

Private and Confidential

**Internal Review of
Serious Incident**

Initials: [REDACTED]
DOB: [REDACTED]
RTV: [REDACTED]

**Business Stream: Adults
Borough: Halton**

**Date of Incident: 18 June 2011
Date of Notification: 23 June 2011**

Terms of Reference Issued:	4 July 2011
Date Report Completed:	30 August 2011
Patient Safety Panel Approved:	21 December 2011
Trust ID No:	1538
StEIS No:	2011/11654
Incident No:	W36914
Review Team/Authors:	[REDACTED]
Report Reviewed By:	[REDACTED]
Report Amended:	27 October 2011, 15 December 2011

Contents

Item	Page Number
Summary of incident.....	4
Introduction.....	4
Aim of the Report.....	5
Background and Context.....	5
Limitations.....	6
Review Process.....	6
Relatives or carer involvement.....	6
Staff involvement.....	7
Any other Agency Involvement.....	7
Significant Events.....	7
Findings of the Review.....	15
Positive Practice.....	15
Care Management and Service and Delivery Problems.....	16
Analysis of the Findings.....	17
Actions already taken.....	18
Conclusion.....	18
Recommendations.....	18
Action Plan.....	19
Appendix 1 -Terms of Reference	
Appendix 2 - Personal details of Service User	
Appendix 3 - List of Staff/Relatives involved	
Appendix 4 – Interview with Crisis Team Manager	
Appendix 5 – Interview with Police Officer	
Appendix 6 – Integrated Acute Care Pathway Procedure	
Appendix 7 – Statement Information Received from Police	
Appendix 8 - National Treatment Outcomes Agency Outcomes Profile Monitoring Tool	

Summary

██████████ is alleged to have drowned a 57 year old father of six on 18 June 2011, during a fishing competition at Great Sankey Park Warrington.

Following the incident he was taken to Runcorn Custody Suite.

The incident was reported to the Trust by Team Manager, [REDACTED] at Ashley House. A fast-track incident form was completed 23 June 2011 in accordance with the Trust Incident Reporting Policy.

Introduction

Aims

- To examine the care received from the 5 Boroughs Partnership NHS Foundation Trust.
- To consider if the care provided reflected national guidelines and the 5 Boroughs Foundation Trust policy and procedures at the time.
- To learn lessons from the incident and make improvements.
- To liaise with the family and take into consideration any concerns as part of the SUI review

Background and Context

[REDACTED]

Maintenance-oriented treatments in the UK context primarily refer to the pharmacological maintenance of people who are opioid dependent, through the prescription of opioid substitutes (Methadone or Buprenorphine). This therapy aims to reduce or end their illicit drug use and the consequential harms (NICE CG52 p.32).

[REDACTED]

The prescribing General Practitioner (GP) or Consultant signs the prescriptions which are collected by the service user who takes it to the chemist.

[REDACTED]

[REDACTED] had an allocated key worker [REDACTED] who monitored, supported and kept [REDACTED] engaged in service [REDACTED]. This service was provided in accordance with NICE CG 52: Drug Misuse: Opioid Detoxification, which recommends establishing and sustaining a therapeutic relationship as a crucial key working goal.

The Ashley House Team includes a GP ([REDACTED]) with Specialist Interest and a Consultant Psychiatrist ([REDACTED]) employed by the Trust both of whom have been involved with the treatment of [REDACTED].

[REDACTED]

Limitations

The reviewers were unable to meet with [REDACTED] Prison staff did not provide copies of documentation relating to this incident or detailing his mental health presentation whilst detained. They have confirmed an assessment was carried out by staff from Ashworth Secure Hospital [REDACTED] and were awaiting acceptance for transfer at the time of writing this report.

The reviewers did have a telephone conversation with Dr [REDACTED] based at Ashley House regarding his last consultation with [REDACTED], although they have not had the opportunity to meet with Dr [REDACTED] due to him leaving the Trust. Dr [REDACTED] Consultant Psychiatrist (also based at Ashley House) is currently abroad and only returns mid November 2011.

Review Process

The reviewers met with [REDACTED] who had been [REDACTED]'s key worker for the last three years at Ashley House, plus several members of staff involved with [REDACTED] from various agencies outside the Trust (see Appendix 3).

[REDACTED]'s Trust case notes and the Trust OTTER system were reviewed.

The reviewer's telephoned Dr [REDACTED] at Ashley House regarding the consultation with [REDACTED] in [REDACTED].

The reviewers organised information by use of a time line tool in order to place events in chronological order. The timeline enabled an analysis of events and information to be completed.

