

MPS Right Care Right Person (RCRP) Update

Kenneth Gregory – Director of Adult Integrated Commissioning - Lewisham Council & SEL ICB

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- On 19.10.23 the RCRP Task & Finish Group was established
- To capture the impact of RCRP implementation a risk log was initiated to Highlight risks and mitigations (Oct – Dec 23)
- 12 risk were identified by the RCRP T&F group and linked to RCRP Pillars.
- 7 risks were identified by directly contacting Leads (local update “Met Announcement implications document”)
- 3 risks were recently identified by London Ambulance (Jan 24)
- **In total: 22 risks were identified – linked to Pillars.**
 - Pillar 1 (Medical support): 6 risks.
 - Pillar 2 (Concerns for Welfare): 4 risk
 - Pillar 3 (Walk Out/ AWOL): 6 risks.
 - Pillar 4 (Transport and handover under section 136): 4 risks
 - All Pillar: 2 risks

Risk rated before and after mitigations

RCRP Pillar	N0 of Risks	Initial risk rate	After mitigation: Score rating	Comments
Pillar 1 (Medical support)	6 risks.	1 risk rate red (score 16) 4 risk rate orange (score 3x12, 9) 1 risk closed	2 risks rated orange (score 8.9) 2 risks rated green (score 2) 1 risk closed. 1 risk rated left blank	Risk closed: issue to be channelled to central Police risk register. Risk left blank: system still to be tested.
Pillar 2 (Concerns for Welfare)	4 risks	1 risk rated red (16) 2 risks rated orange (6,9) 1 risk rated green (3)	4 risks rated green (score 2,3)	
Pillar 3 (Walk Out/ AWOL)	6 risks	4 risks rated red (16) 1 risk rated orange (9) 1 risk closed	1 risk rated red (16) 2 risks rated orange (9,12) 2 risks rated green (2) 1 risk closed	Risk rated red: Mitigations need to be consistently implemented. System to be tested. Risk closed: Issue to be channelled to central Police register.
Pillar 4 (Transport and handover under section 136)	4 risks.	2 risks rated red (16) 2 risks rated orange 9,8)	2 risks rated left blank. 1 risk rated orange (12) 1 risk rated green (2)	Risks left blank: system still to be tested.
Across all Pillars	2 risks.	2 risks rated orange (6.12)	1 risk rated orange (8) 1 risk rated left blank	Risks left blank: system still to be tested.
Total Risk	22	8 risks rated red (16) 11 risk rated orange (6-12) 1 risk rated green (3) 2 risks closed	1 risk rated red (16) 6 risks rated orange (8-12) 9 risks rated green (2) 4 risks rated left blank. 2 risks closed.	

Risk rated red (16) – after mitigation

RCPC Pillar	Organisation	Risk	Mitigation	RAG after mitigation
Pillar 3: Walk Out/ AWOL from health care.	LGT NHS	MH patient who attends ED and assessed but goes missing and present risk for themselves and others. Initially risk rated red (score 16) and kept at the same risk rate after mitigations.	<ul style="list-style-type: none"> Expectation for CMHT to follow the cases and liaison with MH Liaison Team 	<p>Score 16 (Red)</p> <p>Documented risk approach still needs to be consistently implemented for all patients.</p> <p>Trust is working with other acute Trusts and partners in designing and agreeing a 'London Welfare Concerns Policy'. This is due to be completed in February 2024.</p>

