



Alder Hey Children's  
NHS Foundation Trust

# Internal Learning Review into the care and treatment of 'AR' by Specialist Mental Health Services

## September 2025

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## **Executive Summary**

1. This Internal Learning Review Report concerns a 17-year-old child who was under the care of Alder Hey Community Mental Health Services (Sefton Locality) which is referred to as Sefton Child and Adolescent Mental Health Services (CAMHS) throughout the report. This child will be referred to as 'AR' in this report.
2. AR was under the care of Sefton CAMHS for symptoms of anxiety and did not have a diagnosed mental illness. AR had been diagnosed with Autism Spectrum Disorder (ASD). His father was informed verbally on 20 January 2021 and AR was informed of this diagnosis on 03 February 2021.
3. The report provides a detailed factual chronology and analysis of AR's treatment pathway with CAMHS which spanned the period between December 2019 and July 2024. It describes the interactions between AR and his parents and the multiple CAMHS professionals who were involved with the family across the period, including their ongoing risk assessments.
4. The terms of reference of the review deliberately aim to draw out the extensive narrative with regard to the choices AR made about his engagement with the service, the various options that were offered to him and his parents and the outcome of each, given that he had capacity and agency at all times during his involvement.
5. The methodology of the review has enabled the practitioners involved with AR to describe in detail the care that they provided to him, his willingness to engage with them and the steps that they took when he disengaged. Equally, it has enabled the reviewers to independently draw findings and learning from the practitioners' experiences that the Trust has already and will continue to implement.

### **Southport Incident**

6. On 29 July 2024, children were attending a Taylor Swift themed event at a dance school on Hart Street in Southport when an offender, who was armed with a knife, entered the premises and started to attack those inside.
7. All those involved in the internal learning review wish to offer deepest condolences to the families of the children who were killed in the attack and extend heartfelt concern, support and sympathy to the survivors and their families. It is acknowledged that these events will leave lifelong scars upon all involved.

8. On the afternoon of the incident Merseyside Police contacted the Trust to advise that the person identified as the alleged perpetrator (AR) was a 17-year-old child under the care of Sefton CAMHS.
9. AR was assessed by the forensic mental health team under the Mental Health Act whilst in custody on 29 July 2024 and deemed not to be detainable under the MHA. A Consultant from Forensic CAMHS at Mersey Care NHS Foundation Trust contacted the Alder Hey Children's NHS Foundation Trust Clinical Director for Psychiatry, requesting some background information regarding AR prior to completing this assessment.
10. AR was subsequently charged with and pleaded guilty to three offences of murder, ten offences of attempted murder and one offence of possession of a knife. Alder Hey Children's NHS Foundation Trust worked closely with Merseyside Police to ensure any actions taken by the Trust did not impede the criminal investigation.

#### **Parallel Processes**

11. Alder Hey Children's NHS Foundation Trust participated fully in the Rapid Review process conducted by Lancashire Safeguarding Children Partnership (LSCP). A detailed chronology of contact with AR was submitted on 08 August 2024 by Alder Hey which identified good practice and areas for further exploration and learning.
12. In January 2025, following the conclusion of the criminal trial, Merseyside Police advised the Trust that its internal Learning Review could proceed. Progress had been guided by Merseyside Police in respect of timings as the criminal investigation and the judicial process took precedence over all other statutory and Trust processes.
13. On 05 February 2025 the Home Office published an Independent Prevent Learning Review into the contacts AR had with the Prevent system.
14. In March 2025, as a result of the incident, the Care Quality Commission carried out an inspection of the Trust's specialist community mental health services for children and young people which included CAMHS, ADHD and ASD services. The services were rated as Outstanding.

#### **Alder Hey Internal Learning Review**

15. In line with the Trust's Patient Safety Incident Response Policy, it was agreed that the internal Learning Review would be undertaken under the nationally prescribed Patient Safety Incident Response (PSIRF) framework. The purpose of this Learning Review is to complete a wider analysis of the care and treatment

AR received whilst under the care of Alder Hey prior to the events that occurred in Southport on 29 July 2024.

16. The terms of reference for this Learning Review have been informed by the learning identified in the initial Rapid Review undertaken by the Trust at the request of LSCP.
17. The Learning Review Terms of Reference were approved by the Trust Board on 06 March 2025 and shared with NHS Cheshire and Merseyside Integrated Care Board (C&M ICB) and Sefton Place for comments and the TOR were amended accordingly.
18. The Learning Review does not investigate the details of the tragic incident that occurred in Southport on 29 July 2024.
19. The Learning Review does consider safeguarding practice including an exploration of the safeguarding systems and processes in place to support Alder Hey staff.
20. The overall ethos of the Learning Review is to understand the care that was provided to AR and explore Sefton CAMHS and safeguarding pathways with the aim of identifying any areas for improvements.
21. This Learning Review Report will examine seven distinct Terms of Reference (TOR):
  - **TOR 1 – Engagement**  
To explore AR's engagement with services, including follow up, management of missed appointments, and the impact on AR of any periods of non-engagement.
  - **TOR 2 – Record Keeping and Communication**  
To establish the standard and timeliness of record keeping (including multiagency correspondence) and how effective information sharing was between Alder Hey services and multi-agency partners.
  - **TOR 3 – Electronic Patient Records**  
Explore how the Trust's current electronic patient records support staff in obtaining a holistic picture of the child and their family when providing care and treatment.
  - **TOR 4 – Escalation**

To understand the Trust's current escalation pathway and statutory responsibility when children and young people do not want to engage with health care services.

- **TOR 5 – Safeguarding Supervision**

To understand the agreed process and arrangements for safeguarding supervision across Alder Hey and whether staff involved in the care of AR accessed safeguarding supervision appropriately.

- **TOR 6 – Risk Assessment**

To understand how services working with AR assessed the risk he presented and if this was communicated and shared with partner agencies.

- **TOR 7 – Prescribing**

To understand if the prescribing of AR's medication was in line with Trust Policy.

### **Learning Review Methodology**

22. A comprehensive chronology with critical analysis in respect of AR was produced for submission into the LSCP Rapid Review. This was further developed with additional information added following the Practitioner Learning Events.
23. The Associate Director for Safeguarding and Statutory Services and Clinical Director Psychiatry reviewed all additional documents shared by practitioners which included emails, minutes of multi-agency meetings, handwritten notes, and recollected memories/chronologies from individuals.
24. The chronology was used as a tool to determine the sequence of events and assisted the Reviewers in aligning contacts with AR to the relevant TOR of the Learning Review.
25. A series of face-to-face Practitioner Learning Events was held for practitioners who had provided care to AR, had been involved in care planning discussions and/or those who had supervised/managed those staff who had provided care to AR.
26. The Trust acknowledged and attended to the psychological impact on all those involved in a patient safety incident with support from the Staff Advice and Liaison Service (SALS) who offer expertise in restorative practices where needed. Psychological input from a Consultant Clinical Psychologist was available to the Reviewers and practitioners involved to help support the learning process and offer psychological support where needed.

27. The Reviewers have attempted to comprehensively capture AR's interaction with the service by reviewing his Electronic Patient Record (EPR) and by having detailed discussion with frontline practitioners who were involved in his care.
28. An overview of what was known about AR and his family is explained within the Learning Review Report.
29. December 2019 saw the beginning of the global pandemic of Coronavirus Disease 2019 (Covid-19). On 23 March 2020, the Prime Minister announced the first national lockdown during an address to the nation. Although the pandemic itself does not form part of a formal term of reference for this review, the impact of the Covid-19 pandemic on the care of AR is explored in more detail in TOR 1 – Engagement.

#### **Alder Hey Internal Learning Review Terms of Reference**

30. Each Term of Reference is examined and all key questions answered with a summary of the Reviewers' findings and recommendations.
31. The Reviewers explored with the practitioners at the Practitioner Learning Events if they felt the Terms of reference accurately captured all of the areas for learning. The Reviewers and the practitioners reflected that the one area the TOR did not explore was the impact that AR's race and culture may have had on his experience of services.
32. At the beginning of this Learning Review Process the national Child Safeguarding Practice Review Panel (CSPRP) published "It's Silent": Race, racism and safeguarding children in March 2025.
33. The Reviewers determined that it would be appropriate to consider the learning from this report and explore the findings of the report in terms of AR's care and treatment by the Trust.

#### **Summary of Alder Hey Internal Learning Review Findings**

34. The Reviewers examined the seven distinct TOR and have outlined a summary of the key findings below.

#### **Findings: TOR 1 - Engagement**

35. The Reviewers main findings for TOR 1 Engagement can be summarised as follows:
  - Practitioners persistently tried to engage with AR despite him often not wanting to engage with Sefton CAMHS.

- AR's CAMHS care was disrupted by staff changes and the Covid-19 pandemic, resulting in significant gaps between appointments.
- Record keeping was not consistently in accordance with the Trust policies, procedures and professional record keeping standards.
- AR consistently declined CAMHS involvement yet remained open to the service due to his parents' participation in Family Therapy.
- CAMHS lacked a formal escalation pathway for non-engagement, though informal routes were used.
- AR's engagement with CAMHS significantly declined following a change in CAMHS Case Manager (3) at AR's father's request following a complaint in June 2022. At the same time Consultant Psychiatrist 1 also asked to be removed from AR's care due to concerns about AR's father's aggressive behaviour towards staff.
- Transition to adult services was considered but not pursued, as AR did not meet criteria. AR's father requested continued CAMHS involvement until AR reached the age of 18 years.

#### **Findings: TOR 2 – Record Keeping and Communication**

36. The Reviewers main findings for TOR 2 Record Keeping and Communication can be summarised as follows:

- Record keeping was not consistently in accordance with the policies and procedures, or professional record keeping standards.
- Inadequate record keeping practice resulted in an incomplete clinical picture of AR's care for other professionals accessing AR's Electronic Patient Record (EPR) and for the ongoing continuity of care.
- The use of multiple EPRs (EMIS and Meditech) within community services has led to some practitioners not having a complete holistic picture of the whole physical and mental health clinical care of AR.
- Not all minutes of multi-agency meetings are available in AR's EPR. CAMHS Case Managers did receive some multi-agency documentation (EHCPs and Early Help Plans) but did not upload these to AR's EPR. It remains unclear if all multi-agency minutes were shared with CAMHS Case Managers by Lancashire Children's Social Care.

- Whilst record keeping was not in accordance with Trust policy, the Reviewers concluded that this did not appear to have impacted the care provided directly to AR.

**Findings: TOR 3 – Electronic Patient Records**

37. The Reviewers main findings for TOR 3 Electronic Patient Records can be summarised as follows:

- The use of multiple EPR systems did not enable all practitioners to have a holistic picture of AR's care.
- Practitioners expressed that it was difficult to navigate Meditech and therefore it was difficult to find the risk assessment tool, care plans and sessions notes via the different screens on the EPR.
- Minutes of multi-agency meetings and copies of Early Help Plans had been shared with the relevant CAMHS Case Managers but had not been uploaded to AR's EPR.
- Staff felt that the internal EPR training did not adequately prepare them for utilisation and understand the full functionality within the EPR.

**Findings: TOR 4 – Escalation**

38. The Reviewers main findings for TOR 4 Escalation can be summarised as follows:

- AR's engagement/participation with CAMHS deteriorated over the time he was open to Sefton CAMHS. Initially he had good engagement/participation with the service; this coincided with CAMHS Case Manager 3 ceasing involvement with AR's care at AR's father's request.
- There are occasions when practitioners have documented and acted upon a deterioration in AR's condition, however this appears to be due mainly to his weight loss.
- There is no CAMHS pathway which clearly guides staff in the management of non-engagement/participation, escalation of concern and steps to take when a child has capacity and doesn't want to engage/participate but the family want to continue receiving support

**Findings: TOR 5 – Safeguarding Supervision**

39. The Reviewers main findings for TOR 5 Safeguarding Supervision can be summarised as follows:

- Safeguarding supervision processes across the Trust lack clarity, consistency, and formal structure.
- Supervision discussions, both planned and unplanned, were not reliably recorded in the EPR.
- Where safeguarding supervision has been documented in the EPR the advice given has been appropriate.
- CAMHS Case Manager 3 advised that safeguarding supervision helped them to reflect on their concerns in respect of AR and formulate a clear action plan for next steps.
- Responsibility for documenting supervision was unclear, often falling to the supervisee rather than the supervisor.
- There was no central system for tracking safeguarding supervision, resulting in limited oversight by the Safeguarding Team.
- Safeguarding supervision was specifically sought in relation to AR on 2 occasions. There were a further 11 possible occasions identified when CAMHS practitioners could have sought safeguarding supervision but did not.
- The Reviewers were unable to determine if safeguarding supervision would have changed or had any impact on recognition of risk.

#### **Findings: TOR 6 – Risk Assessment**

40. The Reviewers main findings for TOR 6 Risk Assessment can be summarised as follows:

- A comprehensive risk assessment was completed for the triage of every referral into Sefton CAMHS. However, triage risk assessments have no accompanying guidance on decision-making and how the outcome of the risk assessment at triage determines the level of service provision offered.
- Whilst formal CAMHS Risk Management Tools had not been completed at the 3 monthly intervals required, there was evidence that some

elements of risk were considered and discussed within several of AR's contacts with CAMHS practitioners.

- Multi-agency collaboration in relation to some elements of risk assessment was evident within the EPR.
- The CAMHS Risk Management Tool presented narrative risks rather than a numerical risk rating making it difficult for other services to interpret AR's risk. The Reviewers found it difficult to determine what was new risk information and what was a repeat of previously identified risk.
- There is no nationally agreed standardised risk assessment tool for CAMHS (Tiers 1-3) which may assist in the translation and understanding of the level of risk presented for both CAMHS staff and partner agencies.
- CAMHS practitioners lacked clarity on managing risk when children disengaged or when only families remained involved.
- CAMHS practitioners felt it wasn't appropriate to keep asking AR about his criminal activity as the focus had moved to treating his anxiety.
- CAMHS practitioner identified training gaps including the need for a CAMHS specific induction focused on risk assessment expectations.

#### **Findings: TOR 7 – Prescribing**

41. The Reviewers main findings for TOR 7 Prescribing can be summarised as follows:

- The prescribing of AR's medication was in line with British National Formulary for Children and Maudsley Psychotropic Guidelines, with the exception of melatonin.
- Prescribers demonstrated good practice through regular reviews, communication with AR and his family, and efforts to support medication compliance.
- Although AR's compliance with prescribed medication was inconsistent, CAMHS practitioners responded with appropriate support and adjustments.

- Good practice was identified with a trial of Sertraline to note its therapeutic benefits, prior to initiation of new medication.
- Prescribed medications were stopped by both Consultant Psychiatrists 1 and 2 when they identified concerns regarding non-engagement and lack of face-to-face assessment.
- Trust policies are comprehensive in respect of inpatient stays and hospital care however they lack clarity around community prescribing and non-compliance procedures. Improvements are recommended in guidance for review periods and community services.

### **Cultural Considerations**

42. The Reviewers concluded that CAMHS practitioners acknowledged and explored issues pertaining to race, ethnicity and culture. This was intentionally explored by CAMHS practitioners with AR and his parents however it was acknowledged this was sometimes limited due to their responses to these lines of discussion.
43. It is evident within AR's EPR that CAMHS practitioners discussed in detail AR's experiences of racism in school and how this impacted on him in terms of social isolation, bullying and non-engagement in education.

### **Actions Undertaken by Alder Hey since the Southport Incident**

44. A summary of all actions undertaken by Alder Hey Children's NHS Foundation Trust since the incident are outlined at the end of the Learning Review Report.

### **Overview of Recommendations**

45. The report concludes with an overview of all recommendations made by the Reviewers following the Internal Learning Review.

## **Introduction**

### **Background and Context**

#### **Southport Major Incident and Criminal Investigation – Merseyside Police**

46. On 29 July 2024, a group of children were attending a Taylor Swift themed event at a dance school on Hart Street in Southport when an offender, who was armed with a knife, entered the premises, and started to attack those inside.
47. On the afternoon of the incident Merseyside Police contacted the Trust to advise that the person identified as the alleged perpetrator (AR) was a child under the care of Alder Hey Community Mental Health Services (Sefton Locality).

48. AR was subsequently charged with three offences of murder, ten offences of attempted murder and one offence of possession of a knife.
49. Alder Hey worked closely with Merseyside Police to ensure any actions taken by the Trust did not impede the criminal investigation. The Chief Nursing, Allied Health Professional (AHP) and Experience Officer acted as a single point of contact with Merseyside Police on behalf of the Trust.
50. Merseyside Police advised that discussions with staff involved in the care and treatment of AR and Practitioner Events should be paused until the conclusion of the criminal investigation.
51. On the 29 October 2024, the Chief Constable of Merseyside Police advised that the Crown Prosecution Service had authorised the alleged perpetrator to be charged with two further offences:
  - Production of a biological toxin, namely ricin, contrary to Section 1 of the Biological Weapons Act 1974.
  - Possessing information, namely a pdf file entitled "*Military Studies in the Jihad Against the Tyrants: The Al-Qaeda Training Manual*" of a kind likely to be useful to a person committing or preparing an act of terrorism, contrary to Section 58 of the Terrorism Act 2000.
52. On the 20 January 2025, AR pleaded guilty to the murders of Bebe King, Elsie Dot Stancombe and Alice da Silva Aguiar, the attempted murders of eight children and two adults; possession of a bladed article in a public place; production of a biological toxin namely ricin, contrary to Section 1 of the Biological Weapons Act 1974; possession of information, namely a PDF file entitled "*Military Studies in the Jihad Against the Tyrants: The Al-Qaeda Training Manual*" of a kind likely to be useful to a person committing, or preparing, an act of terrorism, contrary to Section 58 of the Terrorism Act 2000.
53. In January 2025, following conclusion of the criminal trial Merseyside Police advised the Trust that the internal Learning Review could proceed.
54. Between the incident and the conclusion of the criminal proceedings the Trust undertook a Rapid Review, the findings of which led to the development of the Terms of reference for the Learning Review which were approved by Trust Board on 06 March 2025. The draft TOR were shared with NHS Cheshire and Merseyside Integrated Care Board (C&M ICB) and Sefton Place for comments and the TOR were amended accordingly.

## **Safeguarding Processes - Lancashire Safeguarding Children Partnership**

### **Safeguarding Rapid Review**

55. Lancashire Safeguarding Children Partnership (LSCP) convened a Safeguarding Rapid Review which was held on 27 August 2024 following the incident in Southport in line with statutory guidance '*Working Together to Safeguard Children*' (2023).
56. Safeguarding Rapid Reviews are initiated by Local Safeguarding Children Partnerships following a serious child safeguarding incident where:
  - Abuse or neglect of a child is known or suspected; and/or
  - A child has died or been seriously harmed. This may include cases where a child has caused serious harm to someone else.
57. Following a serious safeguarding incident the Local Safeguarding Children Partnership should conduct a Rapid Review to identify, collate and reflect on the facts of the case as quickly as possible to establish whether there is any immediate action needed to ensure the safety of children and the potential for multi-agency practice learning.
58. A Rapid Review will also determine whether a Local Child Safeguarding Practice Review (LCSPR) should be commissioned using the criteria set out in '*Working Together to Safeguard Children*' (2023). A LCSPR is a multi-agency safeguarding review to identify improvements needed to local practice and wider systems.
59. Alder Hey Children's NHS Foundation Trust participated fully in the Rapid review process conducted by Lancashire Safeguarding Children Partnership (LSCP). A comprehensive chronology with critical analysis in respect of AR was produced on behalf of Alder Hey by the Associate Director for Safeguarding and Statutory Services and the Clinical Director for Psychiatry. This was reviewed and approved for submission into the LSCP Rapid Review by the Executive Lead for Safeguarding (Chief Nursing, AHP and Experience Officer) on behalf of the Trust.
60. LSCP Safeguarding Partners determined that the criteria were met to undertake a LCSPR, and they notified the National Child Safeguarding Practice Review Panel of this decision.

### **Local Child Safeguarding Practice Review**

61. The Trust was subsequently informed by LSCP that the National Child Safeguarding Practice Review Panel had met with LSCP and NHS England to

discuss next steps. It was agreed that NHS England would fund an Independent Expert in mental health and neurodiversity to advise the LCSPR Independent Reviewer. This approach would negate the need to commission a separate Mental Health Homicide Review which aligns to the principles of the NHS Patient Safety Incident Response Framework (PSIRF) of having a considered and proportionate response to patient safety incidents and not duplicating processes.

62. An email was received by the Trust on 23 May 2025, with an attached letter dated 02 May 2025 which advised that following the Home Office announcement of the Public Inquiry on 07 April 2025, the LSCP Executive had consulted with the National Child Safeguarding Practice Review Panel and the Home Office and sought independent legal advice.
63. LSCP had arrived at the decision to pause the LCSPR until the Public Inquiry has concluded.
64. Both LSCP and Sefton SCP (SSCP) are continuing to progress actions to implement learning identified in the initial Rapid Review and through local changes in relation to other relevant issues.
65. At the conclusion of the Public Inquiry, LSCP and SSCP will review the recommendations and will, if appropriate resume the LCSPR to examine the roles of local agencies and any further learning which could aid collective safeguarding practice.

### **Home Office Prevent Learning Review**

66. On 05 February 2025, the Home Office published an Independent Prevent Learning Review into the contacts AR had with the Prevent system.
67. Prevent Learning Reviews are carried out where a terrorist attack or serious violence offence has been committed by someone with prior involvement in the Prevent programme. They are commissioned jointly by the Home Office and Counter Terrorism Policing.
68. Prevent Learning Reviews are aimed at identifying internal learning within the Prevent system and are flexible and scalable to reflect the severity of the incident and the range of agency involvement. They are often highly technical and delivered at pace to ensure the swift identification and implementation of learning.
69. The Home Office Prevent Review Executive Summary outlines:

- *“AR was referred to Prevent three times. The first referral was received from AR’s teacher on 5 December 2019. The teacher reported a number of concerns regarding behaviours which included being excluded from his previous school for carrying a knife and searching for mass school shootings on the internet using his school account. After a discussion with Prevent officers (CTCOs) in which AR accounted for his internet searches, the case was closed on the Prevent system on 31 January 2020. Acknowledgement is made that AR is extremely vulnerable but there are no CT/DE concerns<sup>1</sup> and appropriate agencies are already in place to support him.*
- *A second referral was received from AR’s previous school on 01 February 2021. It was reported that a pupil had showed them [social media] posts by AR which they were concerned about and felt AR was being radicalised. The CTCO acknowledged the previous referral, however considered the [social media] posts to be not CT/DE relevant and the case was closed on 17 February 2021.*
- *A third referral was received from AR’s teacher on 26 April 2021. It reported that AR had been observed with internet tabs open during a lesson showing a search for London Bomb and seemed to have a passionate interest in Israel/Palestine conflict, MI5 and the IRA. The CTCO acknowledged the previous two referrals but considered that AR’s needs were currently met outside of Prevent and there were no CT/DE concerns to address. The case was closed on 10 May 2021.*
- *Overall, the Reviewer considers there to have been a high level of compliance by the Prevent officers with process timescales, assessment completion and adherence to policy that were in place at the time. However, although processes and policies have been largely followed, it is the subjective decisions that have come into focus and AR should have been referred to Channel.”*

70. A link to the full report and recommendations can be found here: <https://www.gov.uk/government/publications/prevent-learning-review-southport-attack>.

### **Prevent Duty for Healthcare Professionals**

71. Prevent is part of the government’s counter-terrorism strategy (CONTEST) and aims to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism.

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<sup>1</sup> The term ‘CT/DE relevance or concern’ is used repeatedly throughout all the Prevent referrals relating to AMR. The term is used in the IMU’s to describe whether a piece of intelligence should be recorded on [the CT Police intelligence] computer system or not. This is to avoid over burdening the system; the decision for this is subjective and sits with an IMU assessor

72. It works to ensure that people who are susceptible to radicalisation are offered appropriate interventions, and communities are protected against radicalising influences.
73. Healthcare professionals have a key role in Prevent because frontline workers often meet and treat people who may be susceptible to radicalisation.
74. Everyone working in healthcare settings, in the NHS or on behalf of the NHS, has a duty to ensure that they understand Prevent and know what to do if someone they have had contact with is at risk.
75. Requirements of NHS statutory duties for safeguarding under the Prevent duty (as set out in the Counter-Terrorism and Security Act 2015), helps protect those at risk of radicalisation, and in turn the general public.
76. The Trust's Prevent Policy (RM19) provides guidance to:
  - Ensure that Trust staff are aware of how to safeguard & support vulnerable individuals, whether staff or service users, who they feel may be at risk of being radicalised by extremists.
  - Ensure appropriate systems are in place within the Trust for staff to raise concerns if they think this form of exploitation is taking place.
  - Promote and operate safe environments where extremists are unable to operate.

#### **PREVENT Processes and Alder Hey Children's NHS Foundation Trust**

77. The Home Office Independent Prevent Learning Review outlines that AR was referred to PREVENT on three occasions:

##### **1<sup>st</sup> PREVENT Referral**

- 05 December 2019 – Referral made by AR's teacher
- Case was closed on the PREVENT system on 31 January 2020.

##### **2<sup>nd</sup> PREVENT Referral**

- 01 February 2021 - Referral was received from AR's previous school.
- Case was closed on the PREVENT system on 17 February 2021.

##### **3<sup>rd</sup> PREVENT Referral**

- 26 April 2021 – Referral by school
- Case was closed on the PREVENT system on 10 May 2021.

78. Alder Hey Children's NHS Foundation Trust did not make any referrals to PREVENT.

79. Any references to PREVENT within AR Electronic Patient Record are outlined below.

**13 December 2019**

80. On 13 December 2019 an urgent referral to Sefton CAMHS was received from Mersey Care NHS Foundation Trust Criminal Justice Liaison Team (CJLT).

81. Alder Hey Sefton CAMHS were unaware that AR was open to PREVENT until this communication from CJLT.

82. Concerns identified in the referral were AR's problem-solving skills and the risk AR poses to others. The referral also indicated that there was an open PREVENT referral; however, not in relation to his arrest for carrying a knife in school.

**17 December 2019**

83. CAMHS Case Manager 1 attended a Strategy Meeting convened by Lancashire Children's Social Care on 17 December 2019 in response to a PREVENT referral.

**06 January 2020**

84. A follow up strategy meeting was held on 06 January 2020 attended by CAMHS Case Manager 1. CAMHS Case Manager 1 has documented that AR [DPA] [DPA] remained on a Child in Need ("CIN") Plan until police evidence is back and it has not been escalated to Section 47 (child protection) at this time

**08 January 2020**

85. Risk Management Tool completed by CAMHS Case Manager 1. Risks identified - Risk to others "*Reports from school regarding terrorism; however PREVENT outcome was that there was no evidence of radicalisation or anything malicious being found*".

**29 April 2021**

86. Telephone appointment with CAMHS Case Manager 3, AR's Father and AR. AR's Father referred to an email chain he had forwarded making several allegations against Acorns School. AR had been referred to PREVENT due to looking at something online and conversations with a teacher. AR's Father was upset that a referral had been made and that school had not taken into consideration the context of how AR knows this information as he is interested in the news. CAMHS Case Manager 3 explained that they could not get involved in conversations about the school and there may be ways of communicating

concerns without wording it in a way that might be perceived as threatening or confrontation.

### **12 August 2021**

87. CAMHS Case Manager 3 reviews and updates the CAMHS risk assessment. Risk assessment updated to include reference to further referral to PREVENT. AR had been subject to a couple of referrals to PREVENT. The most recent referral was in relation to AR speaking with a member of staff about troubles in Palestine and Israel. AR followed World News and appeared to be well informed on matters. School took as concern and reported AR to PREVENT. Previous referral to PREVENT highlighted no concerns regarding AR being a terrorist risk or being radicalised in any way.
88. There are references to PREVENT referrals made within AR's Alder Hey Electronic Patient Record (EPR) as outlined above however there were no PREVENT meeting minutes or CHANNEL Panel minutes contained within AR's record.
89. It is unclear how and when CAMHS practitioners were made aware of the second and third referrals to PREVENT however AR's EPR clearly evidences that CAMHS practitioner were aware of the referrals to PREVENT.
90. The Reviewers explored PREVENT referrals and processes with CAMHS practitioners at the Practitioner Learning Events. CAMHS practitioners were aware that AR had been referred to PREVENT and were made aware of these referrals via AR and his parents, or by attendance at multi-agency meetings.
91. There appears to be no professional curiosity conversations documented within AR's records from Sefton CAMHS practitioners regarding the PREVENT referrals.
92. The Reviewers were unable to form a clear understanding of the Trust's role and contribution to decision making in the PREVENT process from AR's EPR alone. However, the exact dates and details of the PREVENT referrals outlined in the Home Office Prevent Independent Learning Review assisted the Reviewers in establishing a timeline of events.
93. The Reviewers determined that with the exception of CAMHS Case Manager 1 (who attended strategy meetings in December 2019 and January 2020), no other CAMHS practitioners were involved in any PREVENT referrals or invited to any associated multi-agency discussions relating to AR.

## **Alder Hey Children's NHS Foundation Trust**

94. Alder Hey Children's NHS Foundation Trust is a provider of acute, community and specialist healthcare to over 450,000 children and young people each year from Cheshire and Merseyside, the North West and beyond.
95. In addition to the acute hospital site at West Derby in North Liverpool, Alder Hey has a presence at several community outreach sites across Liverpool and Sefton and in collaboration with other providers, its staff help deliver care closer to children and young people's homes through locality-based services.
96. The Trust employs a workforce of 4,457 staff who work across the community and hospital sites and as a teaching and training hospital the Trust provides education and training to around 930 medical, and dental students and over 1,000 nursing and allied health professional students each year.
97. Alder Hey remains one of four stand-alone paediatric trusts in England providing specialist treatment to children and young people from across the UK.
98. The Trust has a model of managing services through four clinical divisions: Medicine, Surgery, Clinical Research and Community and Mental Health Services.
99. Each Division is led by a triumvirate leadership team, comprising a Divisional Director, supported by a Senior Manager in the role of Associate Chief Operating Officer and an Associate Chief Nurse who, together with service leads and managers, are responsible and accountable for the overall clinical and operational performance of the division.

## **Division of Community and Mental Health Services**

100. The Community and Mental Health Services division provides a range of community services and clinics largely outside of the main hospital site. The Community and Mental Health Division provided the majority of services to AR. These are outlined in detail below. The main services provided to AR included:

- Children and Young People's Community Mental Health Services
  - Sefton CAMHS
  - Psychiatry
  - Family Therapy
  - CAMHS Case Management and CAMHS Key Worker
- Autistic Spectrum Disorder (ASD) Services – ASD Pathway
- Community Speech and Language Therapy service
- Community Paediatrics
- Community Dietetics

### **Children and Young People's Community Mental Health Services**

101. Alder Hey provides Community Mental Health Services to children and young people up to the age of 18.
102. The service provision includes:
- Eating Disorder Community Teams
  - Tier 4 Children’s Inpatient Unit (Sunflower House, on the main hospital site)
  - Crisis Care Service (including Home Treatment Team)
  - Children and Young People Community Mental Health Services (locality based)
  - Mental Health in Schools Teams
  - Intensive Support Team
  - Enhanced Support Team
103. Children and Young People’s Community and Mental Health Services are more commonly referred to as Child and Adolescent Mental Health Services (CAMHS). For ease, the Reviewers will use the term CAMHS from this point onwards. Unless stated otherwise, in this document CAMHS will refer to the care provided by the team of specialist mental health practitioners and Consultant Psychiatrists based at the Sefton locality site.
104. CAMHS provide support and treatment for children and young people experiencing emotional, behavioural or mental health difficulties. They offer a range of services including assessment, therapy, prescribing and support for families.
105. Some of the issues CAMHS can help with include:
- Anxiety
  - Attachment Difficulties
  - Conduct/Behaviour Problems
  - Depression
  - Eating disorders
  - Emotional and Behavioural difficulties in children with Learning Disabilities
  - Obsessions and Compulsions
  - Psychosis
  - Post-Traumatic Stress Disorder (PTSD)
  - Self-harm
  - More complex psychological difficulties
106. CAMHS also provide consultation, advice and training to other agencies and accept referrals from a wide range of professionals. The team is multi-

disciplinary, which means CAMHS clinicians come from a range of clinical and professional backgrounds.

### **Attention Deficit Hyperactivity Disorder (ADHD) and ASD Services**

107. ADHD and ASD Services provide assessment and diagnosis for ADHD and autism. They commence treatment and prescribing for ADHD. There is no treatment service for ASD. Sefton have the addition of a commissioned ADHD and ASD Post-Diagnosis Support Team.
108. The Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) services at Alder Hey NHS Foundation Trust have developed significantly over time. Initially, both diagnostic pathways operated under the umbrella of the Community Paediatric Service, with referrals for ASD, ADHD, physical health concerns and other paediatric issues submitted via a single referral form. In March 2021, a Trust-wide programme was concluded to restructure these services, resulting in the separation of referral pathways; dedicated referral forms were created for ADHD and ASD respectively and separate waiting lists and waiting times were reported via the Trust's business intelligence system dashboards.
109. Sefton ADHD and ASD Children's Service provides support post-diagnosis to children and families with a diagnosis of ADHD or ASD. The service is available for children in Sefton aged 0-19. Nurses have an initial assessment with children and their families to understand their needs. A member of the ADHD/ASD Team will then provide ongoing support with personalised strategies i.e. behaviour management support. Referrals are commonly made by the ADHD and ASD diagnostic/treatment services, but referrals are also accepted from other professionals such as school and GPs.
110. The ASD Service is a commissioned diagnostic service for children in Liverpool and Sefton aged 2-18 years and for children in Knowsley aged 2-5 years. From September 2025 the Service will be commissioned to support children aged 2–18 years in Knowsley.
111. ASD Assessment is completed in line with National Institute for Health and Care Excellence (NICE) guidance ([Clinical Guidelines 128](#) and [Clinical Guidelines 170](#)) and involves input from a range of professionals such as, but not limited to: paediatricians, nurses and speech and language therapists.
112. The ASD Service also provides post-diagnostic support, with Riding the Rapids courses offered to parents/carers and a Young Person's Workshop offered to children and young people to help them understand their ASD diagnosis.

113. A Pathologic Demand Avoidance (PDA) service is also offered. PDA is a profile of ASD that can be given after a diagnosis and helps to ensure additional relevant support is put in place for the child.
114. The ADHD Service is a commissioned diagnostic service for Liverpool, Sefton and Knowsley for children aged 6-18.
115. ADHD Assessment is completed in line with NICE guidance ([Clinical Guideline 87](#)), and is predominantly nurse-led, although additional support is provided by Paediatricians and Psychiatrists in diagnosing the most complex children. The ADHD service also provides post-diagnostic support in the form of ADHD medication.

### **Identified Learning from LSCP Rapid Review for Alder Hey**

116. The Rapid Review completed in response to the request from LSCP was submitted on 08 August 2024 by Alder Hey; it identified good practice and areas for further exploration and learning.

#### **Good Practice Identified**

117. The following areas of good practice were identified by Alder Hey for the purposes of the LSCP Rapid Review:
  - CAMHS offered support to AR and his family according to his identified needs.
  - CAMHS demonstrated positive internal and external communication regarding multi agency working.
  - There is evidence that CAMHS followed up missed appointments and referrals to services. Missed appointments were rebooked in a timely way and flexibly to engage with AR and his family.
  - When AR had engaged with Alder Hey professionals his voice is clearly evidenced throughout the documentation and considered in the clinical decision making.
  - It appears from Alder Hey electronic patient records that parents have sought advice and support regarding AR's health needs such as Dietitians, Speech and Language Therapists and Mental Health Services.

- Evidence that staff have continued to engage with the family despite AR declining to engage.
- Staff were thoughtful in their approaches to sharing AR's Autistic Spectrum Disorder (ASD) diagnosis with AR and a plan was agreed in collaboration with his parents.
- Staff have undertaken home visits when AR has not been engaging and spent significant time in trying to engage with him.

118. This resulted in an action plan being developed to address the learning identified. The action plan outlined the following actions:

#### **Information Sharing**

- To review and understand how staff across the Trust access all information held about children and young people across multiple electronic patient record systems and whether this has led to some practitioners not having a complete holistic picture of the whole clinical pathway of AR.

#### **Quality of Record Keeping**

- To explore the delays in documentation in the electronic patient record and the reasons for this, i.e., training, access to equipment, multi-agency information sharing.
- To explore why there was no record of the Early Help or Child in Need plans in the electronic patient records.

#### **Professional Disagreements and Escalation**

- To complete a Trust wide review of safeguarding supervision arrangements.

#### **Multi-Agency Working**

- To explore how decision making was communicated to wider multi-agency partners (e.g., acceptance of referrals, discharge from service, changes of practitioner etc).

#### **Voice of the Child and Lived Experience**

- To explore the issues arising in relation to AR's disengagement from Sefton CAMHS and how his voice could have been better captured.

#### **Policies and Procedures**

- To explore if prescribing of medications was in line with Trust policy.

119. Alder Hey has continued to submit updated action plans along with supporting evidence to the LSCP. These have also been shared with NHS C&M ICB Sefton Place Designated Safeguarding Professionals in their commissioning and safeguarding assurance role.
120. The areas outlined above have been included in the terms of reference for this Learning Review.

## **Alder Hey Internal Learning Review**

### **NHS Patient Safety Incident Reporting Framework (PSIRF)**

121. The Patient Safety Incident Response Framework (PSIRF) (NHS England, 2024) sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.
122. The PSIRF advocates a co-ordinated and data-driven approach to patient safety incident responses that prioritises compassionate engagement with those affected by patient safety incidents.
123. The PSIRF can be used by any healthcare service but is mandatory for services provided under the NHS Standard Contract, including acute, ambulance, mental health, and community healthcare providers. This includes maternity and all specialised services.
124. The PSIRF supports the development and maintenance of an effective patient safety incident response system that integrates four key principles:
- Compassionate engagement and involvement of those affected by patient safety incidents.
  - Application of a range of system-based approaches to learning from patient safety incidents.
  - Considered and proportionate responses to patient safety incidents.
  - Supportive oversight focused on strengthening response system functioning and improvement.

### **Alder Hey Patient Safety Incident Response Policy (RM74)**

125. The Patient Safety Incident Response Policy (RM74) sets out how the Trust implements the NHS PSIRF.
126. In line with the Trust Patient Safety Incident Response Policy, it was agreed that an internal Learning Review would be undertaken. The purpose of this learning

review is to complete a wider analysis of the care and treatment the AR received whilst under the care of Sefton CAMHS prior to the events that occurred in Southport on 29 July 2024.

127. Progress has been guided by Merseyside Police in respect of timings as the criminal investigation and the judicial process took precedence over all other statutory and Trust processes.
128. It was originally proposed that Alder Hey commission independent reviewers with expertise in safeguarding, mental health, and neurodiversity to support the Trust Reviewers in conducting the Learning Review to provide an objective and unbiased view on the care and treatment provided. Unfortunately, suitable independent reviewers could not be identified.
129. Executive Leaders therefore decided that the Associate Director for Nursing, Risk and Governance should undertake this Learning Review supported by the Associate Director for Safeguarding and Statutory Services. They were supported by professional advisors who included the Director of Culture and Organisational Development/Consultant Clinical Psychologist, Clinical Director Psychiatry, and Associate Chief Nurse for the Division of Community and Mental Health services.

## **Methodology**

130. The terms of reference for this Learning Review have been informed by the learning identified in the initial Rapid Review undertaken by the Trust at the request of LSCP.
131. The Learning Review Terms of Reference were approved by Trust Board on 06 March 2025 and shared with NHS Cheshire and Merseyside Integrated Care Board (C&M ICB) Sefton Place. Comments were received by C&M ICB and the TOR amended accordingly.
132. The Learning Review does not investigate the details of the tragic incident that occurred in Southport on 29 July 2024.
133. The Learning Review does consider safeguarding practice including an exploration of the safeguarding systems and processes in place to support Sefton CAMHS practitioners and staff.
134. The overall ethos of the Learning Review is to understand the care that was provided to AR and explore Sefton CAMHS and safeguarding pathways with the aim of identifying any areas for improvements.

135. The Learning Review explores key lines of enquiry as set out in the Learning Review's Terms of Reference, which are outlined in paragraph 150 of this report.
136. Whilst the Trust was keen to identify and implement learning at the earliest opportunity, the commencement of the Internal Review was delayed due to criminal proceedings and uncertainty in the LCSPR process which was ultimately paused pending the outcome of the statutory public inquiry. This meant that the Reviewers were unable to speak with staff who engaged with AR during his clinical care until the criminal trial had concluded.
137. The Review involved scrutinising AR's EPR to explore entries made by Trust staff in relation to the care and treatment they provided to him. The actions taken by staff were then assessed against policy and guidance in existence at that time. Current policy and guidance were also reviewed to allow the Reviewers to consider where changes may have already addressed identified areas for learning.
138. The Reviewers had the opportunity, through Practitioner Learning Events, to explore the terms of reference and review the findings with those involved.

