



### Mental Health in General Hospitals - Report Launch - Thursday 26th January 2017

**\*\*\*REGISTRATION NOW OPEN\*\*\***

#### The Programme

The day will be chaired by:

Professor Lesley Regan, Chair of NCEPOD

**10.00** Registration & refreshments

**10.45** Dr Natasha Robinson - Consultant in Anaesthesia at Northamptonshire Healthcare NHS Foundation Trust

**11.00** Report findings presented by:  
Dr Hannah Shotton, Dr Sean Cross & Dr Vivek Srivastava

**13.00** Lunch

**14.00** Afternoon speakers will comment on the impact they would like the report to have and then participate in a panel discussion

**POSTERS WILL BE DISPLAYED THROUGHOUT THE DAY - MAKE SURE YOU SHOW YOURS!!!**

The aim of this study was to explore remediable factors in the care of patients with a mental health condition, who were admitted to an acute general hospital for their physical health needs. The report will be launched on 26<sup>th</sup> January 2017 at the Royal College of Psychiatrists.

Please see the website for further information regarding the launch:

[www.ncepod.org.uk/events.html](http://www.ncepod.org.uk/events.html) or email to reserve your place:

[reportlaunch@ncepod.org.uk](mailto:reportlaunch@ncepod.org.uk)

#### Call for abstracts - show us your audit!!

**Have you completed an audit based on an NCEPOD report or mental health care in general hospitals?**

NCEPOD invites you to submit your abstract for a poster to be displayed at this report launch - to enter:

Complete the abstract form at [www.ncepod.org.uk/events.html](http://www.ncepod.org.uk/events.html)

Email it to [poster@ncepod.org.uk](mailto:poster@ncepod.org.uk) by 5pm 28th October 2016

#### You can now download the SORT app on Android and iOS devices

We are pleased to announce that the Surgical Outcome Risk Tool (SORT) app is free to download via the App Store (iPhone, iPad and iPod touch) and Google Play Store (Android handheld devices and tablets).



The SORT is a pre-operative risk assessment tool that requires only 6 easily obtainable variables. It provides an estimate of mortality within 30 days of inpatient surgery which is displayed as a percentage. The app has offline capability so can be used in any location without an internet connection, and there is a new search function with predictive text to locate the surgical procedure. It was designed to be used by a multidisciplinary team and might contribute to identifying high risk patients (with a plan for critical care or other interventions) as well as pre-operative assessments, the consent process and shared decision making.

<http://www.ncepod.org.uk/sort.html>



#### Would you like us to come and talk at your hospital?

NCEPOD staff are very happy to come and present at your local meetings. We can cover NCEPOD as a general topic or specific studies. Please contact Anisa Warsame - [awarsame@ncepod.org.uk](mailto:awarsame@ncepod.org.uk)

**Study summaries will be sent separately in October**

## Study Updates

### Non-invasive ventilation

[niv@ncepod.org.uk](mailto:niv@ncepod.org.uk)

NCEPOD are undertaking a study to explore remediable factors in the processes of care of patients, aged 16 or over, treated acutely with non-invasive ventilation (NIV). Data collection for the study is ongoing, the large majority of clinician questionnaires have now been disseminated and we have been receiving a steady flow of completed questionnaires and photocopied case note extracts. Please refer to the study summary, which will follow separately, for an overview of what has been returned and what is outstanding. The organisational questionnaire is being finalised and will be sent out in the next couple of weeks. If you have any specific questions regarding the study please email or call the office.

### Cancer in children and young people

[cic@ncepod.org.uk](mailto:cic@ncepod.org.uk)

The aims of this study are to study the process of care of children, teens and young adults under the age of 25 years who died/or had an unplanned admission to critical care within 30 days of receiving systemic anti-cancer therapy (SACT) in order to:

1. Look at the decision making and consent process around the prescription of SACT in this group of patients.
2. Explore remediable factors in the quality of care provided to patients during the final line of therapy.
3. Look at preventable causes of treatment-related mortality in young peoples' cancers.
4. Look at the configuration of the service and organisational structures in place for the safe delivery of SACT.