In reviewing the incident the reviewers looked at the following Trust policies:

- Care Programme Approach Policy
- Discharge/Transfer Policy
- Records Life Cycle Management Policy
- NICE Guidance CG 51 and 52 Drug Misuse: Opioid Detoxification

Relatives or Carer Involvement

[REDACTED]

[REDACTED]

[REDACTED]

Staff involvement

The reviewers met with [REDACTED], Practitioner Ashley House. This report will be presented to the Business Manager and shared with the Team Manager Ashley House who will disseminate to the team.

Any other agency Involvement

The reviewers also met with:

- [REDACTED]

Minutes of these meetings are located in Appendices 5, 6, 7, 8.

Significant Events

*The following is a tabulation of relevant events concerning this case presented in chronological order and interspersed with **observations or concerns in bold** (facts not to be included in bold).*

Date	Event	Source of information
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

Date	Event	Source of information
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Date	Event	Source of information

Date	Event	Source of information
	[REDACTED]	
	[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]
	[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]
	[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]
	[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]
	[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]
	[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]
	[REDACTED]	

Findings of the Review

Positive Practice

- The reviewers found the hand written notes to be of a high standard.

[REDACTED]

- Case Notes contain a Care Plan and a Risk Assessment dated [REDACTED] and a Lead Professional was identified for [REDACTED]. In accordance with Trust Care Programme Approach policy, [REDACTED]
[REDACTED] the reviewers referred to The Trust Care Programme Approach Policy and found this had been adhered to. [REDACTED]
[REDACTED]
- The continuation of monitoring [REDACTED]'s physical and mental state is well documented.
- [REDACTED] was reviewed by Dr [REDACTED] Consultant Psychiatrist at Ashley House prior to the incident [REDACTED]
[REDACTED]
- During the assessment at the custody suite following the incident [REDACTED]
[REDACTED]
[REDACTED]
- [REDACTED]
[REDACTED]
- [REDACTED]
[REDACTED]
- [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
- Good Health Promotion work done by Health Promotion Nurse at Ashley House [REDACTED]
[REDACTED]
- The care provided by the Trust prior to transfer appears to be suitable and appropriate based on the information and evidence available.
- [REDACTED]
[REDACTED]
- [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
- [REDACTED]
[REDACTED]

Care Management and Service Delivery Problems

- The Ashley House Lead Professional's (Key worker) name badge identified him as a 'Senior Nurse Practitioner' but he does not hold a nursing qualification.
- The Interagency Transfer form was faxed to [REDACTED] incomplete. The section related to risk was missing. [REDACTED]
- Lack of activity recording on Trust OTTER electronic records. However there has been a longstanding local agreement that activity content is hand written and recorded on Ashley House paper based tools. Each entry is linked to an OTTER Activity that directs the reader to the paper record and thus fulfils performance recording requirements. This is a potential risk in that if service users in treatment at Ashley House present out of hours to other agencies within the Trust, these agencies are unable to access contemporaneous case note entries to obtain full information about the patients' care. Accurate and comprehensive electronic records would allow other agencies to be aware of all current relevant information pertaining to the service user's presentation, care and treatment.

- [REDACTED]

Analysis of the Findings

Individual

[REDACTED]

Team and Social

The team consists of a broad mix of professional knowledge and experience and includes a Consultant Psychiatrist [REDACTED] input from a General Practitioner, also a (primary care) [REDACTED] specialist, Registered Mental Health Nurses, a Registered General Nurse, a Social Worker and specialist [REDACTED] workers.

The team appear to function well with practitioners taking every opportunity to maintain engagement. Other workers 'stepped in' to ensure continuity of treatment when [REDACTED] turned up at unexpected times [REDACTED]

Communication

The Inter Agency Referral Form faxed to [REDACTED] had pages missing relating to Risk although [REDACTED] Lead Professional recognises this error he states there were no risks identified either to [REDACTED] or others that would have been documented. [REDACTED]

Task

The team complied with the Trust Clinical Risk Assessment, Care Programme Approach, Medicines Management and Incident Reporting Policies and in accordance with NICE guidelines.

The team task is that of caring for service users [REDACTED]. In this case the evidence indicates that the task was carried out to a good standard despite the difficulties caused by the [REDACTED]'s poor engagement with services.

Service User

[REDACTED]

[REDACTED]

Actions already taken

Ashley House local procedures have recently been reviewed with regard to the faxing of documents.

Conclusion

- The reviewers conclude that the overall care provided to [REDACTED] was of a very good standard.
- [REDACTED]
[REDACTED] Other agency staff also reported that they did not have any concerns regarding [REDACTED]'s mental health or risk to self/others. Every member of staff involved with [REDACTED] has stated they have been shocked by the events.
- [REDACTED]
- In the reviewers' opinion, this incident could not have been predicted or prevented by anyone involved in the care of [REDACTED].