### **Chronology**

139. A comprehensive chronology with critical analysis in respect of AR was produced for submission into the LSCP Rapid Review. This was further developed with additional information added following the Practitioner Learning Events.
140. The Associate Director for Safeguarding and Statutory Services and Clinical Director for Psychiatry reviewed all additional documents shared by practitioners which included emails, minutes of multi-agency meetings, handwritten notes, and recollected memories/chronologies from individuals.
141. All documents were added to a detailed log which outlines what document has been provided, by whom and decision making regarding whether it was added to the chronology.
142. The chronology was used as tool to determine the sequence of events and assisted the Reviewers in aligning contacts to the relevant TOR of the Learning Review.

### **Practitioner Learning Events**

143. A series of face-to-face Practitioner Learning Events was held for practitioners who had provided care to AR, had been involved in care planning discussions or those who had supervised/managed those staff who had provided care to AR.

144. Attempts were made to contact practitioners who are no longer employed by the Trust to participate in the Learning Review. Despite best efforts the Reviewers were unable to trace two employees, CAMHS Case Manager 1 who left the Trust in approximately February 2020 and CAMHS Key Worker 1 who left the Trust on 04 January 2025. (NB. These former staff were subsequently traced and contact made by the Chief Corporate Affairs Officer for the purposes of the public inquiry.)
145. The first Practitioner Learning Event was arranged for 24 February 2025. This event was cancelled at the request of the Chief Nursing, AHP and Experience Officer via email on 20 February 2025 following communication from NHS England.
146. The Trust received formal notification on 18 February 2025, from NHS England that they had commissioned an external provider to undertake a review of the mental health care provided to AR from Alder Hey.
147. As a result, the Trust decided to seek further clarity from NHS England before proceeding with the Learning Review. On 31 March 2025 the Trust received confirmation that the external review of the care provided to AR by Alder Hey and the LCSPR were both paused pending the outcome of the public inquiry. At this point the Trust arranged for the Practitioner Learning Events to be reinstated.
148. Face to Face Practitioner Learning Events and Interviews took place on:

<b>Date</b>	<b>Event</b>
24 February 2025	1 <sup>st</sup> Planned Practitioner Event – CANCELLED
12 March 2025	1 <sup>st</sup> Practitioner Event
02 April 2025	2 <sup>nd</sup> Practitioner Event
07 May 2025	3 <sup>rd</sup> Practitioner Event
09 May 2025	First Interview with CAMHS Case Manager 3
22 May 2025	Second Interview with CAMHS Case Manager 3 – CANCELLED
18 July 2025	4 <sup>th</sup> Practitioner Event and individual practitioner drop-In Session

149. CAMHS Case Manager 3, left the Trust in November 2022 and met with Reviewers via Microsoft Teams on the 09 May 2025 to discuss their involvement with AR. The second planned interview on 22 May 2025 via Microsoft Teams with CAMHS Case Manager 3 was cancelled as they advised they had no further reflections to offer the Reviewers.

150. The information shared within the Practitioner Learning Events and reflections from practitioners will be incorporated throughout this Learning Review report where appropriate.

### **Psychological Safety and Practitioner Wellbeing**

151. Alder Hey has embraced the opportunity that the Patient Safety Incident Response Framework (PSIRF) has brought to build a more restorative, just and learning culture. The Trust acknowledges and attends to the psychological impact on everyone involved in a patient safety incident with support from the Staff Advice and Liaison Service (SALS) who offer expertise in restorative practices where needed. Psychological support from a Consultant Clinical Psychologist was available to the Reviewers and practitioners involved to help support the learning process and offer psychological support where needed.
152. Creating a psychologically safe space where practitioners can be compassionately engaged and actively involved is critical to the Learning Review Process. Psychological safety refers to the *“the belief that the work environment is safe for interpersonal risk taking. The concept refers to the feeling of being able speak up with relevant ideas, questions, or concerns. Psychological safety is present when colleagues trust and respect each other and feel able – even obligated - to be candid.”* (Edmondson, 2019).
153. Ground rules were agreed with practitioners at the outset of the Practitioner Learning Review process with a focus on identifying and agreeing behaviours that would increase psychological safety, such as being approachable, explicitly inviting input and feedback and modelling openness throughout the process.
154. Check-ins were conducted at the outset of each event regarding levels of psychological safety which were then monitored through the events. Check-outs were conducted at each event to provide space for the group to reflect on psychological safety and wellbeing. All practitioners were offered individual support with the psychologist throughout the Review if needed.
155. In addition, all practitioners involved in the Practitioner Learning Events have had continuing access to the SALS. This is an open access listening service available to all staff and learners at Alder Hey Children’s NHS Foundation Trust. The service has been developed and is delivered by Alder Hey staff for Alder Hey staff and is underpinned by the principles of person-centred compassionate care whereby staff are provided with the experience of being listened to, understood, empowered, and supported to take intelligent action.

## Alder Hey Learning Review Terms of Reference

156. This Learning Review report will examine seven distinct Terms of Reference (TOR) which include key questions for exploration as outlined below:

<b>TOR 1: Engagement</b>	
To explore AR's engagement with services, including follow up, management of missed appointments, and the impact on AR of any periods of non-engagement.	
<b>Key Questions:</b>	
Q1a)	What services was AR accessing and for how long?
Q1b)	Did AR engage with the services that he had been referred to?
Q1c)	Were there any occasions that AR disengaged with services? If yes which services?
Q1d)	What escalation process was put in place to address disengagement with services?
Q1e)	Was any thought given to transition into adult services at any time?
Q1f)	Were any appointments for AR cancelled by the Trust?
Q1g)	What care plans were in place and how often were they reviewed and updated?
Q1h)	What was the involvement of AR and parents in AR's care plan?
Q1i)	How was the risk assessment considered when only having contact with AR's parents?
Q1j)	Who were AR's key service leads?
Q1k)	Was there any breakdown or relationship issues between AR/family and service leads?
Q1l)	Did AR have an Early Help/CAMHS care plan in place? If yes how often was this reviewed and by whom?
Q1m)	What was the impact of AR not engaging with services?
<b>TOR 2: Record Keeping &amp; Communication</b>	
To establish the standard and timeliness of record keeping (including multiagency correspondence) and how effective information sharing was between Alder Hey services and multi-agency partners.	
<b>Key Questions:</b>	
Q2a)	What types of clinical records are there currently in place for patients referred into the Trust services?
Q2b)	How do the clinical records and referral record assist the clinical staff in understanding AR's clinical picture?
Q2c)	To what extent is AR's voice/feeling/wishes and lived experience captured within the clinical records?
Q2d)	Were all referrals and clinical records shared and/or understood by all staff involved in AR care?
Q2e)	What information was shared and with whom, for what purpose and in what format?
Q2f)	Was the information shared in a timely manner?
Q2g)	What type of documentation was recorded in AR's records - was this contemporaneous?

Q2h)	Where in AR's records was it documented regarding multiagency discussions/outputs and processes etc?
Q2i)	Was this recorded contemporaneously and in a timely manner in line with Record Keeping Policy?
<b>TOR 3: Electronic Patient Records</b>	
Explore how the current Trusts electronic patient records support staff in obtaining a holistic picture of the child, young person and their family when providing care and treatment.	
<b>Key Questions:</b>	
Q3a)	What clinical record systems do we currently have in place across the Trust?
Q3b)	Do staff have access to all relevant systems?
Q3c)	How is a holistic assessment undertaken and documented on children, young people and their family?
Q3d)	What access levels do staff have?
Q3e)	How and where did staff record their clinical contact with AR?
Q3f)	Has the current electronic patient record had any impact in any other cases/children and young people under the care of Alder Hey?
Q3g)	Did AR have Early Help or Child in Need (CIN) Plan in place? If so, were they visible in the EPR? If not, why not?
<b>TOR 4: Escalation</b>	
To understand the Trust's current escalation pathway and statutory responsibility when children and young people do not want to engage with health care services.	
<b>Key Questions:</b>	
Q4a)	Does the Trust keep cases open when children and young people decline to engage?
Q4b)	What current escalation pathway does the Trust have in place when children and young people decline to engage with services?
Q4c)	Is there an escalation plan for failing to engage with services?
Q4d)	Could this pathway have impacted in other cases of non-engagement with services?
<b>TOR 5: Safeguarding Supervision</b>	
To understand the agreed process and arrangements for safeguarding supervision across Alder Hey and whether staff involved in the care of AR accessed safeguarding supervision appropriately.	
<b>Key Questions:</b>	
Q5a)	What safeguarding supervision systems do we currently have in place across the Trust?
Q5b)	Which staff access safeguarding supervision? Is this mandated?
Q5c)	Did staff access clinical supervision in line with the Safeguarding Supervision Policy?
Q5d)	Did staff involve in AR's care access safeguarding supervision?
<b>TOR 6: Risk Assessment</b>	
To understand how services working with AR assessed the risk they presented and if this was communicated and shared with partner agencies.	
<b>Key Questions:</b>	

Q6a)	Did AR have a risk assessment-if so, what was the assessment, and which service undertook the risk assessment?
Q6b)	What risk was AR being assessed for?
Q6c)	Did the staff undertaking the risk assessment have training. What risk assessment tool was used?
Q6d)	If undertaken how often was the risk assessment for AR reviewed and updated?
Q6e)	Does the risk assessment recognise that risk is dynamic?
Q6f)	What risk information/assessment was shared with multiagency partners if any?
Q6g)	What risk information/assessment was shared by multi-agency partners?
Q6h)	Did the service follow best practice guidance for the undertaking of risk assessments, and the dynamic management of them?
<b>TOR 7: Prescribing</b>	
To understand if the prescribing of AR's medication was in line with Trust Policy.	
<b>Key Questions:</b>	
Q7a)	What medication was AR prescribed by whom and for what purpose?
Q7b)	How often was AR's medication reviewed?
Q7c)	What was the process and documentation in relation to AR's voice in prescribing and decision making?
Q7d)	What was the role of AR's family in any prescribing decisions for AR?
Q7e)	What was AR told about their prescribed medications and medication compliance?
Q7f)	What was AR's GP told about ongoing medication reviews and prescribing?
Q7g)	Did the prescribing practice follow the Trust policy and any best practice guidance?

## AR Background Information

157. This section of the report aims to give an overview of what was known about AR as an individual and his wider family and social history. The information below has been gathered from AR's Electronic Patient Record (EPR) which included information provided by AR, his family and the professionals working in partnership with and sharing information with Alder Hey practitioners.

### AR and his Family

158. AR was born on 07 August 2006; he was aged 17 years and 11 months at the time of the attacks.

159. AR lived with his mother, father and older brother.

160. It has been documented in AR's EPR that AR's mother works full time. There are times in the EPR when AR's father is described as working full time and other times where he is reported to be a stay-at-home father to look after his two sons.

161. AR's older brother was reported to use a wheelchair: DPA

<b>DPA</b>	
<b>DPA</b>	<b>I&amp;S</b>
<b>I&amp;S</b>	

162. AR described having a difficult relationship with his father and his brother.

### **Family Background and Heritage**

163. AR's family are originally from Rwanda in East Africa. It is believed AR's parents came to the United Kingdom (UK) approximately 25 years ago after fleeing the genocide in Rwanda.

164. AR told CAMHS practitioners that his Parents moved to Cardiff where he and older brother were born. AR said that when he was aged seven, they moved from Cardiff to Southport. AR's ethnicity is listed as White/Black African in AR's EPR.

165. On the 11 January 2022, AR shared with CAMHS Key Worker 1 that his parents were from Rwanda. He talked about the Rwandan genocide against the Tutsi and about loss in his family. AR spoke about how race had affected him living in Cardiff then Southport and the racism he had experienced at school.

166. AR has shared with practitioners that his parents were previously Roman Catholic but later became Evangelical Christians. AR previously attended church but declined to attend as he got older as he didn't like the noise.

167. AR talked with practitioners about how he had previously enjoyed sports such as tennis and hockey but was unable do this anymore as he wasn't attending school, where these sports were offered.

### **Education**

168. AR's EPR outlines his education as follows:

- **Range High School (Formby)**  
Range High School is a secondary school for 11–18 year-olds. AR described being bullied at Range High School and says this led to him being expelled after he attacked a peer with a hockey stick. School staff

shared with professionals that there was no evidence AR was being bullied.

- **Acorns School (Lancashire)**

Acorns School is a secondary pupil referral unit/ short stay school for 11–16 year-olds. AR attended Acorns for an hour a day from around 2pm to 3pm. He had a 1:1 support worker.

- **Presfield School (Southport)**

Presfield School is an educational setting for children who have (or be in the process of receiving) an Education, Health Care Plan (EHCP) which details a diagnosis of Autistic Spectrum Disorder or Aspergers.

169. In a Family Therapy session, on 07 November 2023, there is reference to Presfield School bringing their involvement to an end as AR was not attending and was not accessing any tutoring or learning from them. It was reported that this meant the EHCP would come to an end. The family were going to meet with the Local Authority Transitions Worker to discuss next steps. Presfield School was the last educational setting attended by AR.

### **Education, Health and Care Plan (EHCP)**

170. An Education, Health and Care Plan (EHCP) is for children and young people aged up to 25, who have special educational needs and disabilities. It sets out how their additional needs might best be met in order that they can achieve the outcomes they want in life.

171. Sefton CAMHS were made aware that AR had an EHCP in place following contact from Lancashire Youth Offending Team (YOT) on 01 May 2020. EHCPs were shared with Sefton CAMHS Case Managers (06 May 2021 and 12 January 2022), and they attended ECHP meetings (18 November 2021 and 11 January 2022) regarding AR.

### **Children's Social Care History**

172. AR and his family were known to Lancashire Children's Social Care. AR's EPR references that AR had been previously subject of a Child in Need Plan [DPA] [DPA] This was prior to Sefton CAMHS involvement in December 2019.

173. AR was subject of safeguarding referrals to Lancashire Children's Social Care made by multi-agency partners. CAMHS Case Manager 1 attended two strategy meetings in respect of AR in December 2019 and January 2020 following a referral made by education to PREVENT.

174. Sefton CAMHS Case Managers have documented in AR's EPR that they attended Early Help Meetings (CAMHS Case Manager 3 on 15 October 2021, 07 December 2021, 11 January 2022 and CAMHS Case Manager 4 on 25 May 2023) in respect of AR and contributed to Early Help Plans.

### **Criminal Justice History**

175. A contact was made with Sefton CAMHS by the Criminal Justice Liaison Team (CJLT) at Mersey Care NHS Foundation Trust on 12 December 2019, following their assessment of AR in custody. AR was arrested as he had brought a knife and wooden club into school with the intention of "*killing someone*". This was AR's first recorded offence and led to involvement from Lancashire Youth Offending Team (YOT).
176. The CJLT made a referral to Sefton CAMHS on 13 December 2019 which was subsequently accepted following professional discussions on 15 and 16 December 2019 and decision made to offer an Urgent Partnership (CAMHS) appointment.
177. Lancashire YOT contacted Sefton CAMHS on 17 April 2020 and advised AR was subject to a 10-month referral order from 19 February 2020 and not subject to Multi-Agency Public Protection Arrangements (MAPPA).
178. On the afternoon of the Southport Major Incident Merseyside Police contacted the Trust to advise that the person identified as the alleged perpetrator (AR) was a 17-year-old child under the care of Sefton CAMHS.
179. AR was assessed by the Forensic Mental Health Team under the Mental Health Act whilst in custody on 29 July 2024 and deemed not detainable under the MHA. A Consultant from Forensic CAMHS at Mersey Care NHS Foundation Trust contacted the Alder Hey NHS Foundation Trust Clinical Director for Psychiatry and requested some background information regarding AR prior to completing this assessment.

### **Health History**

180. AR was first referred to Sefton CAMHS by his GP on 11 April 2019 as he was experiencing anxiety. This referral was triaged on 12 April 2019 by the Alder Hey Crisis Care Team. Outcome of referral: Not accepted by CAMHS and AR and his family were signposted to Parenting 2000
181. On the 21 August 2019, a GP referral was received for assessment of possible ADHD and or ASD. Referral for ASD Pathway progressed initially. On 02 July

2020, a decision was taken by Community Paediatrics that the ADHD Pathway was not indicated.

182. On the 22 November 2019, an email was received from Deputy Head Teacher and SENCO at Acorns School to Community Paediatrics requesting support for AR to access the ASD Pathway. AR noted to be already on ASD Pathway when this referral received from Acorns School.

183. On 13 December 2019, an urgent CAMHS referral was received from Mersey Care NHS Foundation Trust Criminal Justice Liaison Team (CJLT). The date of first appointment with CAMHS was on 20 December 2019.

184. AR was informed about his diagnosis of Autistic Spectrum Disorder (ASD) on 03 February 2021. His father had been informed of this diagnosis on 20 January 2021.

185. At the time of the incident AR was under the care of Sefton CAMHS for symptoms of anxiety and did not have a mental health diagnosis.

186. AR is described as having avoidant and restrictive eating behaviours which impacted on his physical health and nutritional needs.

187. AR received care from the following Alder Hey Services:

<b>Service</b>	<b>Date of First Referral</b>	<b>Date of Discharge</b>
Urology	01 April 2019	07 September 2020
Sefton CAMHS Services	11 April 2019	23 July 2024
Community Paediatrics	02 July 2020	07 July 2021
Psychiatry (part of Sefton CAMHS)	02 July 2021	16 April 2024
General Paediatrics	08 September 2022	31 January 2023
Autistic Spectrum Disorder (ASD) Service (ASD Pathway)	21 August 2019	07 July 2021
Dietetics	26 October 2021	27 February 2024
Speech and Language Therapy	28 August 2020	12 February 2021
Family Therapy (part of Sefton CAMHS)	22 September 2021	23 April 2024

## **Covid-19 Pandemic**

188. December 2019 saw the beginning of the global pandemic of Coronavirus Disease 2019 (Covid-19). The first case of Covid-19 documented in the UK was on 31 January 2020.
189. The World Health Organisation declared the novel coronavirus outbreak as a global pandemic on 11 March 2020. On 23 March 2020, the Prime Minister announced the first national lockdown during an address to the nation.
190. On 01 April 2021 AR told CAMHS Case Manager 3 that his anxiety about going outside has got worse during the Covid 19 pandemic. He described that at the beginning of the first lockdown he would go for a walk now he won't leave the home, unless for school. He talked about finding social interaction scary and how his anxiety manifests in fight or flight type behaviours.
191. During the pandemic it is noted by the Reviewers that the National Health Service (NHS) regularly adjusted how service provision could continue, whilst preserving the safety of those requiring care and treatment and the staff required to deliver that care.
192. Although the pandemic itself does not form part of a formal terms of reference for this review, the impact of the Covid-19 pandemic on the care of AR will be explored in more detail in TOR 1 – Engagement.
193. The Reviewers acknowledge the impact of the Covid-19 pandemic on delivery of services and that the long-term impact on children and young people will not be fully understood for many years to come.
194. It is beyond the remit of this review to fully explore this outside of any impact on the care and treatment received by AR between 23 March 2020 (when the UK Prime Minister announced the first national lockdown) and 19 July 2021 when all remaining UK Covid restrictions were lifted.

## TOR 1: Engagement

To explore AR's engagement with services, including follow up, management of missed appointments, and the impact on AR of any periods of non-engagement.

### Introduction/Background

195. In the NHS failure to attend scheduled appointments are commonly referred to as '*did not attend*' (DNA).

196. NHS England (NHSE) (2023) reported that of the 103 million outpatient appointments booked in 2021/22, 7.6% ended in a DNA; this equates to an average of 650,000 monthly appointment slots. NHSE emphasises that non-attendance is a complex problem and that patients have shared that when they miss an appointment, it often stems from difficulties with processes and communication. Patients also informed NHSE they were more likely to miss an appointment if they had a poor experience of attending a healthcare appointment previously.

197. NHS England suggest the following causes of DNA:

Reasons for DNAs within patients' control:

- Patient has forgotten about the appointment.
- Patient has not attended because they felt they no longer needed the appointment.

Reasons for DNAs outside of patients' control:

- Patient unaware of appointment.
- Unclear, inaccessible or incorrect appointment information given to patient.
- Patient unable to attend but has difficulties cancelling or rearranging their appointment.
- Appointment booked a year or more ago and patient not given a more recent reminder.
- Difficulty taking time off work (particularly when face-to-face appointments are offered as the only option).
- Transport issues.
- Difficulty arranging carers at the time of the appointment (either for the patient or for people they care for).
- Cost issues.
- Limited clinic hours making it challenging to find a suitable time to attend.

- Patient has not been brought to the appointment by a carer or guardian responsible for their care.

198. In children’s health services, DNAs are now commonly referred to as ‘was not brought’ (WNB). The term WNB was introduced to accurately reflect that in general children need to be brought to health appointments by a parent or carer. There are exceptions to this such as older teenagers who may have appointments independent from their parents, and who may also choose not to participate or engage with services or appointments offered.

199. Children not being brought to health appointments can be a sign of neglect or other abuse or that a family might need additional support. The term WNB aims to give a safeguarding lens to the non-attendance of health appointments.

200. As outlined above there are many reasons why a child may not be brought to a health appointment. The Royal College of General Practice (RCGP) outline in their safeguarding toolkit that in most cases, one missed appointment would not be of concern, however a recognition of patterns and context are very important. For example, children where there are existing safeguarding concerns or if the appointment being missed is likely to result in significant harm which would need to be viewed in a safeguarding context.

**Alder Hey management of missed appointments: M47 – Patient Access Policy**

201. The Alder Hey M47 Patient Access Policy defines WNB as ‘*Patients, who have been informed or agreed their admission date (inpatients/day cases) or appointment date (outpatients) and who, without notifying the hospital, were not brought for admission/OP appointment*’ (Page 40).

202. The Policy outlines the management of WNB patients in section 4.4 (Page 17):

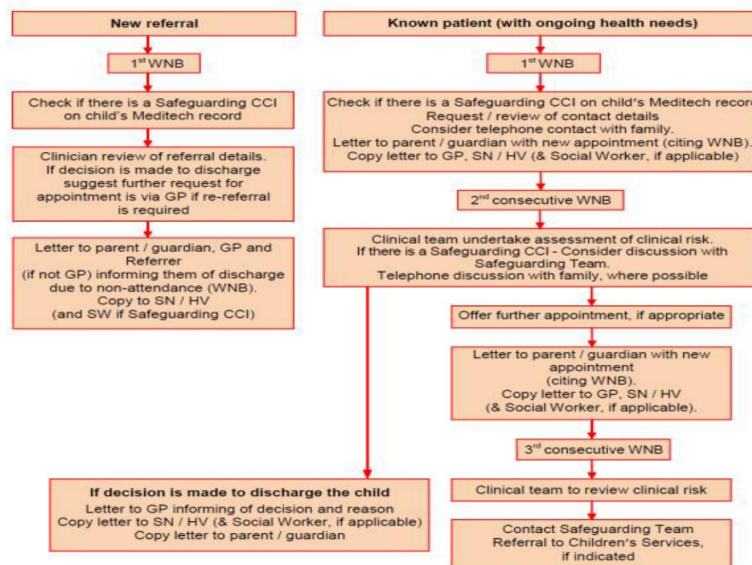
<p>4.4.1 First outpatient appointment</p> <p>If patients are not brought to their first outpatient appointment once, the Trust policy (see Appendix B) is that where clinically appropriate they should be discharged to their referrer following clinical review. For those patients identified as needing to be sent for again a new RTT clock will start from the date that a new appointment is offered.</p> <p>4.4.2 Subsequent appointments / dates for admission</p> <p>Patients who WNB their follow-up appointment will have a further appointment arranged, being offered 2 reasonable offers of a date. Reception will check patient demographics via NHS portal to ensure address at time of booking appointment matches. If there is a difference this will be highlighted to the clinician and AlderC@re will be updated.</p> <p>If there is a subsequent second WNB the clinician involved in the patient care must review the clinical notes and agree appropriate action. Either a third reasonable offer to be sent or the patient should</p>
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be discharged. If the decision is to discharge, a letter should be dictated via Medisec which will be sent to the GP, the referrer and the patient advising them that they have been discharged and if further treatment is required then a new referral should be made. The GP letter will also advise that if the patient is undergoing a course of treatment, in this instance the clinician may decide a separate letter needs to be dictated detailing the appropriate steps required and appropriate course of treatment.

If the patient WNB for a third time, no further appointment should be made. Patient will be pended to the waiting list until contact made with the family by appropriate clinician in order to facilitate an agreeable date. If this is not possible, escalation via the GP, Safeguarding or Social services should be made.

203. The Policy also contains a WNB Flow Chart in Appendix B as follows:  
M47 – Patient Access Policy

**Appendix B – Was Not Brought (WNB) Flow Chart**



**Alder Hey Safeguarding Standard Operating Procedure (SOP)**

204. The Alder Hey Safeguarding Standard Operating Procedure (SOP) outlines that the SOP needs to be read in conjunction with the Patient Access Policy.

205. Section 12 of the Safeguarding SOP outlines the Trust approach to WNB as follows:

Children and Young People Who Fail to Attend Appointments: Was Not Brought (WNB) / Did Not Contact (previously known as Did Not Attend (DNA)).

1.1 The flowchart in the Appendices summaries the process to be followed when children and young people do not attend appointments.

1.2 If a professional is concerned that the failure to attend appointment(s) may have an impact on the child's health and development the professional should:

- Inform the GP and (if different) the referrer when a child or young person has not been brought by a parent or carer
- Review the medical and social information in the child's electronic records
- Contact the family directly to establish the reason the child has not been brought for the appointment.
- Discuss with the parent / carer the concern and impact on the child not attending their appointment
- Consider if there is any action the professional can take to support the parent / carer, for example, offer an appointment at a mutually agreed time / date.
- Establish if there is a need to contact other professionals to support the family to enable the child to attend their appointment for example a Social Worker.
- Offer a further appointment and send a copy of the appointment to the GP, referrer and other relevant professionals.

1.3 A Meditech referral should be made to the child's health visitor (HV) / school nurse (SN) to inform them of the number of occasions the child has not been brought for appointments and provide date and time of next appointment

1.4 The referral should also request that the Health Visitor (HV) or school Nurse (SN) contact the family to encourage them to attend the next scheduled appointment, establish reason for the previous nonattendance and if there is any support the HV or SN can offer to enable child to attend.

1.5 Also request that the HV or SN contact the professional to discuss family health and social information and share the details of any other professionals who are involved who may need to be informed of the parent/ carers failure to bring the child for their appointment. (Professional to provide telephone contact number for their team.)

1.6 If the parent / carer continues to fail to bring the child / young person for this appointment the professionals should undertake an assessment of the clinical risk. If there are thought to be safeguarding concerns, the professional should discuss their concerns with the Safeguarding Nurses. The outcome of this discussion must be documented.

1.7 If a further appointment is not thought necessary the professional should write a discharge letter to the GP, the referrer if the GP did not make the referral and a copy letter to the HV, SN and if applicable the named social worker.

1.8 In cases where an offer of a further appointment is indicated, the professional should then write to the parent/ carer expressing their concerns that the child has again not been brought to the appointment

1.9 The letter should inform the parent / carer that: the professional has discussed the concerns with the Trust Safeguarding Team, a further appointment has been made on...date ...time, inform the parent that if the parent / carer continues to fail to bring the child / young person for that appointment a referral to Children's Social Care will be made.

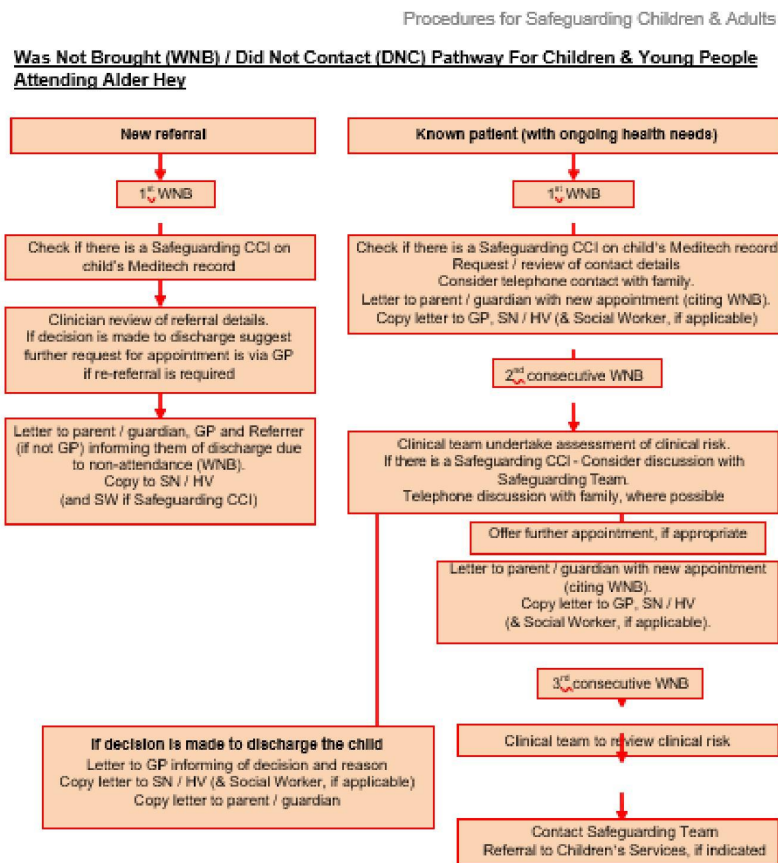
1.10 If the child is then not brought to that appointment the professional should undertake a review of the clinical risk and if appropriate a referral made to Children's Services. detailing how the failure to be reviewed will impact on the child

1.11 All referrals to Children's Social Services should include: details of the missed appointments, steps taken to encourage parental engagement, an overview of the child's medical condition and the impact of the failures to attend on the child's health and development

1.12 The professional should include any information given to them by the HV or SN or other professionals (include the name and contact details of the other professionals)

1.13 This information should initially be given verbally to Childrens social services and followed up with an electronic referral sent directly to the trusts safeguarding team at the Rainbow Centre via the following email <email address>.

206. The Safeguarding SOP has a WNB Flowchart for staff to follow:



## TOR 1: Engagement - Key Questions

### Q1a) What services was AR accessing and for how long?

207. AR was under the care of the following health care services at Alder Hey Children's NHS Foundation Trust:

Alder Hey Service	Referral Key Dates & Information	Outcome of Referral or Date of Discharge
Urology	<ul style="list-style-type: none"> <li>• <b>01 April 2019</b> Referral from GP to Urology for dysuria.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>07 September 2020</b> Discharged from Urology</li> </ul>
Sefton CAMHS	<ul style="list-style-type: none"> <li>• <b>First referral to CAMHS 11 April 2019</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Final discharge from CAMHS - 23 July 2024</b> Discharged from Sefton CAMHS by CAMHS Case Manager 4 however administrative processes not fully completed.</li> </ul>
	<ul style="list-style-type: none"> <li>• <b>11 April 2019</b> Referral to Sefton CAMHS by GP to Sefton CAMHS due to anxiety.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>12 April 2019</b> Referral triaged by Alder Hey Crisis Care Team.  Outcome of referral: Not accepted by CAMHS, signposted to Parenting 2000. Triage Risk Assessment Tool uploaded to EPR on 14 May 2019</li> </ul>
	<ul style="list-style-type: none"> <li>• <b>10 October 2019</b> Referral from Range High School Safeguarding Lead to Sefton CAMHS to review AR's mental health.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>11 October 2019</b> Outcome: AR at risk of crime, no mental health indicated in referral so referred onto Targeted Youth Support and support in school.</li> </ul>
	<ul style="list-style-type: none"> <li>• <b>13 December 2019</b> Urgent CAMHS referral received from Mersey Care CJLT.  Date of first appointment 20 December 2019 with CAMHS Case Manager 1.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>16 December 2019</b> CAMHS professional discussions held on 15 and 16 December 2019. Decision made for an Urgent Partnership appointment.</li> <li>• <b>11 August 2020</b> In the EPR CAMHS Case Manager 2 has documented 'no more appointments with me' however they have not completed a closure screen or closure letter.</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>05 May 2020</b> Referral from GP to Sefton CAMHS regarding anxiety.</li> </ul> <p>The referral also contained information that suggested the CAMHS referral from 13/12/2019 had not progressed.</p>	AR already open to CAMHS when this referral was received.
	<ul style="list-style-type: none"> <li>• <b>09 February 2021</b> Father asks ASD Team to refer AR back to CAMHS.</li> </ul>	Referral appears to have been accepted. CAMHS Case Manager 3 first appointment with AR on 01 April 2021.
<p><b>Community Paediatrics</b></p> <p>Autistic Spectrum Disorder (ASD) Pathway)</p> <p>Attention Deficit Hyperactivity Disorder (ADHD) Pathway</p>	<ul style="list-style-type: none"> <li>• <b>21 August 2019</b> GP referral dated 14 August 2019, faxed over to Alder Hey by GP on 21 August 2019 request for assessment of possible ADHD and or ASD.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>07 July 2021</b> Referral for ASD Pathway progressed initially. On 02 July 2020 decision by service that the ADHD Pathway was not indicated.</li> </ul> <p>Discharged from Community Paediatrics on 07 July 2021 as ASD diagnosis has now been completed and there was no further role for Community Paediatrics. Summary letter sent to GP and copied to parents.</p>
	<ul style="list-style-type: none"> <li>• <b>22 November 2019</b> Email received from Deputy Head Teacher and SENCO at Acorns School to Community Paediatrics requesting support for AR to access to ASD Pathway. Email uploaded to Meditech on 04/12/2019.</li> </ul>	AR already on ASD Pathway when this referral received from Acorns School.
Fragile X	<ul style="list-style-type: none"> <li>• <b>13 April 2021</b> A letter from the GP dated 07 April 2021, received on 13 April 2021 requesting genetic testing for Fragile X as requested by AR's Father.</li> </ul>	<p>It was decided that the ASD Assessment would be undertaken first.</p> <p>Fragile X test request referred to Department of Developmental Paediatrics.</p>

		(This was documented by CAMHS Case Manager 3 in their contact with AR on 01 April 2021)
<b>Speech and Language Therapy (SALT)</b>	<ul style="list-style-type: none"> <li>• <b>28 August 2020</b> Provided Services as part of ASD Pathway.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>12 February 2021</b> Coordinated feedback video appointment. Final letter sent on 12 February 2021.</li> </ul>
	<ul style="list-style-type: none"> <li>• <b>27 April 2022</b> Referral to Community Speech and Language Therapy from Presfield High School.</li> </ul>	Unclear what the outcome was of this referral. Father attended three training sessions specific to autism and communication with SALT Team on 26 April 2023, 03 May 2023 and 10 May 2023.
<b>Psychiatry</b>	<ul style="list-style-type: none"> <li>• <b>26 May 2021</b> Placed on routine Psychiatry List for consideration of medication</li> <li>• <b>16 June 2021</b> Discussed at CAMHS MDT agreed for Psychiatry review to be escalated from routine to urgent.</li> <li>• <b>01 July 2021</b> Initial consultation with Psychiatrist 1 within 2 weeks in line with Sefton CAMHS Operational SOP.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>16 April 2024</b> Discharged from Psychiatry and letter sent to GP.</li> </ul>
<b>General Paediatrics</b>	<ul style="list-style-type: none"> <li>• <b>23 June 2022</b> Referral made from Psychiatry to General Paediatrics regarding AR's avoidance with food intake.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>30 January 2023</b></li> </ul>
<b>Family Therapy</b>	<ul style="list-style-type: none"> <li>• <b>22 September 2021</b> AR's Father reported to have agreed to Family Therapy.</li> </ul> <p>The exact date for the first Family Therapy session cannot be found within the EPR. The Reviewers</p>	<ul style="list-style-type: none"> <li>• <b>23 April 2024</b> Final Family Therapy Appointment on 23 April 2024, documented on the EPR on 26 June 2024.</li> </ul>

	believe this to have taken place in June 2022.	
<b>Community Dietetics</b>	<ul style="list-style-type: none"> <li>• <b>26 October 2021</b> Referral from GP.</li> </ul> <p>First appointment 07/12/2021.</p>	<ul style="list-style-type: none"> <li>• <b>27 February 2024</b> Discharge letter sent by Community Paediatric Dietitian to GP, copying in Consultant Psychiatrist 1.</li> </ul>

### Q1b) Did AR engage with the services that he had been referred to?

#### Urology

208. AR was referred by his GP on 01 April 2019 to Urology for dysuria.

209. Outpatient appointments took place on:

Date	Appointment Type	AR Attended?	AR Accompanied?	Which Parent Attended
10 May 2019	Face to Face	Yes	Yes	Not recorded
08 July 2019	Face to Face	Yes	Yes	Father
07 October 2019	Face to Face	Yes	Yes	Father
07 September 2019	Telephone	Yes	Yes	Mother

210. AR attended appointments and biofeedback training with the Urology nurses on:

Date	Appointment Type	AR Attended?	AR Accompanied?	Which Parent Attended
22 July 2019	Face to Face	Yes	Yes	Not recorded
23 July 2019	Face to Face	Yes	Yes	Not recorded
22 August 2019	Face to Face	Yes	Yes	Father
05 September 2019	Face to Face	Yes	Yes	Not recorded

211. AR was discharged from Urology on 07 September 2020.

212. The Reviewers have determined that AR engaged well with Urology as he attended all appointments except for the last appointment which was a telephone call.

### Sefton CAMHS

213. AR's contact with Sefton CAMHS encompasses contact with CAMHS Case Managers, CAMHS Key Workers, Consultant Psychiatrists and Family Therapists.

214. The CJLT made a referral to Sefton CAMHS on 13 December 2019 following AR's arrest after he brought weapons to school. CJLT were referring to Sefton CAMHS due to AR's behaviour and concerns regarding terrorism. CJLT had also referred to Forensic CAMHS (FCAMHS). CJLT referral was subsequently accepted by Sefton CAMHS following professional discussions on 15 and 16 December 2019 and decision made to offer an urgent partnership appointment.

215. The first referral accepted by Sefton CAMHS was received from Criminal Justice Liaison Team (CJLT) Mersey Care NHS Foundation Trust on 13 December 2019.