Risks RAG left blank after mitigations

Risk Pillar	Organisation	Risk	Mitigation	RAG after mitigation
Pillar 1: Medical Support	LBL/ SEL	Limited/ lack of information provided to people who may have concerns about individuals and not knowing to whom to contact in first instance (Initially rated orange – score 12)	<ul style="list-style-type: none"> Managing expectations and able to provide information and signposting. A brief information about RCRP has been published in the Lewisham Health and Care Partnership (LHCP) Stakeholder Bulletin in Dec 2023. 	<p>Score left blank</p> <p>System still to be tested</p>
Pillar 4: Transport and Handover under s136	SLAM	Managing the proposed 60 min s136 handovers in the ED within the HBPOS, at the Maudsley (Initially risk rated red (16) – mitigations have not been tested.	<ul style="list-style-type: none"> Increased capacity to 6 at the HBPOS AMPH service and MPS to pilot a system of guaranteed pre-booked slots which the AMPH can re-prioritise and re-schedule in light of escalating risks. Weekly MHAA huddle requested for GM community services and Lead AMHP to prioritise and plan MHAA in the community. 	<p>Score left blank</p> <p>System still to be tested. Reported that no one has been brought to ED by s136.</p>
	LAS	Increased patients being taken to A&E under Mental Capacity Act due to absence of Police for Section 136.	<ul style="list-style-type: none"> Review of Sectioning and HBPOS enactment and conveyance requirement to ensure patients continue to be taken to the best place of care 	<p>Score left blank</p>
All Pillars	LAS	Difficulty obtaining Police support for LAS crews to attend perceivably dangerous scene due to RCRP. Subsequent delay to patient care due to Crews awaiting police presence for safety. (Initially rate orange – score 6)	<ul style="list-style-type: none"> Specific case escalation to ensure prompt attendance where necessitated. Education to crews around appropriate police utilisation and additional training around dynamic risk assessments on scene. 	<p>Score left blank</p> <p>System still to be tested.</p>

Risks Closed

Pillar	Organisation	Risks	RAG/Close – Comments
Pillar 1: Medical Support	Police	Quality of Police triage calls linked to the new IT system implementation impacting on Police response and attending calls (linked to Statutory Review to be published next month- November 2023)	Risk closed. The Police holds a central risk register. Risks to be channelled to that central register
Pillar 3: Walk Out/ AWOL from health care.	Police	Impact of RCRP changes on how to manage people who go missing and providers access to relevant guidance.	Risk closed: Risk discussed with Police rep as it is a broader risk. To be channelled to the central risk register compiled by the MPS and NHS England. Supported Housing carried out two workshops for housing Providers, the Police and LAS attended workshops to support/ answer questions.- * Hence, this risk is closed

Risks RAG Orange (4-12) After Mitigations

Risk log summary:

	Organisation	Risks	Mitigations	RAG (after Mitigations)
Pillar 1: Medical Support	SLAM	<ul style="list-style-type: none"> Retraction of Police support impacting on family members and supported housing providers living with increasingly unwell and agitated service-users who are not engaging with MH services, and those who are waiting for MHA assessments. <p>Initial risk rated red (score 16), reduced to orange (score 9) following the introduction of mitigations.</p>	<ul style="list-style-type: none"> Supported housing providers have been provided with updated contact details for CMHTS and managers contacts details and have been advised to escalate to SLAM managers where they are struggling to support actively unwell people in the community. The language and thresholds of police screening tools need to be understood and be reflected in the wording of our risk assessments, crisis plans, and, in the guidance, we offer to carers and to housing providers. Police case studies exemplars have been circulated to SLAM, ASC, housing providers and service-users/carer groups. 	Score 9
	SLAM	<ul style="list-style-type: none"> The threshold for Police attendance to “domestic” incidents involving mental illness will be even higher impacting on demand from providers. Initial risk rated orange (12), reduced to 8, following the introduction of mitigation 	<ul style="list-style-type: none"> Language and thresholds of Police screening tools need to be understood and reflected in the wording of risk assessments, crisis plan and, in the guidance, offered to providers. Request for a pro-active approach from the CMHT’s for support and engagement when people are at risk of deterioration. Discussion with service users and carers at the advisory group Discussed in Community Bronze meeting. Case studies and exemplars were circulated to SLAM, ASC, Housing Providers, Service users and carer groups. Facility for Datix monitoring of RCRP incidents 	Score 8