Recommendations

The review team recommend that:

- Consideration should be given to electronic recording of involvement and activities on OTTER instead of making the entry 'See case notes' in order to ensure that out of hours services have full access to contemporaneous information.
- Mental health assessments in custody suites should include whether drug and alcohol screening tests have been completed and the outcomes of these are to be recorded.
- That practitioners roles/professional status are correctly identified on Trust ID badges, i.e. Senior Nurse Practitioner should only be applied to those whose name appear on the Nursing and Midwifery Council register in order to ensure that service users are not misled as to the role, responsibilities and professional expectations of members of the team.

SERIOUS INCIDENT REVIEW ACTION PLAN

Trust Identification Number: 1538

Person involved initials: [REDACTED]

Date of incident: 18th June 2011

Lead responsible for the Action Plan completion: [REDACTED],
Business Manager, Adult Services, Halton Borough

Recommendation <i>Copy from the report</i>	Action <i>Specify what you are going to do in order to implement the recommendations</i>	Date for action to be achieved or reviewed	Owner	Outcome (evidence)
Trust Wide				
That practitioners roles/professional status are correctly identified on Trust ID badges, i.e. Senior Nurse Practitioner should only be applied to those whose name appear on the Nursing and Midwifery Council register in order to ensure that service users are not misled as to the role, responsibilities	Audit to be carried out of all name badges issues to non professional staff to ensure correct job title is displayed.	February 2012	[REDACTED]	New name badges obtained for staff.
Mental health assessments in custody suites should include whether drug and alcohol screening tests have been completed and the outcomes of these are to be recorded.	Criminal Justice Liaison Practitioners to recognise and document any need to carry out alcohol and/or drug screening	March 2012	[REDACTED]	

Addendum

Date added 4 May 2012

In January 2012 a letter was received from Merseycare NHS Trust highlighting that on [REDACTED] the Trust may have potentially missed an opportunity to respond to a request from the police to assess [REDACTED]'s mental health.

It is alleged that [REDACTED] presented at Runcorn Police station on [REDACTED] at [REDACTED] hrs and was interviewed by a police officer, [REDACTED]. [REDACTED]

[REDACTED] Following police checks, [REDACTED] a call was made to the Brooker Centre Crisis Team a few minutes before [REDACTED] hrs that evening.

Reviewer [REDACTED] met with [REDACTED], Halton Crisis Team Manager and [REDACTED], Crisis Nurse Practitioner on [REDACTED]. (Appendix 4)

- [REDACTED] did recall that the police had contacted the team for information re [REDACTED]
- [REDACTED] stated she had checked OTTER, noted that he was known [REDACTED] [REDACTED] informed the Police Officer that [REDACTED] was not known to the Crisis Team.
- [REDACTED] stated that the Police Officer had not requested an assessment. The Police Officer described the conversation with [REDACTED] and advised that checks had shown his accusations to be unfounded.
- [REDACTED] advised the police officer to take [REDACTED] to A&E for an assessment [REDACTED]
- [REDACTED] remembered returning to duty the following day expecting to find an internal request from the A&E Department. There was no referral on OTTER for [REDACTED] and no further contact was made to Halton Crisis Team re [REDACTED] from any agency.

Reviewer [REDACTED] met with police officer [REDACTED] (Appendix 5)

[REDACTED]

[REDACTED]

The reviewers are of the opinion that practitioner involved responded appropriately to the information available at the time and that the guidance (contained on page 16, 5.0 and page 17, 6.0) , in the Integrated Acute Care Pathway Operational Procedure, incorporating Crisis Resolution, Home treatment and In Patient Care (Appendix 6) was followed.

Terms of Reference

The review team will carry out a full investigation into the incident and the

- care and treatment of the service user or
- events leading up to the incident.

The remit of the internal review shall be to:

- To examine the care received by [REDACTED] from the 5 Boroughs Partnership Foundation NHS Trust.
- To consider if the care provided reflected national guidelines and the 5 Boroughs Trust policy and procedures at the time.
- To learn from the incident lessons and make improvements.
- To liaise with the family and take into consideration any concerns as part of the SUI review

The review team shall:

- Collect information about the circumstances of the incident carrying out interviews and requesting witness statements where applicable.
- Produce a full chronology of events.
- Analyse the events under the following headings:

Patient/individual factors

Factors that the individual involved in the event bring that are unique to them or related to patient condition

Communication

Aspects of verbal, non verbal or written communication

Working conditions

Factors affecting ability to function at optimum levels in the work place

Education & training

Availability and quality of training that directly affects ability to perform the job

Team & social

Aspects of communication but predominantly around management styles, Leadership and perceptions of role

Task

Aspects that support and aid in the safe and effective delivery of particular functions such as policy, procedures, task design, equipment. This includes risk assessment, risk management in the light of relevant legislation, agreed good practice and local and national policy.