216. Sefton CAMHS appointments with AR and/or his parents were as follows:

Date	Appointment/Contact	Contact with	AR Attended?	Parent Attended? Which parent?
20 December 2019	First face to face appointment.	CAMHS Case Manager 1	Yes	Yes Both Parents
23 March 2020	<p><b>COVID PANDEMIC LOCKDOWN</b></p> <p>Prime Minister announces the first lockdown in the UK, ordering people to "Stay at home".</p> <p>Timeline of UK Government corona virus lockdowns and measures, March 2020 – December 2021</p>			
07 May 2020	Introductory call attempted on two occasions by new CAMHS Case Manager 2.	CAMHS Case Manager 2	N/A	N/A

	Documented on 14 May 2020.			
13 May 2020	Introductory call attempted on two occasions by new CAMHS Case Manager 2 to family. Message left.  Documented on 14 May 2020.	CAMHS Case Manager 2	N/A	N/A
14 May 2020	Introductory call from new CAMHS Case Manager 2 to father.	CAMHS Case Manager 2	N/A	Yes Father
15 May 2020	Telephone appointment between AR and new CAMHS Case Manager 2.	CAMHS Case Manager 2	Yes	None
18 May 2020	Telephone appointment by CAMHS Case Manager 2 with father and AR.	CAMHS Case Manager 2	Yes	Yes Father
29 May 2020	Telephone appointment from CAMHS Case Manager 2 to parents - no answer	CAMHS Case Manager 2	N/A	No
01 June 2020	Covid - Phased re-opening of schools in England.			
01 June 2020	Telephone appointment to father and AR  Father suggested face to face appointments might help with engagement.	CAMHS Case Manager 2	Yes	Yes Father
12 June 2020	Telephone appointment with father only	CAMHS Case Manager 2	No	Yes Father
15 June 2020	Telephone appointment with father only	CAMHS Case Manager 2	No	Yes Father
23 June 2020	Email from CAMHS Case Manager 2 to father outlining that following the MDT meeting to discuss appointments during Covid it had been agreed that the next CAMHS appointment for AR could be face to face.	CAMHS Case Manager 2	No	Yes Father

02 July 2020	Face to face appointment attended by father and AR.	CAMHS Case Manager 2	Yes	Yes Father
09 July 2020	Face to face appointment  Cancelled by father as AR was unwell. Appointment rescheduled	CAMHS Case Manager 2	N/A  Appointment rescheduled	N/A  Cancelled by Father as AR unwell
16 July 2020	Face to face appointment AR and parent (not recorded who)	CAMHS Case Manager 2	Yes	Yes  Not recorded which parent in attendance
23 July 2020	Email from Father to CAMHS Case Manager 2 stating that AR had decided not to attend the session that day.	CAMHS Case Manager 2	No	No Father
11 August 2020	Face to face Appointment	CAMHS Case Manager 2	No	No
01 April 2021	New CAMHS Case Manager 3 allocated by Sefton CAMHS. First video appointment with family	CAMHS Case Manager 3	Yes	Yes Both parents
08 April 2021	Video appointment with AR and Father.  AR was noted to be in the room but not on camera.	CAMHS Case Manager 3	Yes	Yes Father
16 April 2021	Video appointment with CAMHS Case Manager 3, AR and father.	CAMHS Case Manager 3	Yes	Yes Father
22 April 2021	Video appointment with Father and AR.	CAMHS Case Manager 3	Yes	Yes Father
29 April 2021	Telephone appointment with father and AR.	CAMHS Case Manager 3	Yes	Yes Father

06 May 2021	Video appointment with parents and AR.	CAMHS Case Manager 3	Yes	Yes Both parents
11 May 2021	Video appointment with father and AR	CAMHS Case Manager 3	Yes	Yes Father
20 May 2021	Video appointment with CAMHS Case Manager 3.	CAMHS Case Manager 3	Unclear who attended.	Unclear who attended.
25 May 2021	Video appointment with father and AR	CAMHS Case Manager 3	Yes	Yes Father
11 June 2021	Telephone appointment with parents	CAMHS Case Manager 3	No	Yes Mother
16 June 2021	Second discussion at Sefton CAMHS MDT. Agreement for referral to Psychiatry to be escalated from routine to urgent.  Action taken in line with CAMHS Operational SOP and AR being seen on 18 June 2021 within 2 days	CAMHS Case Manager 3	N/A	N/A
18 June 2021	Video appointment	CAMHS Case Manager 3	Yes	Yes Both parents
01 July 2021	Initial telephone consultation with Consultant Psychiatrist 1, mother and AR.	Consultant Psychiatrist 1	Yes	Yes Mother
02 July 2021	Video appointment with other and AR	CAMHS Case Manager 3	Yes	Yes Mother
09 July 2021	Telephone appointment with parents and AR	CAMHS Case Manager 3	Yes	Yes Both parents
30 July 2021	Video appointment with father	CAMHS Case Manager 3	No	No

				Father
11 August 2021	Telephone appointment with father and AR	Consultant Psychiatrist 1	Yes	Yes Father
10 September 2021	Telephone appointment with father  Father attended, unclear if AR should be in attendance	CAMHS Case Manager 3	No	No Father
15 September 2021	'Consultant Psychiatrist Review' face to face appointment with mother and AR	Doctor 1 CAMHS Case Manager 3	Yes	Yes Mother
13 October 2021	Video appointment with father and AR	Consultant Psychiatrist 1	Yes	Yes Father
15 November 2021	Telephone appointment with father and AR	Consultant Psychiatrist 1 CAMHS Case Manager 3	Yes	Yes Father
14 December 2021	Letter from Alder Hey CAMHS (Sefton) admin offering appointment with CAMHS Key Worker 1 at the family home.		N/A	N/A
11 January 2022	Home Visit conducted by CAMHS Key Worker 1	CAMHS Key Worker 1	Yes	Yes Mother
18 January 2022	Home visit with father and AR.	CAMHS Key Worker1	Yes	Yes Father
24 January 2022	Telephone contact with father and AR	Consultant Psychiatrist 1	Yes	Yes Father
25 January 2022	Telephone contact with father and AR	CAMHS Key Worker 1	Yes	Yes Father
15 February 2022	Home Visit  CAMHS Key Worker session with AR Face to face	CAMHS Key Worker 1	Yes	Yes Both parents

01 March 2022	Home Visit CAMHS Key Worker session with AR Face to face	CAMHS Key Worker 1	Yes	Yes Mother
15 March 2022	Home Visit CAMHS Key Worker session with AR Face to face	CAMHS Key Worker 1	Yes	Unknown
18 March 2022	CAMHS face to face appointment with mother and AR	CAMHS Case Manager 3	Yes	Yes Mother
22 March 2022	Telephone contact with Father	CAMHS Key Worker 1	Yes	Yes Father
04 April 2022	CAMHS telephone appointment. Appointment rescheduled to 7 April 2022 via video call.	CAMHS Case Manager 3	No	No
07 April 2022	Video CAMHS appointment	CAMHS Case Manager 3	No	Yes Father
07 April 2022	Video appointment with father and AR	Consultant Psychiatrist 1	Yes	Yes Father
26 April 2022	Telephone call to father AR not required to attend	Consultant Psychiatrist 1	N/A	N/A Father AR not required to attend
04 May 2022	Telephone call with father and AR	Consultant Psychiatrist 1	Yes	Yes Father
06 May 2022	Video appointment Offered video appointment for 13 May 2022	CAMHS Case Manager 3	No	No
13 May 2022	Face to face appointment	CAMHS Case Manager 3	No	Yes Father

	Appointment changed to a telephone appointment with father			
23 May 2022	Face to face appointment with AR and father	Consultant Psychiatrist 1 CAMHS Case Manager 3	Yes	Yes Father
06 June 2022	Cancelled Psychiatry appointment from Alder Hey.	Consultant Psychiatrist 1	N/A	N/A
22 June 2022	Medication review completed via video appointment with parents.  It is unclear from the EPR if AR was expected to attend this appointment.	Consultant Psychiatrist 1 Sefton CAMHS Clinical Lead 1	No	Yes Both parents
19 July 2022	Face to face appointment with Consultant Psychiatrist 2.  Cancelled by mother as AR had declined to attend.	Consultant Psychiatrist 2	No	Yes Mother
28 July 2022	Home visit - parents present  AR refused to come out of bedroom	Consultant Psychiatrist 2	No	Yes Both parents
01 August 2022	Face to Face appointment with father and AR	Consultant Psychiatrist 2	Yes	Yes Father
01 September 2022	Telephone appointment	Consultant Psychiatrist 2	No	Yes Father
05 September 2022	Telephone call from new CAMHS Case Manager 4 to attempt to arrange an appointment. No answer and message left	CAMHS Case Manager 4	N/A	N/A

07 September 2022	Further follow up telephone call from new CAMHS Case Manager 4 to attempt to arrange an appointment.	CAMHS Case Manager 4	N/A	N/A
26 September 2022	Face to face appointment  Telephone follow up with father. Reported AR was asleep and requested the first meeting with AR was completed at home.	CAMHS Case Manager 4	No	Yes Both parents
20 October 2022	Video appointment  AR attended but refused to be on camera home visit offer which was refused by father	CAMHS Case Manager 4	Yes	Yes Father
25 October 2022	Telephone contact with AR  AR requested face-to-face sessions now he had heard the CAMHS Case Manager's voice. A visit was planned for the 7 November 2022	CAMHS Case Manager 4	Yes	Yes Father
07 November 2022	Face to face appointment. First session with Case Manager 4  AR seen alone. Father waited in waiting area at AR's request	CAMHS Case Manager 4	Yes	Yes Father
28 November 2022	Face to face appointment Telephone follow up with father. Reported AR was asleep and requested the first meeting with AR be completed at home.	CAMHS Case Manager 4	No	No  None
01 December 2022	Telephone Appointment with father and AR.  Initial discussion with father and then AR joined in.	Consultant Psychiatrist 2	Yes	Yes Father

29 December 2022  (Entry on 11 January 2022)	Face to face appointment with father and AR	Consultant Psychiatrist 2	Yes	Yes Father
16 January 2023	Face to face appointment.	CAMHS Case Manager 4	Yes	Yes Father
27 February 2023	Face to face appointment with AR and father	Consultant Psychiatrist 2	Yes	Yes Father
01 March 2023	Face to face appointment with AR  CAMHS Case Manager 4 documented: ' <i>no further appointments with me for this patient</i> '.  The rationale for no further appointments being offered by the CAMHS Case Manager has not been documented within the AR's EPR.	CAMHS Case Manager 4	No	No
28 March 2023	Video Family Therapy appointment	Family Therapist 1	No	Yes  Both parents
30 March 2023	Face-to-face appointment with Consultant Psychiatrist 2  Entry not recorded on the EPR; date provided by Consultant Psychiatrist 2 following the Practitioner Learning Events.	Consultant Psychiatrist 2	No	Yes  Father

10 April 2023	<p>Face to face appointment with Consultant Psychiatrist 2</p> <p>Psychiatrist for medication review.</p>	Consultant Psychiatrist 2	No	Yes Father
13 June 2023	<p>Appointment with CAMHS Case Manager 4</p> <p>Email and text received from Father to advise that AR would not be attending the appointment on 13 June 2023.</p> <p>CAMHS Case Manager 4 documents '<i>no further appointments with me for this patient</i>'</p> <p>The rationale for no further appointments being offered by the CAMHS Case Manager is unclear within the records. This is the second entry in the EPR documenting no further appointments with CAMHS Case Manager 4.</p>	CAMHS Case Manager 4	No	No
03 July 2023	<p>Face-to-face appointment with Consultant Psychiatrist 2</p> <p>Psychiatrist 2 has completed a 'Did Not Attend (DNA) outcome CAMHS' on EPR in line with policy.</p>	Consultant Psychiatrist 2	No	No
29 August 2023	<p>Appointment arranged with Case Manager 4.</p> <p>CAMHS records indicate that no further appointments will be offered to AR. The</p>	CAMHS Case Manager 4	No	No

	<p>rationale is for this decision has not been documented.</p> <p>AR had expressed to CAMHS Case Manager 4 that he didn't want to meet with CAMHS anymore in February 2023.</p>			
12 September 2023	<p>Video Family Therapy appointment</p>	<p>Lead Family Therapist 1 and Trainee Clinical Psychologist 1 due to Family Therapist 1 being on leave</p>	No	<p>Yes Both parents</p>
18 September 2023	<p>Face-to-face appointment with Consultant Psychiatrist 2</p> <p>The details of the outcome of this appointment have not been recorded on EPR. This is not in line with the Trust WNB and Record Keeping Policy. There is a letter within Medisec which details this planned appointment.</p>	<p>Consultant Psychiatrist 2</p>	No	No
25 September 2023	<p>Home visit by Consultant Psychiatrist 2</p> <p>AR refused to come out of bedroom</p> <p>In information provided by Consultant Psychiatrist 2 following the Practitioner Events they outlined the following in their own chronology:</p>	<p>Consultant Psychiatrist 2</p>	No	<p>Yes Father</p>

	<ul style="list-style-type: none"> <li>• <i>'Due to AR's persistent refusal to engage with CAMHS, Father happy with Consultant Psychiatrist 2 plan for AR to be discharged from Psychiatry'.</i></li> <li>• <i>'17-19 team social worker involved; parents still seeing Family Therapist 1 for Family Therapy'</i></li> </ul>			
07 November 2023	<p>Video Family Therapy appointment</p> <p>Parents asked for a break over the December period and agreed to meet in January 2024.</p>	Family Therapist 1 and Lead Family Therapist 1	No	Yes Both parents
22 February 2024	Video Family Therapy appointment	Family Therapist 1, CAMHS Key Worker 1 and Trainee Family Therapist	No	Yes Both parents
23 April 2024	Video Final Family Therapy appointment	Family Therapist 1, Lead Family Therapist 1 and Trainee Family Therapist 1	No	Yes Both parents

### **CAMHS Case Manager 1**

217. The first face to face CAMHS appointment took place with CAMHS Case Manager 1, AR and his parents on 20 December 2019. AR was assessed alone and then with parents. Parents also spoken with alone. The appointment was to

gain more information regarding AR's recent assault on a peer. CAMHS Case Manager 1 oversaw AR's care and attended multi-agency meetings until he left the Trust in February 2020.

218. The EPR reflects that there was no further appointment with CAMHS until May 2020. The Reviewers explored with practitioners at the Practitioner Learning Events why there had been a delay of nearly five months from the first contact on 20 December 2019 to the next contact on 14 May 2020.
219. At the Practitioner Learning Events Sefton CAMHS Clinical Lead 1 explained that:
- CAMHS Case Manager 1 was an agency worker who had left the Trust abruptly without warning and at short notice.
  - Sefton CAMHS was experiencing high levels of staff sickness at that time.
  - There were a high number of children or young people who had not been allocated a CAMHS Case Manager due to service capacity.
  - Pressures of delivering CAMHS during Covid pandemic lockdown.
  - The need to risk stratify the CAMHS caseload to appropriately allocated resources due to the Covid pandemic.
  - In the context of risk stratification, AR had been identified as low risk and was therefore allocated a temporary CAMHS Case Manager in May 2020.

## **CAMHS Case Manager 2**

220. Following three unsuccessful attempts to contact the family, CAMHS Case Manager 2 spoke with AR's father on 14 May 2020 to introduce themselves. Father shared updates regarding AR's health and wishes. On 15 May 2020, CAMHS Case Manager 2 had their first telephone appointment with AR and his father. Material was shared with AR via email from CAMHS Case Manager 2 regarding anxiety which could support him to consider goals for working with CAMHS.
221. In the EPR on the 11 August 2020 CAMHS Case Manager 2 has documented '*no more appointments with me*' however they have not completed a closure screen or closure letter. It is unclear who AR's future appointments would be with as there are no other CAMHS practitioners involved with AR at this time.
222. The Reviewers have determined that there is gap of 8 months between CAMHS Case Manager 2 documenting '*no more appointments with me*', and CAMHS Case Manager 3's first appointment with AR on 01 April 2021.
223. AR's EPR documents that between July 2020 and February 2021, AR was under assessment of the ASD Pathway. On 03 February 2021 AR's father requested a

CAMHS referral and an ADHD referral during a video appointment with Speech and Language Therapist 1 and ASD Clinical Lead 1. ASD Clinical Lead 1 agreed to refer AR to CAMHS and asked school to make a referral for the ADHD Pathway.

224. The Reviewers concluded that when CAMHS Case Manager 2 documented '*no more appointments with me*' that AR was being discharged from CAMHS. However, CAMHS Case Manager 2 did not complete all required tasks to discharge AR. This is not in line with the Sefton CAMHS Operational SOP or the Trust's Access Policy.

### **CAMHS Case Manager 3**

225. CAMHS Case Manager 3's first video appointment was on 01 April 2021, AR's father attended and reported that AR was in bed and refusing to join the session. AR's Father explained that AR attends a referral unit for one hour per day and has a 1:1 support worker. AR's father shared that parents had paid privately for counselling sessions and AR was reported to have opened up to the therapist.
226. The plan was for CAMHS Case Manager 3 to liaise with the Pupil Referral Unit and Special Educational Needs (SEN). CAMHS Case Manager 3 was hopeful that AR would attend the next video appointment, and they would attempt to gain AR's views about what CAMHS could do to help.
227. The next video appointment with CAMHS Case Manager 3 took place on 08 April 2021 and was attended by AR and father. AR was noted to be in the room but not on camera.
228. Following a discussion regarding AR at the CAMHS Multi-Disciplinary Team (MDT) Meeting on 16 June 2021, it was agreed that AR's referral to psychiatry would be escalated from routine to urgent. AR's first contact with Consultant Psychiatrist 1 took place via telephone on 01 July 2021, which is in line with the Sefton CAMHS Operational SOP.
229. Sefton CAMHS Clinical Lead 1 joined a planned appointment for a medication review with Consultant Psychiatrist 1 on 22 June 2022 (This is mistakenly documented as 23 June 2022 in AR's EPR). AR's father had complained on 09 June 2022 regarding the wording of a letter written by Consultant Psychiatrist 1 following an appointment with AR on 23 May 2022. Consultant Psychiatrist 1 was unwilling to amend the letter. It was agreed that Sefton CAMHS Clinical Lead 1 would attend the appointment to discuss the local complaint and agree next steps with AR's father.

230. AR was reallocated from CAMHS Case Manager 3's caseload at the request of AR's father in a meeting with Sefton CAMHS Clinical Lead 1 on 22 June 2022. At the same time AR's care was transferred to Consultant Psychiatrist 2 at Consultant Psychiatrist 1's request. This explored in more detail during key question Q1k.
231. CAMHS Case Manager 4 was allocated to AR on 05 September 2022. It is unclear from AR's EPR why there was a 12 week wait to allocate to a new CAMHS Case Manager. However, it is evident to the Reviewers that CAMHS Case Manager 3 remained actively involved in ensuring oversight of AR and continued to discuss him at MDT and their clinical supervision.
232. CAMHS Case Manager 3 told the Reviewers that they didn't understand why this action had been taken. They commented that they "*had found it hard to let go*" and felt they'd built up a trusting therapeutic relationship with AR. They were worried about the impact this might have on AR and his willingness to engage with CAMHS going forward.
233. The EPR reflects that AR's father was unhappy with an appointment that took place on 23 May 2022 between AR, Consultant Psychiatrist 1 and CAMHS Case Manager 3. At the Practitioner Learning Events Sefton CAMHS Clinical Lead 1 explained that they had met with AR's father to discuss his complaint and took the decision to change AR's CAMHS Case Manager.
234. As a result of this appointment, Consultant Psychiatrist 1 expressed her concerns in an email dated 23 May 2022 to Psychiatry Lead 1 and Clinical Lead 1 regarding father's aggressive manner and behaviour towards her. She shared in the email that she no longer feels safe to work with the family. A request was made by Consultant Psychiatrist 1 that AR be allocated to a male Consultant Psychiatrist. Consultant Psychiatrist 1 ceased involvement with AR's care following this request.
235. At the Practitioner Learning Events Consultant Psychiatrist 1 said they felt that AR's father "*had no respect for women*" and made them feel "*uncomfortable*". Consultant Psychiatrist 1 explained that this complaint from AR's father had arisen because they had outlined some concerns regarding AR losing weight, parental supervision of medication, provision of food and there was discussion regarding CAMHS Case Manager 3 making a referral to Lancashire Children's Social Services.

#### **CAMHS Case Manager 4**

236. CAMHS Case Manager 4 had their first appointment with AR on 26 September 2022. AR's EPR reflects that CAMHS Case Manager 4 started trying to contact

AR and his family from the 05 September 2022 without success. They sent a letter dated 08 September 2022 informing them of the first face to face appointment on 19 September 2022. This was then later rearranged by Sefton CAMHS to 26 September 2022.

### **Non-Attendance of CAMHS Appointments**

237. The Reviewers have looked at AR's EPR plus additional documentation provided following the Practitioner Learning Events in relation to AR's Sefton CAMHS Appointments including CAMHS Case Managers, CAMHS Key Workers, Consultant Psychiatrists and Family Therapy.
238. As outlined above the current language used across paediatrics is WNB in recognition that children need to be brought by parents to attend health appointments.
239. The Reviewers have identified that whilst Alder Hey has adopted the language of WNB in the policies and guidance, the Trust's EPR still refers to DNA outcomes when children are not brought to appointments. This can then lead to confusion for those reviewing the EPR.
240. The Reviewers have concluded that there is a nuance that is lacking across the Trust when working with older teenagers who choose not to participate or engage with services or appointments offered. This is particularly important in a service such as CAMHS which is a consent-based service requiring young people to want to engage in therapeutic work.
241. The Reviewers acknowledge that when analysing AR's engagement, it is important to distinguish between:
- Occasions when AR chooses not to engage with services or appointments offered but one or both of his parents do engage/participate; and
  - Occasions when neither AR and/or his parents engage/participate.
242. The Reviewers felt it was important to make this distinction in the review of AR's engagement as he is actively deciding at times not to engage/participate in his planned CAMHS appointments despite his parents' engagement/participation.
243. To avoid confusion the Reviewers have therefore avoided using the terminology of DNA and WNB within this section, instead using the terminology of engagement/participation as outlined in the bullet points above (paragraph 235).

244. AR made it clear at the start of Family Therapy that he did not want to participate and actively chose not to engage in any Family Therapy sessions. Therefore, the Reviewers have not included non-attendance of AR at Family Therapy in the table below.

245. The table below outlines all of AR's CAMHS appointment types between 2019 - 2024 (excluding Family Therapy):

<b>Sefton CAMHS Appointment Types</b>						
<b>Type of Appointment</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>
Telephone	0	6	7	9	0	0
Video	0	0	12	5	1	0
Face to Face	1	4	1	9	9	0
Home Visit	0	0	0	6	1	0
Unknown type	0	1	0	0	0	0
Cancelled – Parents	0	0	0	0	0	0
Cancelled – Service	0	0	0	1	0	0
<b>Total Offered</b>	<b>1</b>	<b>11</b>	<b>20</b>	<b>30</b>	<b>11</b>	<b>0</b>

246. The table below outlines AR's CAMHS appointment history between 2019 - 2024 (excluding Family Therapy):

<b>Sefton CAMHS Appointments Attendance History</b>							
<b>Attendance History</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>	<b>Total</b>
AR and Parent/s attended	1	5	17	18	2	0	43
AR chose NOT to attend	0	5	3	10	11	0	29
Only AR's Parent's attended	0	3	3	7	4	0	17

247. Reviewers were informed by the practitioners at the Practitioner Learning Events that initially AR's engagement with services was noted to be good. There were several entries recorded within AR's EPR and from evidence shared at the Practitioner Learning Events to demonstrate that AR engaged independently and with his parents with CAMHS Case Managers, CAMHS Key Worker, Consultant Psychiatrists and ASD Services between 2021 and 2023.

248. Determinations regarding engagement and participation with appointments have been made by the Reviewers based on the recorded appointments within the EPR and the additional information provided following the Practitioner Learning Events.

249. The table above demonstrates AR's engagement was sporadic over the 5 years he was open to CAMHS. His engagement with CAMHS appointments can be summarised as follows:

- 2019 – AR had one appointment which he attended (100%)
- 2020 – AR attended 5 of his 10 appointments (50%)
- 2021 – AR attended 17 of his 20 appointments (85%)
- 2022 – AR attended 18 of 28 appointments (64%)
- 2023 – AR attended 2 of 13 appointments (15%)
- 2024 – AR was not offered any appointments

250. At the Practitioner Learning Events the Reviewers explored with CAMHS practitioners the impact of the Covid-19 Pandemic. They described that service delivery had to change at this time with the most high-risk children being prioritised for face-to-face appointments. AR and his family shared that AR would prefer face to face appointment and that this would improve his engagement. It was agreed to resume face to face appointments for AR following discussion at a CAMHS Multi-Disciplinary Team (MDT) and this was communicated to AR's father via email on 23 June 2020 by CAMHS Case Manager 2.

251. It was noted by all practitioners at the Practitioner Learning Events that AR's engagement declined over the course of his care episodes with the Reviewers concluding that AR's engagement started to decline significantly towards the last quarter of 2022.

252. The Reviewers observed that appeared to coincide with a change in CAMHS Case Manager following a complaint from AR's father on 09 June 2022. There was also a change from Consultant Psychiatrist. On the 19 July 2022 a Pathway Coordinator (PCO) has taken a message from AR's mother to cancel an appointment with Consultant Psychiatrist 2. The PCO has documented that "*<AR> is refusing to attend. doesn't see what <Consultant Psychiatrist 2> can offer that <Consultant Psychiatrist 1> can't*".

253. At the Practitioner Learning Events the Reviewers explored with the practitioners why AR remained open to CAMHS when he was not engaging and had expressed his wish to no longer meet with CAMHS Case Managers. The practitioners explained that AR remained 'open' to CAMHS as his parents were receiving Family Therapy. This is usual practice within CAMHS, as the child is not discharged if Family Therapy is taking place. This is in line with the Sefton CAMHS Operational SOP.

254. Reviewers have concluded following a review of EPR and additional information shared at the Practitioner Learning Events, that it is possible that there are

additional appointments that have been arranged with the family that have not be recorded within the EPR. This is due to the practice of AR's parents (mostly his father) communicating with CAMHS practitioners via email to arrange and rearrange CAMHS appointments.

255. Similarly, it is possible that there have been episodes of non-engagement/participation that have not been recorded within the EPR.
256. The practitioners informed the Reviewers that in their efforts to engage AR in their service they had primarily engaged with parents in negotiating dates and times via emails and phone calls. There are multiple email trails between CAMHS practitioners and AR's father (in the main) to agree and or reschedule appointments. This led to some practitioners not always going through the Trust CAMHS appointment booking process.
257. Not every contact with AR and his family resulted in the required documentation being completed in line with the Sefton CAMHS Operational SOP. This is explored in more detail in TOR 2.

### **Family Therapy**

258. Family Therapy is a form of systemic psychotherapy that helps family members and others in close relationships understand, support, and communicate with each other more effectively.
259. Family Therapist 1 offered Family Therapy sessions to AR's parents between June 2022 and April 2024.
260. The Reviewers have been unable to determine the exact date that the first Family Therapy session took place as this has not been documented in the EPR.
261. There is reference in an email sent on 01 June 2022 from CAMHS Case Manager 3 to Family Therapist 1, Consultant Psychiatrist 1 and Sefton CAMHS Clinical Lead 1, confirming that AR was on the Family Therapy waiting list and was likely to be offered an appointment in June or July 2022.
262. In an email conversation dated 08 June 2022 between, CAMHS Case Manager 3, Family Therapist 1, Consultant Psychiatrist 1 and Sefton CAMHS Clinical Lead 1, noting that Family Therapist 1 has made reference to offering an appointment for Family Therapy, but no date is specified.
263. On 22 June 2022, in a medication review completed by Consultant Psychiatrist 1 and Sefton CAMHS Clinical Lead 1 with AR's parents the outcome of this contact specified Family Therapy to continue.

264. There is reference on 28 July 2022, to *'family therapy went well'* in a clinical supervision session.
265. Therefore, the Reviewers have concluded that the first Family Therapy appointment occurred in June 2022.
266. Family Therapist 1, reflected during the Practitioner Learning Events that at times AR's parents did not engage well with the Family Therapy sessions, with several entries documented within EPR noting the difficulties the family had in engaging with Family Therapy. These include:
- **04 October 2023**  
CAMHS professionals' discussion noted that family had not engaged well with Family Therapy.
  - **07 November 2023**  
AR's parents shared at Family Therapy that interactions with professionals were not always positive and they felt at times the way staff spoke to them was rude. CAMHS shared it was important to be treated with respect. Parents asked for a break over the December period and agreed to meet in January 2024.
  - **22 February 2024**  
Online Family Therapy session with parents. During the meeting, mother briefly left Family Therapy to take another call about AR's sibling. Whilst mother was away from the screen, father is reported to have shared that there had been improvements noted in AR's angry outbursts since starting Family Therapy. Father advised that mother would not be available for the March Family Therapy appointment so it was suggested that father could attend this alone if that would be helpful. When mother returned, she shared that she had overheard the conversation and expressed concern that the Family Therapist was *"trying to split the family up"*. Mother also shared that she did not believe Family Therapy could support her or AR in any way. It was agreed that the family would skip the March appointment and meet jointly in April.
267. At the Practitioner Learning Events, Family Therapist 1 informed the Reviewers that whilst engagement from a child or young person in Family Therapy is encouraged, it is not mandated for them to attend.

268. AR chose not to engage in any of the Family Therapy sessions. AR's brother did not engage in Family Therapy as he was living away from home at university at the time Family Therapy sessions were held.

### **Community Paediatrics**

269. AR was referred by his GP on 14 August 2019 to Community Paediatrics requesting assessment of possible Attention Deficit Hyperactivity Disorder (ADHD) and or Autism Spectrum Disorder (ASD).

270. There are several entries within the EPR that note the involvement of Community Paediatrics, other agencies and AR's parents in the progressing the assessment of ADHD/ASD.

271. On 02 July 2020 a decision was made by the Community Paediatric Service that the ADHD Pathway was not indicated. Details of referrals are noted below:

- **22 November 2019**  
Email from Deputy Head Teacher and SENCO at Acorns School on to Community Paediatrics requesting support for AR to access to ASD Pathway. Email uploaded to the EPR on 04 December 2019.
- **17 December 2019**  
Behaviour Checklist document was completed by AR's mother on 17 December 2019 and scanned into the EPR on 23 September 2020 as part of ASD Pathway.
- **02 July 2020**  
AR and his father attend a telephone consultation with Doctor 2 (Locum Consultant Community Paediatrician) following GP referral raising concerns about whether AR has ADHD and/or ASD. Doctor 2 had advised AR's GP that it is appropriate to place AR onto the ASD Pathway, no indication that a referral needs to be made to the ADHD Pathway at this stage.
- **12 August 2020**  
Document completed by Head Teacher and Special Educational Needs Coordinator (SENCO) at Acorns School dated 16 July 2020 and scanned into the EPR on 12 August 2020.
- **17 November 2020**  
Community Nurse Practitioner ASD 1 completed a Neuro-Developmental Assessment to contribute to the ASD Pathway assessment process.

- **11 December 2020**  
 All completed documentation received from Acorns School to the Trust's ASD Team sent by Deputy Head Teacher and SENCO. Documents received included a report from Education Psychology, Inclusion Team, Lancashire County Council dated as being completed on 27 May 2020.
- **20 January 2021**  
 AR's Autism diagnosis shared with parents via telephone call by Community Nurse Practitioner ASD 1 and followed up with a letter on 16 February 2021. During the conversation AR's father highlighted that AR does not feel he has Autism. It was subsequently agreed that father should not share this with AR until professionals have considered how best to do this in a supportive way.
- **22 January 2021**  
 Community Nurse Practitioner ASD 2 contacts Senior Nurse CAMHS Crisis Care Team 1 for advice to discuss concerns regarding possible impact sharing the ASD diagnosis may have on AR's mental health. Agreement that the Crisis Care Team contact number should be shared with AR and his father.
- **03 February 2021**  
 Co-ordinated feedback video appointment with Speech and Language Therapist 1, ASD Clinical Lead 1, AR and AR's father. AR's father requested a CAMHS referral and an ADHD referral. ASD Clinical Lead 1 agrees to refer to CAMHS and asks school to make a referral for the ADHD pathway.
- **09 February 2021**  
 ASD Clinical Lead 1 emails AR's father to advise that the final report following the ASD assessment should be with them soon, school have been advised to complete referral for ADHD, ASD Team have also linked with CAMHS to request appointment which should be sent to AR.
- **13 April 2021**  
 Letter from the GP dated 07 April 2021, received on 13 April 2021 requesting genetic testing for Fragile X as requested by AR's father.
- **07 July 2021**  
 AR closed to Community Paediatrics as ASD diagnosis has now been completed and there is no further role for Community Paediatrics. Summary letter sent to GP and copied to parents. There is no reference

made in this letter to the GP regarding the decision not to complete genetic testing for Fragile X. The Reviewers noted that was documented by CAMHS Case Manager 3 in their contact with AR on 01 April 2021 that the ASD Assessment would be undertaken first to determine if Fragile X testing was required.

272. The Reviewers have determined that AR and his parents engaged well with Community Paediatrics following referral and subsequent inclusion on the ASD Pathway.

### **Speech and Language Therapy**

273. AR had engaged with the Speech and Language Therapy (SALT) Service previously as part of the assessment process for the ASD Pathway. Following the conclusion of the ASD assessment the community SALT service received referral from Presfield High school on 27 April 2022.
274. It is unclear from AR's EPR if this referral was to support AR or parental understanding of AR's communication needs. However, the Reviewers noted that AR's father attended three training sessions specific to Autism and communication with SALT Team on 26 April 2023, 03 May 2023 and 10 May 2023.

### **Community Dietetics**

275. AR was referred by his GP on 26 October 2021 to Alder Hey's Community Dietetic Service. The 'reason for referral' section has not been completed but AR's GP has provided AR's current height and weight and advised the service to review EMIS for details of the GP consultation.
276. Meeting held between CAMHS Case Manager 3 and the Alder Hey Eating Disorder Young People's Service on 07 June 2022, regarding AR's physical health concerns and food avoidance. Outcome of meeting was CAMHS Case Manager 3 to inform GP and consider re referral to Community Dietetics.
277. AR was referred by Consultant Psychiatrist 1 on 23 June 2022 (Typed 30 June 2022) to General Paediatrics regarding food avoidance. The Reviewers were unable to determine if AR was seen by General Paediatrics or referred back to Community Dietetics.
278. The table below outlines a summary of contacts for AR and his family with Community Dietetics:

Date	Appointment Outcome	AR attended?	Parent attended?
------	---------------------	--------------	------------------

			<b>Which Parent?</b>
07 December 2021	Face to face appointment	Yes	Yes Father
15 December 2021	Telephone call to Community Dietetics from parents requesting supplements	N/A	N/A
07 January 2022	Telephone call to Community Dietetics from parents seeking advice	N/A	N/A
20 January 2022	Telephone call to Community Dietetics from parents seeking advice regarding supplements. Parents request a call back from dietetics	N/A	N/A
11 April 2022	Telephone appointment  Father reports diet/weight challenges with AR but improving with health professionals involved.	No	Yes Father
02 August 2022	Face to face appointment	Yes	Yes Father
06 September 2022	Telephone call to Community Dietetics  Mother requesting change from multivitamin capsule to liquid form		Mother
01 November 2022	Telephone call to Community Dietetics  Parents requesting advise on increasing supplements		
20 December 2022	Face to face Appointment	Yes	Yes Father
19 April 2023	Face to face Appointment Parent reported confused with date.	No	No

	Appointment rearranged for 26 April 2023		
26 April 2023	Appointment cancelled by Trust Appointment rearranged for 9 May 2023	N/A	N/A
09 May 2023	Face to face Appointment	Yes	Yes Father
19 September 2023	Face to face Appointment Father advised AR missed appointment as too tired	No	No
03 October 2023	Call from Community Dietetics to Father  Community Dietetics advised more regular face to face appointments cannot be offered but will email AR to review anxieties and encourage participation in appointments.		
09 January 2024	Face to face Appointment Father advised AR had further weight gain. Dietician suggested discharge at this point. Father request for further appointment	No	Yes Unknown which parent
20 February 2024	Face to Face converted to telephone appointment at request of AR and parents.  AR heard in background but not spoken to.  AR to be discharged from Community Dietetics	No	Yes  Both parents

279. A summary of AR's contacts with Community Dietetics is as follows:

- Three Telephone Appointments
- Four Face to Face Appointments
- Five Telephone Contacts from Parents
- Three occasions of non-attendance/non-engagement from AR and his parent/s

- One Cancelled appointment by Community Dietetics
280. On 27 February 2024, AR was formally discharged from Community Dietetics. Documented within EPR that AR had been open to Community Dietetics since 2021. AR was discharged by Community Dietetics as he was reported to have done everything suggested and was nutritionally stable.
281. The Reviewers concluded that during the period of involvement with Community Dietetics, AR had had variable engagement with dietetics appointments himself but noted that AR had taken dietetic advice and weight gain had been evident.
282. There had been multiple contacts recorded from both parents seeking advice and responses from the Community Dietetics Service.
283. Good practice was noted when telephone contacts had been unsuccessful, with email conversations introduced to facilitate communication with the family and in efforts to engage AR with the service.

#### **Key Question 1b Summary**

284. In summary for Key Question 1b – ‘Did AR engage with the services that he had been referred to?’, the Reviewers concluded that:
- AR engaged well with Urology as he attended all appointments except for the last appointment which was a telephone call.
  - AR’s engagement was sporadic over the 5 years he was open to CAMHS. His engagement with CAMHS appointments can be summarised as follows:
    - 2019 – AR had one appointment which he attended (100%)
    - 2020 – AR attended 5 of his 10 appointments (50%)
    - 2021 – AR attended 17 of his 20 appointments (85%)
    - 2022 – AR attended 18 of 28 appointments (64%)
    - 2023 – AR attended 2 of 13 appointments (15%)
    - 2024 – AR did not attend any appointments (0%)
  - AR’s engagement started to decline significantly towards the last quarter of 2022. The Reviewers observed that appeared to coincide with a change in CAMHS Case Manager following a complaint from AR’s father on 09 June 2022.

- AR did not engage in any way with Family Therapy however he was clear from the outset that he did not want to and there was no requirement for him to participate.
- AR and his parents engaged well with Community Paediatrics following referral and subsequent inclusion on the ASD Pathway.
- AR's father attended three training sessions specific to autism and communication with SALT Team on 26 April 2023, 03 May 2023 and 10 May 2023.
- AR had variable engagement with Community Dietetics appointments himself but noted that AR had taken dietetic advice and weight gain had been evident.

**Q1c) Were there any occasions that AR disengaged with services?  
If yes which services?**

285. In order to assess AR's engagement with Alder Hey services the Reviewers have examined the EPR, and additional information shared at the Practitioner Learning Events to establish his level of attendance at appointments.

286. As outlined above in the TOR 1 introduction, one missed appointment is generally not of concern, however a recognition of patterns and context are very important. The Reviewers have already outlined the distinction that needs to be made regarding WNB and DNA for older teenagers who may choose not to participate or engage with services or appointments offered.

287. The Reviewers have summarised AR's engagement or participation with services/appointments in the tables contained above within Key Question Q1b for Sefton CAMHS (paragraphs 239 and 240) and Community Dietetics (paragraph 272).

288. The Reviewers have also summarised AR's overall engagement with Services above at the end of Key Question Q1b (paragraph 278 and associated bullet points).

**Sefton CAMHS**

289. AR was last seen face to face on 27 February 2023, by Consultant Psychiatrist 2 along with AR's father at Southport Hub. AR was present at a home visit by Consultant Psychiatrist 2 on 25 September 2023 but not seen. It is reported that

AR went to his bedroom just prior to Consultant Psychiatrist 2's arrival and refused to come out of his bedroom to engage with Consultant Psychiatrist 2.

290. At the Practitioner Learning Events, Consultant Psychiatrist 2 informed the Reviewers that despite his efforts to engage and to “eyeball AR” at home visits, their impression was that AR’s presentation had remained the same.
291. In a chronology created by Consultant Psychiatrist 2 following the Practitioner Learning Events they have documented the following: *‘demand-avoidance with parental over accommodation, with no evidence of risk of significant harm to self or others and no significant mental health deterioration. Due to AR’s persistent refusal to engage with CAMHS, Consultant Psychiatrist 2 was clear that it was no longer safe to continue to prescribe medication for AR, therefore their plan was to discharge AR from Psychiatry with appropriate ongoing involvement from Social Care. Email correspondence between <Consultant Psychiatrist 2> and <CAMHS Case Manager 4> (and by extension <Family Therapist 1>), aiming for <Family Therapist 1> to complete course of FT with parents prior to d/c; discussion in MDT; liaison with outside professionals re clear d/c plan; aim for d/c Dec 2023’.*
292. The Reviewers concluded that Consultant Psychiatrist 2, had recognised the importance of seeing AR face to face in order to safely continue prescribing medication. He had attempted to see AR by completing three home visits; however, AR did not engage. Consultant Psychiatrist 2 has concluded in their chronology (provided after the Practitioner Learning Events) that there was *‘no evidence of risk of significant harm to self or others and no significant mental health deterioration’.*
293. At the Practitioner Learning Events some CAMHS practitioners did professionally challenge Consultant Psychiatrist 2 and questioned *“If AR was not engaging how can we confidently say this isn’t due to a change in mental health?”* However, Consultant Psychiatrist 2 was clear that they were not concerned that there had been a deterioration in AR’s mental health. They also made reference to emails (27 September 2023) received from AR’s father following the home visits which gave positive updates in regard to AR.
294. Consultant Psychiatrist 2 wrote a letter dated 16 April 2024 to the GP and described *‘...although it is clearly fair to say that engagement with <AR> himself has been very challenging and indeed <AR’s> parents have been the family members who have been much more open to engagement with Family Therapy input...’.*

*‘...although lack of consistency in taking this medication led to a situation whereby, I didn’t feel it could continue to be safely prescribed until or unless*

*<AR> himself engaged in a consistent manner with follow up appointment, which of course he did not'.*

### **Community Dietetics Service**

295. It is documented within the EPR that AR had been open to Community Dietetics since 2021. AR was last seen face to face by Community Dietetics on 09 May 2023.
296. On 09 January 2024, AR and his parents did not attend an appointment. Community Dietetics contacted parents by telephone who advised AR had had further weight gain. The Dietitian suggested discharge at this point however parents requested a further appointment.
297. On 20 February 2024, telephone call from parent to advise AR will not be attending scheduled appointment face to face. This was converted to a telephone call with parents. AR heard in background but not spoken to.
298. On 27 February 2024, AR was formally discharged from Community Dietetics. At this point AR had not been seen face to face by the service for nine months.
299. The rationale for AR to be discharged by Community Dietetics is recorded as being that AR had done everything suggested and was nutritionally stable. The Reviewers have noted that this decision by Community Dietetics has been based on reports from AR's parents rather than their own clinical review and assessment.

### **Family Therapy**

300. The last Family Therapy session took place with AR's parents on 23 April 2024. AR had advised that he would not engage with Family Therapy when the referral was made and there was no requirement for him to do so. AR did not participate in any Family Therapy appointments. A discharge letter was completed and sent to family.

