear mental health component.
- CCGs and the Trust will jointly manage communications regarding the change in eligibility threshold, specifically engaging with local authority children's social care, education and public health. This sufficiently reduces demand to a level that can be sustainably met by the existing service.
- CCGs have outlined a timeline for implementation and are clear that the service will need additional funding until the criteria changes are introduced.
- The Committee were assured that incident data has been reviewed and there have been no incidents raised, although there have been complaints received due to the current delays in assessments being provided.

EXPERIENCE

17/11 Integrated Learning Report

The Committee received and discussed the report. The following key points were reported:

- The report provides a summary of key issues identified for learning and improvement.
- Quarterly learning is sourced from serious incidents, complaints, claims, safeguarding and audit findings. This report focusses on learning from serious incidents in more detail.
- 22 RCA investigation reports were completed and submitted to the South East Commissioning Support Unit (SESCU). 11 out of the 22 SI reviews identified recommendations for improvement over the past quarter. All actions are now recorded and monitored/tracked through the Trust's risk management system. The sign off process for SIs has been reviewed and strengthened.