Organisation & strategic

Aspects inherent or embedded in the organisation, culture, commissioning issues

- Draw conclusions based on the analysis of the causal factors and identify issues that need to be addressed.
- A record of who the report is to be shared with within the immediate service e.g. service user, carers, staff must be made within the report.

The review team will write a report based on the template provided and when completed up to the Recommendation stage will email a copy to the SUI Co-ordinator for quality assuring and for information on progress to the Head of Risk Management.

When the draft report is complete discussion/communication via email should take place with the Business Manager to decide:

- if the reviewers should complete the draft action plan with the Business Manager or
- if the Business Manager wishes to identify the actions with the team involved.

In either instance the Business Manager must ensure the report is complete with action plan and APPROVE the quality of the report ensuring the recommendations and actions are appropriate and realistic.

The Report is a disclosable document in law and will be written presenting fact not opinion or personal judgement. The report should only contain the initials of any service users (s) and members of staff. A complete list of staff involved will be included as an appendix for Trust purposes.

The Business Manager will be responsible for monitoring the action plan until all actions are completed and reporting where actions cannot be implemented effectively.

The report will be submitted to the Risk Management Department (target of 43 days from the decision to review the incident) for final checking prior to being recorded as a FINAL APPROVED REPORT. The report will then be sent out to relevant external stakeholders.

Appendix 2

Personal details of service user involved

Full Name: [REDACTED]

Address: [REDACTED]

Date of Birth: [REDACTED]

GP: [REDACTED]

Appendix 3

List of staff/relatives involved

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

List of evidence reviewed

- Care Records
- Interviews with staff from:
- Ashley House Substance Misuse Service.

- [REDACTED]
- [REDACTED]
- [REDACTED]

Appendix 4

Minutes of Meeting held at Risk Department

Present: [REDACTED] Halton Crisis Team Manager

[REDACTED]: Practitioner

Reviewer [REDACTED]

[REDACTED] remembers the police contacting the team for information re [REDACTED] a couple of minutes prior to [REDACTED] pm. [REDACTED] stated she looked on OTTER and could see that he was known to Ashley House [REDACTED]. [REDACTED] informed the Police Officer that [REDACTED] was not known to the Crisis Team.

[REDACTED] stated 'The Police Officer did not request an assessment; he never asked if we could see him, he asked if he was known to our service'. The Police Officer told me that [REDACTED] had presented to the Police Station saying he knows about murders and things, the police checked these out and could not find any evidence of the suggestions.

[REDACTED] stated that on looking on OTTER it appears that [REDACTED] [REDACTED] advised the Police Officer to take [REDACTED] to A&E to get his symptoms investigated [REDACTED].

[REDACTED] remembers returning to duty the following day expecting to find an internal request from colleagues in the A&E Department as she had expected [REDACTED] to be taken by the police on her advice the previous evening although there was no referral on OTTER for [REDACTED]. No further contact was made to Halton Crisis Team re [REDACTED] from any agency.

[REDACTED] confirmed Halton Crisis Team work 9am-9pm. An On Call Service is offered to service users who have had an assessment and are open to the Crisis Team on OTTER.

There are practitioners at both Warrington and Whiston A&E Departments with a Senior House Officer and Staff Grade attached.

[REDACTED] stated 'It is an absolute given we advise A&E' it may appear that the police did not act on the advice they were given'.
The Acute Care Pathway is clear

Appendix 5

Minutes of Meeting held [REDACTED] Risk Department Holins Park Re Police Statement

Present: Sergeant [REDACTED]
Reviewer [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]



Appendix 6

Integrated Acute Care Pathway Operational Procedure Incorporating Crisis Resolution/Home Treatment and Inpatient Care

5.0 TEAM STRUCTURE

Working Patterns

Staffing: Minimum 2 Qualified / 2 Unqualified

*Shift Pattern: 9.00am – 21.00pm (this is subject to local
variations based on resource implications)*

Team Manager: 9.00 am – 17.00 pm Monday – Friday

On Call Arrangements

7 Days 21.00 pm – 9.00 am

One qualified, one unqualified (or 2 qualified on occasions) -N.B.