### **Summary - Key Question 1c**

301. In summary AR was open to a range of services which included:

- Urology
- Sefton CAMHS
  - CAMHS Case Managers and Key Workers
  - Psychiatry
  - Family Therapy
- ASD Service

- Speech and Language Therapy
- Community Paediatrics
- Community Dietetics
- General Paediatrics

302. The Reviewers have concluded that AR engaged well with:

- Urology
- ASD Pathway
- Speech and Language Therapy
- Community Paediatrics

303. There are occasions when AR does not engage with Community Dietetics and Sefton CAMHS.

304. It was noted by all practitioners at the Practitioner Learning Events that despite their efforts to engage AR, his engagement with CAMHS staff declined over the course of his care episodes. A summary of his attendance with CAMHS (Excluding Family Therapy) is outlined below:

- 2019 – AR had one appointment which he attended (100%)
- 2020 – AR attended 5 of his 10 appointments (50%)
- 2021 – AR attended 17 of his 20 appointments (85%)
- 2022 – AR attended 18 of 28 appointments (64%)
- 2023 – AR attended 2 of 13 appointments (15%)
- 2024 – AR was not offered any appointments

305. The Reviewers concluding that AR's engagement started to decline significantly towards the last quarter of 2022. The Reviewers observed that this appeared to coincide with a change in CAMHS Case Manager from Case Manager 3 to Case Manager 4 following a complaint from AR's father on 09 June 2022. There was also a change at the same time from Consultant Psychiatrist 1 to Consultant Psychiatrist 2.

**Q1d) What escalation process was put in place to address disengagement with services?**

306. The Reviewers have noted that the escalation pathway for non-engagement with Sefton CAMHS is not clearly outlined within any policy, guidance or SOP.

307. At the Practitioner Learning Events the Reviewers explored with practitioners what non-engagement meant to them. The collective view from the practitioners

was that non-engagement was in their view when children choose not to engage and therefore not to attend appointments.

308. Practitioners also talked about non-engagement in terms of when families agree with the care plan but are not actually doing what has been agreed. This is often referred to in safeguarding as 'disguised compliance' which is a term used to describe the behaviour of parents and caregivers who appear to co-operate with professionals to allay concerns and stop professional engagement (Reder et al, 1993).

309. In the absence of clear policies, SOPs and guidelines for the management of non-engagement/participation in CAMHS the Reviewers also explored with practitioners at the Practitioner Learning Events what they would do if they had concerns that a child was disengaging with services. They outlined that they would take the following action:

- Escalation Route 1 - Discuss the child or young person at a Multi-Disciplinary Teams (MDT) Meeting
- Escalation Route 2 – Discuss the child or young person at Safeguarding Supervision
- Escalation Route 3 – Discuss the child or young person at Professionals Meeting or Multi-Agency Meeting

#### **Escalation Route 1 - Discuss the child or young person at an MDT**

310. The Reviewers found three specific references to non-engagement/participation in the EPR documentation related to Escalation Route 1. In addition, following the Practitioner Learning Events, CAMHS Case Manager 4 provided information that AR was also discussed on another occasion at a CAMHS MDT (13 September 2023) which was not documented in AR's EPR. Therefore, CAMHS practitioners used escalation route 1 on 4 occasions.

#### **Escalation Route 2 – Discuss the child or young person at Safeguarding Supervision**

311. The Reviewers found no specific references to non-engagement/participation within EPR documentation related to Escalation Route 2.

#### **Escalation Route 3 – Discuss the child or young person at a Professionals Meeting or Multi-Agency Meeting**

312. The Reviewers found that reference to non-engagement/participation, had been documented on four occasions within the EPR related to Escalation Route 3.

Professionals Meeting Date	Meeting Type, Purpose and Detail	Comments/Analysis
12 August 2021	<p><b>CAMHS Professionals Meeting</b> CAMHS Professionals Meeting with all CAMHS staff who are involved with AR and his sibling to discuss concerns regarding parents' interactions with CAMHS professionals.</p> <p>There was an acknowledgement from all involved that AR was refusing to engage with therapy with a sole focus on the need for medication.</p> <p>CAMHS Case Manager for AR's brother shared that they are not aware of any difficulties in the home.</p> <p>Actions:</p> <ul style="list-style-type: none"> <li>- Consultant Psychiatrist 1 to offer telephone contact with AR today to ascertain how the trial of medication is going and think about what else could help.</li> <li>- Follow up Key Worker request.</li> <li>- Face to face appointment to be offered jointly with Consultant Psychiatrist 1 and CAMHS Case Manager 3</li> <li>- Consider Family Therapy</li> <li>- CAMHS Case Manager 3 to continue to offer sessions to AR.</li> <li>- If there are any concerns about interaction or communication with the family will return to MDT for discussion or review via professional discussion.</li> </ul>	<p>It is good practice to bring together all CAMHS practitioners working with the family.</p> <p>There are clearly agreed and documented actions in the EPR following the discussion.</p>

<p>02 March 2023</p>	<p><b>Multi-Agency Professional Review Meeting</b></p> <p>Meeting attended by Education, Parents, Lancashire Local Authority Inclusion, Lancashire Inclusion Case Manager for AR and Sefton CAMHS Case Manager 4.</p> <p>Early Help offers declined.</p> <p>WNB appointments raised by CAMHS.</p> <p>Parents were asked if AR would engage with online education – father declined as AR did not like to be seen online.</p> <p>CAMHS Case Manager 4 informed meeting that there was no engagement from AR and that he expressed that did not want CAMHS involvement other than medication.</p> <p>They also noted that they struggled to engage parents with sessions with AR's father cancelling sessions or not attending.</p> <p>Lancashire Inclusion Case Manager for AR noted</p> <ul style="list-style-type: none"> <li>• EHCP suggested small groups, relationships built and AR to feel safe and comfortable with staff working with him.</li> <li>• Felt that there had been a breakdown in communication and contact from school.</li> <li>• Mental Health Worker allocated to school and requested that support given to AR and family to reintegrate back to school.</li> <li>• Suggested referral to Early Help for TAF.</li> </ul>	<p>There appears to have been no outcomes, actions or plan detailed within the EPR from the meeting. It would be helpful to have minutes from meetings that are also shared with parents and AR to inform any progress, decline, or drift. Furthermore, it can support professional challenge if actions are not being completed as agreed.</p> <p>Professionals appear to have offered Early Help on several occasions, and referrals to Children's Social Care made. However, EPR does not support any professional challenge to parents about offers of support and how this may improve the family's lived experiences.</p> <p>Disagreements between all parties and parents. Father insisting AR to stay under CAMHS</p>
<p>25 May 2023</p>	<p><b>Professional Meeting</b></p> <p>Professionals Meeting attended by CAMHS Case Manager 4, Consultant Psychiatrist 2, School, Lancashire</p>	<p>CAMHS Case Manager 4 wrote: '<i>&lt;AR&gt; not engaged with Case Manager sessions at</i></p>

	<p>Children Social Care to discuss who was supporting AR with what intervention.</p>	<p><i>CAMHS and previously stated that he does not want any intervention, however as &lt;AR&gt; is presenting as more engaging with services, it would be beneficial to arrange appointment for &lt;AR&gt; to attend Southport Clinic and support him to share what support he would like from CAMHS (if any). Mindful that &lt;Family Support Worker&gt; is supporting with Anxiety and re-engagement into community therefore Case Manager to assess what support can be offered to &lt;AR&gt;.'</i></p>
31 May 2023	<p><b>CAMHS MDT Meeting</b> AR's engagement with CAMHS Case Manager 4, is reported to be very poor. CAMHS Case Manager 4 is '<i>is working with him on his anxiety and coping skills and has made a referral to the youth team for support around confidence, independence and reintegration into the community</i>'.</p> <p>Outcome: '<i>&lt;CAMHS Case Manager 4&gt; to discuss having a joint review with &lt;Consultant Psychiatrist 2&gt; to decide what their role should be. (possibly checking in on &lt;AR&gt; periodically).</i>'</p>	<p>It is good practice that CAMHS Case Manager 4 has discussed AR at the CAMHS MDT. Actions have been clearly documented.</p>
13 September 2023	<p><b>Team Around the Family (TAF) Meeting</b> CAMHS Case Manager 4 shared that AR was not engaging. Appointments were being made and cancelled sometimes last minute. One-to-one sessions with AR to be closed but Family Therapy would remain open, and CAMHS Case Manager 4 would remain as Case Manager overseeing them</p>	<p>The CAMHS Case Manager has not documented attendance at this meeting on EPR. This is not in line with the Trust Record Keeping Policy. Minutes of this meeting have been provided by the CAMHS Case Manager following the Practitioner Events, but they were not</p>

		<p>uploaded to the electronic patient record.</p> <p>The CAMHS Case Manager has commented in their chronology following the Practitioner Events that AR is closed to Level 3 and is now Level 2.</p> <p>The Lancashire Continuum of Need document (June 2016) states that Level 2 is Common Assessment Framework, Evidence of some unmet needs and low risk – Targeted Service Provision via CAF/TAF.</p> <p>Level 3 states Children’s Social Care Single Assessment, Higher levels of unmet needs and medium risk. Children in Need (CIN), s.17 Children Act 1989.</p> <p>It is unclear from the EPR what level of need professionals were working to. The language of TAF meetings seems to suggest Level 2; however, the CAMHS Case Manager states Level 3 is reducing to Level 2 at this meeting.</p>
<p>13 September 2023</p> <p>CAMHS Case Manager 4 - additional information provided following</p>	<p><b>CAMHS MDT Discussion</b></p> <p><i>“Previously brought to MDT on 31st May 23.&lt;AR&gt; is open to &lt;Consultant Psychiatrist 2&gt; for medication and &lt;Family Therapist 1&gt; for family therapy but won’t engage at all with &lt;CAMHS Case Manager 4&gt;. He says</i></p>	<p>CAMHS Case Manager has not documented this MDT discussion on the EPR. This is not in line with the Trust Record Keeping Policy.</p>

Practitioner Events	<i>that he doesn't was therapy, just medication. Outcome: To remain open to Psychiatry but not see &lt;CAMHS Case Manager 4&gt; for sessions. &lt;CAMHS Case Manager 4&gt; to remain as case manager."</i>	The MDT Discussion outlines a clear plan for continuing involvement.
04 October 2023	<b>CAMHS MDT Meeting</b> <i>'Previously brought to MDT on 13th September 23.  The family have not engaged well in family therapy with &lt;Family Therapist 1&gt; and &lt;AR&gt; doesn't want to work with CAMHS. Social Care have closed with the family.'  Outcome: &lt;Family Therapist 1&gt; to have a review meeting with &lt;CAMHS Case Manager 4&gt; and &lt;Consultant Psychiatrist 2&gt; and the family.'</i>	The administrator note added to the EPR to advise AR had been discussed at the 04/10/2023 advises "Summary: Previously brought to MDT on 13th September 23". As outlined above there is no documentation on EPR to reflect that AR was discussed at the CAMHS MDT on 13/09/2023.
10 January 2024	<b>CAMHS MDT Meeting</b> CAMHS Case Manager 4 documented in EPR AR did not engage with CAMHS and did not attend Presfield. Entry on EPR states: <i>"Previously brought to MDT on 4th October 23. 17 years old and Dad wants &lt;AR&gt; to remain with CAMHS until 18 so he can transition to adult services. AR doesn't engage with CAMHS and doesn't attend Presfields."</i>	It is unclear from the EPR what services AR would be transitioning to. To date his only mental health diagnosis is anxiety symptomatology which would not normally meet the criteria for adult mental health services. There is mention of a transition social worker at the earlier home visit however there has been no contact evident in the EPR. At this point AR has not meaningfully engaged with CAMHS for 11 months.

313. Between 16 - 22 March 2022, the Reviewers have noted emails between CAMHS Case Manager 3 and CAMHS Key Worker 1 which discuss that AR wishes to cease working with CAMHS Key Worker 1. CAMHS Case Manager 3 made plans to present AR at the CAMHS MDT meeting, to consider preparation for discharge planning from CAMHS as AR was reintegrating into school.

314. On 16 January 2023, AR was seen face to face by CAMHS Case Manager 4. It is documented, within the EPR, that AR does not wish to meet with CAMHS, however he is happy to receive his medication.
315. CAMHS Case Manager 4 told the Reviewers that they arranged the Professionals Meeting on 25 May 2023, as they felt that the case was “stuck”. AR was not engaging and they weren’t aware of what other agencies were doing to support AR. CAMHS Case Manager 4 also advised that it was difficult getting agencies together and the sharing of information between agencies was limited, specifically when working across organisational and geographical boundaries i.e. Sefton and Lancashire.
316. At the Practitioner Learning Events, the practitioners informed the Reviewers that CAMHS is a consent-based service i.e. where a user explicitly agrees to participate. The practitioners articulated that they believed AR had capacity, and this meant that AR could and did choose not to engage/participate with CAMHS.
317. CAMHS practitioners reflected at the Practitioner Learning Events that every effort was made by members of the CAMHS team to engage with AR. This included CAMHS Key Worker 1 reaching out to TALENT Match and supporting outings in the community including AR accessing a youth club. Consultant Psychiatrist 2 also completed three home visits in an effort to engage AR.
318. The Reviewers concluded that CAMHS practitioners were able to articulate their internal processes for escalation when a child disengaged with services. The EPR evidenced that CAMHS Practitioners escalated his case on 8 occasions, 4 times through the MDT escalation route and four times through discussion at professionals or Multi-Agency meetings.
319. It was noted by the Reviewers that the opportunity to discuss non-engagement as part of safeguarding supervision was not evidenced in the EPR. This may be due to the challenges cited by practitioners into the recording of safeguarding supervision (see TOR 5).

**Q1e) Was any thought given to transition into adult services at any time?**

**Alder Hey Transition**

320. Alder Hey information provided to parents about transition outlines that when children become adults, it is normal for them to make decisions for themselves and to lead a more independent life. Children’s health and care needs also change as they grow up.

321. Transition to adult services (Transition) is the name given to the process of moving on from children to adult services.
322. Transition is an important journey. It is essential that professionals work in partnership with young people and their families to ensure that they get the support they need every step of the way. The young person and their family should understand what is happening and feel confident and in control.
323. Some young people will have long-term conditions (e.g. diabetes, epilepsy) and the transition will be mainly concerned with moving on to adult health services. Other young people may have learning disabilities or social care needs. Their transition will be more concerned with moving on to adult social or learning disability services. A small number of young people with complex long-term conditions will have support from health, social care and special education. When this happens, it is important that these services work together to coordinate the different transitions.
324. Alder Hey has the 10 steps to Transition Pathway which includes:
- Identifying young people needing transition
  - Empowering young people and supporting parents
  - Starting a transition plan
  - Reviewing the multi-disciplinary team
  - Referring on to the lead adult service
  - Joint reviews – children services leading
  - Planning a route to urgent care
  - Feeling confident to move into adult services
  - Joint reviews with adult services leading
  - Settling into adult services

#### **CAMHS and Transition**

325. In every EPR documented CAMHS session outcome practitioners are prompted by the EPR to consider transition to adult services. The prompt says: *'If your patient has a long-term condition and is aged 14 years, please go to the transition tab and commence planning for transition to GP or adult services. If your patient is aged 14 and has complex neuro-disabilities, please contact the transition team for advice on extension <number> or by emailing a member of the transition team'*.
326. The Reviewers were informed by CAMHS practitioners at the Practitioner Learning Events that transition from Sefton CAMHS to adult services

commences when a child reaches 17 years and 6 months. Practitioners explained that planning for transition can commence from around age 14 years.

327. AR was under 18 years of age at the time of being on the CAMHS caseload. The CAMHS practitioners informed the Reviewers that if AR could have been transitioned into adult services, then this transition would have taken place.
328. The Reviewers noted that on 24 January 2024, following a CAMHS MDT meeting, Case Manager 4 has documented in the EPR, father's request for, '*AR to remain with CAMHS until he turned 18 to support transition to adult services.*'
329. However, the practitioners stressed that AR did not have a mental health diagnosis or any unmet mental health needs (when approaching 18 years of age), therefore transition was considered but not progressed as AR would not have met the criteria for transition to adult mental health services.
330. Consultant Psychiatrists 1 and 2 were clear that AR had "*symptoms of anxiety, not an anxiety disorder*". There was consensus at the Practitioner Learning Events with this description of AR's condition.
331. Although transition to adult services was considered by the service, they did not take action to transition AR to Adult Mental Health Services as he would not meet the threshold for adult mental health care.

#### **Q1f) Were any appointments for AR cancelled by the Trust?**

332. There is one appointment documented as being cancelled within the EPR by Community Dietetics and rearranged. It is unclear to the Reviewers whether this appointment was cancelled by the Trust or by a parent.
333. There is one appointment documented as being cancelled within the EPR by Sefton CAMHS on 06 June 2022, with Consultant Psychiatrist 1 and CAMHS Case Manager 3. This appointment was cancelled due to concerns raised by Consultant Psychiatrist 1 and CAMHS Case Manager 3 regarding father's attitude and tone (cited as aggressive and rude) towards them. The family were informed that another appointment would be sent.
334. On 27 March 2023, a face-to-face meeting with Consultant Psychiatrist 2 was rearranged to 30 March 2023 by Consultant Psychiatrist 2, due to clash of other clinical duties. However, AR and AR's father did turn up at the pre-arranged appointment on 27 March 2023, as details of the rearranged appointment had not been received by AR and his father. Unfortunately, AR was unable to be

seen on 27 March 2023 and AR and his father did not attend the re-arranged appointment on 30 March 2023.

335. The Reviewers noted (throughout the EPR and from discussions with CAMHS practitioners and emails shared following the Practitioner Learning Events) the flexibility and efforts made by CAMHS practitioners to accommodate AR and family requests for appointment changes.

336. In total three appointments are recorded as being cancelled by the Trust during the course of AR's care.

### **Q1g) What care plans were in place and how often were they reviewed and updated?**

337. The Sefton CAMHS Operational SOP states that Care Plans should:

- Be recorded on the EPR on the 'Care Plan' in documents and recorded against the RegRCR.
- Detail the nature and understanding of their difficulties (formulation), goals for treatment and the actions to be taken in achieving these goals.
- Detail any risk management arrangements and medication they have been prescribed.
- Reviewed every three months or sooner should there be significant changes in the direction of care.
- Shared in a letter following the first partnership appointment.
- Involve children/young people fully in the delivery of their care at every step and the Care Plan can be printed out for their information and to update the GP. A signed copy can be scanned into the patient record.

338. There is reference to AR's CAMHS Care Plan within AR's EPR on the following dates:

- **22 June 2022**  
At a Medication Review reference was made for the Care Plan to include anxiety.
- **05 June 2023**  
CAMHS Case Manager 4 has completed a care plan within EPR that summarises their involvement with AR, noting that throughout CAMHS involvement there was poor engagement from AR and his parents.
- **22 February 2024**

CAMHS Case Manager 4 completes a Risk Management Tool and Care Plan. The Care Plan outlines the following information:

- History/Presenting Problems
- Current understanding of the problem
- Summary of Involvement
- Agreements/Consent Care Plan
- Summary of Medicines we have prescribed
- Requirement of a crisis plan

- **23 July 2024**

CAMHS Case Manager 4 completes a Risk Management Tool and Care Plan. The Care Plan outlines the following information:

- History/Presenting Problems
- Current understanding of the problem
- Summary of Involvement
- Agreements/Consent Care Plan
- Summary of Medicines we have prescribed
- Requirement of a crisis plan

339. At the Practitioner Learning Events those involved in AR's care planning stated that care plans were formulated and considered at each interaction with AR and his parents however this didn't always translate into a revised and updated written document in AR's EPR.

340. At the Practitioner Learning Events practitioners advised that entries made within AR's EPR were a summary of what had been discussed, together with a list of agreed actions, with documentation of care plans being mainly undertaken by CAMHS Case Managers.

341. The Reviewers found evidence within AR's EPR that he did have a CAMHS care plan. The care plan was formally reviewed and updated on three occasions between 2019-2024 using the provided template in the EPR. This was not in line with the expected practice of reviewing and updating care plans every 3 months as outlined in the Sefton CAMHS Operational SOP.

342. The Reviewers noted that it was not easy to specifically identify care plans within the EPR as they were often included in other documents such as the CAMHS Risk Management Tools or referred to in session notes.

### **Q1h) What was the involvement of AR and parents in AR's care plan?**

343. The CAMHS practitioners informed the Reviewers that care planning with children and young people involves collaboratively developing a written plan to

support their needs, aiming to reduce crisis risks and manage them effectively, stating that care planning is addressed at each contact with the child or young person.

344. The Reviewers could only find three occasions when AR's CAMHS Care Plan had been updated using the provided template in the EPR. It was unclear from the documentation found whether AR and/or his parents had been involved in the review of the CAMHS Care Plan.
345. The CAMHS Practitioners told the Reviewers that when AR was engaging well with CAMHS they had recorded his wishes and voice within the EPR. The same was also noted for the parents' voices.
346. Following a review of the EPR the Reviewers concur with the practitioners. When AR is engaging with CAMHS practitioners his voice is clear within the EPR. Examples of this have been provided in TOR 2.
347. The Reviewers concluded that both AR and his parents were guiding and influencing the care delivered by CAMHS. However, it is not evident from the EPR the extent to which AR and his parents were involved in the development of his care plan. The Reviewers suggest this is an area for improvement in record keeping and documentation.
348. Towards the end of 2022, AR starts to disengage from CAMHS, and this results in his parents becoming more involved in the care being provided by CAMHS.

### **Q1i) How was the risk assessment considered when only having contact with AR's parents?**

349. Key question 1i, is specifically looking at risk assessment in regard to Sefton CAMHS care provision when AR had disengaged and was no longer attending.
350. TOR 6 of this Learning Review report outlines in full the theme of risk assessment and the risk assessments undertaken whilst AR was under Sefton CAMHS. It also outlines the service approach and expectations regarding risk assessment.
351. With this in mind, the Reviewers have summarised below the points of risk assessment being undertaken and provided relevant reflections from by CAMHS practitioners at the Practitioner Learning Events.

### **Risk Assessment at Triage**

352. Risk assessment has been formally considered at triage of referrals for AR into Sefton CAMHS and during his care by CAMHS. There are two documents completed on 11 October 2019 (Uploaded to EPR on 17 October 2019) and 15 December 2019 (Uploaded to EPR on 16 December 2019).
353. The triage risk assessment documents have been completed using information provided in the referral by the referrer. AR and/or AR's parents have not been directly involved in this risk assessment although AR and AR's parents will have provided the information the referrers have used to complete their referral.

**Risk Assessment by Criminal Justice Liaison Team (CJLT) Mersey Care**

354. Sefton CAMHS also received risk assessment information from the Criminal Justice Liaison Team (CJLT) at Mersey Care NHS Foundation Trust, in their referral on 13 December 2019. The risk assessment was detailed (see full details in TOR 6: Risk Assessment) and had been completed by CJLT in a face-to-face assessment with AR following his arrest.

**Sefton CAMHS Risk Management Tool**

355. The Reviewers determined that Sefton CAMHS completed the Alder Hey CAMHS Risk Management Tool on three occasions:
- 08 January 2020
  - 22 February 2024
  - 23 July 2024.
356. It is unclear from the EPR how directly involved AR or AR's parents were in the completion of the Risk Management Tools. However, it is clear to Reviewers that information shared in appointments have been used to inform the risk assessment.
357. The Reviewers explored risk assessment with CAMHS practitioners at the Practitioner Learning Events. They explained that they did not complete risk assessment documentation with AR and his family but used the details from their contacts to inform them.
358. The CAMHS practitioners also discussed at length during the Practitioner Learning Events that the initial focus was on the risk AR may present to himself and others due to the concerns regarding possible radicalisation and the violence he had demonstrated to a peer. They stressed that AR did not have a mental health diagnosis, they felt he had capacity to make treatment decisions about his health, and the focus was on his symptoms of anxiety towards the end of his care with CAMHS.

359. The Reviewers explored in more detail with CAMHS practitioners at the Practitioner Learning Events what they meant by AR having capacity. This was explained by them in terms of them having assessed AR as having the cognitive ability to process and understand information in order to make informed decisions regarding his care and treatment.
360. As previously outlined above, AR's engagement with CAMHS started to significantly decline towards the end of 2022. The CAMHS practitioners agreed in discussions at the Practitioner Learning Events that as AR disengaged and stopped attending, their assessment of his risk was reliant on the information provided by his parents and the information shared by multi-agency partners in Early Help meetings and EHCP meetings.
361. The Reviewers determined that it was clear within AR's EPR that CAMHS practitioners were aware and mindful in their documentation from 2023, that parents were the sole voice in AR's care. An example of this is Consultant Psychiatrist 2, documenting that they could no longer prescribe medication without seeing AR face to face.
362. The Reviewers noted that a risk assessment was completed in the absence of AR engaging, with CAMHS practitioners recognising that AR's voice was missing when they were only having contact with AR's parents.

### **Q1j) Who were AR's key service leads?**

363. A review of the EPR was completed and a summary of AR's key service leads within Sefton CAMHS has been outlined in the table below:

<b>Key Service Lead</b>	<b>Dates of Involvement</b>
CAMHS Case Manager 1	First appointment 20 December 2019  Last entry in AR's EPR is 14 February 2020 – letter to Lancashire Children's Social Care.
CAMHS Case Manager 2	07 May 2020 – 11 August 2020  (CAMHS Case Manager 2 documents on AR's EPR 'no more appointments with me').
CAMHS Key Worker 1	Allocated 26 November 2021  Ceased involvement with AR on 22 March 2022 at AR's request.

CAMHS Case Manager 3	01 April 2021 - 14 June 2022
CAMHS Case Manager 4	04 September 2022 - 16 April 2024 On 23 July 2024, CAMHS Case Manager 4 completed the following documentation: <ul style="list-style-type: none"> <li>• Current View - Routine Outcome Measures (ROMS)</li> <li>• CAMHS Closure Screen</li> <li>• Risk Management Tool</li> </ul>
Consultant Psychiatrist 1	01 July 2021 – 22 June 2022
Consultant Psychiatrist 2	19 July 2022 - 16 April 2024

**Q1k) Was there any breakdown or relationship issues between AR/family and service leads?**

364. The Reviewers found several entries in AR’s EPR outlining discussions between Sefton CAMHS and AR’s father where AR’s father was outlining his distrust of the service and CAMHS staff and requests for change of CAMHS Case Manager.

Date	Detail	Comments/Analysis
10 September 2021	<p>Telephone appointment with CAMHS Case Manager 3 and father.</p> <p>Father requesting a new CAMHS Case Manager.</p> <p>Main concerns raised by AR’s Father were:</p> <ul style="list-style-type: none"> <li>• Case Manager 3 was exploiting AR.</li> <li>• Wants Case Manager 3 involved but does not like the way they work</li> <li>• They listen to AR too much taking on board what he says.</li> <li>• Did not agree with Case Manager 3 sharing information with social care about AR throwing water on him.</li> </ul>	<p>The request for change in CAMHS Case Manager does not appear to progress, which supports continuity for AR. This is positive given that AR appears to engage well with the CAMHS Manager 3.</p>

	<ul style="list-style-type: none"> <li>• Happy for Key Worker 1 to work with AR but does not want family work.</li> <li>• Conflicted as wants CAMHS Case Manager 3 to work with AR but they listen to AR too much.</li> </ul>	
25 May 2022	CAMHS Case Manager 3 accessed safeguarding supervision where it is expressed that they feel unable to continue as AR's CAMHS Case Manager due to AR's father's response to their practice and work with AR.	Appropriate access of supervision by CAMHS Case Manager 3 who shared in supervision that they felt unable to continue as Case Manager due to AR's father response to their practice and work with AR
26 May 2022	<p>Phone call note, which references email to Family Therapist 1 from AR's father requesting change of CAMHS Case Manager, requested reallocation of case manager and a female if possible.</p> <p>Father notes that:</p> <ul style="list-style-type: none"> <li>• The family worked well with CAMHS Case Manager 3 and were very happy.</li> <li>• The sessions focused on what the parents are doing and not the child.</li> <li>• They tried to explain themselves on email and phone, but their explanations are not accepted.</li> <li>• The parent focussed questions have caused friction at home and AR threatens to tell CAMHS Case Manager 3.</li> </ul>	The EPR indicate that a new CAMHS Case Manager was allocated on the 05 September 2022.

	<ul style="list-style-type: none"> <li>• Father said the problem is AR says untruthful things.</li> <li>• There is a lack of trust between CAMHS Case Manager 3 and the parents.</li> </ul> <p>There are stand offs happening at home. Father says it goes beyond the realms of professionalism and undermines the parents.</p> <p>They asked for another therapist as cannot go on like this.</p>	
01 June 2022	<p>Call with CAMHS Case Manager 3 and parents.</p> <p>CAMHS Case Manager 3 explained their concern about AR's weight loss and advised that at the MDT it was agreed for CAMHS to refer AR to GP for urgent tests.</p> <p>AR's father questioned if this was part of their role and thought they were accusing them of being bad parents.</p> <p>AR's mother felt CAMHS Case Manager 3 was accusing them of being bad parents.</p> <p>AR's father made it clear he wants a new CAMHS worker.</p> <p>CAMHS Case Manager 3 advised AR's parents that CAMHS Senior Leadership team are aware of the request, and they will be advised when a new case worker has been allocated to AR.</p>	<p>It was noted AR's father had previously requested a new Case Manager in September 2021 but did agree to stay with CAMHS Case Manager 3.</p> <p>CAMHS Case Manager 3 noted that they now did not feel able to work with the parents due to their attempts to dictate what is offered/ what they talk about with AR.</p> <p>Outcome of meeting: CAMHS Case Manager 3 will discuss her concerns with MDT.</p>
09 June 2022	<p>Local complaint made by AR's father requesting a new CAMHS Case Manager because he had a '<i>Concern</i></p>	<p>It appears that the clinical letter from the consultation held on 23 May 2022 triggers father to write a</p>

	<p><i>that case manager is prejudice against his family. Alleged inappropriate referral to Children's social care'.</i></p> <p>There appeared to be disagreement from the meeting held on the 23/05/2022 with parents sharing lack of trust and professionalism with CAMHS as the reason for the request.</p>	<p>letter of complaint on 09 June 2022</p> <p>Sefton CAMHS Clinical Lead 1 Outcome of meeting resolution meeting with father</p>
14 June 2022	<p>Consultant Psychiatrist 1 email to Sefton Psychiatry Lead 1 copying in Sefton CAMHS Clinical Lead 1 requesting that AR have a change in Consultant Psychiatrist and AR be re-allocated to a male Consultant Psychiatrist.</p> <p><i>"Given the behaviour of AR's father towards us and the tone of emails he has sent so far, I do not feel safe to work with him. Please could I request that AR be reallocated to a male psychiatrist at the earliest".</i></p>	<p>At the Practitioner Learning Events Consultant Psychiatrist 1 stated that they did not feel safe working with AR's father due to his behaviour and tone of emails they had received from him to them and CAMHS Case Manager 3. This was supported by CAMHS Case Manager 3 who reported similar feelings in their interview with the Reviewers</p> <p>Outcome of request: Consultant Psychiatrist 1 and Case Manager 3 were no longer involved with AR and his family. AR's Family informed.</p>

365. Reviewers were informed by the CAMHS practitioners that on occasions they found it difficult to work with AR's father. However, the CAMHS practitioners continued to try and build relationships with AR's father to support AR.
366. On 09 June 2022, AR's father made a local complaint to CAMHS. The person recording the complaint has documented "*Concern that case manager is prejudice against his family. Alleged inappropriate referral to children's social care.*"
367. At the Practitioner Learning Events, Sefton CAMHS Clinical Lead 1 informed the Reviewers that they held a local resolution meeting on 22 June 2022 (recorded on 23 June 2022 and mistakenly refers to the contact taking place on the 23 June 2022) with AR's father regarding his complaint, made on 09 June 2022.

368. On 14 June 2022, Consultant Psychiatrist 1 emailed Sefton CAMHS Clinical Lead 1:

*“Given the behaviour of <AR’s> father <name> towards us and the tone of emails he has sent so far, I do not feel safe to work with him.*

*I will do the needful in terms of requesting either a paediatric appointment with <General Paediatrician> or monitoring by his GP.*

*Please could I request that <AR>be reallocated to a male psychiatrist at the earliest?”.*

369. The outcome of the resolution meeting between Sefton CAMHS Clinical Lead 1 and AR’s father in response to his letter of complaint is not documented fully within the EPR. The Reviewers determined that the outcome of this local resolution meeting was that CAMHS Case Manager 3 would cease working with AR.

370. In June 2022, CAMHS Case Manager 3 noted that they did not feel able to work with the parents due to their ongoing attempts to ‘dictate’ what is offered and what they talk about with AR.

371. At the Practitioner Learning Events Consultant Psychiatrist 1 confirmed to the Reviewers that Case Manager 3 was changed at AR’s father’s request and Consultant Psychiatrist 1 was changed at their own request.

372. The EPR indicates that CAMHS Manager 4 was allocated to AR on the 05 September 2022 and Consultant Psychiatrist 2 allocated to AR on 19 July 2022.

373. The Reviewers determined that there were relationship issues between AR’s parents and CAMHS Case Manager 3 and Consultant Psychiatrist 1. The Reviewers concluded that this did not result in an irreparable breakdown in relationships because AR’s father’s complaint on 09 June 2022 resulted in a change in the CAMHS Case Manager and Consultant Psychiatrist.

**Q11) Did AR have an Early Help/CAMHS care plan in place? If yes how often was this reviewed and by whom?**

**Early Help**

374. Early Help is a consent-based system of support which aims to support children and families as soon as problems emerge. Some Early Help support is described as ‘targeted early help’ and is provided to children and families who are identified

by practitioners to have multiple or complex needs requiring a specialist and/or multi-agency response but where statutory intervention is not needed. (Working Together, 2023)

#### **Reference to Early Help within AR's EPR**

375. The first reference to Early Help in the EPR was on 07 July 2021, during an internal professional discussion between the CAMHS Case Manager 3 and the CAMHS Consultant Psychiatrist 1.
376. During this discussion, CAMHS Case Manager 3 suggested Early Help to the family due to issues around family dynamics, but this was refused by the family who did not want any Children's Social Care involvement. The family were then signposted to Autism support including ADDvance Solutions and the Isabella Trust.
377. At the time of initial review completed by Alder Hey, for the purposes of the LSCP Rapid Review, an Early Help Plan could not be found in AR's EPR. The Reviewers were subsequently provided with copies of Early Help Plans following the Practitioner Learning Events by CAMHS Case Manager 4 who had copies of Early Help Plans in their Trust email inbox.
378. CAMHS Clinical Lead 1, informed the Reviewers that the process at the time was for all external documents to be sent to a centralised repository, to be scanned into the EPR.
379. The EPR evidences that CAMHS Case Manager 4 attended an Early Help meeting on 25 May 2023. The Reviewers were unable to find a copy of the Early Help Plan or minutes of this Early Help Meeting in AR's EPR
380. The expectation is that multi-agency documents are uploaded to the child's record. CAMHS Case Manager 4 informed the Reviewers that they were not clear on the process of how to upload external documents to the EPR, as historical practice was to send any documents off site for scanning. This is explored in more detail in TOR 3 – Electronic Patient Records.
381. CAMHS Case Manager 4 also shared at the Practitioner Learning Events that they had been emailed a copy of the Lancashire County Council Early Help Plan. It is unclear what date this plan was created/completed. The file name of the Early Help Plan is *'Early Help Plan 02.10.23.pdf'*.
382. The Practitioners concluded that practice in respect of documenting Early Help meetings and ensuring copies of Early Help Plans and minutes of meetings were uploaded to the EPR was not in line with the Sefton CAMHS Operational SOP. The expectation is that key multi-agency documents would be uploaded to the

child's record so that other professionals working with the child and family have access to this information.

383. Whilst there were no Early Help Plans within the EPR, practitioners providing care to AR had been sent versions of these documents by Lancashire County Council Social Care Service and had attended meetings.
384. It is evidenced in the EPR that Sefton CAMHS Case Managers had been involved in Early Help meetings and contributed to the plan being reviewed. The Reviewers concluded that AR did have an Early Help plan in place but were unable to determine how often this was reviewed.

### **CAMHS Care Plans**

385. CAMHS Care Plans are fully explored and outlined in Key Question Q1I (see above) and are therefore not revisited in this section.
386. In summary the Reviewers determined that:
- There was a CAMHS Care Plan in place for AR, but this was not updated every three months in line with the Sefton CAMHS Operational SOP.
  - The GP did receive information pertaining to prescribing decisions, but the GP did not receive copies of the CAMHS Care Plan in line with the Sefton CAMHS Operational SOP.
  - It is not clear from the EPR that AR has seen his Care Plan document.
  - Signed copies of the Care Plan have not been uploaded to AR's EPR.

### **Q1m) What was the impact of AR not engaging with services?**

387. When children and young people do not engage with services this can lead to missed opportunities for early intervention, potential worsening mental health conditions and increasing likelihood of needing crisis services or more intensive support later in life.
388. In addition, lack of engagement with services can lead to disjointed treatment pathways and potential for multiple assessments or referrals. This can be confusing and frustrating for both the child and their family and may result in unmet needs.
389. Practitioners shared at the Practitioner Learning Events that AR's engagement with Sefton CAMHS was sporadic. The practitioners advised that the impact of AR not fully engaging with CAMHS meant that he was not receiving and benefiting from therapeutic interventions. This made it difficult for the practitioners to effectively support and treat AR's anxiety.

390. Consultant Psychiatrist 2 and CAMHS Case Managers 3 and 4 informed the Reviewers that they found it difficult to determine AR's level of anxiety and emotional wellbeing, as AR was not willing to be seen face to face and at times refused to be seen on camera during video consultations.
391. Case Managers 3 and 4 informed the Reviewers that there were periods early on in his CAMHS journey, when AR did engage with CAMHS. This meant he was able, with the support of CAMHS Key Worker 1, to walk outside, visit shops and attend a youth club: all examples of therapeutic interventions in supporting the management of his anxiety and being outside. CAMHS Key Worker 1 ceased working with AR on the 28 March 2022, at his request as he had met his goal of leaving the house.
392. CAMHS Case Manager 3 shared with the Reviewers that in their opinion AR was no longer trusting of CAMHS. CAMHS Case Manager 3 stated that they ceased involvement as AR's CAMHS Case Manager based on AR's father's wishes because he felt that CAMHS practitioners were listening too much to AR. The Reviewers observed that AR's engagement did appear to decline following the decision to reallocate AR to a new Case Manager at the end of June 2022.
393. There are multiple entries throughout AR's EPR that demonstrate the efforts undertaken by the CAMHS team in trying to engage both AR and AR's parents in services.
394. At the Practitioner Learning Events, CAMHS Case Manager 4 informed the Reviewers that they stopped due to lack of engagement and AR withdrawing his consent to work with CAMHS. CAMHS Case Manager 4 advised that they had tried on multiple occasions to engage with AR without success.
395. In discussion at the Practitioner Learning Events, CAMHS practitioners did acknowledge the length of time without directly engaging AR and the reliance on AR's parents to provide updates relating to care. The CAMHS practitioners appeared to be fully cognisant of the impact this had on their ability to have an accurate picture of his clinical presentation in terms of symptoms of anxiety and risk.
396. AR chose not to engage with Family Therapy. The family was referred to Family Therapy on 22 September 2021 and discharged from Family Therapy on 23 April 2024.
397. The exact date for the first Family Therapy session cannot be found within the EPR. The Reviewers believe this to have taken place in June 2022.

398. Final Family Therapy Appointment on 23 April 2024 was documented on the EPR on 26 June 2024.
399. Family Therapist 1 told the Reviewers at the Practitioner Learning Events that whilst engagement from a child or young person in Family Therapy is encouraged, it is not mandated for them to attend. AR chose not to attend any of the Family Therapy sessions.
400. The Reviewers considered why AR refused to engage with Family Therapy and concluded that CAMHS practitioners potentially could have been more professionally curious about why AR didn't want to engage in Family Therapy.
401. The Reviewers observed that the impact of AR not engaging with services was that CAMHS practitioners were unable to complete their therapeutic interventions in full. Therapeutic interventions include:

### **Family Therapy**

Therapeutic interventions by Family Therapists:

- Support improved communication, strengthen relationships, and resolve conflicts within the family.
- Support parents who have children who are autistic to support their understanding of their child's needs and to promote their child's wellbeing

### **CAMHS**

Therapeutic interventions by CAMHS included:

- Build his self-esteem.
- Support him to leave the home.
- Practice doing things that make him anxious.
- Eating in public.
- Goal setting.
- Reintegrate into education.
- Case coordination.
- Oversee care of the young person to ensure they received timely and effective support.
- Risk Management.
- Advocacy.

402. AR not consistently engaging with CAMHS resulted in AR becoming more socially isolated, the relationship between AR and his parents deteriorated and the opportunity for professionals to build a trusting relationship with AR was limited.

403. The Reviewers recognise that the issues AR presented with could not have been addressed by CAMHS in isolation and required coordinated multi-agency partnership working by police, education, health and Children's Social Care in line with the Children Act (2004).

### **TOR 1: Engagement - Findings**

404. The Reviewers found that there had been a delay of approximately five months from the first CAMHS appointment with AR on 20 December 2019 by CAMHS Case Manager 1 to the next contact on 14 May 2020 with CAMHS Case Manager 2. The Reviewers were informed by Sefton CAMHS Clinical Lead 1 that this was due to CAMHS Case Manager 1 leaving the Trust suddenly approximately 2 weeks prior to the Covid-19 pandemic.