The spreadsheet for identifying cases for this study has been piloted and is now being disseminated. The spreadsheet has been designed to identify patients who received SACT and patients who died or were admitted to ICU. This will allow us to match up cases of patients who had their treatment in a different hospital to where they were admitted to ICU/or died. There will be a questionnaire for the oncologist/haematologist who prescribed the protocol of treatment and one for the oncologist/haematologist who was responsible for the patient during their final admission; in addition there will be a short form for the named intensivist to complete (where applicable). Questionnaires will be disseminated from mid-October. More information can be found on the website: [www.ncepod.org.uk/cic.html](http://www.ncepod.org.uk/cic.html)

### Chronic neurodisability

[cp@ncepod.org.uk](mailto:cp@ncepod.org.uk)

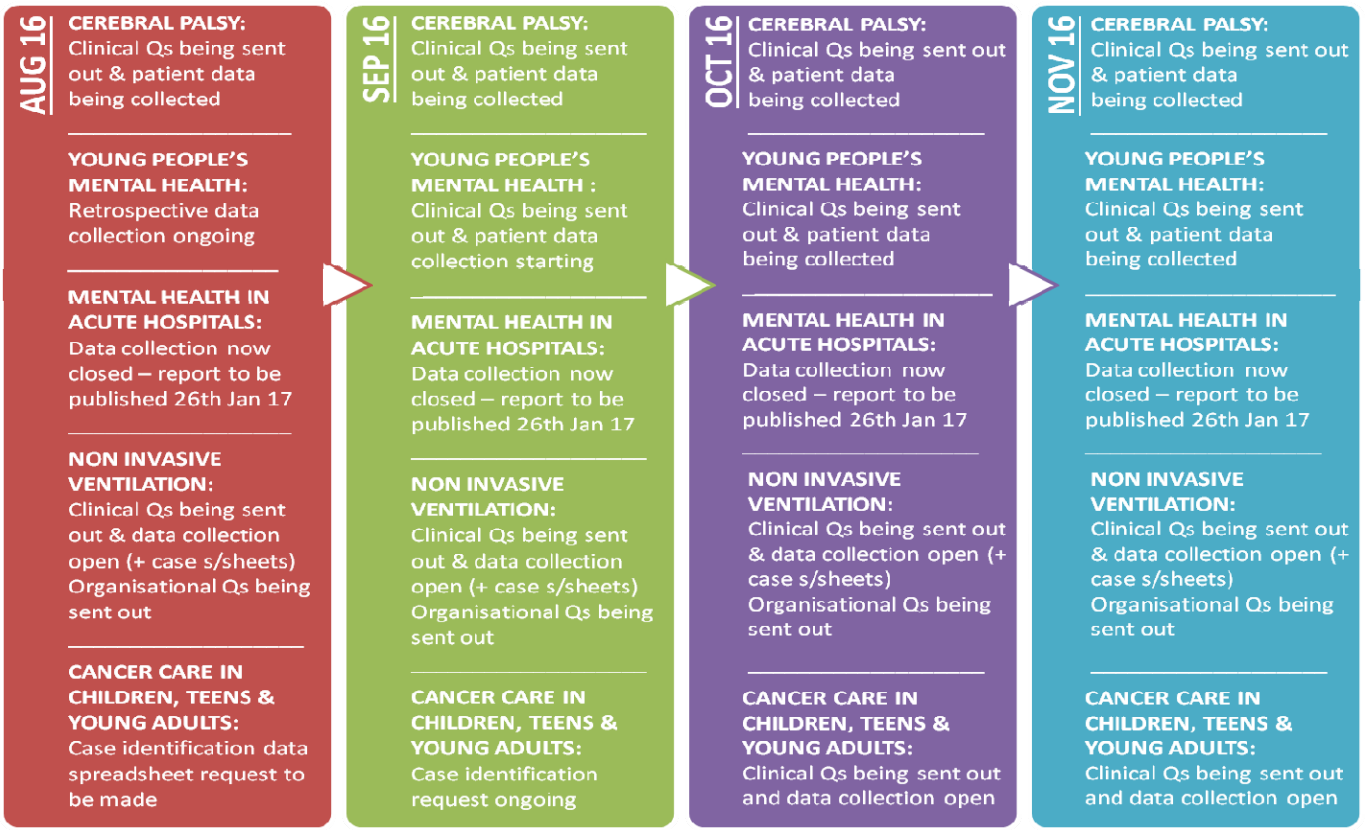
We are still waiting for some organisational questionnaires to be completed, so if you haven't completed any that were sent to you we would be grateful if you would do so as soon as possible. Clinical questionnaires have started being sent out along with requests for case notes. Questionnaires are being sent to admitting clinicians and lead clinicians, and Local Reporters are informed of what has been sent to their hospital. Our case reviewers have started assessing cases and this will continue until March 2017. The patient and parent carer questionnaires are still online for anyone who wants to give us their opinion of the services they have experienced. We have had some feedback from patients and parent carers which has been very interesting but would like much more to give us a really good picture of the patient experience. A poster with a QR link to the survey is available which can be displayed in public areas - if you haven't received one please email or call us.