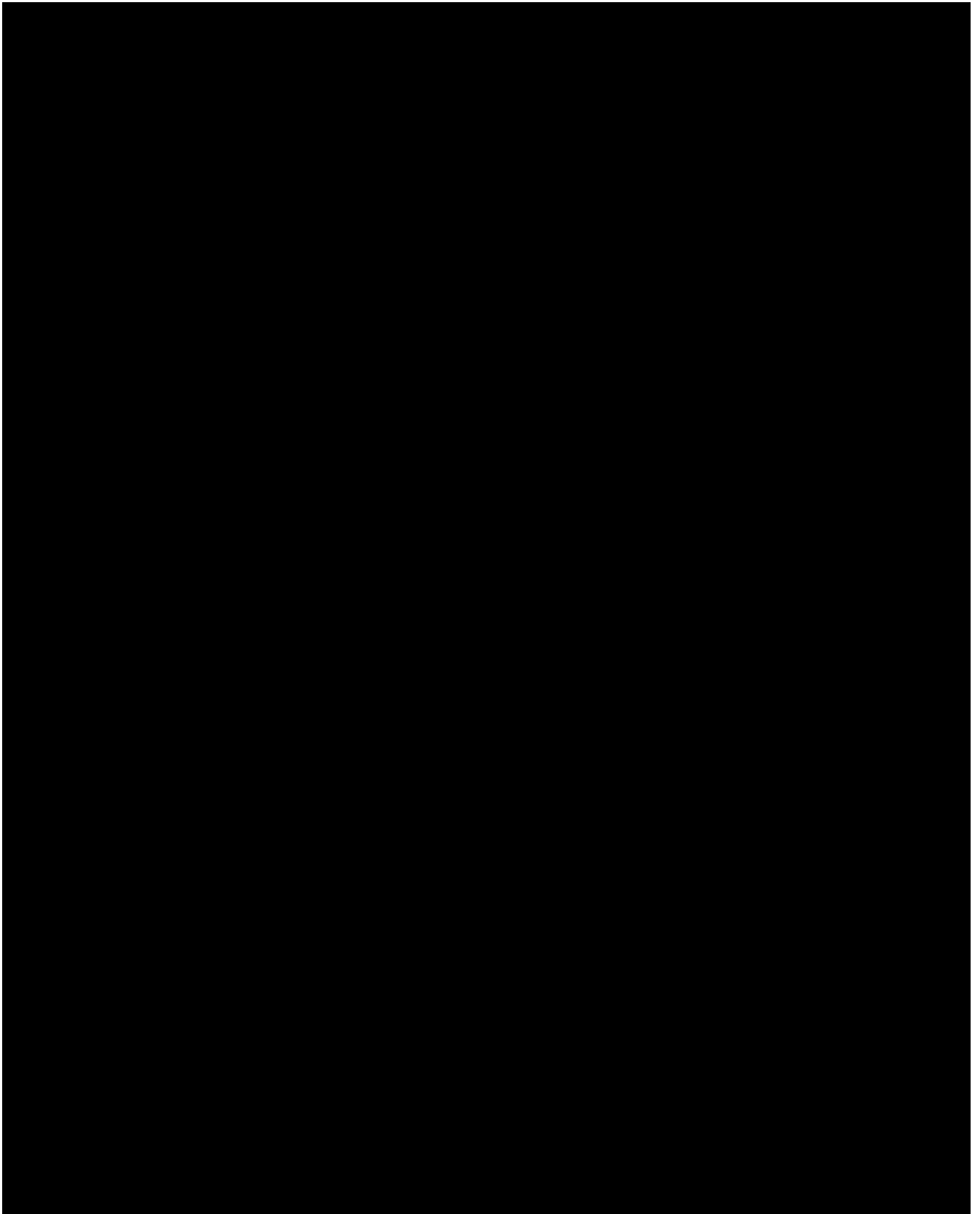
Non-waking night call/service accessed via Hollins Park