405. The Reviewers determined that the Covid 19 pandemic had an impact on the reallocation of CAMHS cases, due to the number of CAMHS staff leaving the service, absent due to illness or shielding due to Covid, combined with the need to make the change from face-to-face contact appointments to virtual clinics.

406. The Reviewers found a gap of 8 months between CAMHS Case Manager 2's last contact on 11 August 2020 and CAMHS Case Manager 3's first appointment with AR on 01 April 2021. The Reviewers determined that when CAMHS Case Manager 2 documented in AR's EPR on the 11 August 2020 '*no more appointments with me*' they were discharging AR from CAMHS despite not completing all the tasks required such as a closure screen or closure letter to complete discharge.

407. At the Practitioner Learning Events, the CAMHS practitioners told the Reviewers that when working with AR, he clearly voiced to professionals both directly and indirectly, by refusing contact, that he was not ready for their support and would not engage.

408. The Reviewers have noted that AR remained 'open' to CAMHS despite not consenting to CAMHS involvement as his parents were receiving Family Therapy. This is usual practice within CAMHS as the child is not discharged if Family Therapy is taking place. This is because the service is offered to the child, and the adults do not have an EPR for Family Therapy to be documented. This means the child needs to remain open to CAMHS until the conclusion of Family Therapy.

409. There is no documented evidence within AR's EPR that CAMHS staff explicitly considered and discussed with AR gaining his consent for CAMHS ongoing involvement with his parents despite CAMHS practitioners' assessment that AR had capacity to make decisions about his health.

410. The Reviewers found that there was inconsistency in documentation by CAMHS practitioners in the EPR on the occasions that AR chose not to engage or participate in appointments.
411. Reviewers have concluded, following a review of the EPR and additional information shared at the Practitioner Learning Events that it is possible that there were additional CAMHS appointments that have been arranged with AR and AR's parents that may not have been documented on the EPR.
412. Similarly, it is possible that there have been episodes of non-engagement/participation documented within the EPR. This is due to appointments being arranged with parents via email and in telephone conversations. This practice meant that the official CAMHS central booking system wasn't used by all practitioners involved in AR's care and therefore this didn't always reflect the appointments that had been scheduled.
413. There is evidence within AR's EPR that services have followed up missed appointments and referrals. Missed appointments have generally been rebooked in a timely way and flexibly to engage with AR and the family and offered support to AR and their family according to their identified needs.
414. The Reviewers found that CAMHS practitioners felt conflicted and find it difficult to manage non-engagement with their services when children withdraw their consent and chose not to engage with CAMHS, but their parents want to continue receiving services.
415. The Reviewers found that there was no specific CAMHS Escalation Pathway for the management of non-engagement. However, CAMHS practitioners were able to articulate three routes of escalation should they be concerned that a child was not engaging.
416. The Reviewers found that CAMHS staff has followed one of the three outlined routes of escalation on eight occasions as follows:
- Four specific references to non-engagement in the EPR documentation related to Escalation Route 1.
  - No specific references to non-engagement within EPR documentation related to Escalation Route 2.
  - Four specific references to non-engagement related to Escalation Route 3.
417. The Reviewers have established that transition to adult services was considered by CAMHS practitioners but not actioned as AR would not meet the criteria for

transition to adult mental health services. This was discussed with AR's father who insisted that AR remained open to CAMHS until he is 18.

418. Family Therapy sessions were provided to AR's Parents between June 2022 and April 2024. The Reviewers could not determine the exact date for the first Family Therapy session within the EPR. The Reviewers believe this to have taken place in June 2022. The final Family Therapy Appointment on 23 April 2024, documented on the EPR on 26 June 2024.
419. The Reviewers found that whilst engagement from a child in Family Therapy is encouraged, it is not mandated for them to attend. AR chose not to attend any Family Therapy sessions.
420. The Reviewers found that one appointment was documented as being cancelled within the EPR by Sefton CAMHS, on 06 June 2022, with Consultant Psychiatrist 1 and CAMHS Case Manager 3. This appointment was cancelled due to concerns raised by Consultant Psychiatrist 1 and CAMHS Case Manager 3 regarding father's attitude and tone (aggressive and rude) towards them.
421. The Reviewers consider that AR's disengagement with CAMHS coincided with AR's father's request for change of CAMHS Case Manager. The Reviewers could find no evidence that this decision had been discussed with AR himself and that his wishes and feelings had been considered in the decision making.
422. The Reviewers determined that:
  - There was a CAMHS Care Plan in place for AR, it was not updated every three months in line with the SOP.
  - The GP did receive information pertaining to prescribing decisions, the GP did not receive copies of the CAMHS Care Plan.
  - It is not clear from the EPR that AR has seen his Care Plan document.
  - Signed copies of the Care Plan have not been uploaded to AR's EPR.
423. The Reviewers found that it was unclear from the documentation reviewed whether AR and/or AR's parents had been involved in the review of the CAMHS Care Plan. However, the Reviewers concluded that when AR was engaging well with CAMHS his wishes and voice was clear and evident within the EPR. The same was also noted for AR's parents' voices.
424. On 27 February 2024 AR was formally discharged from Community Dietetics. At this point AR had not been seen face to face by the service for nine months.

## **TOR 1: Engagement - Recommendations:**

### **Recommendation 1a:**

The Trust should ensure that a reliable and prompt system is in place across CAMHS to assign a new CAMHS Case Manager (or Key Worker/Lead Professional as appropriate) following long term absence or exit of the CAMHS Case Manager (or Key Worker/Lead Professional as appropriate).

### **Recommendation 1b:**

The Trust should implement a standardised protocol for reviewing all requests to change a CAMHS Case Manager/Lead Professional/Key Worker, ensuring that decisions are made with careful consideration of their potential impact on therapeutic relationships/clinical care as well as any wider implications of the reason behind the change.

### **Recommendation 1c:**

The Trust must review and update its clinical guidelines concerning CAMHS provision to children and young people who have decision-making capacity and do not consent to interventions involving themselves or their families.

### **Recommendation 1d:**

The Trust's Patient Access Policy (M47) and related Standard Operational Procedures/policies (SOPs) should be updated to reflect the child's voice and distinguish between a child/young person with capacity who chooses not to engage/participate (DNA) and cases where the parent is responsible for attendance and the child is recorded as 'Was Not Brought' (WNB).

### **Recommendation 1e:**

The Trust EPR functionality must be developed to enable staff to record missed appointments as either 'Did Not Attend' or 'Was Not Brought' to reflect if the child or young person chooses not to engage, or if the parent did not bring their child to their appointment. This should be subject to 6 monthly audits.

### **Recommendation 1f:**

The Trust should ensure that all appointments are booked via the official CAMHS central booking system to ensure that appointment changes are accurately captured in the EPR.

### **Recommendation 1g:**

The Trust should develop a consistent approach to management supervision of CAMHS cases open to the service for an extended period of time.

**Recommendation 1h:**

The Trust should ensure that CAMHS care plans are reviewed every 3 months through management supervision, to ensure that CAMHS practitioners have revised, updated and documented the CAMHS care plan.

**Recommendation 1i:**

The Trust should review the Patient Access Policy (M47) and Safeguarding SOP to ensure consistent guidance for staff regarding 'Did Not Attend' and 'Was Not Brought'.

## TOR: 2 - Record Keeping & Communication

To establish the standard and timeliness of record keeping (including multiagency correspondence) and how effective information sharing was between Alder Hey services and multi-agency partners.

### National, Local and Professional Record Keeping Standards

425. Good record keeping is an integral part of all health professionals' practice and is essential to the provision of safe and effective care. High-quality, timely documentation is critical for patient safety, effective clinical decision-making, legal and regulatory compliance and continuity of care. A good standard of record keeping is both a legal and professional requirement essential to the delivery of high-quality care and effective risk management.
426. The Records Management Code of Practice for Health and Social Care is a guide in relation to the practice of managing records. It is relevant to organisations working within, or under contract to, the NHS in England. The Code also applies to adult social care and public health functions commissioned or delivered by local authorities.
427. The Code provides a framework for consistent and effective records management based on established standards. It includes guidelines on topics such as legal, professional, organisational and individual responsibilities when managing records. It also advises on how to design and implement a records management system including advice on organising, storing, retaining and deleting records. It applies to all records regardless of the media they are held on. Wherever possible organisations should be moving away from paper towards digital records.
428. The guidelines in this code apply to NHS and Social Care records. This includes:

#### **1.3 Scope of records covered by the code**

- records of patients treated by NHS organisations
- records of patients treated on behalf of the NHS in the private healthcare sector
- records of private patients treated on NHS premises
- records created by providers contracted to deliver NHS services (for example, GP services)
- jointly held records
- The Code does not cover children's social care records. These are within the remit of the Department for Education.

#### **1.4 Type of records covered by the code**

Examples of records that should be managed using the guidelines in this Code include:

- health and care records

Examples of record formats that should be managed using the guidelines from this code:

- digital
- paper
- photographs, slides, and other images

- audio and video tapes, cassettes, CD-ROM etc
- emails
- computerised records
- scanned records
- text messages (SMS) and social media (both outgoing from the NHS and incoming responses from the patient or service user) such as Twitter and Skype
- websites and intranet sites that provide key information to patients or service users and staff

## **Section 2: records management obligations**

### **2.1 Overview**

All health and care employees are responsible for managing records appropriately. Records must be managed in accordance with the law. Health and care professionals also have professional responsibilities, for example, complying with the Caldicott Principles and records keeping standards set out by registrant bodies. Whilst every employee has individual responsibilities, each organisation should have a designated member of staff who leads on records management. Each organisation should also have a policy statement on records management which is made available to staff through induction and training. Organisations may be asked for evidence to demonstrate they operate a satisfactory records management regime

### **2.3 Professional obligations**

Staff who are registered to a professional body, such as the General Medical Council (GMC), Nursing and Midwifery Council (NMC) or Social Work England will be required to adhere to record keeping standards defined by their registrant body. This is designed to guard against professional misconduct and to provide high quality care in line with the requirements of professional bodies.

### **3.2 Designing a records keeping system**

A record keeping system should be implemented at organisational level and within departmental standard operating procedures as appropriate. The records lifecycle, or the information lifecycle, is a term that describes a controlled regime in which information is managed from the point that it is created to the point that it is either destroyed or permanently preserved as being of historical or research interest

## **Section 4: records storage for operational use**

### **4.2 Management and storage of paper records**

Wherever possible, organisations should be moving to digital records. The original paper record guarantees the authenticity of the record.

4 Digital information must be stored in such a way that, throughout its lifecycle, it can be recovered in an accessible format in addition to providing information about those who have accessed the record.

## **General Medical Council (GMC)**

429. The General Medical Council (GMC) have produced guidance entitled 'Good Medical Practice (GMC, 2024) which states the following in relation to record keeping:

*Recording your work clearly, accurately, and legibly*

69 You must make sure that formal records of your work (including patients' records) are clear, accurate, contemporaneous and legible.

70 You should take a proportionate approach to the level of detail but patients' records should usually include:

*a relevant clinical findings*

*b drugs, investigations or treatments proposed, provided or prescribed*

*c the information shared with patients*

*d concerns or preferences expressed by the patient that might be relevant to their ongoing care, and whether these were addressed*  
*e information about any reasonable adjustments and communication support preferences*  
*f decisions made, actions agreed (including decisions to take no action) and when/whether decisions should be reviewed*  
*g who is creating the record and when.*

*71 You must keep records that contain personal information about patients, colleagues or others securely, and in line with any data protection law requirements and you must follow our guidance on Confidentiality: good practice in handling patient information.*

### **Nursing and Midwifery Council (NMC)**

430. The Nursing and Midwifery Council (NMC) Code section 10 states the following in relation to record keeping:

*10 Keep clear and accurate records relevant to your practice*

*This applies to the records that are relevant to your scope of practice. It includes but is not limited to patient records.*

*To achieve this, you must:*

*10.1 complete records at the time or as soon as possible after an event, recording if the notes are written sometime after the event*

*10.2 identify any risks or problems that have arisen, and the steps taken to deal with them, so that colleagues who use the records have all the information they need*

*10.3 complete records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements*

*10.4 attribute any entries you make in any paper or electronic records to yourself, making sure they are clearly written, dated and timed, and do not include unnecessary abbreviations, jargon or speculation*

*10.5 take all steps to make sure that records are kept securely*

*10.6 collect, treat and store all data and research findings appropriately*

### **Health and Care Professionals Council (HCPC)**

431. Health and Care Professionals Council (HCPC) record keeping standards state the following:

#### **Standards of conduct, performance and ethics**

*You must keep full, clear, and accurate records for everyone you care for, treat, or provide other services to (10.1)*

*You must complete all records promptly and as soon as possible after providing care, treatment or other services (10.2)*

*You must keep records secure by protecting them from loss, damage or inappropriate access (10.3)*

#### **Standards of proficiency**

*Maintain records appropriately (9)*

*Keep full, clear and accurate records in accordance with applicable legislation, protocols and guidelines (9.1)*

*Manage records and all other information in accordance with applicable legislation, protocols and guidelines (9.2)*

*Use digital record keeping tools, where required (9.3)*

### **Multi-Agency Information Sharing Legislation and Safeguarding Statutory Responsibilities**

432. Working Together (2023) emphasises that *'No single practitioner can have a full picture of a child's needs and circumstances so effective sharing of information between practitioners, local organisations and agencies is essential for early identification of need, assessment, and service provision to keep children safe'* (Page 18).
433. This means that practitioners must be proactive in sharing information as early as possible to help identify, assess and respond to risks or concerns about the safety and welfare of children.
434. Practitioners are supported to share relevant information for the purposes of safeguarding children by the Data Protection Act (2018) and UK General Data Protection Regulation (UK GDPR). Statutory guidance is clear that practitioners are allowed to share information, including without consent (where in the circumstances consent cannot be given, it cannot be reasonably expected that a practitioner obtains consent or if to gain consent would place a child at risk).
435. The NHS Safeguarding Accountability and Assurance Framework (2024) outlines that Providers must have safeguarding arrangements in place develop an organisational culture where all staff are aware of their personal responsibilities for safeguarding and information sharing. The framework asserts that robust information-sharing is *'at the heart of safe and effective safeguarding practice'* (Page 8).

### **Importance of and barriers to Information Sharing**

436. The Department for Education (2023) advised that poor information sharing is often cited in reviews following the death of, or serious injury to, a child. They recognised that improvements have been made over time, but significant barriers remain.
437. *'We know that often different professionals working with children and families have information about different aspects of their lives, such as their health issues or educational attainment and attendance, but it is only when information is shared that it is possible to see the full picture of a child's life. One piece of information in silo may not seem important or relevant, it is only when it is pieced*

*together with information held by others that its relevance becomes apparent. This holistic view can then inform the support the child receives, ensuring it is appropriate and timely'. (Page 8)*

438. They cite five barriers to information sharing identified by research as:

- Systems and processes
- Perceptions about legislation
- Practice confidence
- Leadership and culture
- Capacity and resource

#### **Alder Hey Electronic Patient Record (EPR) Systems**

439. An Electronic Patient Record (EPR) and Electronic Document Management System (EDMS) has been in place since 2014 across the Trust.

440. In September 2024, the Trust went 'Live' with the Meditech Expanse electronic patient record (EPR) system. The web-based Expanse EPR offers mobile and app-based workflows, real-time updates, access to historical patient data, analytics and reporting tools and a patient engagement portal, among other features.

## **Alder Hey Record Keeping Standards Policy (C76)**

441. Relevant sections of the Alder Hey Record Keeping Policy have been outlined in the box below:

*1.3 Good record keeping is an integral part of all health professionals practice and is essential to the provision of safe and effective care. It is not an optional extra to be fitted in if circumstances allow (NMC 2018). See Appendix B for information on what constitutes a record and Appendix C, Expected record keeping standards, and Information Governance Policy - M45 (see on DMS) and Information Risk Policy - RM71 (see on DMS) for clinical risk assessment related record keeping standards.*

*1.4 To achieve a good standard of record keeping clinical records should:*

- Be clear and unambiguous*
- Be accurate and legible*
- Enable the patient/user to receive effective care*
- Demonstrate the accurate chronology of events*
- Enable the multi-disciplinary team to communicate effectively*
- Allow another practitioner to assume care of the patient/user at any time*
- Enable the patient/user to be identified at any time without risk of error*
- Facilitate the collection of data for research, education and audit*
- Provide documentary evidence in cases of legal or disciplinary action*
- Maintain the confidentiality of the patient information.*
- Comply with the requirements for clinical record keeping issued by relevant professional bodies.*
- Ensure any paper reports generated from the electronic systems are securely placed in the patients' medical records in the designated sections and that printouts from monitoring and diagnostic equipment e.g. ECG, are secured in accordance with the Trust's Health Records Management Policy*
- The complete record should be available when a patient is being reviewed by a health professional*

*Appendix B states:*

*What documents do record keeping standards relate to?*

*The principles of good record keeping apply to all types of records, regardless of how they are held.*

*These can include:*

- Electronically recorded notes*
- Handwritten clinical notes*
- Scanned records*
- X-ray and imaging reports*
- Photographs, slides and other images*
- Audio and videotapes, cassettes, CD Rom etc*
- Emails*
- Texts sent to or from Trust mobile phones to patients / carers*
- Texts to and from patients / carers from personal mobile phones*
- Laboratory reports*
- Printouts from monitoring equipment*
- Microform (i.e. fiche / film)*
- Incident reports and statements*
- Letters to and from health professionals*
- Websites and intranet sites that provide key information to patients or service users and staff*
- Letters/ reports to external agencies*

## TOR 2: Record Keeping & Communication - Key Questions

### Q2a) What types of clinical records are there currently in place for patients referred into the Trust services?

442. The Trust uses the Meditech Expanse electronic patient record (EPR) system, a web-based system that provides real-time updates, access to historical data, analytics tools, and a patient portal, however, there are services across the Trust that still use paper based clinical records which are subsequently scanned into the EPR.

443. The following table lists all clinical electronic record systems used by Alder Hey Children's NHS Foundation Trust:

Meditech	Egton Medical Information Systems (EMIS)	Badger Net	Medisec
Isla Care	System C – DETECT vitals	Epquest	OPAS: Clinical system used by the Orthotics Department (not an acronym)
Chemo Care	Clinical Hub for Anaesthesia and Anaesthetics (CHAA)	Pharm outcomes	Medisight
NHS Spine eRS	Intouch	Cyber Ren	eConsent
Intelispace	Clinical Radiology Information System (CRIS)	SECA: Brand of clinical weighing and measuring equipment (not an acronym)	eSaturnus: Clinical video integration system used in theatres, integrated with AlderC@re and PACS (not an acronym)
Omnicell	Share2Care	Image Now	

444. These EPRs hold information regarding patients' appointments, and health records for the variety of services provided by the Trust.

445. Clinical letters for services which use Meditech are held within a system called Medisec which can be accessed through a contextual link from the Meditech system.

446. Scanned documentation e.g. letters from other trusts and agencies are held within a system called Image Now which also links contextually from the Meditech system.
447. The two main clinical records systems used for the care and treatment of AR were Meditech (Version 2.1 Expanse known in the Trust as 'AlderCare') and EMIS (Egton Medical Information Systems). To Note EMIS is used by some of the Trust's community services<sup>2</sup> but not by Alder Hey Community Mental Health Services.
448. CAMHS practitioners shared at the Practitioner Learning Events that they had written notes for their own personal use. This included CAMHS Case Manager 4 who had reviewed AR's EPR when they became AR's CAMHS Case Manager which summarised his CAMHS clinical history. This is not in line with Trust Record Keeping Policy. CAMHS Case Manager 4 made these handwritten notes available to the Reviewers.
449. In summary, the Reviewers determined that there are multiple EPR systems in use across the Trust and a small number of services complement their EPR systems with paper records which are subsequently scanned into the EPR.

## **Q2b) How do the clinical records and referral record assist the clinical staff in understanding AR's clinical picture?**

### **The Alder Hey Record Keeping Standards Policy (C76)**

450. The Alder Hey Record Keeping Standards Policy (C76) outlines that good record keeping within clinical records has many important functions. These include a range of clinical, administrative and educational uses such as:
- Helping to improve accountability.
  - Showing how decisions related to patient care were made.
  - Supporting the delivery of services.
  - Supporting effective clinical judgements and decisions.
  - Supporting patient care and communications.
  - Making continuity of care easier.
  - Providing documentary evidence of services delivered.
  - Promoting better communication and sharing of information between members of the multi-professional healthcare team.

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<sup>2</sup> EMIS is used by Community Speech and Language Therapy, Community Dietetics, Specialist Speech and Language Therapy Network for Deaf People, Community Continence Service, Community Occupational Therapy, Community Physiotherapy (hybrid with Meditech).

- Helping to identify risks and enabling early detection of complications.
  - Supporting clinical audit, research, allocation of resources and performance planning.
  - Helping to address complaints or legal processes.
451. Accurate and contemporaneous clinical records are essential for clinical staff to understand a child's presentation.
452. Clinical records also assist staff in understanding the risks the individual presents and enables the clinical team to determine if individual risks are increasing, decreasing or if a child's clinical presentation is improving or deteriorating.
453. Sefton CAMHS Operational SOP states that all children accessing the service are to have an up-to-date Care Plan which details the nature and understanding of their difficulties (formulation), goals for treatment and the actions to be taken in achieving these goals.
454. In the context of AR's case, formulation, 'presentation' and 'agreed formulations' refers to the process of collaboratively developing a shared understanding of AR's difficulties and creating a plan for addressing them.
455. In line with record keeping in the NHS, clinical records ensure that all staff involved in AR's care have access to the same information, promoting coordination and consistency of treatment.
456. When the EPR contains all information regarding clinical care, risk and multi-agency processes staff can make informed decisions about diagnosis, treatment and management.
457. The Reviewers have concluded that the following issues presented potential barriers for clinical staff in understanding AR's clinical picture:
- External referrals were not always uploaded to the EPR in a timely manner.
  - It can be difficult to determine the dates of communication within the EPR. For example, a referral letter from a GP may have six associated dates:
    - Date the GP dictated the letter
    - Date the GP Practice typed letter
    - Date the GP Practice sent the letter
    - Date the letter was received by Alder Hey Children's NHS Foundation Trust
    - Date the letter was processed by the service
    - Date the letter was uploaded to the EPR.

- The clinical information within the record is generally presented in a chronological order. Clinical staff may complete required tasks within a set template such as the CAMHS Risk Management Tool or in a session note. This made locating specific information difficult and requires clinical staff to scan through the EPR.
- Record keeping practice has not always been in line with expected standards outlined in Trust policies and SOPs. This has resulted in key information not always being available in a timely manner for other practitioners to view if required.
- CAMHS practitioners did not always arrange appointments using the agreed appointment booking system which has resulted in AR's EPR not accurately reflecting the appointments which have been offered, rearranged, cancelled or not attended.
- CAMHS Risk Assessment Tools have not been completed at the intervals outlined in the Sefton CAMHS Operational SOP.
- AR's Care Plan was not reviewed at the intervals outlined in the Sefton CAMHS Operational SOP.
- External documents relating to multi-agency processes such as strategy meeting minutes, Early Help Plans and meeting minutes, EHCP documentation were not always uploaded to AR's EPR.

458. The Reviewers identified that whilst record keeping on occasion wasn't in accordance with expected standards the CAMHS Case Managers and Consultant Psychiatrists overseeing AR's care were individually fully aware of AR's clinical picture.

459. The Reviewers concluded that there was a requirement for the existing functionality and presentation within the EPR to be refined to improve the ability of the clinical records and referral records to assist clinical staff in obtaining a complete holistic clinical picture of a child's care.

460. The Reviewers have fully outlined and explored the issues identified by the CAMHS Practitioners at the Practitioner Learning Events regarding the useability and functionality within the current EPR; and its suitability in supporting the delivery of CAMHS within TOR 3 – Electronic Patient Records.

**Q2c) To what extent is AR's voice/feeling/wishes and lived experience captured within the clinical records?**

461. When AR has engaged with Alder Hey professionals his voice is clearly evidenced throughout the EPR and considered in his and the practitioners clinical decision making.

462. Examples of AR's voice within the EPR:

- **20 December 2019 - CAMHS Case Manager 1**

*"In regards to the incident were <AR> took a knife and a hocky stick into school <AR> reported the following:*

*<AR> stated that he had thought of this on Saturday night and ordered a taxi the following day. When the taxi arrived monday morning he noticed his actual school taxi and the one he had rang. He had gotten into the latter. When <AR> arrived at the range high school he did not pay the taxi driver. <AR> stated he through his bag over the fence but struggled to climb over it. <AR> stated that he walk though reception and walked around the school grounds for a bit after collecting his bag. <AR> states he bumped into <brother's name> [DPA] who them proceeded to follow <AR>. <AR> states that he attempted to go into assembly to look for <name of child>. he didnt get into the room so began to walk away. <AR> stated that he felt sad that he couldnt find <name of child> and that he wanted to hit him. <AR> stated that he would have only used the knife if the hocky stick didnt hurt him the way <AR> had been hurt".*

- **18 May 2020 – CAMHS Case Manager 2**

*"I spoke with <AR> and encouraged him to read the documents I had sent. <AR> agreed to read them and discuss with his father. <AR> confirmed that this was a relevant issue that he wanted to explore with me.*

*Plan/Outcome*

*I have agreed to contact <AR> again on Monday at 12pm to ascertain what he found useful in the papers and what effect it has had since reading them, both in his understanding of anxiety and his relationships with other. <AR> is in agreement with this plan."*

- **01 April 2021 – CAMHS Case Manager 3**

*"Family Context*

*<AR> lives with his mum, dad and older brother. <Mother> works full time and <Father> is carer for their two sons. <AR's> family are originally from Ruwanda. Before moving to Lancs they lived in Cardiff. <AR> has an older brother <name> aged 17 years who uses a wheelchair <named> [DPA] [DPA] and Dad describes*

him as being very academically able. He attends sixth form at the school <name> was previously at.

Dad described <AR> as shy and respectful. He added that he does not like to do things on his own, he hates learning and avoids this. He does the things which are easy and finds it hard to complete homework".

- **08 April 2021 – CAMHS Case Manager 3**

"Autism Diagnosis – <AR> says he thinks they have got this wrong and that some of his symptoms and ways are because of the anxiety he feels.

I asked <AR> to share how his anxiety presents. He said sometimes he can produce more saliva. When he was younger his eyes watered. His heart beats faster and he had a hard time at school.

He talked about experiencing anxiety when he was at primary school.

When I asked <AR> what he thinks could help he said medication.

He had private therapy CBT session previously but said this did not help. This was in relation to him feeling self-conscious about eating at school - he would not eat if his friends were not with him".

- **16 April 2021 – CAMHS Case Manager 3**

"Sleep

<AR> pleased that he has managed to get off of his phone at around 12.00pm. He is mainly watching catch up Coronation Street :) on his phone. He is pleased that he has made this progress but id keen to meet his target of 11.00am for devices being put down. He sleeps an hour earlier at 1pm and wakes at around 11 am. I advised to try and put his device down a half an hour earlier. Hi parents are quieter of an evening/night now so this helps <AR> to get ready for sleep a little earlier.

Goal of getting out and about

<AR> has been for a walk. He is really pleased with this and also was pleased to have gone to the shops with his dad. <AR> due to go to town to get his hair cut. He talked about how it hurts getting his hair cut but he faces that fear anyway".

- **01 July 2021 – Consultant Psychiatrist 1**

"I was informed that <AR> has been struggling with chronic anxiety, since primary school and that this has now become quite entrenched. <AR's> anxiety is impacting on his daily living and is also affecting his overall functioning.

*AR was able to eloquently describe physiological symptoms of anxiety when social demands were placed on him such as dizziness, palpitations, sweating and he resorts to avoidance of activities as a result.*

*<AR> does not have symptoms of depression.*

*<AR> described to me that he spends most of his time at home in his bedroom where he finds himself to be safe. He said that he does not have any friends.*

*<AR> appeared keen to consider medication to treat his anxiety and that this will also enable him to make use of therapeutic work from CAMHS”.*

- **29 September 2021 – Doctor 1 (Speciality Trainee Doctor (ST4) in Psychiatry)**

*“<AR> reports missing his friends at his old school. He reports enjoying playing football with his school friends in the past which he has not been able to do since change of his school.*

*He attended school online during the lockdown. He has not felt going out to the park or speaking to his friend since past 12 months.*

*In the past he has also enjoyed bike riding and watching television, which he has not been able to do recently.*

*He also reports feeling anxious going out in public and interacting with new people. Finds it embarrassing to eat outside.*

*He reports feeling 'nervous' about social interaction. When nervous he feels he is salivating more and his hands and legs shake.*

*He reported feeling angry when he was hungry.*

*On trying to explore the triggers for anger outbursts, <AR> reported difficult interpersonal relationship with his family, especially his dad. He mentioned his dad did not cook food of his choice because of which he is put off from eating meals.*

*He also does not interact much with his older brother. Reports better relationship with mum.*

*He tells me frequent arguments with dad can make him feel sad in his mood”.*

- **18 January 2022 – CAMHS Key Worker 1**

*"I asked how <AR> was feeling and he reported that he was ok and felt ok walking. Tried to talk about school and his week and <AR> responded with short answers and felt things were a mix of ok and not ok, he didn't want to talk about either. While walking people were also in the street walking past, ask <AR> how this was impacting his anxiety and he reported he was fine.*

*We talked about <AR's> anxieties around walking and he expressed that he anxieties were that he walked funny and people that drive by would look at him and think mean things. We discussed how this might be due to the bullying he received for how he looked and walked at school. encouraged him that I did not experience him as walking funny.*

*Through conversation we agreed to maybe try alternate weeks of walking together and seeing him in school to support around anxiety there".*

- **01 December 2022 – Consultant Psychiatrist 2**

*"- Called 1st Dec as scheduled, to r/v <AR's> progress on fluoxetine 4mg od dose  
- Spoke initially to <Father>, who said <AR's> weight had continued to improve - good  
- <Father>, also said <AR> had appeared to become somewhat more talkative on the medication, though there was perhaps somewhat of a sense of <AR> having become a bit too overtalkative on it; in any case, <AR> had evidently himself elected to stop the medication some weeks ago as he didn't think it was doing anything  
- Spoke to <AR> himself, who confirmed that he had indeed stopped taking the fluoxetine  
- Asked <AR> whether he felt better on or off the medication - <AR> not sure  
- Sees main problem as feeling anxious  
- Asked <AR> whether he has ever been on sertraline before; he said not and indicated that he would like to give this a try  
- On obtaining informed consent for same, agreed to issue initial pxn for sertraline; <AR> thanked me abruptly and ended call - no opportunity to speak subsequently with <Father>".*

- **16 January 2023 - CAMHS Case Manager 4**

*"<AR> was late for session today and did apologise when he arrived.*

*For the duration of the time i spoke with <AR> he kept his head down and played with his hands, <AR> repeatedly stated that he only wants to be open to CAMHS for medication and does not want any further involvement. Attempted to engage <AR> with general conversation, to no avail.*

*Sleep - getting 8 hours per night - often falling asleep around 12-1am and waking around 12-1pm.*

*Appetite - no change continues to eat fast food*

*Mood - No change, feels unmotivated some days and hoping Sertraline medication will support  
Self harm - no reported self harm, no thoughts or intent to harm”*

463. During periods of non-engagement AR’s voice is provided by AR’s Parents. It is documented within entries in the EPR that AR has voiced he has a difficult relationship with his father.

464. The Reviewers have reviewed AR’s EPR in full and have concluded that CAMHS practitioners have clearly captured and documented AR’s voice, feelings, wishes and explored his lived experience when he has attended appointments and engaged with them.

**Q2d) Were all referrals and clinical records shared and/or understood by all staff involved in AR care?**

465. Details of referrals and clinical records being shared by CAMHS practitioners are outlined below:

<b>Date</b>	<b>Details</b>	<b>Comments/Analysis</b>
11 April 2019	Referral from GP to CAMHS for assessment of anxiety	This was an appropriate triage of referral, no indication that first line interventions had been accessed such as psychological support for anxiety. Referral through to Partner Agency Parenting 2000 would be an appropriate first line intervention.
11 October 2019	Professionals’ discussion held  Outcome: AR at risk of crime, no mental health indicated in referral so referred onto Targeted Youth Support and support in school.	Appropriate triage of the referral and appropriate redirection to Partner Agencies. Appropriate recognition of the risks identified in the referral prompting referral to Targeted Youth Support. Targeted Youth support work with children and young people on edge of criminality
02 August 2019	GP referral dated 14 August 2019, faxed over to Alder Hey by GP Practice on 21 August 2019 request for assessment of possible Attention Deficit Hyperactivity Disorder (ADHD) and or Autism Spectrum Disorder (ASD).	It is unclear from the Alder Hey EPR if this referral was acknowledged by Community Paediatrics
12 October 2019	Sign posting letter from Crisis Care Team to the referrer - Range High School Safeguarding Lead	Triage, professional discussion and feedback to the referrer completed within two days which is within commissioned standards.

17 December 2019	Strategy Meeting held and attended by the CAMHS Case Manager 1 from Sefton CAMHS.	CAMHS Case Manager 1 has documented the main points from the discussion in the meeting. Outcomes agreed from the meeting are not clear in the Alder Hey record, once the formal meeting minutes are received this is clearly outlined. Minutes from this meeting were added to AR's EPR on 03 March 2020. It is unclear why the minutes have not been added to the EPR sooner.
17 December 2019	A Behaviour Checklist document was completed by AR's Mother.	Date completed: 17 December 2019 Date stamped received: 18 December 2019. Scanned into Meditech: 23 September 2020. There a 9-month delay in this document being added to AR's EPR.
20 December 2019	First face to face appointment with CAMHS Case Manager 1 Sefton CAMHS.	Record keeping timeliness could be strengthened as the appointment was recorded on AR's record until 11 days after the appointment occurred.
06 January 2020	Follow up Strategy Meeting attended by CAMHS Case Manager 1.	Information that AR [DPA] remain on a Child in Need (CIN) Plan. There is no record of a CIN plan being received or uploaded to AR's EPR.
02 March 2020	Clinical Supervision to CAMHS Case Manager 1 completed on 03 February 2020 and documented in the record on 07 February 2020.	Record keeping timeliness needs to be strengthened. There is no detail provided by the CAMHS Practitioner as to the content of the Clinical Supervision discussion
16 July 2020	Face to face CAMHS Appointment CAMHS Case Manager 2 with AR and parent	No details recorded regarding the content of the session. Record keeping needs to be strengthened as the record entry contains no details regarding what was discussed at this contact. The details of which parent attended have not been documented and a sessions note hasn't been completed.
07 July 2021	Internal professional discussion between the CAMHS Case Manager 3 and Consultant Psychiatrist 1, documented on 09 July 2021. Discussion regarding medication.	CAMHS Case Manager 3 has suggested Early Help to the family due to issues around family dynamics, but this was refused by the family who do not want any Children's Social Care involvement. Record keeping could be strengthened by adding examples of what was observed in terms of family dynamics which resulted in the view that an Early Help referral was indicated.
08 August 2020	Safeguarding Supervision completed by Safeguarding Specialist Practitioner 1 and CAMHS Case Manager 2.	AR's EPR states CAMHS Case Manager 2 to record the detail of the supervision. The details of the discussion have not been recorded for this safeguarding supervision and action plans are not visible within AR's EPR.

12 August 2021.	Sefton CAMHS review and update the risk assessment	Risk assessment updated to include reference to further referral to PREVENT. It is unclear from the record how Sefton CAMHS were informed of the referral to PREVENT. Sefton CAMHS could have considered accessing Safeguarding Supervision from the Alder Hey Safeguarding Team.
08 August 2021	Information received from Lancashire Children's Social Care to Sefton CAMHS stating that they had visited the family.	It is unclear from AR's EPR if there was a MASH request to support the decision making from Children's Social Care or a single agency decision. It is unclear if the information shared at the professionals meeting was shared or informed decision making.
05 November 2021	Telephone call from mother to Sefton CAMHS to share that AR had "trashed the home" and mother had called the Police. Father then called the Police to cancel them.	Significant delay of 10 days noted in the recording of information which is not in line with Trust record keeping policy. This meant that Consultant Psychiatrist 1 was unaware of this incident prior to the review on 15 November 2021. They were therefore unable to initiate a conversation with father about how things were at home and offer appropriate support.
26 November 2021	Email from Case Manager 4 to CAMHS Key Worker 1 regarding activity with AR.	This email is not recorded within the EPR. This is not in line with Trust Record Keeping Policy. It is unclear how Case Manager 4 has received this update regarding AR as the email suggests they have spoken to AR and/or his parents.
01 December 2021	Email sent from CAMHS Key Worker 1 to CAMHS Admin outlining details of key work appointment with AR at home due to take place on 14 December 2021	A letter was sent to the family advising of this appointment. It is unclear if this home visit took place as there is no documentation on Meditech or Medisec.
11 January 2022	Emails between Case Manager 3 and Key Worker 1 to discuss AR's request to have face to face alone with them	Emails between case manager 3 and key worker 1 to discuss AR's request to have face to face alone with them. These emails have not been added to the EPR which is not in line with Trust Record Keeping Policy.
14 January 2021	Multi-agency communication between school, parents, Children's Social Care and CAMHS to discuss giving consistent messages to AR to support him through his transition to a new school.	These emails have not been added to the EPR which is not in line with Trust Record Keeping Policy. However, this exchange between the professionals evidences good practice in regard to ensuring clarity of messaging for a young person with ASD. It also outlines that the CAMHS Case Manager 3 is

		recognising the importance of his school placement in supporting the success of CAMHS interventions.
21, 25 and 26 January 2021	Emails between CAMHS Case Manager 3 to CAMHS Key Worker 1 to discuss AR's plan	These emails are not recorded within the EPR. This is not in line with Trust Record Keeping Policy.
16-22 March 2022	Emails exchanged initially between CAMHS Case Manager 3 and CAMHS Key Worker 1.	From 17 March 2022 other people are copied in, including Consultant Psychiatrist 1, Family Therapist 1. This email exchange is not recorded within the EPR. This is not in line with Trust Record Keeping Policy.
18 October 2022	Telephone call to Lancashire Children's Social Care (CSC) at 13:45hrs from CAMHS Case Manager 4 to enquire as to whether AR is open to Lancashire CSC. Email sent to School Inclusion Team from CAMHS Case Manager 4 to explore current involvement and arrange to meet for a case discussion	It is good practice for the CAMHS Case Manager to contact CSC to establish their current involvement. It is unclear why this information had not already been communicated to Sefton CAMHS by Lancashire CSC.  It is good practice for the CAMHS Case Manager to contact School Inclusion Team to establish their current involvement.
07 November 2022	Face to face appointment with Case manager 4.	An Electronic Patient Pathway Form (EPPF) has been completed on Meditech however a session note has not been completed on Meditech. Expected practice would be for the practitioner to complete a session note or Did Not Attend 'DNA outcome' document as well as an EPPF after seeing a patient. CAMHS Case Manager 4 has provided handwritten notes to the Reviewers of this contact.
01 December 2022	Telephone appointment with Psychiatrist 2. Meditech session note dated 01 December 2022, entered on 12 December 2022 by Psychiatrist 2.	Timescale for documentation is outside of the Trust policy for record keeping
29 December 2022	Face to face appointment with Psychiatrist 2. There is no Meditech session note completed by Psychiatrist 2.	A clinic letter has been dictated on 09 January 2023 referencing the clinic appointment on 29 December 2022. Documentation is outside of the Trust policy for record keeping.