### Young people's mental health study

[ypmh@ncepod.org.uk](mailto:ypmh@ncepod.org.uk)

Organisational questionnaires are being completed – if you haven't filled one in there is still time. The deadline for the retrospective spreadsheet was the 12<sup>th</sup> August but if your retrospective or prospective spreadsheets haven't been submitted yet we can still accept them. Clinical questionnaires and case note requests will start being sent out in late September. We will be sending questionnaires to the consultant responsible at time of admission in acute hospital settings and the consultant responsible at the time of admission in mental health settings. Where applicable, we will also be sending a questionnaire to liaison psychiatrists and community mental health consultants. Case note reviewers start looking at cases in November. The service user/carer questionnaire is still online for anyone who wants to give us their opinion of the services they have experienced. We have had lots of interest in this so far but want as much feedback as possible. A poster with a QR link to the survey is available which can be displayed in public areas- downloadable from the website.

# What's coming up...at a glance



## Sepsis update from Northampton General Hospital

In 2011, Northampton General Hospital (NGH) identified sepsis as a significant cause of mortality and realised that outcomes could be improved by establishing a simple management framework. Analysis showed inconsistent screening and long delays in antibiotics administration to septic patients.

As a result, we used the Aspiring To Excellence Programme, (a collaborative with Leicester Medical School and the brainchild of the CEO and Deputy Director of Patient Safety & Quality) to develop a toolset to guide sepsis assessment and treatment. Sepsis grab boxes were produced to store everything needed to implement the first hour care bundle including care/escalation pathways, antibiotic guide and IV fluid. These, and Sepsis Six Bundle stickers (for first hour step-by-step completion and easy access in patient notes), were distributed to wards and reinforced by a Trustwide sepsis awareness campaign, plus mixed media training for clinical staff.

These interventions dramatically reduced the time to antibiotic administration across the Trust. Ongoing work to improve sepsis management and acute care included Vitalpac introduction to inpatient wards, monthly audits of ED sepsis screening and development of a simple ED assessment form screening tool (used during triage).

NGH has invested in a consultant sepsis lead supported by a project manager, assigned to sepsis quality improvement and national CQUIN reporting. Monthly audits of ED and inpatient records aim to both understand and improve sepsis screening, treatment and 3 day drugs review. Paediatric and adult inpatient tools are being trialled in 2016 and an updated awareness campaign will run throughout the year. Further to this, we have developed collaborative working between University of Northampton (UoN) and NGH, with transfer of skills and projects aiming to review genetic variance of sepsis triggers and physiological responses.



As a committed member of the national Sign Up To Safety campaign, NGH has pledged to strengthen patient safety, including sepsis management. The project aims to improve quality and timelines of patient observations - identifying and managing the deteriorating patient, eliminating delays in investigation, and management for patients who are acutely unwell. Overall, NGH has worked in sepsis recognition and management since 2011 and has seen a great improvement in care. With continued awareness campaigns and enhanced tools, we are confident that we will keep improving early identification and treatment of sepsis.

## **Non-Clinical Staff**

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## **NCEPOD Local Reporter & Ambassador Days**

**Tuesday 6th December 2016, London**

If you are interested in attending the above training date,  
please book your place as soon as possible by sending your  
request to Dolores Jarman  
[djarman@ncepod.org.uk](mailto:djarman@ncepod.org.uk)

### **Contact details**

Abbey House  
Ground Floor  
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London  
EC1M 4DZ

Telephone: 020 7251 9060  
Fax: 020 7250 0020

Freepost licence number is **RTBS - XCXG - RGLA**

Please use this licence number, along with our full address  
to send any correspondence to us.

As always, we recommend that all case notes are sent  
by recorded delivery. To use Royal Mail recorded delivery,  
you need to add £1.10 onto the freepost envelope.

Please ensure envelopes are security sealed when sending  
case notes by post or with courier.

Alternatively, scan your case notes and email them to us!

NCEPOD can accept scanned case notes rather than  
you returning them in the post.

#### **Remember to;**

- ◆ **Always password protect scanned case note**
- ◆ **Phone us with the password (never email)**
- ◆ **Do not use the hospital name or the same password for each document sent**

Email them to us (in a sensible order please) to  
[ncepod@nhs.net](mailto:ncepod@nhs.net) and don't forget to password protect the  
file! Please inform us when they have been sent.

On receipt of questionnaires we will email Consultants to  
acknowledge receipt and that it was completed fully so that  
they can record the activity for their CPD.

We will also automatically acknowledge case notes as soon  
as they are logged on our system so that Local Reporters  
know we have received them.

### **NCEPOD Green Policy**

We are always and will continue to be committed in helping to reduce our carbon footprints and do our best to help save the environment. Since February 2016, NCEPOD has recycled/shredded; 1078kg of mixed paper, 701kg of confidential and white paper, 66kg of cans and plastics.. Saving a total of 17 trees and 2606kg of CO<sub>2</sub> emission savings.



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