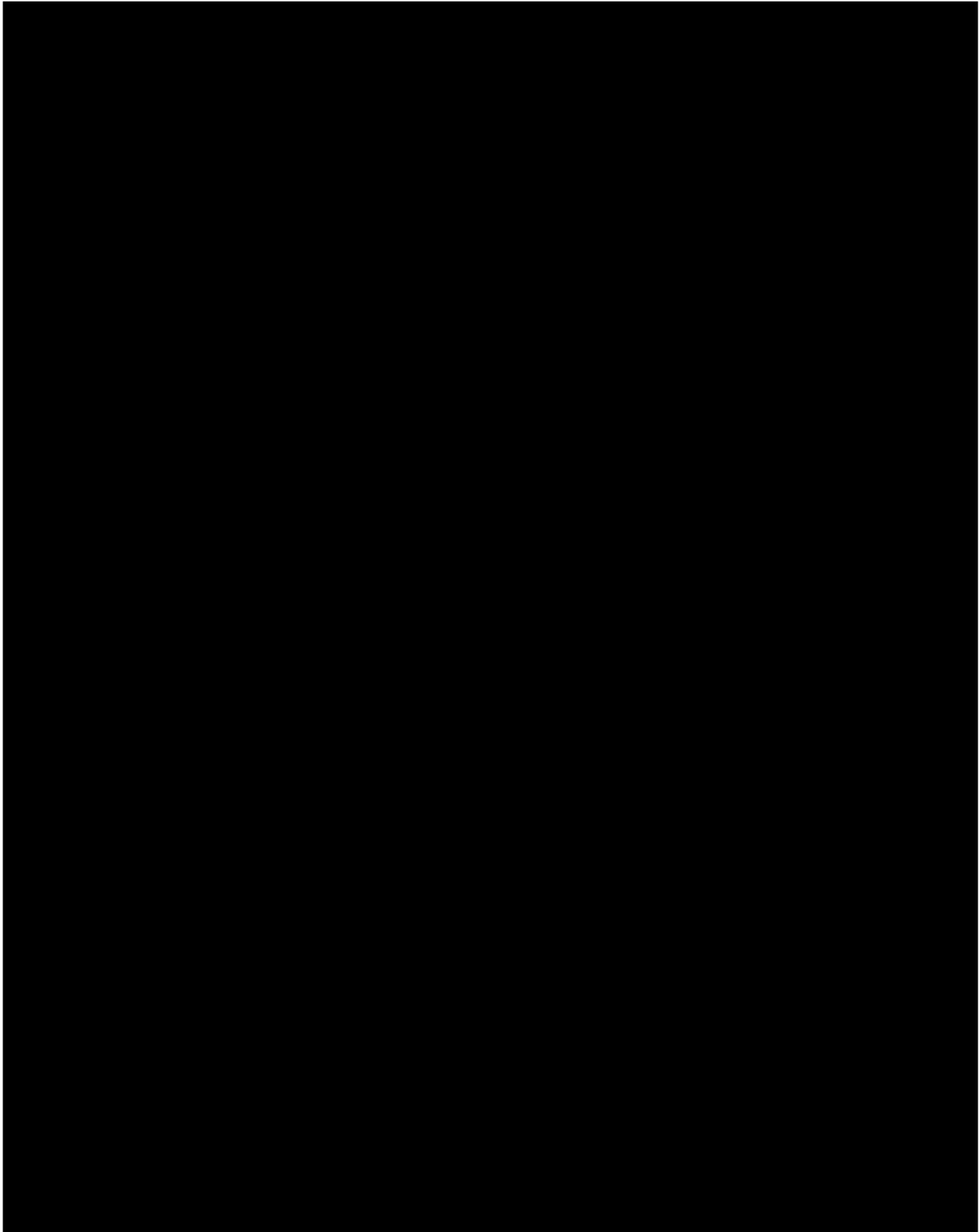
Switchboard.