02 March 2023	Multi-Agency Professional Review Meeting attended by Education, Parents, Local Authority Inclusion, Sefton CAMHS present.	There appears to have been no outcomes, actions or plan detailed from the meeting. It would be helpful to have minutes from meetings that are also shared with parents and AR to inform any progress, decline, or drift. Furthermore, it can support professional challenge if actions are not being completed as agreed. The details of this appointment scheduling have not been recorded on Meditech. This is not in line with the Trust Record Keeping Policy
10 March 2023	Telephone contact to Consultant Psychiatrist 2 from father.	This telephone contact has not been documented on EPR. This is not in line with the Trust Record Keeping Policy.
14 May 2023	Entry on CAMHS Case Manager 3 chronology provided following the Practitioner Learning Events noting AR's request for new teacher.	This email exchange has not been recorded on AR's EPR. This is not in line with the Trust Record Keeping Policy.
21 May 2023	Email exchange between Psychiatrist 2 and Father.	This email exchange has not been recorded on Meditech. This is not in line with the Trust Record Keeping Policy.
25 May 2023	Case discussion request sent to Lancashire County Council SEND Case Manager.	This email has been prompted due to AR's SEND Case Manager not being able to attend this meeting. It is good practice for communication to take place with multi-agency partners.
05 June 2023	CAMHS Case Manager 4 has completed a Care Plan document on Meditech.	This document summarised Case Manager 4's involvement.
07 June 2023	Dynamic Support Database (DSD) Rating Tool completed by CAMHS Case Manager 4.	Completion of the DSD has not been recorded on Meditech. This is not in line with the Trust Record Keeping Policy.
03 July 2023	Consultant Psychiatrist 2 face-to-face appointment - medication review	AR WNB - reason unclear within EPR. Psychiatrist 2 has completed a 'Did Not Attend (DNA) outcome CAMHS' on EPR in line with policy.
21 July 2023	Children's social care meeting.	The details of this 'Children's Social Care Meeting' have been shared by CAMHS

		Case Manager 4 following the Practitioner Events. This meeting has not been documented on Meditech which is not in line with the Trust Record Keeping Policy. Associated documentation such as minutes or updated plans have not been uploaded to the electronic patient record. The expectation would be that key multi-agency documents would be uploaded to the child's record so that other professionals working with the child and family have access to this information.
07 August 2023	Home visit	A home visit has not been documented on the Meditech record
13 September 2023	CAMHS (Sefton) MDT Discussion.	The CAMHS Case Manager has not documented this MDT discussion on Meditech. This is not in line with the Trust Record Keeping Policy. Team Around the Family (TAF) Meeting attended CAMHS Case Manager 4. The CAMHS Case Manager has not documented attendance at this meeting on Meditech. This is not in line with the Trust Record Keeping Policy. Minutes of this meeting have been provided by the CAMHS Case Manager following the Practitioner Events, but they were not uploaded to the electronic patient record
25 September 2023	Consultant Psychiatry appointment with Psychiatrist 2 at home documented in the records on 10 October 2023.	There are significant delays in documenting contacts on Meditech. Record keeping is not in line with Trust Policy. EPR does not indicate how stopping the medication was impacting on AR's mental health.
18 October 2023	The CAMHS Case Manager 4 has provided a chronology following the Practitioner Events. There is an entry for the 18 October 2023 'School Review Meeting'.	It is unclear what this meeting was regarding, who attended, what was discussed and what actions were agreed. Attendance at this meeting on 18 October 2023 was not documented within the electronic patient record. This is not in line with Trust Record Keeping Policy.
26 March and 16 April 2024	Email exchange between father and Psychiatrist 2. Entry on Psychiatrist 2 chronology provided following the Practitioner Learning Events.	These email exchanges have not been recorded on Meditech. This is not in line with the Trust Record Keeping Policy.

466. The key question asks: ‘Were all referrals and clinical records shared and/or understood by all staff involved in AR’s care?’ The Reviewers concluded that referrals were all appropriately received and actioned in line with the SOP. However, not all referrers received a written acknowledgment of their referral and the outcome of the referral following CAMHS Triage.
467. The Reviewers identified that not all clinical contacts were recorded in the EPR in line with Trust Policy. This included failure to document session notes and delays in recording clinical contacts.
468. At the Practitioner Learning Events CAMHS practitioners advised that minutes of meetings held by Lancashire Social Care were not always shared with Sefton CAMHS following meetings. When CAMHS Case Managers did receive copies of multi-agency documents such as Early Help Plans, Early Help meeting minutes and EHCP documents they did not always upload them into AR’s EPR.
469. The Reviewers concluded that inadequate record keeping practice meant there was an incomplete clinical picture of AR’s care for other professionals accessing AR’s EPR and for the ongoing continuity of care should the key practitioners leave the Trust or are on long term sick leave.
470. The Reviewers felt inadequate record keeping did not appear to have impacted the care provided to AR. However, this will not truly be determined until the conclusion of the Local Child Safeguarding Practice Review (currently paused) and the Public Inquiry.

**Q2e) What information was shared and with whom, for what purpose and in what format?**

471. There were several entries within AR’s EPR that note what information was shared, for what purpose and in what format as below:

Date	What was shared, with whom and for what purpose	Service referred to
21 August 2019	GP referral to Community Paediatrics (dated 14 August 2019) requesting an assessment of AR for possible attention deficit hyperactivity disorder (ADHD) and/or autism spectrum disorder (ASD).	Outcome of Referral: accepted to ASD pathway
10 October 2019	Email from Range High School Safeguarding Lead to Sefton CAMHS	Sefton CAMHS agreed to hold a Professionals meeting on 11

	requesting a review of AR's mental health.	October 2019 to collectively discuss the referral and risks presented by and to AR with key agencies
12 October 2019	Sign posting letter from Crisis Care Team to Range School providing feedback.	Range High School Safeguarding Lead feedback to the referrer completed within 2 days which is within commissioned standards
17 October 2019	Telephone call from Parenting 2000 to Crisis Care Team to explain that they have been working with AR for some time	Information shared regarding referral to Targeted Youth Support and Parenting 2000 indicated they would continue to work with AR in relation to anxiety.
22 November 2019	Email from Deputy Head Teacher and SENCO from Acorns School requesting help in referring AR to the ASD pathway	Community Paediatrics. Acorns School note within their email they had tried to refer AR to Lancashire CAMHS service (AR had a Lancashire address) but advised the referral was not accepted by Lancashire CAMHS as AR is registered with a Sefton GP. It is unclear from AR's EPR what response was provided regarding the email received by Developmental Paediatrics.
12 December 2019	Phone call from Criminal Justice Liaison Team (CJLT) at Mersey Care NHS Foundation Trust to Alder Hey Crisis Care Team (who were completing CAMHS referral triage at this time) sharing information that, 'AR had been arrested for bring a knife and wooden club into school with the intention of killing someone'. CJLT also shared that they had made a referral to Forensic CAMHS disclosed that AR was open to PREVENT due to concerns regarding terrorism and that they (CJLT) intend to call a strategy meeting	The outcome and decision made at the Professionals discussion was that AR be referred for an urgent Partnership appointment due to complex nature of difficulties described in the referral which was accepted by Partnerships. In line with SOP Sefton CAMHS Service, the referral was triaged by two practitioners from the Crisis Care Team. Triage of the referral identified and noted on the referral that AR was low risk to self, medium risk to others and medium risk from others.

13 December 2019	Urgent referral from Mersey Care CJLT to CAMHS (triaged by the Crisis Care Team who were completing CAMHS referral triage at this time) following the phone call received on 12 December 2019 (see above). Concerns identified were said to <i>'be problem solving skills and the risk AR poses to others.'</i> The referral also indicated that there <i>'was an open PREVENT referral, however not in relation to his arrest for carrying a knife in school'</i> .	Strategy meeting held 17 December 2019
18 December 2019	Behaviour Checklist document completed by mother for Community (Developmental) Paediatrics	There was a 9-month delay in this document being added to AR's Electronic Patient Record.
14 February 2020	Letter sent from CAMHS Case Manager 1 to Duty and Assessment Team and Lancashire Children's Social Care outlining that AR was on the ASD Pathway, awaiting assessment for diagnosis, and presented with autistic traits. Within the letter it was noted that <i>AR's convictions seem to be in line with Autism Spectrum Condition ("ASC") rigid thinking and lack of empathy and that with time AR would learn to understand his emotions and regulate them with situation contexts. AR had not presented with any mental health concerns and no safeguarding issues witnessed that could result in harm coming to anyone in the family home.</i>	It is unclear what has prompted CAMHS Case Manager 1 to send this letter. The summary paragraph of the letter could suggest that this was in response to a request from Children's Social Care in relation to the Criminal Justice Process or a safeguarding assessment.
17 April 2020	Telephone call from Lancashire Youth Offending Team (YOT) to Crisis Care Team enquiring if AR is still under the care of CAMHS.	Crisis Care Team contact Sefton CAMHS to share query
01 May 2020	Phone call from Clinical Lead Sefton CAMHS to Lancashire YOT to follow up their query noting that CAMHS Case Manager 1 had left Sefton CAMHS at short notice. Lancashire YOT advised that AR is now subject to a 10-month referral order (from 19 February 2020). It had been decided by YOT not to refer to Multi-Agency Public Protection Arrangements (MAPPA).	Lancashire YOT

12 August 2020	A completed ASD Team School Information Document completed by Head and Special Educational Needs Coordinator (SENCO) Acorns School (dated 16 July 2020) sent to ASD team and scanned into Image Now.	Completed ASD Team School Information Document
17 August 2021	Phone call from Sefton CAMHS to Lancashire Children's Social Care to share safeguarding concerns	Lancashire Children's Social Care
18 August 2021	Information from Lancashire Children's Social Care to Sefton CAMHS noting that they had visited the family following the information shared. No further action taken from a safeguarding perspective when children spoken to independently.	Children's Social Care shared that they are looking at putting in some outreach support for some emotional support for AR and to work on re-building relationships.
01 October 2021	Telephone call made by CAMHS Case Manager to Lancashire Children's Social Care.	Lancashire Children's Social Care advised that case has now closed.
26 October 2021	Referral from GP to Alder Hey Community Dietetics	Reason for referral section has not been completed.
05 November 2021	Telephone call from mother to Sefton CAMHS to share that AR had "trashed the home" and mother had called the Police. Father then called the Police to cancel them.	This telephone call was not documented by Sefton CAMHS until 10 days later on the 15 November 2021.
14 January 2022	Email from High Support Teacher Acorns School on 14 January 2022 at 13:11hrs. It is unclear who this email was originally sent to.	This is a multi-agency communication between school, parents, Children's Social Care and CAMHS to discuss giving consistent messages to AR to support him through his transition to a new school
25 May 2023	Case discussion request sent from CAMHS to Lancashire County Council SEND Case Manager	Lancashire County Council SEND Case Manager

472. Sefton CAMHS received information from and shared information with GP, education, Alder Hey Crisis Care Team, Criminal Justice Liaison Team (Mersey Care), Lancashire Children's Social Care, Lancashire Youth Offending Team

(YOT), Parenting 2000, Targeted Youth Support, Alder Hey Community Dietetics, Alder hey Community Paediatrics.

## **Q2f) Was the information shared in a timely manner?**

473. Whilst there is evidence outlined in Q2d and Q2e that staff involved in AR's care have undertaken appropriate triage of referrals, documented their contact with AR, and shared clinical details as appropriate with other agencies, this was found by the Reviewers to be inconsistent and in some cases not documented in a timely manner.
474. There was a 9-month delay in the behaviour checklist document completed by AR's mother for Community (Developmental) Paediatrics before this was uploaded onto AR EPR (18 December 2019).
475. AR's ASD outcome review took place in December 2020, but the letter to the GP with the outcome of AR's assessment was sent not until 12 February 2021. ASD Clinical Lead 1 accounted for the delay and informed the Reviewers that it is standard practice for the outcome assessment report to be shared with the GP following feedback meetings with the family and/or child. In this instance, the initial feedback meeting with AR's father was held on 20 January 2021 and feedback with AR present took place on 9 February 2021. The letter to the GP with the outcome of AR's assessment was sent to ARs GP following both meetings.
476. On 05 November 2021, Sefton CAMHS received a telephone call from AR's mother to share that AR had "*trashed the home*" and that she had called the Police. AR's father then called the Police to cancel them. This telephone call was not documented until 10 days later on the 15 November 2021. Consultant Psychiatrist 1 was unaware of this incident prior to the review on 15 November 2021 and therefore unable to initiate a conversation with AR's father about how things were at home and offer appropriate support.
477. During the Practitioner Learning Events, the practitioners acknowledged that information was not always shared or documented in a timely manner.
478. The Reviewers found it difficult to determine if information was shared in a timely manner due to the lack of robust and timely documentation within AR's EPR. It was clear that:
- CAMHS practitioners had attended multi-agency meetings and shared relevant information.

- CAMHS Case Managers had documented their efforts to make contact with relevant multiagency partners to establish what support AR was receiving and who was working with him.
- Letters had been sent to the GP regarding prescribing decisions.
- CAMHS Case Managers had contributed to and shared information for AR's EHCP.

**Q2g) What type of documentation was recorded in AR's records - was this contemporaneous?**

479. The practitioners informed the Reviewers that they documented their clinical contacts with AR on 'session notes' and 'care plans' within the EPR. Details of documentation in both session notes and care plans include care planning formulations, risk assessments, appointment letters, minutes of MDTs and professionals meeting etc.

480. The Sefton CAMHS Operational SOP states: *'it is important that staff review the whole EPR record at each appointment to ensure they are aware of risk factors, or contextual risks that might have arisen since the last appointment'*. However, at the Practitioner Learning Events the CAMHS practitioners stated that it was difficult to navigate the EPR and some of the practitioners had resorted to keeping their own handwritten notes to help them understand AR's overall clinical history.

481. Whilst there is evidence within the EPR that staff involved in AR's care have documented their contacts with AR, this was found by the Reviewers to be inconsistent and in some cases not documented in a timely manner. This practice was not in line with the Sefton CAMHS Operational SOP Section 11: *'all clinical contact details should be documented on session notes in Meditech and documentation completed on the day or within 72 hours of the appointment taking place'*.

482. There are examples within the EPR where clinical documentation fell short of the standards set out in both the Record Keeping Policy and Sefton CAMHS Operational SOP. For example:

- The longest gap between appointment and documentation being captured by Consultant Psychiatrist 2 was noted to be 6 weeks. Consultant Psychiatrist 2 explained this delay in their record keeping was as a result of competing workloads and no identified risk factors to or with AR at that time.

- CAMHS Case Manager 1, took 11 days in which to document the first face to face appointment with AR that had taken place on 20 December 2019. CAMHS Case Manager 1 had left the Trust and the Reviewers were unable to contact them to obtain a full understanding. It is noted by the Reviewers that this delay in documenting on the EPR may have been in part due to the Christmas holiday period.
- CAMHS Case Manager 4 had a face-to-face appointment with AR on 07 November 2022. An EPPF had been completed, however a session note was not completed with the details of the appointment. CAMHS Case Manager 4 shared handwritten notes from this contact with AR which included:
  - Physical chastisement from his father.
  - YouTube usage in relation to political views.
  - Threats by AR's father to call the Police.
  - Alleged five Police attendances in the last 12 months.

**Q2h) Where in AR's records was it documented regarding multiagency discussions/outputs and processes etc?**

483. In relation to AR multi-agency discussions outputs and processes have been in relation to:

- Education, Health and Care Plans (EHCP) as part of Special Educational Needs/and or Disability (SEND) processes
- Children's Social Care Strategy Meetings
- Early Help Meetings
- Criminal Justice Process with Youth Offending Team (YOT)

**How multi-agency Information is contained within the EPR**

484. The Reviewers were informed by CAMHS practitioners at the Practitioner Learning Events that some of them document multi-agency discussions as a 'CAMHS - professional discussion' and sometimes they document it as 'a CAMHS - session note'. The Reviewers noted that this was confusing for staff and meant that the same types of information are categorised in the record with different titles. This made the information difficult to find.

**Strategy Meetings**

485. CAMHS Case Manager 1, attended two strategy meetings in respect of AR in December 2019 and January 2020 following referral made by education to PREVENT.

### **Strategy Meeting 1 - 17 December 2019**

486. CAMHS Case Manager 1, has documented the Strategy Meeting as a 'professional discussion' within the EPR. They have summarised the main points from the discussion in the meeting. Outcomes agreed from the meeting are not clear in the EPR. The formal minutes from Lancashire Children's Social Care are received and were added to EPR on 03 March 2020. It is unclear why the minutes have not been added to AR's EPR sooner although this may be due to a delay in receiving multi-agency meeting minutes.

### **Strategy Meeting 2 - 06 January 2020**

487. Follow up Strategy Meeting attended by CAMHS Case Manager 1. This has been documented on the EPR by CAMHS Case Manager 1 as a 'session note'. Outcome is recorded as AR DPA 'to remain Child in Need (CIN) until police evidence is back. Not escalated to S47'. There is no record of a CIN plan being received or uploaded to AR's EPR.

488. The entries above by CAMHS Case Manager 1 evidence that practice in documenting multi-agency processes and discussions varies by individual practitioners. CAMHS Case Manager 1 has documented each strategy meeting in a different way using a 'professional discussion' note for one and a 'session note' for the other. Sefton CAMHS Case Managers attended Early Help Meetings in respect of AR and contributed to Early Help Plans.

489. Other examples of documentation of multi-agency meetings in AR's EPR include:

- **18 November 2021 – EHCP Meeting**  
Documented as a CAMHS – session note by CAMHS Case Manager 3
- **07 December 2021 - Early Help Meeting**  
Documented as a CAMHS – session note by CAMHS Case Manager 3
- **23 December 2021 – EHCP Review Meeting**  
Documented as a CAMHS – session note by CAMHS Case Manager 3
- **11 January 2022 - Team Around the Family (TAF) Meeting**  
Documented as a CAMHS – session note by CAMHS Case Manager 3

490. The Reviewers noted that none of the above multi-agency meetings had formal minutes uploaded to AR's EPR.

491. CAMHS Case Manager 4 shared additional information with the Reviewers following the Practitioner Learning Events. This included minutes of a Team Around the Family (TAF) Meeting they had attended but not documented on AR's EPR. This is not in line with the Trust Record Keeping Policy.

492. The Reviewers have identified that when external multi-agency documentation has been received and uploaded to AR's record it appears with a camera icon (see image below) and the date it was uploaded to the EPR.



493. As outlined below in TOR 3 – Electronic Patient Records, the information within the EPR is displayed chronologically. CAMHS Practitioners told the Reviewers that it would be helpful if this information could be available to view in themes (documents of the same type) as well as chronologically in date order of entry.

494. The Reviewers have identified that when CAMHS practitioners have documented multi-agency discussions, outputs and processes these have been added AR's EPR as 'CAMHS – session note' or as a 'CAMHS – professional discussion'.

**Q2i) Was this recorded contemporaneously and in a timely manner in line with Record Keeping Policy?**

495. As outlined above in key question Q2h, at the time of initial review for the purposes of the LSCP Rapid Review, Early Help documentation could not be found in AR's EPR.

496. The Reviewers were subsequently provided with copies of Early Help Plans following the Practitioner Learning Events by CAMHS Case Manager 4, who had copies of Early Help Plans in their work email inbox.

497. There is evidence that CAMHS Case Managers attended Strategy Meetings, Early Help Meetings, EHCP meetings. CAMHS Case Managers have documented in the EPR when they have had telephone calls with multi-agency partners.

498. Using the same examples of multi-agency discussion above in key question 2h record keeping was as follows:

**17 December 2019 - Strategy Meeting 1**

- Strategy Meeting attended by CAMHS Case Manager 1.
- The meeting is documented as being held at 10:00hrs.
- CAMHS Case Manager 1 has documented the Strategy Meeting on the day of the meeting (17 December 2019).
- The entry on AR's EPR was initialised at 14:38hrs and signed electronically at 14:52hrs.

- The formal minutes from Lancashire Children's Social Care are received and were added to EPR on 03 March 2020. It is unclear why the minutes have not been added to AR's EPR sooner although it is acknowledged that there is often a delay in receiving multi-agency meeting minutes.

**06 January 2020: Strategy Meeting 2**

- Follow up Strategy Meeting attended by CAMHS Case Manager 1.
- This has been documented on the EPR by CAMHS Case Manager 1 on 08 January 2020.
- The meeting is documented as taking place at 10:00hrs.
- The entry on AR's EPR was initialised at 14:38hrs and signed electronically at 14:43hrs.
- There are no formal minutes Lancashire Children's Social Care within the EPR.

499. Other examples of documentation of multi-agency meetings in AR's EPR include:

**18 November 2021: EHCP Meeting**

- Documented on AR's EPR by CAMHS Case Manager 3 on the same day (18 November 2021).
- The meeting is documented as taking place at 11:00hrs
- The entry on AR's EPR was initialised at 11:05hrs and signed electronically at 15:17hrs on 24 November 2021.

**07 December 2021: Early Help Meeting**

- Documented on AR's EPR by CAMHS Case Manager 3 on 21 December 2021 (14 days after the meeting).
- The meeting is documented as taking place at 10:30hrs.
- The entry on AR's EPR was initialised on at 19:22hrs and signed electronically at 19:40hrs.

**23 December 2021: EHCP Review Meeting**

- Documented by CAMHS Case Manager 3 on the same day (23 December 2021).
- The meeting is documented as taking place at 14:00hrs.
- The entry on AR's EPR was initialised at 16:58hrs and signed electronically at 17:06hrs.

**11 January 2022: Team Around the Family (TAF) Meeting**

- Documented by CAMHS Case Manager 3 on the same day as the meeting (11 January 2022)
- The meeting is documented as taking place at 11:10hrs.

- The entry on AR's EPR was initialised at 13:20hrs on 11 January 2025 and signed electronically at 13:20hrs a day later on 11 January 2022.

500. As previously outlined the expectation would be that key multi-agency documents would be uploaded to the child's EPR. The minutes of meetings and Early Help Plans had not been uploaded to the EPR but were received by CAMHS Case Manager 4.

501. The Reviewers concluded that practice in respect of documenting Early Help meetings and ensuring copies of Early Help Plans and minutes of meetings being uploaded to the EPR was not in line with the Sefton CAMHS Operational SOP and the Trust Record Keeping Policy.

502. The Reviewers found that record keeping in respect of multi-agency discussions was inconsistent. On occasions CAMHS Practitioners recorded their discussions contemporaneously and in line with the Trust Record Keeping Policy. At other times record keeping was delayed and not contemporaneous.

## **TOR 2: Record Keeping and Communication - Findings**

503. The Reviewers found that record keeping was not consistently in accordance with the Trust Record Keeping Policy, Sefton CAMHS Operational SOP and professional record keeping standards.

504. It was clear from the Practitioner Learning Events that CAMHS staff involved in care of AR were sighted on his plan of care and social circumstances. Whilst external multi agency plans and minutes had not been uploaded into AR's EPR they were in the possession of the relevant CAMHS practitioners.

505. Inadequate record keeping practice resulted in an incomplete clinical picture of AR's care for other professionals accessing AR's EPR and for the ongoing continuity of care should the key practitioners leave the Trust or be absent due to ill health or annual leave.

506. Whilst record keeping was not in accordance with Trust policy, the Reviewers concluded that this did not appear to have impacted the care provided directly to AR. However, it could be argued that an incomplete clinical record may reduce the ability of the clinical leads and Trust staff providing safeguarding supervision in gaining an accurate picture of the case in question relying solely on feedback from practitioners.

507. The Reviewers acknowledge those in an oversight role may not have consistently had access to the full clinical picture based on incomplete documentation.

508. The use of multiple EPRs (EMIS and Meditech) within community services has led to some practitioners not having a complete holistic picture of the whole physical and mental health clinical care of AR. The reviewers concluded this would be the case for other services across the Trust and should be reviewed to ensure that each practitioner has access to all relevant information about children under their care.
509. Not all minutes of multi-agency meetings are available in AR's EPR. The Reviewers established that CAMHS Case Managers did receive some multi-agency documentation (EHCPs and Early Help Plans) but did not upload these to AR's EPR. It remains unclear to the Reviewers if all multi-agency minutes were shared with CAMHS Case Managers by Lancashire Children's Social Care.
510. Not all CAMHS practitioners were clear on the process of how to upload external documents to the EPR as historical practice was to send any documents off site for scanning. This could have supported oversight and practitioner ability to invoke formal escalation processes if there was a decline or signs of drift and delay.
511. The CAMHS Risk Management Tool and Care Plan was not updated and reviewed in line with the Sefton CAMHS Operational SOP.
512. CAMHS Case Managers 2, 3 and 4, Sefton CAMHS Clinical Lead 1, Consultant Psychiatrist 1 and 2 all told the Reviewers at the Practitioner Learning Events that they were aware that education had made referrals to PREVENT.
513. There are no PREVENT meeting minutes contained within AR's EPR. The Reviewers acknowledged that this may be due to direction from PREVENT processes not to record minutes within the record. CAMHS Case Manager 1 attended a Strategy Meeting convened by Lancashire Children's Social Care following a PREVENT referral by school.
514. Consultant Psychiatrist 2 sent a letter to AR's GP (dated 16 April 2024) to inform them that AR had been discharged from psychiatry but remained open to Family Therapy. The letter asked the GP to take over the prescribing and monitoring responsibilities of melatonin in line with local guidelines for transition of medication to GPs following discharge from CAMHS for the over 16-year-old population.
515. Closure letters had not been sent by Sefton CAMHS to AR or his family when Family Therapy ended and when AR was discharged from CAMHS.

516. The Trust's current Record Keeping Standards Policy is not clear in regards documentation of text messages, email etc, this is clearly addressed in the Records Management Code of Practice and in professional body guidance. The Reviewers concluded that practitioners have struggled to determine expectations in the recording more contemporary forms of communication such as emails and texts between AR, his parents, health colleagues and multi-agency partners. The Reviewers felt it would be helpful for the Trust to update the guidance given to staff to include these specific forms of communication.
517. Email and text messaging conversations are fast paced and can become lengthy in a short space of time, therefore the Trust needs to consider the expectations of staff in accurately recording this correspondence within the EPR in a way that isn't burdensome.

## **TOR 2: Record Keeping & Communication - Recommendations:**

### **Recommendation 2a:**

The Trust should review whether the current record keeping audits outlined in the Trust Record Keeping Standards Policy (C76), include expected standards of professional record keeping by discipline, standards and expectations for clinical documentation and record keeping by specialism as required.

### **Recommendation 2b:**

The Trust must create a SOP which outlines the process for adding external documents to the EPR, so all professionals and services can access all documents relevant to the child's care.

### **Recommendation 2c:**

The Trust needs to identify other clinical services that require 'cold feed' in the EPR system to support uploading of external documents.

### **Recommendation 2d:**

The Trust should consider the development of additional EPR summary screens by organising similar documents, such as Early Help, Child in Need, Child Protection minutes, and Education Health and Care Plans (EHCPs), into separate, chronological tabs for easier access and review.

### **Recommendation 2e:**

The Trust Record Keeping Standards Policy (C76) and associated operational SOPs and guidelines must be updated to clearly instruct staff on the documentation of emails, texts and other digital correspondence within the EPR.

**Recommendation 2f:**

The Trust should gain assurance that CAMHS have fully implemented and regularly audit the EPR changes made after the incident.

**Recommendation 2g:**

The Trust should gain assurance that all staff fully understand Trust expectations and requirements with regards to contemporaneous record keeping.

## TOR 3: Electronic Patient Records

Explore how the current Trust's electronic patient records support staff in obtaining a holistic picture of the CYP and their family when providing care and treatment.

### Introduction/Background

#### **Alder Hey Electronic Patient Record (EPR) Systems**

518. Electronic records in the NHS, also known as Electronic Patient Records (EPRs) or Electronic Health Records (EHRs), are digital systems that store patient information, replacing traditional paper-based records. These records contain a range of information about each patient that uses health services, including clinical notes, diagnoses, medical history and test results.
519. The NHS has committed to transitioning to digital systems to improve efficiency, patient safety and access to information for both healthcare professionals and patients.
520. At its simplest definition in the context of healthcare, the term digital is about recording and storing patient information in the form of an electronic image that supports the best possible provision of treatment and care.
521. An Electronic Patient Record (EPR) and Electronic Document Management System (EDMS) has been in place since 2014 within the Trust to record and manage patient documentation. This was Meditech v6.
522. In September 2024, the Trust went live with Meditech Expanse, the latest version of the electronic patient record (EPR) system, which is the first web-based iteration of the Meditech system.
523. The Trust has an integrated approach to the EPR with Meditech providing the main EPR and other clinical digital systems that support various clinical functions in use.

#### **Sefton CAMHS Operational SOP**

524. Relevant sections from the Sefton CAMHS Operational SOP are outlined as follows:

*Section 11:*

- *all clinical contact details should be documented on session notes in Meditech and documentation completed on the day or within 72 hours of the appointment taking place.*
- *Care plans are to be recorded on Meditech on the care plan in documents and recorded against to RegRCR. A signed copy of the care plan should be scanned into the patient record.*
- *In line with the SOP, it is important that staff review the whole EPR record at each appointment to ensure they are aware of risk factors, or contextual risks that might have arisen since the last appointment.*

### **TOR 3: Electronic Patient Records - Key Questions**

#### **Q3a) What clinical record systems do we currently have in place across the Trust?**

525. The Trust uses the Meditech Expanse electronic patient record (EPR) system, a web-based system that provides real-time updates, access to historical data, and analytics tools.
526. The table provided in TOR 2 – Record Keeping and Communication Key Question Q2a outlines a full list all clinical electronic record systems used by Alder Hey Children’s NHS Foundation Trust.
527. The two main clinical records systems used were Meditech (Version 2.1 Expanse known in the Trust as AlderCare) and EMIS (Egton Medical Information Systems). EMIS is used by some of the Trust’s community services but not Sefton CAMHS (outlined above in key question 2b).
528. These electronic record systems contain the patients’ appointments, and health records for the variety of services provided by the Trust.
529. Clinical letters for services which use Meditech are held within a system called Medisec which can be accessed through a contextual link from the Meditech system.
530. Scanned documentation e.g. letters from other trusts and providers are held within a system called Image Now which also links contextually from the Meditech system.

### **Q3b) Do staff have access to all relevant systems?**

531. Trust staff have access to relevant systems but within Meditech there are different access groups depending on users' roles. This is to ensure that elements such as prescribing rights are appropriately authorised to relevant users of the electronic system and patient records.
532. A review of appropriate Meditech access was undertaken and the Reviewers found that all clinical staff within CAMHS and the ASD Service involved in AR's care had the same access rights 'MH Clinician Menu with Web' enabling them to see AR's complete EPR on Meditech.
533. Within Meditech there are two tabs one called 'clinician notes' where documents completed in the Web Acute section flow, and one called 'nurse/allied health' where the documents are completed in Patient Care System (PCS) (nursing and ward documentation). However, when staff select 'activity' tab this is a summary of the entire record.
534. It was noted that some staff involved in AR's care did not have access to Meditech, for example Community Speech and Language Therapists, Dietitians and Sefton ASD link nurses. As community services this cohort of staff recorded their contact with AR within EMIS.
535. The Reviewers consulted with the Chief Clinical Information Officer for the Community and Mental Health Division who confirmed that Meditech users do not have access to EMIS except for the Trust's safeguarding Team. EMIS users do have access to Meditech, however EMIS users may not always check Meditech entries routinely.
536. There was a concern noted by the Associate Director of Safeguarding and Statutory Services and Clinical Director for Psychiatry when completing the original chronology for AR in response to Lancashire Safeguarding Children Partnership Rapid Review request, that there may be an issue in terms of access permissions within Meditech to review the EPR in full.
537. The Reviewers have established through discussions with practitioners and colleagues in the Trust's Digital team, that all CAMHS staff involved in the care and treatment of AR had the correct levels of clinical access within Meditech.
538. The Reviewers have concluded that the challenges experienced in completing the rapid review of AR's EPR, were due to limited knowledge of navigation of the system by a newly appointed staff member in the Safeguarding Team. This identified an additional training requirement for staff appointed to the Trust's Safeguarding Team.

539. Reviewers were assured that the CAMHS staff involved in the care of AR had access to the right clinical systems for their service (Meditech Expanse, Medisec, Image Now and EMIS). However, it was noted that not all staff involved in the Practitioner Learning Events were fully aware of the full functionality of Meditech Expanse and therefore could not see the full holistic picture of AR's care.
540. It was also noted that community-based staff using EMIS did have access to the full patient record within Meditech, however they may not have always checked Meditech entries routinely.
541. The Reviewers concluded that the use of two different EPR systems within the Community and Mental Health Division could potentially impact on staff/service understanding of the full patient history.
542. The use of two separate EPR systems for these services has already been identified as a clinical risk and was added to the Trust Risk Register on 27 December 2019. This is fully explained in key question 3f below.
543. In this case, the Reviewers have determined that the use of two EPR systems did not have an impact on the care of AR.

### **Q3c) How is a holistic assessment undertaken and documented on children and young people and their family?**

544. A Holistic Needs Assessment (HNA) is a process used by the NHS to understand the full range of a person's needs and concerns related to their health and well-being, not just their immediate medical condition. It's a way to ensure that patients receive comprehensive support and care, addressing not only physical needs but also emotional, social, spiritual, and practical aspects of their lives.
545. A holistic assessment in CAMHS is a comprehensive evaluation of a young person's mental health, considering all aspects of their life and experiences. This approach moves beyond focusing solely on symptoms and delves into the individual's physical, emotional, social, and environmental factors to develop a tailored care plan
546. At the Practitioner Learning Events, practitioners informed the Reviewers that as CAMHS practitioners their role is to holistically assess all children at each contact. This means that they follow a biological, psychological and social formulation framework and document any assessment in the 'session note' in the EPR.

547. The practitioners informed the Reviewers that they documented their clinical contacts with AR on 'session notes' and 'care plans' within Meditech. However, CAMHS practitioners stated that it was difficult to navigate Meditech, with some practitioners resorting to keeping their own handwritten notes to help them understand AR's overall clinical history.
548. When there is a change of CAMHS Case Managers, the practitioners stated it was difficult to obtain a full and accurate holistic review of AR's care, due to their lack of capacity to review the record due to competing workloads and the way in which the records display in the EPR.
549. At the Practitioner Learning Events CAMHS Practitioners explained that it was difficult to look at documents of a similar nature in the EPR i.e. decisions around prescribing, risk assessment, appointments. They suggested it would be better if the documents were available to be accessed in themed tabs as well as displaying them in chronological order.
550. The Reviewers have concluded that the practitioners have a robust approach to assessment of individual patients, however the layout of the clinical system caused some difficulty in all practitioners being able to have full oversight of the entire patient journey.

### **Q3d) What access levels do staff have?**

551. Access to the EPR is based on assigned Role Based Access.
552. Role based access varies depending on a staff member's role. For example, a nurse with a 'non-medical' prescribing qualification would have nurse specialist/prescriber access within the system.
553. Within EMIS the access levels are either clinical or administrative. Clinical staff include allied health professional (AHP) and AHP assistants and Nurses. Administrative staff include the administrative staff and operational managers.
554. Role-based access control (RBAC) is a method the Digital Team use to ensure that all staff members are allocated system access appropriately. In Meditech, users are assigned predefined roles, such as Mental Health Clinician (MH Clinician), which are linked to specific activities they are permitted to perform.
555. For instance, a Mental Health Clinician can view patients' demographic details. Users can hold multiple roles simultaneously, allowing them to perform a variety

of tasks. This structured approach ensures that access is granted based on the user's role and responsibilities.

- 556. The role of Mental Health Clinician, in summary, provides access to the patient EPR, including Orders and Results, Document creation, and prescribing. It also provides view-only access to Outpatient Clinics and an overview of the Emergency Department.
- 557. An 'order' refers to the process clinicians use to enter, manage, and track orders for patient care, such as medications, laboratory tests, imaging, and consultations within the electronic record.
- 558. For outpatient clinics this refers outpatient / community clinics (including community mental health clinics).
- 559. All Sefton CAMHS and ASD staff had Mental Health Clinician Menu with Web access at the time of involvement with AR

### **Q3e) How and where did staff record their clinical contact with AR?**

- 560. The practitioners informed the Reviewers that they documented their clinical contacts with AR on 'session notes' and 'care plans' within Meditech.
- 561. The Sefton CAMHS SOP states: *'it is important that staff review the whole EPR record at each appointment to ensure they are aware of risk factors, or contextual risks that might have arisen since the last appointment'*. However, at the Practitioner Learning Events the CAMHS practitioners stated that it was difficult to navigate Meditech and some of the practitioners had resorted to keeping their own handwritten notes to help them understand AR's overall clinical history.
- 562. Whilst there is evidence within the EPR that staff involved in AR's care have documented their contact with AR, this was found by the Reviewers to be inconsistent and in some cases not documented in a timely manner. This practice was not in line with the Sefton CAMHS SOP Section 11: *'all clinical contact details should be documented on session notes in Meditech and documentation completed on the day or within 72 hours of the appointment taking place'*.
- 563. CAMHS Case Manager 4 did not complete a session note on AR's EPR to outline the detail of their face-to-face contact on 16 December 2023. CAMHS Case Manager 4 did provide Reviewers with a copy of handwritten notes from this appointment which included details about the discussion. When full session notes are not recorded on the EPR this means it is not possible for any

practitioner to have a full view of the record. This practice is not in keeping with the Trust Record Keeping Policy.

564. The Reviewers concluded that whilst this practice did not have a detrimental impact on the care of AR, it did prevent the practitioners involved from having a complete view of the care provided by all practitioners.

### **Q3f) Has the current electronic patient record had any impact in any other cases/CYP under the care of Alder Hey?**

#### **Relevant Learning from Safeguarding Reviews**

565. The Named Nurse for Safeguarding conducted a review of all action plans from local child safeguarding practice reviews and rapid reviews that the Trust had participated in within the last 3 years (2022-2025). Learning themes identified from this scoping were in relation to the need to develop safeguarding digital templates to better capture safeguarding risk and discussions.
566. There is no evidence from other safeguarding reviews (up to July 2025) to suggest that the Trust's EPR has had an impact in any other safeguarding reviews or clinical incidents across the Trust.

#### **Relevant Learning from Trust Incident Reporting**

567. The use of two separate EPR systems in these services has been identified as a clinical risk and was added to the Trust Risk Register on 27 December 2019. Relevant actions outlined below have been taken to mitigate this risk:

#### **Existing Identified Digital Risks**

- Risk no: # 2055 Risk score C4x L3 =12 Identified December 2019
- Risk descriptor: Clinical information for patients not always visible to clinical teams due to: information stored in 2 EPR (Expanse and EMIS), caseload management function not available within Expanse, Role Based Access means not all staff have access to the same level of information.
- Actions Completed:
  - Review risks associated with use of Expanse in community services and develop action plan to address most urgent risks.
  - Review any incidents and reported issues with RBAC which means staff can see different information in the system to understand if this is a training issue or a system issue.
- Actions Outstanding:
  - Establish board to oversee future of EMIS with clinical leads from each service and Divisional/Chief Clinical Information Officer (CCIO) oversight.

- Flag to be added to Meditech to alert staff of records held on EMIS. Flag can be added, now Division working through user list so task almost complete - scheduled for end June
  - Mitigation: Flag Added to Meditech to alert staff to records held on EMIS
  - This risk is overseen by the Community and Mental Health Divisional Board on a monthly basis.
  
- 568. CAMHS practitioners told the Reviewers at the Practitioner Learning Event that the current Meditech EPR system allows them to manage the care of individual children. It doesn't however allow them to have oversight and management of their caseloads.
  
- 569. Practitioners informed the Reviewers that during commissioning of a new update of Meditech in 2022, an Ambulatory Module was reviewed. CAMHS practitioners believed this module would provide the functionality for CAMHS caseload management.
  
- 570. The Trust took the decision not to commission the Ambulatory Module as it was determined that its functionality was limited. As a result, CAMHS have used business intelligence dashboards to assist them in caseload oversight. CAMHS practitioners told the Reviewers at the Practitioner Learning Events that whilst there have been improvements with caseload oversight, gaps remain in the current EPR for Community and Mental Health Services.
  
- 571. CAMHS practitioners shared that they believed the current EPR did not fully meet the needs of Community Mental Health Services. For example, there was no front sheet within the EPR to view details regarding a child's mental health status, it is difficult to find risk and care plan recording and there is no option to record multiple complex family systems or important legislative details i.e. Deprivation of Liberty Safeguarding (DoLS) documentation. Practitioners agreed that although these improvements were considered at the Practitioner Learning Event this had not been formally raised as a risk at the time of AR care.
  
- 572. CAMHS practitioners told the Reviewers at the final Practitioner Learning Event that this was also recognised as a gap in the EPR system by the Care Quality Commission (CQC) during their inspection on 25-27 March 2025.
  
- 573. During CQC inspection (March 2025), the inspectors reflected that the risk information was not always easily accessible and the EPR appeared difficult to navigate despite this they commented that staff within CAMHS had developed work arounds to ensure documentation was as good as it could be given the difficulties with the limited functionality of the Trust's EPR.

574. Whilst the Reviewers could not identify any specific children and young people where the EPR had had a direct impact on other children under the care of Alder Hey, the use of two EPR systems had been identified as a risk by the Trust. Given the practitioner feedback and the observations by the CQC the Trust the Trust has improved the useability for the end user having appropriate access to the full medical record. This is fully addressed in the actions taken since the incident section of this report.

**Q3g) Did AR have Early Help or Child in Need (CIN) Plan in place? If so, were they visible in the EPR? If not, why not?**

575. Early Help is considered in TOR 1 – Engagement Key Question Q11.

576. At the time of initial review, an Early Help or CIN plan could not be located in AR's EPR. The Reviewers subsequently identified the following in relation to Early Help or CIN plan:

- On 06 January 2020, CAMHS Case Manager 1 references that AR DPA DPA remain on a Child in Need (CIN) Plan. There is no record of a CIN plan ever being received or uploaded to AR's record.
- The reason for the CIN Plan, actions required and responsible persons are unknown. The Reviewers were informed that CAMHS Case Manager 1 had left the Trust in February 2020 and the Reviewers were unable to contact them for their feedback and involvement in the Practitioner Learning Events.
- CAMHS Clinical Lead 1, informed the Reviewers that the process at the time was for all external documents to be sent to a centralised repository for external documents to be scanned into the EPR.
- The EPR identifies that CAMHS Case Manager 4 attended an Early Help meeting on 25 May 2023. The Reviewers where unable to find a copy of the Early help plan or minutes of early help meeting on the EPR.