Risks RAG Orange (4-12) After Mitigations

<p>Pillar 3: Walk Out/ AWOL from health care.</p>	<p>SLAM</p>	<ul style="list-style-type: none"> • SLAM under pressure to manage this pillar as there was over reliance on the Police (Initially risk rated red (score 16) reduced to orange (score 9) after mitigations. 	<ul style="list-style-type: none"> • A new s135 protocol circulated to inpatient teams and training delivered stressing that s135(2) warrant application should be a last resort. • SLAM better prepared and Datix system in place for escalation and it is reviewed daily by Head of Nursing. • Protocol has been circulated to all staff. • HBPoS increased capacity to 6 • 136 Hub active for advice and identification of HBPoS • Trust has updated the Policies and procedures for managing patient absences. • The expectation is that staff would conduct welfare checks on their patients. • Ensure all Staff have mobile phones when doing welfare checks. • We will be piloting a mobile Alarm system like that used by CMHTs for Staff doing welfare checks in the new year. • Ensure Risk assessments are done before carrying out welfare checks. • Consider doubling up staff during checks. 	<p>Score 9</p>
	<p>LGT NHS</p>	<ul style="list-style-type: none"> • MH patient who goes missing from the ward and present risk for themselves and others. Initially rated red (score 16) and reduced to orange (score 12) 	<ul style="list-style-type: none"> • All adult inpatient areas have controlled access. • Increased number of CCTV cameras have been installed ensuring that all entrances/exits to the site are covered and these are linked to the security control room. • Monthly Missing Person meeting where issues and concerns are discussed. • Missing person Policy is being reviewed and updated. • All areas have control access. • Teams asked to report if a patient goes missing from the wards and ED by using the incident reporting system. • The themes and trends emerging from the reported incidents will be addressed and monitored at the Trust missing person group. • High risk patients are being referred to the Police. • Trust working with other acute Trust and partners in designing and agreement a "London Welfare Concerns Policy" to be completed in February 2024. 	<p>Score 12</p>

Risks RAG Orange (4-12) After Mitigations

<p>Pillar 4: Transport and Handover under s136</p>	<p>LGT NHS</p>	<ul style="list-style-type: none"> Pressures in ED due to additional demands such as winter pressures. (Initially risk rated red (16) reduced to orange (score 12) after mitigations 	<ul style="list-style-type: none"> Escalation plan in place at UHL for additional security 2 RMN booked every shift in ED with agreement to increase dependant on the number of MH patients and the acuity in department. Finalisation of CODE 10 protocol in progress with implementation in early 2024. 	<p>Score 12</p>
<p>All Pillar</p>	<p>LAS</p>	<ul style="list-style-type: none"> Holistic increase in LAS workload as perceivably default alternative to RCRP pillars not accepted by Police Force. (Initially rate orange – score 12) 	<ul style="list-style-type: none"> Increased Call Handling staff to re-triage calls directly send from Police Force via electronic 'CAD LINK' Additional Call Handling Questions for Concern for Welfare and Walkout/AWOL pillar calls to ensure suitability for Ambulance Dispatch. Additional review required as RCRP evolves 	<p>Score: 8</p>

Risk RAG Green (1-3) after mitigations

	Organisation	Risks	Mitigations	RAG (after Mitigations)
Pillar 1: Medical Support	SLAM	<ul style="list-style-type: none"> Anticipated increased calls to the SLAM Crisis lines. Initial risk rated (score 12), reduce to green (score 2) following the introduction of mitigations. 	<ul style="list-style-type: none"> The Crisis Assessment Team (CAT) is staffed jointly by SLAM and Police 111 press 2 practitioners will triage and deploy the CAT as required. Request to revisit crisis plan	Score 2 SLAM feedback not evidence of significant increase in call to SLAM crisis line since RCRP
	SLAM Liaison (Direct contact with this service)	<ul style="list-style-type: none"> Any patient brought in on s136 may require medical clearance before being diverted to appropriate services eg. <u>HBPoS</u>. (Initially rated orange – score 9) 	<ul style="list-style-type: none"> Assist police with ensuring ED staff documents that the patient is medically optimised, so the patient can be moved if necessary. 	Score 1