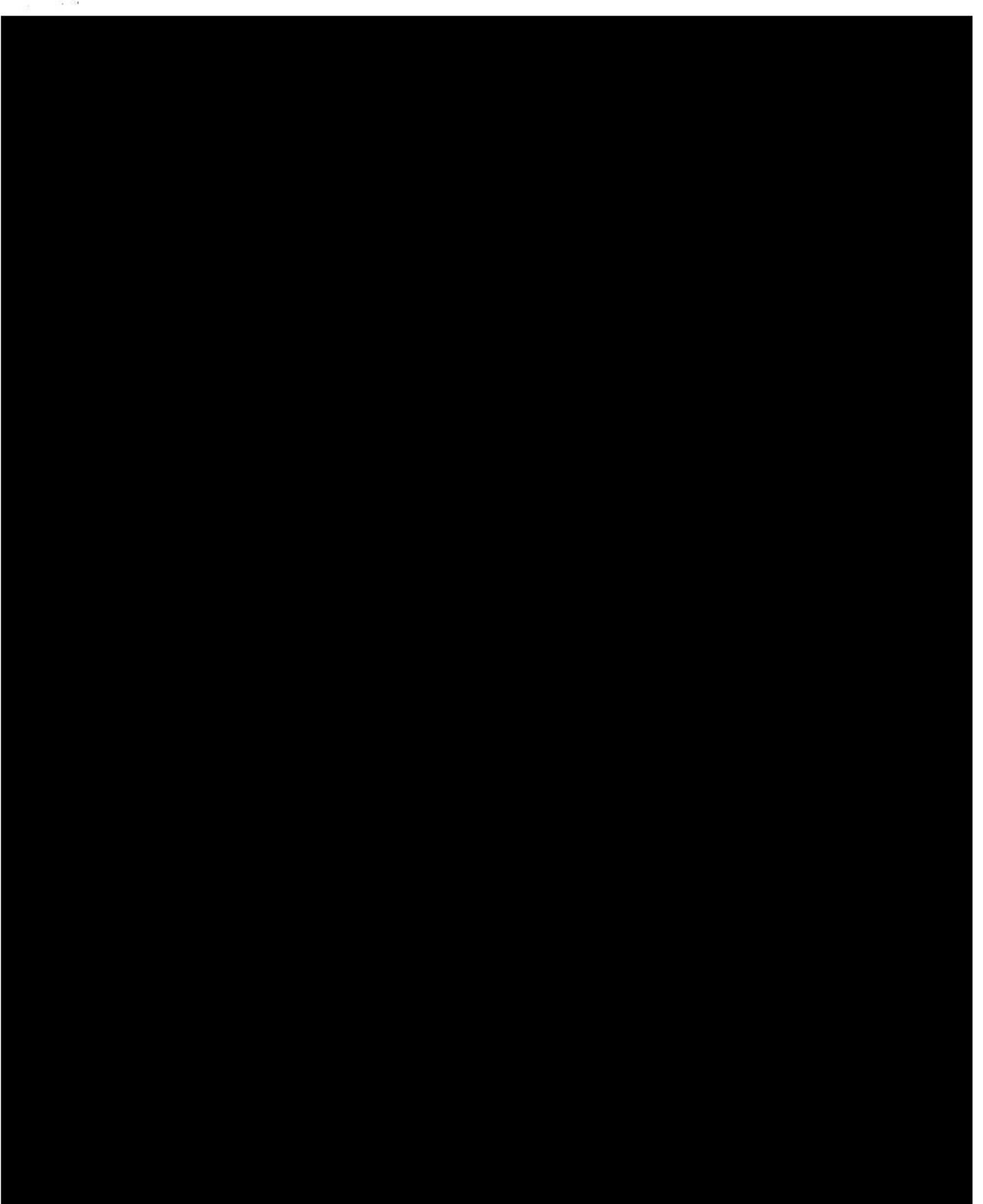
This Service will be available to respond to

- *Known service users to the respective Crisis Resolution/Home Treatment Teams including the facility to go out into the community.*
- *Contact from Local out-of-hours G.P. services for advice and signposting.*
- *Service users who present at A&E Departments where joint assessments are required with SHO's.*

Appendix 7







Treatment Outcomes Profile

Client ID: / / D.O.B. (dd/mm/yyyy): / / Name of keyworker:

Gender: M ☐ F ☐ Treatment stage: Start ☐ Review ☐ Exit ☐ Post-treatment exit ☐ Total for NDTMS return:

TOP interview date (dd/mm/yyyy):

Section 1: Substance use (Use NA only if information is not disclosed or not answered)

Record the average amount on a using day and number of days substances used in each of past four weeks

	Average	Week 4	Week 3	Week 2	Week 1	Total
a Alcohol	<input type="text"/> units/day	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-28
b Opiates/opioids (illicit)*	<input type="text"/> g/day	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-28
c Crack	<input type="text"/> g/day	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-28
d Cocaine	<input type="text"/> g/day	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-28
e Amphetamines	<input type="text"/> g/day	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-28
f Cannabis	<input type="text"/> spliff/day	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-28
g Other problem substance? (name.....)	<input type="text"/> g/day	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-28

* includes street heroin and any non-prescribed opioid, such as methadone and buprenorphine

Section 2: Injecting risk behaviour (Use NA only if information is not disclosed or not answered)

Record number of days client injected non-prescribed drugs in past four weeks (If no, enter zero and 'N', and go to section 3)

	Week 4	Week 3	Week 2	Week 1	Total
a Injected	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-28
b Inject with needle or syringe used by someone else?	Yes <input type="checkbox"/> No <input type="checkbox"/>				Enter 'Y' if any yes, otherwise 'N'
c Inject using a spoon, water or filter used by someone else?	Yes <input type="checkbox"/> No <input type="checkbox"/>				

Section 3: Crime (Use NA only if information is not disclosed or not answered)

Record days of shoplifting, drug selling and other categories committed in past four weeks