577. Key multi-agency documents should be uploaded to the child's record. Minutes of meetings and Early Help Plans had not been uploaded to the EPR but were shared by CAMHS Case Manager 4 following the Practitioner Learning Events who informed the Reviewers that they were not clear on the process of how to upload external documents to Meditech, as historical practice was to send any documents off for scanning.

578. CAMHS Case Manager 4 also shared at the Practitioner Learning Events that they had been emailed a copy of the Lancashire County Council Early Help Plan. It is unclear what date this plan was created/completed. The file name is 'Early Help Plan 02.10.23.pdf'.
579. This practice is not in line with the Sefton CAMHS SOP that states: '*The expectation is that key multi agency documents would be uploaded to the child's record so that other professionals working with the child and family have access to this information*'.
580. Whilst there were no Early Help Plans or CIN plans within the EPR, practitioners providing care to AR had been sent versions of these documents by Lancashire Children's Social Care.
581. During the Practitioner Learning Events, Sefton CAMHS Clinical Lead 1 informed the Reviewers that several scanned documents relating to AR, sent from Sefton CAMHS, appear not to have been received by Health Records. This is discussed below under the heading of Missing documentation sent for scanning – Trust Investigation.
582. The Reviewers identified that staff in the service at the time were not familiar with the correct process for uploading external documentation to the medical record.
583. The Reviewers have been advised that CAMHS introduced a scanning solution enabling CAMHS staff to upload external and internal paper-based documents directly into EPR. This went live on 30 April 2025.
584. Sefton CAMHS Clinical Lead 1 told the Reviewers that this process now forms part of the induction process for new staff into CAMHS.
585. As the Early Help Plans and EHCPs were not all uploaded to AR's clinical record this prevented all staff involved in the care of AR being able to access the plans at the time of his care.
586. The Reviewers concluded that whilst this practice was not in accordance with Trust Policy, it did not have an impact on the care provided to AR.

#### **Missing documentation sent for scanning – Trust Investigation**

587. During the Practitioner Learning Events, Sefton CAMHS Clinical Lead 1 informed the Reviewers that several scanned documents relating to AR, sent from Sefton CAMHS, appear not to have been received by Health Records.
588. The incident of AR's missing records was incident reported onto the Trust Incident Reporting System (Incident Number: #20849).

589. The missing documentation related to AR was added to the scanning control sheet by CAMHS on the following dates:

- **25 February 2020**  
1 external report totalling 1 page
- **13 May 2020**  
External correspondence totalling 2 pages
- **26 May 2020**  
External report totalling 4 pages

590. The scanning control sheet is a handwritten duplicate carbon book which details:

- The patient's first name and surname
- AH number (hospital number)
- Document type
- Number of pages of the document being sent for scanning
- External or Department Specialty

591. Sefton CAMHS Clinical Lead 1 confirmed to the Reviewers that this was escalated to the Access to Health Records Team on 17 April 2025 who undertook the following actions in an effort locate AR's missing documents:

- A thorough search in all areas to ensure the documents were not still in Sefton CAMHS or any other location across the Trust.
- Checked for evidence that the documents were collected from Sefton CAMHS by the courier service.
- Checked patient details against the Meditech Case Note Tracking system

592. The Trust's Health Records Manager reported to Sefton CAMHS Clinical Lead 1 on 07 May 2025 that following the above searches they were unable to find any trace of the documents being received into Health Records for tracking out to the offsite scanning provider.

593. The Health Records Manager stated on 22 April 2025 that they were confident that there are documents (not only for AR) that have been received into the Trust and sent for scanning but haven't been uploaded onto ImageNow.

594. On 29 May 2025, following completion of searches and records review, the Trust's Head of Information Governance & Data Protection Officer reported that a summary of checks had been undertaken by Health Records Supervisor:

- All rooms at the East Lancs off site storage have been checked and no documentation relating to this patient has been located.
- Any boxes identified as CAMHS and Community have been checked and there is no trace of documentation related to AR.

595. Head of Information Governance & Data Protection Officer advised that the missing documents related to AR had not been located. A community Dietetics GP letter dated 13 May 2023 was located (relating to AR) and is now uploaded to Image Now, however, it does not relate to the 'missing documents' flagged as the concern.

596. In addition, Sefton CAMHS Clinical Lead 1 had confirmed there were no documents on site at Sefton CAMHS in filing cabinets, drawers etc which pertain to AR.

597. The Head of Information Governance & Data Protection Officer concluded that these external documents sent to Health Records for scanning and uploading to AR's EPR appear to be lost without any clear audit trail of where they may be.

598. The Reviewers are unable to determine what the documents are as they have been lost, however have surmised that the documents are likely to be external multiagency documents that have been shared with Sefton CAMHS.

599. The Reviewers were satisfied that all efforts to locate AR's missing documents had been undertaken.

600. The Head of Information Governance & Data Protection Officer advised the Reviewers that [Recital 85](#) of the General Data Protection Regulation (GDPR) requires Trusts to report data breaches to the Information Commissioner's Office (ICO) when there has been a significant impact.

601. *"A personal data breach may, if not addressed in an appropriate and timely manner, result in physical, material or non-material damage to natural persons such as loss of control over their personal data or limitation of their rights, discrimination, identity theft or fraud, financial loss, unauthorised reversal of pseudonymisation, damage to reputation, loss of confidentiality of personal data protected by professional secrecy or any other significant economic or social disadvantage to the natural person concerned."*

602. The Head of Information Governance & Data Protection Officer has determined that a report to the ICO is not required in this instance.

### **TOR 3: Electronic Patient Records – Findings**

603. The Reviewers found that the use of multiple EPR systems by these services had not enabled all practitioners to have a holistic picture of AR's care.
604. Initial concerns regarding EPR levels of access and information not being available to the Reviewers completing the Rapid Review for LSCP have been determined to be due to human error and inexperience in navigating the functionality of EPR and not attributable to a system access issue.
605. At the Practitioner Learning Events all practitioners expressed to the Reviewers that it was difficult to navigate Meditech. They reflected that it was difficult to find the risk assessment tool, care plans and sessions notes as they had to navigate through different screens on the EPR.
606. Minutes of multi-agency meetings and copies of Early Help Plans had been shared with the relevant CAMHS Case Managers but had not been uploaded to the EPR. This was not in line with the Sefton CAMHS SOP. At the Practitioner Learning Events CAMHS staff stated that they struggled to upload external documents and there was a backlog of document scanning due to volume and logistics.
607. Several scanned documents relating to AR, sent from Sefton CAMHS, appear not to have been received by Health Records. The Reviewers are unable to determine what the documents are as they have been lost, however have surmised that the documents are likely to be external multiagency documents that have been shared with Sefton CAMHS. The Reviewers were satisfied that all efforts to locate AR's missing documents had been undertaken.
608. Staff told Reviewers that the internal EPR training did not adequately prepare them for utilisation and understand the full functionality within the EPR.

### **TOR 3: Electronic Patient Records - Recommendations:**

#### **Recommendation 3a:**

The Trust must review and revise the current EPR training materials to ensure staff can navigate the EPR to understand the entire patient journey.

#### **Recommendation 3b:**

The Trust must update its Record Keeping Standards Policy (C76) to include clear guidance for staff on uploading external multi-agency documents to EPR.

#### **Recommendation 3c:**

The Trust should consider the development of a separate EPR summary tab for the recording and documentation of Professionals/Multiagency meetings -Similar to Recommendation 2d

#### **Recommendation 3d:**

The Trust should ensure the Community and Mental Health Division have the appropriate tools for the oversight and monitoring of compliance with:

- Management Supervision of CAMHS cases.
- Review and recording of CAMHS Care Plans.
- CAMHS Risk Management Tools.

#### **Recommendation 3e:**

The Trust should explore ways to improve the EPR system, so it better supports services within the Community and Mental Health Division to have full oversight and management of their service caseloads.

## TOR 4: Escalation

To understand the Trust's current escalation pathway and statutory responsibility when children and young people do not want to engage with health care services

### Introduction/Background

609. In the NHS, the term escalation generally relates to increasing concerns and/or deterioration in clinical presentation. Traditionally deteriorating patient pathways have focused on physical health for patients in an acute hospital setting. This has resulted in the development of early warning systems (EWS) which focus on deterioration in clinical observations such as, breathing, heart rate, temperature and blood pressure.
610. In paediatrics, the Paediatric Early Warning System (PEWS) was designed to effectively recognise and respond to the deterioration of children or young people in an acute healthcare environment and is a standardised approach of tracking the deterioration of children in hospital. PEWS allows for consistency in how deterioration in children is recognised, escalated and responded to.
611. In more recent years there has been an acknowledgement that this work has mainly focused on acute settings and that deterioration and escalation presents differently in community and mental health services.
612. In mental health, escalation generally refers to decline in a person's emotional or behavioural state, potentially leading to a crisis.
613. NICE Quality Standard (QS154) '*Violent and aggressive behaviours in people with mental health problems*', outlines that escalation involves a progression of increasing intensity, starting from initial warning signs and potentially culminating in harmful actions. Understanding escalation is crucial for effective intervention and de-escalation strategies.
- Progression:  
Escalation typically involves a series of stages, where behaviours become increasingly intense. For example, a person might initially be mildly agitated, then become verbally aggressive, and finally, resort to physical aggression.

- **Warning Signs:**  
Recognising early warning signs of escalation is essential for intervention. These signs can vary but often include changes in communication, increased agitation, withdrawal, or changes in body language.
- **Impact:**  
Escalation can have significant consequences, potentially leading to harm to the individual experiencing the crisis, others around them, or damage to property.
- **De-escalation:**  
De-escalation is the process of reducing the intensity of an escalating situation and preventing further harm. It involves techniques like active listening, maintaining a calm demeanour, and addressing the individual's concerns.
- **Importance:**  
In mental health settings, de-escalation is a crucial skill for professionals to manage challenging behaviours, ensure safety, and promote recovery.
- **Examples:**  
Escalation can manifest in various forms, including emotional distress, verbal aggression, and physical aggression. The specific signs and stages can vary depending on the individual and the situation.

614. By understanding the dynamics of escalation and utilising appropriate de-escalation techniques, mental health professionals and caregivers can effectively manage challenging situations and promote the well-being of individuals in crisis.

### **Non-engagement**

615. Users of mental health services may choose to discontinue contact with a proportion, or all, of the mental health services provided. In the vast majority of cases this is not problematic; however, there will be occasions when this situation may give cause for concern.

616. It is recognised that for some service users there could be issues of risk if they do not attend for scheduled appointments. This would apply to any appointment with any professional.

617. It is recognised that the nature of non-engagement with services is extremely complex and there may be several reasons why an individual may not engage or attend services.

618. These may include:

- A lack of information relating to their referral or the type of help available
- Poor relationship between the service user and clinician or clinical team
- The experience of adverse side effects to treatment
- A lack of recognition on the part of the service user of the benefits that the care and support may offer
- A culturally inappropriate response which does not reflect or consider the lifestyle, beliefs, financial needs and position of the service user

### **Local Context**

619. The Reviewers have established that there is no clearly defined escalation pathway to guide the management of children and young people who do not want to engage with CAMHS in existing policy, guidance or SOPs.

620. The Trust's access policy does provide guidance to staff on how to manage situations where children and young people are not brought for their appointments by their parents or carers but were unable to identify any specific guidance where a young person actively chooses not to engage in their care.

621. At the Practitioner Learning Events, CAMHS staff were clear that if they had concerns that warranted escalation then they would take the following action:

### **Escalation Route 1: Discuss the child or young person at a Multi-Disciplinary Team (MDT) Meeting**

622. Sefton CAMHS comprises of 3 MDTs who meet weekly. The purpose is to provide a wide range of clinical expertise to assist in the treatment of complex cases that need additional discussion to identify specific interventions.

623. The Sefton CAMHS SOP outlines in section 14, entitled 'Multi-Disciplinary Teams' that MDTs help their members to develop treatment plans, consider risk, and ease the flow of cases, for example by problem-solving "stuck" cases or issues, resolving clinical dilemmas, or determining the type of specific work offered.

624. The SOP clearly states that:

#### Section 14 MULTI-DISCIPLINARY TEAMS (MDTS)

*"Sefton CAMHS comprises of 3 multi-disciplinary teams (MDTs) who meet weekly. The purpose is to provide a wide range of clinical expertise to assist in the treatment of complex cases that need additional thinking and specific work.*

*MDTs help their members to develop treatment plans, consider risk, and ease the flow of cases, for example by problem-solving "stuck" cases or issues, resolving clinical dilemmas, or determining the type of specific work offered.*

*MDTs are crucial to the functioning of Sefton CAMHS and attendance is mandatory, with the exclusions of annual leave, or if otherwise agreed by Sefton Clinical Lead.*

*Clinicians are strongly encouraged to discuss cases in supervision or MDT after eight sessions to assist in treatment and discharge planning. For new partnership allocation, clinicians are asked to bring each new case by session 3, to be documented on the MDT agenda and for MDT discussion to support assessment, formulation and treatment.*

*Sefton CAMHS also has a rolling CPD programme, with specific time on a monthly basis also allocated to reflect on team process and functioning, please prioritise attendance.*

*Leadership for the MDTs is provided by the Assistant Clinical Leads with support from Consultant Psychiatrists and other senior clinical team members.*

*Issues arising from the MDTs that cannot be dealt with by the team are escalated via the Assistant Clinical Leads to the Clinical Lead and Locality Manager”.*

625. CAMHS practitioners told the Reviewers at the Practitioner Learning Events that all MDT discussions are documented on the standardised MDT template and uploaded by the MDT administrator directly onto the child’s EPR under session notes.
626. At the Practitioner Learning Events practitioners expressed that the MDTs work extremely well in escalating any concerns with children and young people on their caseloads. They reflected that due to there being three MDTs running simultaneously it can mean that CAMHS Case Managers may have cases for discussion in more than one MDTs at the same time. This is overcome by pre planning a time for case discussion and the relevant Consultant Psychiatrist will attend the CAMHS Case Managers MDT session.
627. AR was discussed at multiple MDTs which is explored in more detail below in the relevant key questions.

### **Escalation Route 2: Discussion at Safeguarding Supervision**

628. Practitioners shared that another route for escalation would be to take a case for discussion at safeguarding supervision. This would be the chosen route when the practitioner has concerns that a child or young person is at risk of significant harm, or they feel the threshold of need is increasing.
629. The Sefton CAMHS SOP states that “*All safeguarding concerns should be discussed in clinical supervision and MDTs as appropriate with advice and guidance sought from the Trust Safeguarding nurses as appropriate. The Safeguarding team are available and should be contacted without delay if there are safeguarding concerns*” (Page 16).
630. Safeguarding supervision was accessed by CAMHS staff in relation to AR and this is fully explored further in TOR 5.

### **Escalation Route 3: Discussion at a Professionals Meeting or Multi-Agency Meeting**

631. CAMHS practitioners reflected that another route they may take if they believed a case was escalating would be to discuss their concerns at a professionals meeting or multi-agency meeting.
632. A professionals meeting is a gathering of professionals working with a child, young person and/or family to share information, coordinate efforts, and develop a plan of care, support and/or intervention.
633. These meetings can help resolve disagreements, clarify action plans and ensure everyone is working towards the same goals. They are particularly useful when dealing with complex cases or when agencies need to collaborate effectively. There are times when the term 'professionals meeting' is used interchangeably with the term multi-agency meeting.
634. Professionals' meetings or multi-agency meetings can be useful to discuss concerns regarding escalation as they generally involve a range of professionals from health, Children's Social Care, education, police, third sector organisations etc.
635. Several professionals' meetings were held with AR and/or his family and are outlined in TOR 1 - Engagement.

### **Trust Policies and Standard Operating Procedures (SOPs) Patient Access Policy (M47)**

636. Escalation may be considered when a child or young person disengaging from care. This may be them actively deciding not to attend appointments (usually referred to as Did Not Attend' (DNA) or not being brought to appointments by parents or carers, usually referred to as 'Was Not Brought' (WNB). Engagement has been fully explored above in TOR 1.
637. The Trust's approach to WNB is outlined in the Patient Access Policy (M47). This policy provides direction and guidance to promote consistency, patients' rights and equitable access. It aims to ensure that patients have a choice of appointment or admission date and that they see the right professional within the minimum waiting time.

638. Relevant sections and key points outlined within the Trust Patient Access Policy are as follows:

**Was Not Brought (WNB) Patients**

**4.4.1 First outpatient appointment**

*If patients are not brought to their first outpatient appointment once, the Trust policy (see [Appendix B](#)) is that where clinically appropriate they should be discharged to their referrer following clinical review. For those patients identified as needing to be sent for again a new RTT clock will start from the date that a new appointment is offered.*

**4.4.2 Subsequent appointments / dates for admission**

*Patients who WNB their follow-up appointment will have a further appointment arranged, being offered 2 reasonable offers of a date.*

*If there is a subsequent second WNB the clinician involved in the patient care must review the clinical notes and agree appropriate action. Either a third reasonable offer to be sent or the patient should be discharged.*

*If the decision is to discharge, a letter should be dictated via Medisec which will be sent to the GP, the referrer and the patient advising them that they have been discharged and if further treatment is required then a new referral should be made.*

*If the patient WNB for a third time, no further appointment should be made. Patient will be pended to the waiting list until contact made with the family by appropriate clinician in order to facilitate an agreeable date. If this is not possible, escalation via the GP, Safeguarding or Social services should be made.*

**Child and Adolescent Mental Health Services (CAMHS) and Eating Disorder Team (EDYs)**

*Where patients are referred for CAMHS or EDYs, the principles and policies related to booking, cancellations and WNB must be adhered to.*

*The following rules apply to CAMHS and EDYs waiting times:*

- *Was not brought (WNB) – the pathway clock is not reset for WNB*
- *Patient cancellations – if a patient cancels a reasonable offer appointment, the clock is not reset*
- *Hospital cancellations – hospital cancellation of an appointment will not have an impact on the RTT*

*There is ongoing work to review clinical pathways, including evidence-based group interventions and other inventions which might stop the clock. These pathways are currently under review.*

**Child and Adolescent Mental Health Services (CAMHS)**

*The Choice and Partnership Approach (CAPA) is utilised in CAMHS and separates clinical work into choice appointments, which is defined as the first appointment/assessment within the service, and partnership, which is defined as first treatment (The Choice and Partnership Approach, 2016).*

### **Sefton CAMHS Operational Process SOP**

639. Section 10.3 of the Sefton CAMHS Operational Process SOP states that:  
*“Safeguarding should be considered at all points in the clinical journey: at referral, Choice, throughout the Partnership process and where there are issues of non-attendance or frequent cancellation of appointments. Staff should follow the Was Not Brought pathway which is available via the Trust Patient Access Policy”.*

### **Alder Hey Safeguarding Standard Operating Procedures**

640. Section 12 of the Safeguarding Standard Operating Procedures outlines the Trust’s approach to ‘DNA’ and ‘WNB’. The SOP explains that there is a move away from the term ‘DNA’ as this does not always accurately reflect the intent of the child, therefore a more accurate term is ‘WNB’ as this more closely represents the response from the child or young person’s parents or carers.

641. Failure to attend appointments should be considered in a safeguarding context when a professional is concerned that the failure to attend appointment(s) may have an impact on the child’s health and development. The SOP advises that the professional should:

- Inform the GP and (if different) the referrer when a child or young person has not been brought by a parent or carer.
- Review the medical and social information in the child’s electronic records.
- Contact the family directly to establish the reason the child has not been brought for the appointment.
- Discuss with the parent / carer the concern and impact on the child not attending their appointment.
- Consider if there is any action the professional can take to support the parent / carer, for example, offer an appointment at a mutually agreed time / date.
- Establish if there is a need to contact other professionals to support the family to enable the child to attend their appointment for example a Social Worker.
- Offer a further appointment and send a copy of the appointment to the GP, referrer and other relevant professionals.

### **Safeguarding Escalation Processes**

642. Another route for escalation of concerns is to raise concerns via the Safeguarding Team. All Local Safeguarding Children Partnerships have escalation policies which outline how professional disagreements are managed. The Safeguarding SOP outlines that the safety of individual children and vulnerable adults is the paramount consideration in any professional disagreement, and any unresolved issues should be addressed with due consideration to the risks that might exist for the individual.

643. All workers should feel able to challenge decision-making and to see this as their right and responsibility to promote the best multi-disciplinary safeguarding practice. The Alder Hey Safeguarding SOP states that problem resolution is an integral part of professional co-operation and joint working to safeguard children, young people and adults.
644. Resolution should be sought within the shortest timescale possible to ensure the vulnerable individual is protected. The Safeguarding Team would support Alder Hey staff in initiating safeguarding escalation.

#### **TOR 4: Escalation - Key Questions**

##### **Q4a) Does the Trust keep cases open when children and young people decline to engage?**

645. For the purposes of this Learning Review, the Reviewers have focused on CAMHS and their service approach to non-engagement.
646. As documented throughout AR's EPR and in discussions with practitioners at the Practitioner Learning Events, the Reviewers were informed that AR had not engaged with CAMHS for a significant period of time. Reviewers noted that AR had last been seen by CAMHS on 16 February 2023. The last Family Therapy session was completed with AR's Parents 23 April 2024.
647. AR had expressed to his CAMHS Case Managers on several occasions that he no longer wanted to engage with CAMHS. However, due to AR's parents wishing to continue to engage with Family Therapy, AR remained open to CAMHS to facilitate Family Therapy. The Reviewers noted there is no requirement for the young person to participate in Family Therapy and it is clearly documented throughout the EPR that AR had been clear that he did not wish to participate.
648. There is evidence through AR's EPR of practitioners making consistent efforts to engage with AR.
649. CAMHS continued to receive updates from, and have contact with, AR's parents due to continuing with Family Therapy. At the Practitioner Learning Events CAMHS staff explained that for work to continue with his parents in Family Therapy, AR had to remain open to CAMHS. This is to enable recording of interventions in relation to children and young people within their EPR even when the child or young person does not engage.
650. The EPR also reflects that AR's father had expressed to CAMHS staff that he wanted AR to stay under the care of CAMHS until he was 18 years old.

Consideration in relation to transition to adult services is explored in TOR 1 – Engagement in key question Q1e.

651. The CAMHS staff collectively discussed and acknowledged in the Practitioner Learning Events that whilst non-engagement with services can be considered as a risk factor, the service is a consent-based service. They reflected that AR was deemed as low risk, did not have a diagnosed mental health condition and there were no concerns about his capacity to choose to engage, or not, with services. The legal framework outlines that children cannot refuse treatment they can only consent to treatment. In the Practitioner Learning Events, CAMHS practitioners stated that in their services children must consent for therapeutic intervention to be meaningful.
652. CAMHS practitioners reflected in the Practitioner Learning Events that non-engagement with CAMHS is not necessarily seen as risk if there are no other significant risk factors.
653. At the Practitioner Learning Events, CAMHS practitioners deliberated how the service should respond when a child or young person (with capacity) is clearly withdrawing consent to engage, articulating that this was further complicated when the child or young person’s family wished to continue to engage. CAMHS practitioners were unable to come to a consensus in this discussion but recognised there did need to be a standardised approach in cases where a young person was withdrawing consent to engage.
654. During the Practitioner Learning Events, CAMHS practitioners informed the Reviewers that in their opinion AR did have capacity. The Reviewers note there is no specific reference within the EPR of this being recorded by practitioners.
655. The Trust Mental Capacity Act Policy (M69) outlines that:  
*‘When a person needs to make a decision, it must be assumed that they have capacity to make that decision (Principle 1). Every effort should be made to encourage and support the person to make the decision themselves (Principle 2). A number of factors may assist in that decision making’* (page 13).
656. The Care Quality Commission (CQC) Brief guide: capacity and competence to consent in under 18s outlines that:

*‘Assessing the ability of children and young people under 18 years to make decisions about their care is an integral part of the work in child and adolescent mental health services (CAMHS)’.*

**Information Sharing**

*‘Parents generally need to be provided with information about their child’s problems and treatment in order to adequately support and care for them. Check the clinical records to see whether there is evidence of a discussion with the child, and where appropriate their parent(s), about information sharing and confidentiality’*

*and the limits of confidentiality. The extent and nature of the discussion will vary according to the age of the child and the nature of treatment as some treatments, for example family therapy, directly involve the parents, whereas others such as medication or individual counselling involve the child. Where information is shared with parents about the problems or treatment of a competent child, the child's agreement to share the information should be obtained and evidence recorded in the notes. The agreement should be absolutely clear and should cover the specific detail of what will be shared, the reason the information is being shared, as well as any special aspects of the processing that may affect the individual. It should also be freely given, for example without undue influence from the parents.'*

**Treatment refusal:**

*'where the child/parent refuses treatment, there should be evidence in the records that risks have been considered and explored. This includes whether refusal may result in significant harm to the child and that safeguarding concerns have been considered. The case records should document fully what decisions were made and why, including when the decision relates to hospital admission and whether the use of the Mental Health Act would have been appropriate or not'.*

**Policy**

*'In UK law, a person's 18th birthday draws the line between childhood and adulthood (Children Act 1989 s105), so in health care matters, an 18 year old enjoys as much autonomy as any other adult. To a more limited extent, 16 and 17 year-olds can also take medical decisions independently of their parents. The right of younger children to provide independent consent is proportionate to their competence, a child's age alone is clearly an unreliable predictor of his or her competence to make decisions. Young people aged 16 or 17 are presumed in UK law, like adults, to have the capacity to consent to medical treatment. However, unlike adults, their refusal of treatment can, in some circumstances be overridden by a parent, someone with parental responsibility or a court. This is because we have an overriding duty to act in the best interests of a child. This would include circumstances where refusal would likely lead to death, severe permanent injury or irreversible mental or physical harm. If there are reasons to believe a child aged 16 or over lacks capacity, an assessment of capacity to consent should be conducted and recorded in their notes. Children under 16 may be competent to consent to treatment (Gillick competence) and records should show that this has been assessed before starting treatment. The routine assessment of competence in under 16s should be appropriate to the child's age. For example, routine assessments of competence would not be expected in the case of eight and nine-year-olds but would be more usual for children aged 14 and 15. Where treatment is going ahead on the basis of parental consent, records should show that the person(s) holding parental responsibility and legally capable of consenting on behalf of the child has been identified'.*

657. The Reviewers observed at the Practitioner Learning Events that there wasn't a consensus amongst the CAMHS practitioners as to the way forward regarding non-engagement and how to manage non-engagement from a child or young person (with capacity), when the family wish to continue to engage.
658. The Reviewers concluded that CAMHS does not have a consistent approach to non-engagement and closure of cases in these circumstances. This needs to be addressed going forward to provide clarity regarding the service approach to escalation.

#### **Q4b) What current escalation pathway do we have when children and young people decline to engage with services?**

659. As outlined above there is no policy, guideline or SOP in the Trust that specifically addresses the management and escalation of child or young person (with capacity) who is declining to engage with services.
660. There are several occasions documented in EPR where AR did not engage/participate in pre booked appointments with Sefton CAMHS as outlined in TOR 1.
661. The Patient Access Policy (M47) outlines the Trust's approach to WNB; however, the content refers to waiting times and waiting list management as opposed to the management of WNB in respect of clinical care and the impact on the child which is articulated in the Trust Safeguarding SOP. The Reviewers found that the management of non-engagement/participation (WNB/DNA) was partially in line with the Trust Safeguarding SOP.
662. In discussions at the Practitioner Learning Events, the practitioners felt that AR was deciding not to attend appointments (traditionally referred to as DNA) rather than his parents not facilitating attendance at appointments (WNB) as parent/s often attended when AR did not.
663. The Reviewers have outlined in TOR 1 – Engagement, the need to have clear distinctions regarding the difference between engagement/non-engagement (traditionally referred to as DNA and WNB), and the need for the EPR to allow CAMHS staff to draw this distinction when recording non-engagement/participation.
664. The Reviewers also identified the need for a clear and consistent process by which CAMHS discuss and decide regarding access for young people with capacity who are not engaging with services. As there are three routes of escalation currently in place it could be suggested one of these is more formally stipulated in such cases.

#### **Q4c) Is there an escalation plan for failing to engage with services?**

665. The Reviewers have identified that the escalation pathway for children and young people failing to engage with services is not clearly outlined within any policy, guidance or SOP.
666. At the Practitioner Learning Events, CAMHS staff described the escalation routes they would follow as: MDT, Safeguarding Supervision, Professionals Meeting. This is outlined and explored in more detail in TOR 1 – Engagement Key Question Q1d.
667. The Reviewers suggest that it would be helpful for one of these escalation routes to be formalised as the process for discussion of young people with capacity who are not engaging/participating with services.

#### **Q4d) Could this pathway have impacted in other cases of non-engagement with services?**

668. At the Practitioner Learning Events, the practitioners reflected that it was difficult to determine whether the pathway management of non-engagement/participation could have impacted other cases.
669. CAMHS Clinical Lead 1, stated that at the time of AR's involvement with CAMHS, an audit of the Was Not Brought appointments was not completed as planned. The reasons for non-compliance with this audit included: lack of capacity, increasing complex caseloads, competing clinical workloads and the impact of the Covid-19 pandemic on staffing and prioritisation of clinical delivery. This has since been rectified with regular WNB audits being scheduled and completed.
670. The Reviewers concluded that completion of WNB audits is vital for service oversight of non-engagement/participation and compliance with policy.
671. Practitioners reflected that there may have been other cases of non-engagement/participation with services, and this would be challenging to identify retrospectively. There was consensus that the Covid-19 pandemic created a challenging environment with changing advice, guidance and service delivery models which may have had an impact at this specific time.
672. CAMHS practitioners reflected at the Practitioner Learning Events that the percentage of children and young people with neurodiversity accessing CAMHS is significantly increasing. Practitioners reflected that the service needed to

consider how they can better support children and young people with neurodiversity to engage.

673. The Reviewers concluded from discussions at the Practitioner Learning Events that currently the approach to management of non-engagement/participation by CAMHS appears to be different for each child, based on their individual needs, consent and level of competency/capacity and other risk factors. This needs to be considered to ensure there is a consistent approach.

#### **TOR 4: Escalation – Findings**

674. AR's engagement/participation with CAMHS changed over the time he was in the service. Initially he had good engagement/participation with the service; this deteriorated towards the end of 2022 after CAMHS Case Manager 3 ceased involvement in AR's care at his father's request.

675. The efforts undertaken by various members of Sefton CAMHS staff in engaging with AR are evidenced throughout the EPR. This included Consultant Psychiatrist 2 undertaking three home visits to see AR face to face.

676. During the Practitioner Learning Events, CAMHS practitioners shared the view that AR did have capacity. Staff shared that they struggled to balance AR's capacity to make decisions and the right to not engage/participate with therapeutic interventions alongside his parents' wish to continue working with the service.

677. There are occasions when practitioners have documented and acted upon a deterioration in AR's condition, however this appears to be due mainly to weight loss and onwards referral to dietetics for support.

678. There are occasions when CAMHS Case Managers identify safeguarding concerns and seek safeguarding supervision or present AR's case at CAMHS MDTs.

679. On 23 May 2022 CAMHS Case Manager 3 documents they have "*grave safeguarding concerns*" which are in relation to his emotional and physical wellbeing.

680. On 25 May 2022 CAMHS Case Manager 3 discussed AR during a CAMHS Professionals' Meeting and is advised to take the following action:

- CAMHS Case Manager to discuss with Safeguarding Specialist Practitioner 1.
- Signpost to the GP for bloods, ECG. If AR does not attend Emergency Department.

- MASH referral to be completed by CAMHS.

681. On 08 June 2022 CAMHS Case Manager 3 sought safeguarding supervision from Safeguarding Specialist Practitioner 1 Safeguarding advice was to refer to Children's Social Care, however the CAMHS Case Manager's relationship with the family is being highlighted as a barrier. A request was made for the family to be allocated to a new CAMHS Case Manager and the safeguarding referral to be completed by them. The Reviewers identified that a referral was not made by CAMHS as education had made a referral to Children's Social Care.
682. There is no CAMHS pathway which clearly guides staff in the management of non-engagement/participation, escalation of concern and steps to take when a child has capacity and doesn't want to engage/participate but the family want to continue receiving support.
683. The CAMHS approach to non-engagement/participation has been inconsistent due to a lack of a clear escalation process being in place.
684. The Reviewers were unable to determine if the lack of a standardised escalation pathway had impacted in other cases of non-engagement/participation with services however it was clear from the Practitioner Learning Events that CAMHS staff were clear on the routes for escalation if they had concerns.

## **TOR 4: Escalation - Recommendations:**

### **Recommendation 4a:**

The Trust must develop a guideline for managing cases where a young person with capacity chooses not to engage with CAMHS, but the family requests ongoing support. The guideline should clearly articulate when escalation to CAMHS senior leaders is required and ensure CAMHS cases are reviewed and risk-based decisions made as to whether it is safe to discharge.

### **Recommendation 4b:**

The Trust must review the findings from the Learning Review and apply them to the Deteriorating Child programme of work considering the deterioration of physical and mental health as well as overall functioning.

### **Recommendation 4c:**

The Trust should review how reasonable adjustments are implemented for neurodiverse children and young people, including in the management of non-engagement with clinical services.

## TOR 5: Safeguarding Supervision

To understand the agreed process and arrangements for safeguarding supervision across Alder Hey and whether staff involved in the care of AR accessed safeguarding supervision appropriately.

### Introduction

#### Safeguarding Supervision

685. Safeguarding supervision is a formal, accountable process, which supports, assures and develops the knowledge, skills and values of an individual, groups or team. Safeguarding supervision is separate and in addition to clinical supervision and does not replace it.
686. Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (2019) describes safeguarding supervision as “*a process of professional support, peer support, peer review and learning, enabling staff to develop competencies, and to assume responsibility for their own practice. The purpose of clinical governance and supervision within safeguarding practice is to strengthen the protection of children and young people by actively promoting a safe standard and excellence of practice and preventing further poor practice*” (Page 16).
687. Safeguarding supervision is vital in improving the lives of children and young people we work with, the experience of staff and the quality and purpose of the work within the Trust. Munro (2011) in their review of child protection services proclaimed the virtues of safeguarding supervision and how effective supervision can improve outcomes for children, young people and their families. Furthermore, Lord Laming (2003) following the death of Victoria Climbié referred to safeguarding supervision as the ‘*cornerstone of good practice*’.
688. Safeguarding supervision aims to improve the quality of the practitioner’s work, achieve agreed objectives and outcomes, whilst promoting good standards of practice to ensure children and adults are protected from harm through sound professional judgement, critical reflection, legislation and research findings.
689. Working Together to Safeguard Children (2023) states that “*Effective supervision can play a critical role in ensuring a clear focus on a child’s welfare and support practitioners to reflect critically on the impact of their decisions on the child and their family*” (Page 59). Furthermore, supervision offers practitioners the chance to reflect on their success and the difference they make. This in turn can motivate staff and make them feel valued (Skills for Care, 2020).

## **TOR 5: Safeguarding Supervision - Key Questions**

### **Q5a) What safeguarding supervision systems do we currently have in place across the Trust?**

#### **Alder Hey Safeguarding Supervision Arrangements**

690. The Alder Hey Safeguarding Team take a professional lead for the delivery and coordination of safeguarding supervision across the Trust. In addition to the formal supervision arrangements, the Safeguarding Team are also available to provide support, advice and guidance relating to any safeguarding concerns for all staff.
691. Safeguarding supervision should be provided by an appropriately experienced supervisor. The Trust has a responsibility to ensure supervisors are sufficiently competent, experienced, qualified, and confident in working with others to assure the safety of adults and children.
692. Within the Trust safeguarding supervision is delivered by Band 7 Safeguarding Specialist Nurses and Band 7 Safeguarding Specialist Practitioners who have completed an appropriate safeguarding supervision training course such as the National Society for the Prevention of Cruelty to Children (NSPCC) or the Bond Solon Safeguarding supervision skills training. These training courses are generally 4-5 days in duration.
693. The Trust does not have a standalone policy for Safeguarding Supervision in place. However, safeguarding supervision is referred to in a number of other policies and SOPs. This will be explored further in subsequent key questions within this TOR.

#### **Unplanned Safeguarding Supervision**

694. Trust staff can access safeguarding advice and support via the Safeguarding Duty Team between Monday – Friday, 09:00hrs – 17:00hrs. Staff are encouraged to seek support in relation to any new or emerging adult or child safeguarding concerns.
695. The Safeguarding Duty Team, provide urgent staff advice and support. Where additional advice or supervision needs are identified, further safeguarding supervision will be offered and scheduled by the Safeguarding Duty Team.

696. Safeguarding duty advice is recorded by the Safeguarding Specialist Nurse or Safeguarding Specialist Practitioner providing the advice within the child's electronic health record (EPR).

### **Planned Safeguarding Supervision**

697. The Safeguarding Team provides all planned safeguarding supervision across the Trust. This can be in the form of individual one to one supervision or group supervision.

698. There are some services within the Trust who have invested additional posts within the Safeguarding Team to facilitate regular robust safeguarding supervision as this is a requirement of the service commissioned such as:

- CAMHS
- Major Trauma Team
- Children and Young People Gender Service (CYPGS)

699. The above services have allocated Band 7 Safeguarding Specialist Nurse/s or Safeguarding Specialist Practitioner/s who are either linked to or co-located with the service/team and provides planned safeguarding supervision to practitioners according to requirements.

### **Q5b) Which staff access safeguarding supervision? Is this mandated?**

#### **National and Local Requirements for Safeguarding Supervision**

700. Safeguarding children, young people and adults at risk in the NHS Safeguarding Accountability and Assurance Framework (2024) outlines in section 4.4 that *"Providers must demonstrate that safeguarding is embedded at every level in their organisation, with effective governance processes evident. Providers must assure themselves, the regulators, and their commissioners that safeguarding arrangements are robust and are working. These arrangements include Safeguarding must be included in induction programmes for all staff and volunteers providing effective safeguarding supervision arrangements for staff, commensurate to their role and function (including for named professionals)"* (Page 9).

701. NHS Cheshire & Merseyside Integrated Care Board (C&M ICB) require all NHS Providers they commission to fulfil the requirements of the 'Safeguarding Children, Young People and Adults at Risk Commissioning Standards'. Standard 22 states that *"Staff working directly with children and adults at risk have access*

*to advice, support, and supervision. This includes clinical and safeguarding supervision as per the organisation's safeguarding supervision policy".*

702. Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (2019) outlines that a core competency of level 3 clinical staff is to *"Undertakes regular documented reviews of own (and/or team) safeguarding/child protection practice as appropriate to role (in various ways, such as through audit, case discussion, peer review, and supervision and as a component of education and training)"* (page 29). In addition, the document states that Level 3 clinical staff should recognise the importance of reflective practice in relation to child protection.
703. The document outlines that the staff who meet the following criteria require level 3 safeguarding children training:
- Work with children, young people and/or
  - Their parents/carers and/or
  - Any adult who could pose a risk to children; and
  - Who could potentially contribute to assessing, planning, intervening and/or evaluating the needs of a child or young person and/or parenting capacity (regardless of whether there have been previously identified child protection/safeguarding concerns or not).
704. This means that all CAMHS clinical staff involved in the care of AR were required to have safeguarding supervision in line with Trust policy.

### **Safeguarding Team Supervision Requirements**

705. Safeguarding supervision is provided by NHS C&M ICB Designated Safeguarding Professionals to the Associate Director for Safeguarding and Statutory Services, Named Nurse for Safeguarding Children and Adults and the Named Doctor for Safeguarding.
706. The Associate Director for Safeguarding and Statutory Services and Named Nurse for Safeguarding provide monthly individual supervision to all Safeguarding Specialist Nurses and Safeguarding Specialist Practitioners. In addition, there is also the provision of reactive supervision as required to all members of the Safeguarding Team.
707. Safeguarding Specialist Practitioner 1 was required to have monthly safeguarding supervision and did have this in line with requirements outlined above.

## **Q5c) Did staff access supervision in line with the Safeguarding Supervision Policy?**

### **Alder Hey Safeguarding Standard Operating Procedure (SOP)**

708. The Trust does not have a Trust wide Safeguarding Supervision Policy in place which outlines the requirements for staff to access safeguarding supervision however, Section 21 of the Safeguarding SOP makes reference to safeguarding supervision.

709. The headings within Section 211 are as follows:

- Introduction
- Managerial Oversight of Safeguarding Cases
- Outcomes of safeguarding clinical supervision
- Guidelines for all health professionals
- Supervision for Specialist Safeguarding Team
- Safeguarding Supervision for other Trust staff
- Confidentiality in safeguarding supervision
- Escalation Process

710. The Safeguarding SOP outlines that:

- Safeguarding supervision should be provided where there is an on-going long-term duty of care for safeguarding cases.
- the Safeguarding Team will provide safeguarding supervision as requested.
- Formal records of the safeguarding clinical supervision should be used and kept in the child's records and also the supervisors' record.