Risk RAG Green (1-3) after mitigations



Pillar 2: Concerns for Welfare	SLAM	<ul style="list-style-type: none"> Level of call for "welfare checks" regarding adult mental health services, indicating more pressure to already busy teams (Initially risk rated orange (6) reduce to green (score 2) after mitigation) 	<ul style="list-style-type: none"> Internally managed by SLAM and Police requested only when there are serious concerns about harm, unable to gain access (suspected suicide) and Police powers of entry could justifiably be used. The Trust updated Policies and procedures to manage patient absences. The expectation is the staff would conduct welfare checks on their patients. To pilot a mobile Alarm system like that used by CMHT for staff doing welfare checks in the new year. Considering doubling up staff during welfare checks. Ensuring risk assessments are done before carrying out welfare checks. 	<p>Score 2</p> <p>No evidence of significant increase in need for services to carry out welfare checks since RCRP. Risk level downgraded - suggest close.</p>
	SLAM Liaison (Direct contact with this service)	<ul style="list-style-type: none"> Informal patients who are suicidal or risk to others may be at risk. Patients who are at risk of harm to others or self and unknown to services will pose a risk as team are unsure of the severity of risk. (Initially rated orange -rate 9) 	<ul style="list-style-type: none"> Needs further discussion 	<p>Score 2</p>
	SLAM Inpatient (Direct contact with this service)	<ul style="list-style-type: none"> Informal patients may leave the ward and not return for one reason or another. There mental state could deteriorate significantly if they do not receive appropriate treatment in time. (Initially rated red- score 16) 	<ul style="list-style-type: none"> The Trust has updated the Policies and procedures for managing patient absences. The expectation is that staff would conduct welfare checks on their patients. Ensure all Staff have mobile phones when doing welfare checks. We will be piloting a mobile Alarm system like that used by CMHTs for Staff doing welfare checks in the new year. Ensure Risk assessments are done before carrying out welfare checks. Consider doubling up staff during checks. 	<p>Score 3</p>
	ASC Gateway (Direct contact with this service)	<ul style="list-style-type: none"> Staff to be aware of the correct process of calling the police to get the right response. (Initially rated green- score 3) 	Dissemination of information the October Broadcast RCRP (general information and scenarios) Discussion at team meetings <ul style="list-style-type: none"> To attend RCRP workshops organised by supported housing 	<p>Score 2</p>

Risk RAG Green (1-3) after mitigations

<p>Pillar 3: Walk Out/ AWOL from health care.</p>	<p>SLAM Liaison (Direct contact with this service)</p>	<ul style="list-style-type: none"> Informal patients who are suicidal may be at <u>risk</u> (Initially rated orange – score 9) 	<ul style="list-style-type: none"> Any patients at risk of harm to self can be discussed with police. If known to MH services, Care co-ordinator can be contacted to make contact with the patient - cold call. LAS can be contacted to assist. 	<p>Score 2</p>
	<p>SLAM Inpatient (Direct contact with this service)</p>	<ul style="list-style-type: none"> Patients detained under the MHA (1983) who are AWOL and refuse to return voluntarily have to be brought back to the Ward under section 135/2. This may require forced entry and extraction/retake from their homes and returned to the hospital. (Initially rated red – score 16) 	<ul style="list-style-type: none"> Adopted the Affinity Protocol in Line with the new Pan London RCRP plan. AWOL Policy updated. Discuss any issues in the Police Liaison meeting which acts as an oversight and helps improve practice. Leave risk assessments for all patients before and after Leave. Patient Leave is regularly reviewed in the daily DCCMs with the MDT Work closely with Simon Jackson the Trust security officer to unpick issues and liaise with the Police. 	<p>Score 2 All actions in place</p>
	<p>SLAM Liaison (Direct contact with this service)</p>	<ul style="list-style-type: none"> Patient may get missed due to high acuity in the department. (Initially rated orange -score 9) 	<ul style="list-style-type: none"> All staff to keep check on patients within the department / ED staff to ensure that they contact MHLT re s136 patients 	<p>Score 2</p>

Risk RAG

			1	2	3	4	5
			Impact				
			Negligible	Minor	Moderate	Major	Catastrophic
1	Likelihood	Rare	1	2	3	4	5
2		Unlikely	2	4	6	8	10
3		Possible	3	6	9	12	15
4		Likely	4	8	12	16	20
5		Almost Certain	5	10	15	20	25
Likelihood							
	Rare	Cannot predict that an event of this type will occur in the foreseeable future. The event may occur only in exceptional circumstances.					
	Unlikely	The event could occur at sometime					
	Possible	The event should occur at sometime					
	Likely	The event will occur in most circumstances					
	Almost certain	The event is expected to occur in most circumstances					
Impact							
	Negligible	Minimal impact or no discernable impact at all.					
	Minor	Impact of risk materialising or opportunity lost is unlikely to have any permanent or significant effect					
	Moderate	Impact of risk materialising or opportunity lost will have a significant effect					
	Major	Impact of risk materialising or opportunity lost will have a serious effect					
	Catastrophic	Impact of risk materialising or opportunity lost will have a disastrous effect					

Thanks