	Week 4	Week 3	Week 2	Week 1	Total
a Shoplifting	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-28
b Drug selling	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-28
c Theft from or of a vehicle	Yes <input type="checkbox"/> No <input type="checkbox"/>				Enter 'Y' if any yes, otherwise 'N'
d Other property theft or burglary	Yes <input type="checkbox"/> No <input type="checkbox"/>				
e Fraud, forgery and handling stolen goods	Yes <input type="checkbox"/> No <input type="checkbox"/>				
f Committing assault or violence	Yes <input type="checkbox"/> No <input type="checkbox"/>				Enter 'Y' or 'N'

Section 4: Health & social functioning (Use NA only if information is not disclosed or not answered)

a Client's rating of psychological health (anxiety, depression, problem emotions and feelings)

Poor 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 Good 0-20

Record days worked and at college or school for the past four weeks

	Week 4	Week 3	Week 2	Week 1	Total
b Days paid work	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-28
c Days attended college or school	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-28

d Client's rating of physical health (extent of physical symptoms and bothered by illness)

Poor 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 Good 0-20

Record accommodation status for the past four weeks

e Acute housing problem	Yes <input type="checkbox"/> No <input type="checkbox"/>				Enter 'Y' or 'N'
f At risk of eviction	Yes <input type="checkbox"/> No <input type="checkbox"/>				Enter 'Y' or 'N'

g Client's rating of overall quality of life (able to enjoy life, gets on with family and partner, etc)

Poor 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 Good 0-20

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Treatment Outcomes Profile (TOP)

NHS
National Treatment Agency
for Substance Misuse

About the TOP

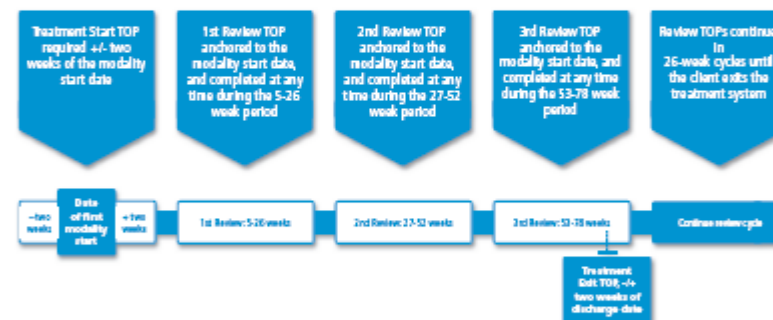
The TOP is a validated tool for monitoring the changes that occur during treatment for service users. It was developed by the NTA and implemented throughout the English drug treatment system in 2007 to provide service users, clinicians, service managers and commissioners with objective and comparable information about 'real' changes that occur in service users' lives, in order to inform and improve practice on both an individual and strategic level.

It is a simple set of questions that can aid improvements in clinical practice by enhancing assessment and care plan reviews, helping to ensure that the clients' needs are identified and addressed in the care plan and place them in the best position to help them meet their treatment goals.

The TOP should be completed with clients in all Tier 3 and 4 structured treatment modalities (as defined by Models of Care: 2006 update) at the start of treatment (Treatment Start TOP), periodically throughout the clients treatment journey (Treatment Review TOP) and when the client exits the treatment system (Treatment Exit TOP).

We recommend that the TOP is completed during the care planning process. It is good practice to review a client every 12 weeks. However, this may be more or less frequent depending on individual need. The TOP should be reported to NDTMS in accordance with the reporting protocol below.

The protocol for TOP reporting



How to complete the TOP

Start by entering:

- Client name and identifiers (date of birth and gender)
- Your name

Types of responses:

- Date of assessment
- The stage at which you are completing the TOP – Treatment Start, Review, Treatment Exit, or post Treatment Exit.

Timeline – invite the client to recall the number of days in each of the past four weeks on which they did something, for example, the number of days they used heroin. You then add these to create a total for the past four weeks in the blue NDTMS box

- Yes and no – a simple tick for yes or no, then a 'Y' or 'N' in the blue NDTMS box

- Rating scale – a 21-point scale from poor to good. Together with the client, mark the scale in an appropriate place and then write the equivalent score in the blue NDTMS box.

A few things to remember

- The blue shaded boxes are the only information that gets sent to the NTA
- Week 4 is the most recent week; week 1 is the least recent
- The Treatment Start TOP should always capture pre-treatment drug use, so it is important that the recall period is the 28 days before the treatment start date. Not doing this will skew outcomes as there is likely to be a lower baseline.

Calculating alcohol units

$$\frac{\text{Volume (ml)} \times \%ABV}{1000}$$

Thank you for your contribution to NPTMS by using the TOP