711. The SOP states that safeguarding supervision should develop the practitioner to be able to:

- Reflect and record the discussions.
- Be clear about the issues presented by the case.
- Be clear about the child's health needs.
- Have a clear written action plan/care plan for their work with the child, family and relevant other professionals and agencies, and record the compliance of the child and family with this plan.
- Record the action/care plan in the professional record.
- Be clear about the legislative framework of the case.
- Have good practice confirmed and feels supported in their practice.
- Ensure formal reviewing of the cases.

712. There is a list of suggested cases that should be considered for discussion at safeguarding supervision in paragraph 4.2 of the SOP.

### **Alder Hey Safeguarding Children Policy (M3)**

713. The Trust Safeguarding Children Policy (M3) sets out under key responsibilities that line managers should “*Ensure all staff members receive the role specific training and supervision needed to recognise and act upon safeguarding concerns and respond to the needs of children or vulnerable adults*” (page 3).
714. There are some services which have their own policies and SOPs which outline the requirement for all types of supervision including safeguarding supervision. In addition, some services have safeguarding supervision as a requirement for the service to operate i.e. CAMHS. This can lead to variation in approaches to safeguarding supervision across the Trust

### **Sefton CAMHS Operation Process Standard Operating Procedure (SOP)**

715. The Sefton CAMHS SOP states “*All safeguarding concerns should be discussed in clinical supervision and MDTs as appropriate with advice and guidance sought from the Trust Safeguarding nurses as appropriate. The Safeguarding team are available and should be contacted without delay if there are safeguarding concerns*”. (Page 16).
716. Section 10.4 of the Sefton CAMHS SOP entitled ‘Safeguarding Support and Supervision’ states:  
“*Safeguarding supervision is provided by the Safeguarding Nurses and regular training and policy updates are provided by the team via the quarterly Safeguarding Newsletter. All safeguarding concerns should be discussed in clinical supervision and MDTs with advice and guidance sought from the Trust Safeguarding Team as appropriate. This may include completion of a Multi-Agency Safeguarding Hub (MASH) referral. A Meditech order must be completed when seeking advice and when completing a MASH referral All documents both paper and electronic should be attached to Meditech, either in the Electronical Patient Record or via the scanning process. All clinical staff must attend quarterly safeguarding supervision.*”
717. As outlined above the Sefton CAMHS SOP states that all clinical staff must attend quarterly safeguarding supervision.

### **MH15 - Child & Adolescent Mental Health Service (CAMHS) Supervision Policy**

718. CAMHS have a Supervision Policy (MH15) which outlines requirements for all types of supervision for staff within CAMHS. This includes:
- Clinical Supervision
  - Safeguarding Supervision

- Professional Supervision

719. The CAMHS Supervision Policy directs staff to look at the Safeguarding SOP for full requirements of safeguarding supervision. It also advises that specific safeguarding supervision can be accessed via the Trust's Safeguarding Nurses as and when needed.

720. Section 6 'Recording and Confidentiality' of the CAMHS Supervision Policy states:

- A record of supervision should be kept at each supervision session (see Appendix B)
- The record of supervision should be signed by both the supervisor and supervisee to document that it is an agreed record of the supervision session.
- The record of supervision should be kept by the supervisor and a copy given to the supervisee
- If a clinical case is discussed there should be a record in the clinical notes of the discussion.

721. The Reviewers note that safeguarding supervision has not been documented in line with the above policy.

### **Provision of Safeguarding Supervision to CAMHS Staff**

722. The Reviewers have been unable to determine if CAMHS staff have access safeguarding supervision in line with policy. As outlined above within the timeframe of the TOR for this Learning Review the Trust did not have a standalone Safeguarding Supervision Policy.

723. The Safeguarding Team have shared with the Reviewers that the Safeguarding Specialist Practitioner 1 who was linked to CAMHS to provide safeguarding supervision would record safeguarding supervision they have provided to practitioners on a spreadsheet.

724. The spreadsheet has not been made available to the Reviewers due to the Safeguarding Specialist Practitioner 1 being absent from work and therefore not participating in the Practitioner Learning Events.

725. The current safeguarding supervision arrangement is that clinical staff have safeguarding supervision every 3 months. Clinical staff determine which cases they wish to bring to supervision and there is no current guidance on what should be brought for discussion.

726. It is clear from the review of AR's EPR that safeguarding supervision has not been documented to reflect that it has been provided in line with the CAMHS SOP requirement of every 3 months.

727. Reviewers have been unable to verify that all other CAMHS Practitioners involved in the care of AR have had safeguarding supervision in accordance with policy as the above-mentioned spreadsheet has not been available for review.

**Q5d) Did staff involved in AR's care access safeguarding supervision?**

**Documented Safeguarding Supervision**

728. Safeguarding supervision has been documented in AR's EPR on three occasions:

<b>Date</b>	<b>Supervisor and Supervisee</b>	<b>EPR</b>
06 August 2020	<p><b>Planned Safeguarding Supervision</b></p> <p>It is recorded in the EPR that Safeguarding Specialist Practitioner 1 provided safeguarding supervision to CAMHS Case Manager 2.</p>	<p>The EPR entry states that CAMHS Case Manager 2 is to record the detail of the safeguarding supervision. The details of the discussion have not been recorded and action agreed are not within the EPR.</p>
17 March 2022	<p><b>Unplanned Safeguarding Supervision</b></p> <p>Via telephone by Safeguarding Supervisor 1 at the request of CAMHS Case Manager 3.</p>	<p>AR had been reported as being missing from home and safeguarding advice was sought regarding AR being missing.</p> <p>This has been documented in AR's EPR on the 23 March 2022.</p>
25 May 2022	<p><b>Unplanned Safeguarding Supervision</b></p> <p>It is recorded in the EPR that Safeguarding Specialist Practitioner 1 provided safeguarding supervision CAMHS Case Manager 3.</p>	<p>CAMHS Case Manager 3 requested safeguarding supervision following discussing AR at the CAMHS MDT on 25/05/2022.</p> <p>CAMHS Case Manager 3 expresses that they feel unable to continue as AR's Case Manager due to AR's</p>

	father's response to their practice and work with AR
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**Unplanned Safeguarding Supervision – 17 March 2022**

729. The EPR has an entry from CAMHS Case Manager 3 on 17 March 2022 at 14:45hrs which details a ten-minute telephone call with AR's father as follows:

730. "*<AR> missing from home - <Father> returned home at around 10.30am after leaving the home at 8am to find <AR> gone - no coat and said to have a small knife on his possession. <Father> very concerned and has reported him missing to Police - Police Ref LC2022033170431. <Father> agreed to keep me updated. <Parents> out looking for <AR>. Look in the woods near to home and driving around.*"

731. Unplanned safeguarding supervision was then sought via telephone from Safeguarding Supervisor 1, by CAMHS Case Manager 3 on 17 March 2022 (Thursday). This has been documented in AR's EPR on the 23 March 2022 (Wednesday). AR had been reported as being missing from home and safeguarding advice was sought regarding this.

732. The Alder Hey Safeguarding Team advised CAMHS Case Manager 3 to ensure Police had been informed and to inform the School Nurse.

733. The above unplanned safeguarding supervision has been documented by CAMHS Case Manager 3 in the EPR but has not been recorded by Safeguarding Specialist Practitioner.

734. The Reviewers reflected that it would have been helpful for a planned safeguarding supervision to have been arranged at this point to allow a more reflective discussion to take place regarding current concerns about AR and appropriate next steps.

**Unplanned Safeguarding Supervision - 25 May 2022**

735. Details of a safeguarding supervision on 25 May 2022 following a CAMHS Multi-Disciplinary Team (MDT) have been detailed in the EPR as follows:

- CAMHS Case Manager 3 documents "*grave safeguarding concerns*".
- Previously discussed at '*MDT on 26th May, 16th June, 18th August, 25th August, 15th September and 22nd September 2021 and 23rd March and 18th May 2022*'.

- 15 years old with ASD and non-attendance at school for two years. AR currently has a placement at Presfield School but doesn't attend.
- *"He came in to see <Consultant Psychiatrist 1> and <CAMHS Case Manager 3> on Monday and has lost a lot of weight and looks poorly. His current measurements are weight 45.4kg height 172cm, so is significantly underweight. No pulse or BP was taken during the session. CAMHS Case Manager 3 is very concerned. A dietician prescribed him shakes / juices, but he didn't like the taste / sensation. AR is also complaining of chest pain and indigestion so has stopped taking his Sertraline".*
- CAMHS Case Manager 3 feels that the family have a poor understanding of AR's autism and don't provide home cooked meals. Father continues to request more medication for AR. CAMHS Case Manager 3 has advised the family to make a referral to Early Help. The school have also done a referral.
- AR has attended Presfield today and CAMHS Case Manager 3 is to ring them for an update later.
- AR's father asked for another Case Manager again.

736. Safeguarding supervision actions were outlined on 25 May 2022 as follows:

- Safeguarding issue CAMHS Case Manager 2/Family Therapist 1 to join CAMHS Case Manager 3 in conversation with parents regarding current concerns for AR.
- CAMHS Case Manager 3 to discuss AR with Safeguarding Specialist Practitioner 1 today.
- CAMHS Case Manager 3 to request as urgent that the GP do bloods / physical assessment and ECG as AR is now high risk due to weight loss (ask GP to assess if AR needs to attend AED).
- If AR doesn't attend GP appointment, then CAMHS Case Manager 3 will contact Social Care.
- MASH referral to be completed by CAMHS Case Manager 3.

737. CAMHS Case Manager 3 is no longer employed by the Trust and therefore did not participate in the Practitioner Learning Events. The Reviewers met with them individually to explore their involvement in the care and treatment of AR.

738. CAMHS Case Manager 3 explained that a MASH referral to Children’s Social Care was not completed following the safeguarding supervision on 25 May 2025 as school completed this referral at the next multi-agency meeting on 14 June 2022.

### Practitioner Reflections on Safeguarding Supervision

739. During discussions with the Reviewers, CAMHS Case Manager 3 recalled that they had had received safeguarding supervision in respect of AR from Safeguarding Specialist Practitioner 1 which they had found helpful. CAMHS Case Manager 3 advised that the supervision helped them to reflect on their concerns in respect of AR and formulate a clear action plan for next steps.

740. At the Practitioner Learning Events CAMHS Case Managers 2 and 4 reflected that sometimes they find safeguarding supervision unhelpful as it results in them having to complete a list of actions. They also highlighted that they are asked to document the content of the safeguarding supervision which adds a burden to their workload.

### Possible Missed Opportunities to seek Safeguarding Supervision

741. The Reviewers determined that there were 11 occasions within AR’s care when it may have been appropriate to seek safeguarding supervision, these are outlined in the table below:

Date	Details Of Contact	Comments & Analysis
06 January 2020	Follow up Strategy Meeting attended by CAMHS Case Manager 1. Information that AR and his sibling remain on a Child in Need (CIN) Plan. Not escalated to Section 47 at this time.	Sefton CAMHS could have considered accessing Safeguarding Supervision from the Safeguarding Team given the presenting concerns.
12 August 2021	Sefton CAMHS review and update the risk assessment. Risk assessment updated to include reference to further referral to PREVENT.  <i>“AR has been subject to a couple of referrals to PREVENT - the latest in connection to AR speaking with a member of staff about troubles in Palestine and Israel. AR follows World News and appears to be well informed on</i>	Sefton CAMHS could have considered accessing Safeguarding Supervision from the Safeguarding Team given the number of referrals to Prevent by AR’s schools.  There is no evidence within the EPR that Sefton CAMHS staff felt

	<i>these matters. School took this as concern and reported him to PREVENT - Outcome unknown to date. Previous referral to PREVENT highlighted no concerns re AR being a terrorist risk or being radicalized in any way."</i>	the outcome of the Prevent referrals needed to be challenged.
18 August 2021	<p>Information received from Lancashire Children's Social Care that they had visited the family following the information shared.</p> <p>No further action taken from a safeguarding perspective when children spoken to independently.</p> <p>Children's Social Care shared that they are looking at putting in some outreach support for some emotional support for AR and to work on re-building relationships</p>	Safeguarding supervision could have been considered at this point to explore if the decision by Children's Social Care needed to be challenged.
07 December 2021	<p>Early Help Meeting held and chaired by the Early Help Worker on 07/12/2021 and documented by the CAMHS Case Manager 3 in the record on 21/12/2021.</p> <p>AR reported to be present and wanted his voice to be heard. After he hit his father and trashed the home AR is reported to have said "I am the product of my environment". He said that his father had taught him hitting is the way to manage things and not to walk away.</p>	It might have been helpful to seek safeguarding supervision or discuss with the Safeguarding Team at this point given AR is disclosing/suggesting there is or has been violence in the home. The need to step up from Early Help should have been considered.
17 March 2022	<p>AR reported as being missing from home.</p> <p>Safeguarding advice sought regarding AR being missing.</p> <p>Alder Hey Safeguarding Team advised Sefton CAMHS to ensure Police had been informed and inform the School Nurse.</p>	Safeguarding advice has been appropriately sought by CAMHS. The Safeguarding Team could have considered arranging a planned safeguarding supervision session to explore in more detail the current situation and why AR is going missing.
28 July 2022	Clinical Supervision is recorded within EPR.	CAMHS Case Manager 3, despite no longer being allocated to the case, continues to raise safeguarding concerns

		<p>within their clinical supervision.</p> <p>Practitioners should be enabled and supported to contact the Safeguarding Team where there are safeguarding concerns and be supported to escalate these as necessary.</p>
08 March 2023	<p>Sefton CAMHS MDT Meeting</p> <p>CAMHS Case Manager 4 described AR as a “<i>stuck case</i>”</p> <p>Outcome:</p> <ul style="list-style-type: none"> <li>• CAMHS Case Manager to liaise with school to consider other support options.</li> </ul>	<p>Consideration could have been given to a Safeguarding Supervision with a view to supporting an escalation to Children’s Social Care.</p>
31 May 2023	<p>Sefton CAMHS MDT Meeting</p> <p>Outcome:</p> <ul style="list-style-type: none"> <li>• Due to limited engagement with CAMHS Case Manager 4 a joint appointment to be arranged between the CAMHS Case Manager and Consultant Psychiatrist 2.</li> </ul>	<p>At this MDT it was shared that AR was engaging in Family Therapy. The chronology suggests that the last Family Therapy session had taken place in March without AR present. This could have been an opportunity for the CAMHS MDT to consider if it was appropriate to continue working with the family (Family Therapy) if AR was disengaging. The CAMHS Case Manager could have considered taking AR to safeguarding supervision for discussion.</p>
21 July 2023	<p>Children’s Social Care Meeting</p>	<p>At this point AR is further disengaging from all services and services are starting to close their involvement with AR as a result. He actions suggest that he doesn’t want to engage. Parents describe him as becoming more anxious and isolated. AR</p>

		<p>has stopped taking his antidepressant medication.</p> <p>It is unclear what type of meeting this is. It is unclear what actions and next steps were agreed at this meeting. Information shared at this Children's Social Care Meeting clearly evidence a pattern of disengagement from all services. Safeguarding Supervision could have been considered at this point to explore if there needed to be an escalation to Child In Need or Child Protection.</p>
29 August 2023	<p>Appointment with CAMHS Case Manager 4 - AR Was Not Brought.</p> <p>CAMHS records indicate that no further appointments will be offered to AR.</p>	<p>This the second consecutive Was Not Brought. At this point the CAMHS Case Manager indicates on EPR that no further appointments will be offered to AR. It is unclear what the rationale is for this decision. AR had made it clear that he didn't want to meet with CAMHS anymore in February 2023.</p> <p>It could have been helpful to have considered an MDT meeting discussion with safeguarding and/or a safeguarding supervision at this point to determine next steps.</p>
25 September 2023	<p>Appointment with Consultant Psychiatrist 2 at home on 25 September 2023, documented in AR's EPR on 10 October 2023.</p>	<p>It is clear from previous CAMHS MDT meetings that professionals felt that the case needed to be referred to Children's Social Care. It is unclear how this progressed.</p>

	<p>Home visit completed, as it was reported AR has declined to attend his medication review for the past six months.</p>	<p>The purpose of this home visit was to offer a review of AR who had been refusing to attend any appointments. Despite this, AR was not seen during this visit. The records state: "<i>&lt;AR&gt; had gone up to his bedroom prior to my arrival at the house and remained there throughout my visit.</i>"</p> <p>There appears to be a decline in presentation from how AR is described on 25/05/2023 at the Multi-Agency Meeting. He seems to be displaying isolative behaviours, irritable, non-compliant with medication, poor self-care, and is now refusing to engage with any professional. Despite this deterioration discharge is being considered and Early Help is being closed.</p> <p>Discussion with the Safeguarding Team and/or a safeguarding supervision at this point could have been helpful to determine next steps.</p>
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## **TOR 5: Safeguarding Supervision - Findings**

742. Safeguarding supervision systems across the Trust are not clear.
743. Planned and unplanned safeguarding supervision discussions and agreed actions have not always been clearly documented within the EPR.
744. Where safeguarding supervision has been documented in the EPR the advice given has been appropriate.
745. CAMHS Case Manager 3 advised that safeguarding supervision helped them to reflect on their concerns in respect of AR and formulate a clear action plan for next steps.
746. Responsibility for documentation of safeguarding supervision is not clear. In practice the onus was put on the clinician receiving supervision (supervisee) to document details of the discussion and actions agreed rather than the person providing the safeguarding supervision (supervisor).
747. There is a lack of governance and oversight of the provision of safeguarding supervision due to lack of an overall system for recording supervision provided by the Safeguarding Team.
748. Unplanned Safeguarding Supervision provided on the 17 March 2022 should have resulted in a planned safeguarding supervision being offered to further discuss and explore the current concerns regarding AR.
749. The Reviewers concluded that there were 11 occasions within AR's care when it may have been appropriate for practitioners to have sought safeguarding supervision. There have been potential missed opportunities to escalate safeguarding concerns and seek safeguarding supervision which may have resulted in the Safeguarding Team supporting practitioners to escalate concerns to achieve a better coordinated multi-agency response.
750. The Reviewers are unable to determine whether accessing safeguarding supervision would have had any impact on the outcome of multi-agency safeguarding processes.

## **TOR 5: Safeguarding Supervision - Recommendations**

### **Recommendation 5a:**

The Trust must complete a comprehensive review of safeguarding supervision needs to ensure adequate capacity of the Safeguarding Team resource to match the defined need. This should include flexibility to attend service Multidisciplinary Team Meetings and offer group and individual supervision. The review should demonstrate a clear understanding of services that may have higher levels of need based on the nature of risk carried by those services.

### **Recommendation 5b:**

The Trust's Safeguarding Team must set up a central record to provide assurance that Trust staff are receiving safeguarding supervision in line with Trust Safeguarding Children Policy (M3) and cross referenced with individual service standards.

### **Recommendation 5c:**

The Trust must introduce a Safeguarding Supervision Policy that includes:

- The safeguarding supervision offer across the Trust
- Guidance for staff on what cases should be brought to safeguarding supervision
- Standardised safeguarding supervision proformas and templates
- Safeguarding Supervision Competency Framework
- Safeguarding Supervision Matrix

### **Recommendation 5d:**

The Trust must ensure the digital Safeguarding Supervision recording template is being used consistently to support robust and standardised supervision across services. This should be subject to 6 monthly audits.

## TOR 6: Risk Assessment

To understand how services working with AR assessed the risk he presented and if this was communicated and shared with partner agencies.

### Introduction/Background

751. The purpose of assessing risk is to support the person using the service in their recovery and support their wellbeing through minimising risk of harm to themselves or others. The most effective risk assessments are those that are co-produced and reviewed with the individual themselves.

### Assessing Risk in Mental Health Services

752. The Department of Health (2009), state that to assess risk of harm and minimise risk whilst supporting individual wellbeing and recovery, staff need to consider:

- What might go wrong?
- How bad could it be?
- How likely is it to happen?
- Do we need to do something about it?
- Who needs to do what?

753. Subject matter experts advising the Reviewers explained that in addition to the Department of Health (2009) guidance they refer to relevant NICE Guidelines including 'Self-harm: assessment, management and preventing recurrence' (NG225, 2022) and the Royal College of Psychiatrists guidance on formulating risk when assessing risk.

754. Consideration needs to be given as to how the risk assessment is undertaken be that face to face, via telephone call and/or via a digital platform. Staff need to ensure whatever method is used is based on level of risk and need, and that the information is accurately shared and allows for a review of potential harm.

755. As part of risk assessment staff will consider the following:

- Harm to self-i.e. self-harming, attempts to end own life, self-neglect/accidental harm to self.
- Harm from others can include being subject to physical harm, emotional and psychological harm, sexual harm or exploitation.
- Harm to others-including physical emotional or sexual harm, exploitation or neglect of those in their care.
- Other harms should always include consideration of risk to a person's physical health.

756. Whenever a child or vulnerable adult is at risk, consideration of a safeguarding referral must be made.

### **Risk Formulation**

757. A risk formulation provides a framework underpinned by an evidence-based theory to help explain the ways in which risks of harms might have developed and remain. The key aspects in risk formulation are:

- Using appropriate clinical risk assessment tools.
- Carefully structured clinical judgment of the most important harms that the service user is experiencing or may experience and the risk of each of these harms occurring.
- Being clear in the factors that are protective in relation to each potential harm.
- Describe the risk formulation in words, carefully separating out, if necessary, where factors in one area eg. harm to others are different from factors in other areas eg. harm to self.

### **Documentation of Risk**

758. Any identified risk following risk formulation need to be formulated into safety plans and care plans and recorded on the EPR, outlining clearly who or what individual and/or service is responsible for which section of the risk formulation.

759. During MDT/Multi agency reviews it is the lead practitioner's responsibility to ensure that the necessary elements of the assessment formulation and clinical safety plans are communicated. However, each professional is responsible for assessing and communicating risks that they have noted during their own work and ensuring it is integrated into the safety/care plan.

### **Timely Risk Reviews**

760. Factors affecting risk levels are dynamic so risk levels may fluctuate. Therefore, assessing risk is continuous and a proactive process to risk assessment that must be undertaken by all staff involved in an individual's care at each opportunity.

### **Dynamic Risk Factors**

761. Dynamic risk factors are factors that change over time. This could be due to attitudes, beliefs, alcohol or substance misuse and social deprivation.

### **Child and Adolescent Mental Health Services (CAMHS)**

762. CAMHS provide assessment and treatment for children and young people with emotional, behavioural, and mental health difficulties.

763. Risk management is a core component of mental healthcare, and the risk assessment considers:

- Risk of harm to self.
- Risk of harm to others.
- Risk of harm from others.

764. Risk assessment is integral to deciding the most appropriate level of risk management and the right kind of intervention for an individual accessing the service.

765. Examples of risk factors in CAMHS are:

- Parental mental health
- Emotional abuse
- Violence towards others
- Destructive behaviour
- Non-attendance at school
- Self-harm and suicidal ideation

## Local Context

766. The Sefton CAMHS SOP references management of risk as noted below:

### **Section 6 Triage, assessment and intervention process section 6.1 Referral Triage**

*'Colleagues in the reception team process new referrals and add them to Meditech for clinical review. All urgent referrals (i.e. referrals from emergency departments and/or marked 'urgent') are triaged by the Crisis Care Team.*

*All routine referrals are triaged by locality teams. Two CAMHS clinicians, one of which must be band 6 or above, meet each weekday to review referrals received the previous working day.*

*Children and young people presenting with high levels of risk or where a situation is rapidly deteriorating should be offered an urgent assessment (also known as urgent choice) within two weeks. Criteria for urgent assessment are as follows:*

- *Children and young people who are presenting with low mood and have become socially isolated, withdrawing from daily activities and with poor self-care*
- *Children and young people who are presenting with distress having experienced possible psychotic symptoms*
- *Children and young people who are in residential care and are placing themselves at on-going risk of harm through "risky" behaviours, i.e. absconding, sexually risky behaviours*
- *Children and young people who have a severe and unexplained deterioration in emotional state and behavior at home and school not thought to be due to drugs, alcohol or physical illness.*

*Children and young people presenting with difficulties that require specialist CAMHS assessment but are not urgent should be offered a routine assessment (also known as routine choice) within eight weeks. The aim of the assessment appointment is to determine what the presenting need is, what has helped in the past and collaboratively agree an appropriate intervention plan.*

Staff can access post-choice discussion with colleagues or Consultant of the Day to ensure that decision-making is shared and multi-disciplinary.

Routine outcome measures (SDQ and RCADS) must be completed prior to or during the appointment. After the appointment, a summary letter must be sent to the family and (with consent) referrer, GP and any other involved agencies such as children's social care or SENCo.

The following Meditech screens must also be completed: CYP Current View, CAMHS Key Data, Risk Management Tool, Session Note and EPPF."

### **Section 6.5 Urgent Partnerships**

Urgent Partnerships are offered when the young person is assessed as needing a follow up appointment and intervention **within two weeks** of their Choice appointment. This would be for young people who have persistent low mood, where the risk of self-harm is high, or where a situation is rapidly deteriorating.

The purpose of the initial sessions of core Partnership is to develop the initial formulation agreed at Choice, to set treatment goals, review the Risk Assessment Tool completed at Choice, review the needs-based grouping assigned at Choice and complete outcome measures.

The criteria for offering an urgent appointment (i.e. within a two-week period) are as follows:

- Young people who are presenting with low mood and have become socially isolated, withdrawing from daily activities and with poor self-care
- Young people who are presenting with distress having experienced possible psychotic symptoms
- Young people who are in residential care and are placing themselves at on-going risk of harm through "risky" behaviours, i.e. absconding, sexually risky behaviours
- Young people who have a severe and unexplained deterioration in emotional state and behaviour at home and school not thought to be due to drugs, alcohol or physical illness
- Young people who are presenting with self-harming behaviours in the community or who require a follow-up appointment following an acute presentation of self-harm to Alder Hey

### **Criteria for Emergency/Urgent appointments**

Crisis Care offer 4 urgent appointments per day, which are offered via the crisis care team. The criteria for an **emergency appointment** (for cases not known or already open to CAMHS) are as follows:

- Acute presentation of self-harm on a Paediatric ward in Alder Hey
- Child on Section 136 in A&E at Alder Hey
- Young people whose risk to self or others is high due to: responding to auditory or visual hallucinations; suicidal ideation; threats of or actual significant self-harm in the community

### **Section 10 Risk and safeguarding**

'Risk assessment and management planning is based on a holistic view of the child/young person and is a dynamic process requiring monitoring and reassessment as circumstances change based on physical, procedural and relational security. It should be formally reviewed and recorded at least every 3 months and saved to the RegRCR on Meditech (the Electronic Patient Record, EPR).

As part of risk management and case management Key CAMHS Data, CYP Current View and Risk Management tool should be completed at choice, and then reviewed at partnership, and every three months thereafter unless something changes and prompts an earlier review. It is important that clinicians review the whole EPR record at each appointment to ensure they are aware of any risk factors, or contextual risk that might have arisen since the last appointment'.

## **Alder Hey CAMHS Risk Management Tool**

767. The CAMHS Risk Management Tool was designed within CAMHS to ensure that risks were appropriately assessed, managed and documented. The CAMHS Risk Management Tool is not a numerical tool, allowing for free text from the CAMHS practitioner in relation to the identified risks.
768. The Risk Management Tool that was in use at the time of AR's clinical care under Sefton CAMHS directed the CAMHS Case Manager to add narrative around specific areas of risk which included:
- Intentional Risk to Self (self-harm, suicide, past attempt)
  - Unintentional risk to self (truancy, use of drugs and alcohol).
  - Intentional Risk to others and property (harm, forensic history)
  - Unintentional Risk to others (walking in front of traffic)
  - Risk of exploitation from others/vulnerability/abuse
  - Sibling risk

## **Key Questions – TOR 6: Risk Management**

### **6a) Did AR have a risk assessment, if so, what was the assessment, and which service undertook the risk assessment?**

#### **Sefton CAMHS**

769. The EPR contains formal risk assessments in the form of completed Alder Hey CAMHS Risk Management Tools or reference within EPR entries that AR's risk had been discussed.
770. In 'Risk and Safeguarding' section 10 of the SOP it is outlined that 'Risk assessment and management planning is based on a holistic view of the child/young person and is a dynamic process requiring monitoring and reassessment as circumstances change based on physical, procedural and relational security. It should be formally reviewed and recorded at least every 3 months and saved to the RegRCR on Meditech (the Electronic Patient Record, EPR)' (Page 16).
771. The SOP goes on to state that '*As part of Risk management and case management Key CAMHS Data, CYP Current View and Risk Management tool should be completed at choice, and then reviewed at partnership, and every three months thereafter unless something changes and prompts an earlier review. It is important that clinicians review the whole EPR record at each appointment to ensure they are aware of any risk factors, or contextual risk that might have arisen since the last appointment*'.

772. Whilst there is evidence of appropriate assessment of risk and completion of the Alder Hey CAMHS Risk Management Tool, the Reviewers found that this was not completed in line with Sefton CAMHS SOP.

## Overview of Sefton CAMHS Risk Assessments

### Assessment of Risk at Triage

773. There are two documents completed on referral into Sefton CAMHS contained within AR's EPR. They are scanned in handwritten triage risk assessment tools however they do not have a title. These documents have been completed on two occasions: 11 October 2019 (Uploaded to EPR on 17 October 2019) and 15 December 2019 (Uploaded to EPR on 16 December 2019).

774. The triage risk assessment tool includes four categories:

- Self-Harm
- Serious Self Neglect
- Violence
- Exploitation/vulnerability

775. The forms have been completed as follows:

Self- Harm	Date of Triage					
	11 October 2019			15 December 2019		
	Yes	No	Don't Know	Yes	No	Don't Know
Current behaviour suggests risk of suicide		X			X	
Previous suicide attempts		X			X	
Serious intent expressed or indicated, e.g., Dangerous Method		X			X	
Expression of concerns from friend or relative		X			X	
Current feelings of hopelessness/helplessness		X			X	
Carers unable/unwilling to keep child safe		X			X	
Previous incidents of self-harm		X			X	
History in family/peer group of self-harm		X				X
Current problems with alcohol or substance misuse		X			X	
Concerns about major mental illness		X			X	
Any other issues		X		-	-	-
Serious Self Neglect	Yes	No	Don't Know	Yes	No	Don't Know
Appears dirty/inappropriately dressed		X			X	
Concerns about home environment		X			X	

Neglect of personal hygiene		X			X	
Appears hungry/malnourished		X			X	
Concern about weight loss		X			X	
Lack of parental supervision at home or in the community		X				X
Lack of parental care of medical conditions/physical health		X				X
Parental non-compliance with medical/physical interventions		X				X
Parental mental illness		X				X
Parental substance misuse		X				X
Any other issues		X		-	-	-
<b>Violence</b>	<b>Yes</b>	<b>No</b>	<b>Don't Know</b>	<b>Yes</b>	<b>No</b>	<b>Don't Know</b>
Previous history of violence including any offences			X	X		
Current or recent episode of violence			X	X		
Current behaviour indicates risk, e.g., Disinhibition, Impulsive			X	X		
Current thoughts or intentions towards violence	X			X		
Previous or current substance misuse			X		X	
Exposure to violence in the home			X			X
Currently experiencing command delusions/hallucinations		X			X	
School exclusions for violence	X			X		
History of DV in family			X			X
Any other issues	X			*CJ Service Assessment		
<b>Exploitation/Vulnerability</b>	<b>Yes</b>	<b>No</b>	<b>Don't Know</b>	<b>Yes</b>	<b>No</b>	<b>Don't Know</b>
Indicators of child abuse		X				X
Sexual vulnerability		X				X
Concerns about internet use		X		X		
Concerns about parental care		X				X
Poor relationship between family and services		X			X	
History or current episode of bullying		X		X		
Disinhibited or impulsive behaviour		X		X		
Physical/sensory disability, development delay or mobility		X		X		
Evidence of major mental health difficulties		X			X	
History or current absconsion risk		X				X
Not attending school		X			X	
Drug or alcohol misuse		X			X	

Any other issues		X		*? ASD/ADHD
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776. On 15 December 2019, the Crisis Care Team (who were completing CAMHS referral triage at this time) triaged the referral to CAMHS which included a risk assessment undertaken for AR by the Criminal Justice Liaison Team (CJLT) which was completed on 12 December 2019. More detail in relation to this is shared below.

**Alder Hey CAMHS Risk Management Tool**

777. Sefton CAMHS have completed the Alder Hey CAMHS Risk Management Tool on three occasions:

- 8 January 2020
- 22 February 2024
- 23 July 2024.

778. On 8 January 2020, AR's risks are identified by CAMHS Case Manager 1 as:

- Risk to others (in particular the school pupil who he perceived bullied him).
- Risk identified for sibling should sibling hurt animals.

779. On 22 February 2024, CAMHS Case Manager 4 summarises all previous risks and undertakes own risk assessment which references:

- No reports of AR being a risk to his sibling
- AR can be verbally abusive towards his father and has become upset/angry.

780. On 23 July 2024, CAMHS Case Manager 4 completed a detailed CAMHS Risk Management Tool as part of the tasks to discharge AR from the service. The CAMHS Risk Management Tool outlines intentional and unintentional risk to self, risk to others and risk from others, summarises relevant risk history and reiterates risks previously identified by CAMHS Case Manager 1 and CAMHS Case Manager 3.

781. The Reviewers felt that the length of the narrative within this risk assessment made it difficult to determine the outcome at a glance. It was also difficult to determine what was information pertaining to the current risk being outlined by CAMHS Case Manager 4 and what was the information pertaining to previous identified risks by previous CAMHS Case Managers.

### **Risk Assessment in CAMHS Appointments**

782. Reference to risk was made in EPR notes related to AR's appointments on the 20 December 2019 and 27 February 2023.

- **20 December 2019**

CAMHS Case Manager 1 discussed with AR his risk in relation to sexual assault, domestic violence, deliberate self-harm and suicidal ideation. AR expressed he had not experienced any form of harm.

- **27 February 2023**

Consultant Psychiatrist 2 recognised AR's risk within the clinical session in terms of AR is not demonstrating significant risk of suicide/deliberate self-harm and stated that a timely follow up in 4 weeks' time was required. Consultant Psychiatrist 2 stated in the record 'Tolerance (+/-) Consider Clinical Risk: 0 Tolerance. Tolerance Instruction: \*\* 0 Tolerance means the patient must attend in the time scale recorded above \*\*'. The Reviewers concluded that this reflected that Consultant Psychiatrist 2 had recognised the importance of timely follow up.

### **Dynamic Support Database (DSD) Rating Tool**

783. CAMHS Case Manager 4 completed the DSD Rating Tool on 07 June 2023. AR was rated green (4) which identified him as low risk of admission.

### **Other Agencies Risk Assessment**

784. Risk has also been considered by other agencies and shared with Sefton CAMHS as follows:

- Mersey Care NHS Foundation Trust Criminal Justice Liaison Team (CJLT). On 12 December 2019 the CJLT completed their own risk assessment. This was shared with Sefton CAMHS on 15 December 2019. The information shared by the CJLT is very comprehensive and detailed but can be summarised as:
  - Risk to Self - SA10 Low
  - Risk to Others - SA10 Medium
  - Risk from Others - SA10 Medium
- Lancashire Youth Offending Team (YOT)  
On 01 May 2020 Lancashire YOT shared their risk assessment completed in relation to AR. AR's risks are summarised as:
  - Re-offending Risk – Medium
  - Significant Harm Risk - Medium
  - Risk to Children - No

- Lancashire Children’s Social Care completed a Child Exploitation (CE) Tool.

At an Early Help Meeting held on 25 May 2023 Lancashire Children’s Social Care (CSC) shared that they had completed a CE Tool. The EPR states ‘CSC to complete CE Tool due to AR being at risk of grooming – completed AR scored Green indicating low risk – no further action taken CSC to make referral to Targeted Youth Support to support AR with social activities and improve isolation CAMHS to offer sessions on anxiety to support AR’.

785. At the Practitioner Learning Events, the CAMHS practitioners discussed and recognised the dynamic nature of risk. They stated that they had considered risk at each contact with AR, although it was recognised that this has not been formally documented in the EPR. Practitioners also articulated that there is an expectation that the CAMHS Risk Management Tool is reviewed and updated every 3 months in Sefton and every 6 months in Liverpool. It was not clear to the Reviewers why there was a difference in timescales between the two geographical teams, although practice in Liverpool subsequently changed to 3 monthly reviews. It was also noted that the risk assessment tool had not been routinely updated and documented every 3 months as set out in the SOP.

786. At the Practitioner Learning Events, the professionals involved reflected that their risk assessment tools primarily assess risk of harm to self, risk of harm to others and risk of harm from others. They shared that risk assessment is undertaken with the child or young person at each CAMHS contact session but not necessarily formally recorded in records. This was noted to be the case with AR.

787. CAMHS practitioners told the Reviewers that they felt that their CAMHS caseloads are increasing, are more complex and that AR was not identified as ‘high risk’. They shared that within their current CAMHS caseloads there are children who share similar risks to AR in terms of history of carrying weapons, social isolation, exclusion from school, neurodiversity, history of violence and aggression, symptoms of anxiety, previous referrals to prevent.

788. The Reviewers have compiled a table (Appendix 6a) which outlines the entries within AR’s EPR where either risk was identified or discussed both within CAMHS or by external partners.

789. AR had risk considered at each interaction with the service, though practitioners recognise that this was not always formally documented. The Alder Hey CAMHS Risk Management Tool was completed on three occasions, this was not in line with the expected standards set out in the Sefton CAMHS SOP. The following external agencies formally considered risk in the context of AR:

- Criminal Justice Liaison Team

- Lancashire Youth Offending Team

790. The Reviewers concluded that risk assessment is a fundamental part of the therapeutic relationship within the CAMHS service. There were inconsistencies in how dynamic risk assessments were recorded in the clinical record. Formal review of the risk assessment every three months was not undertaken in line with the SOP.

### **Q6b) What risk was AR being assessed for?**

791. As outlined in key question Q6a above, the Reviewers have established that AR's risk assessments, when being completed by Sefton CAMHS practitioners focused on and considered:

- Risk of harm to self
- Risk of harm to others
- Risk of harm from others

792. Key question 6a also outlines the risks being considered and assessed at triage into Sefton CAMHS.

793. The triage risk assessment tool includes four categories:

- Self-Harm
- Serious Self Neglect
- Violence
- Exploitation/Vulnerability

794. On the 11 October 2019, the following risks were identified within the triage risk assessment undertaken by Sefton CAMHS upon receipt of the referral from Range High School sent on 10 October 2019:

#### **Violence Category**

- Current thoughts or intentions towards violence
- School exclusions for violence
- Any other issues – not specified

795. On the 15 December 2019, the following risks were identified within the risk assessment undertaken by CJLT:

#### **Violence Category**

- Previous history of violence including any offences
- Current or recent episode of violence
- Current behaviour indicates risk, e.g., Disinhibition, Impulsive
- Current thoughts or intentions towards violence
- School exclusions for violence
- Other – CJLT Assessment

### **Exploitation/Vulnerability Category**

- Concerns about internet use
- History or current episode of bullying
- Disinhibited or impulsive behaviour
- Physical/sensory disability, development delay or mobility
- Other - ?ASD/ADHD

796. The Reviewers concluded that following risk assessment at triage, AR had identified risks in relation to violence and exploitation/vulnerability. These were AR's risks as known at the time the risk assessment was completed.

797. The Reviewers note that if the triage risk assessment was to be completed towards the end of AR's CAMHS journey when more information was known, additional risks would have been identified within the self-neglect category (lack of parental supervision at home) and additional risks in the violence category (poor relationship and engagement between family and services, not attending school). These additional risks being identified would not have changed the outcome of the triage as the outcome was an urgent CAMHS partnership appointment.

### **Q6c) Did the staff undertaking the risk assessment have training? What risk assessment tool was used?**

798. Risk assessment training is a core component of training for all staff. The level of risk assessment undertaken is dependent on the role into which they have been trained, are employed and the service they deliver.

799. At the CAMHS Practitioner Learning Events, Consultant Psychiatrists 1 and 2 advised that they approach every clinical encounter based on the available evidence, thinking about potential risk of significant harm to self, to others, or from others, whether deliberate or inadvertent and then using their impression of risk to inform appropriately weighed up, balanced, clinical management decisions.

800. Consultant Psychiatrists 1 and 2 explained that as child psychiatrists working in a non-forensic setting and a generic setting, there are no formal tools for risk assessment. When needed, they will request support from specialist services such as Enhanced Support Team or Forensic CAMHS who may use formal risk assessment tools such as Structured Assessment of Violence Risk in Youth. (SAVRY).

#### **Training - Consultant Psychiatrists**

801. Risk training is part of psychiatric training undertaken as a resident doctor and subsequently as a consultant. Consultant Psychiatrists 1 and 2 informed the

Reviewers at the Practitioner Learning Events that they regularly carry out Mental State Examination (MSE) which involves observing and evaluating various aspects of a child's mental state to identify potential risks. They stated that they look for key areas such as appearance, behaviour, speech, mood, affect, thought process and content, perceptual abnormalities and insight. This MSE and assessment which is inbuilt in every contact helps determine the nature and severity of any mental health concern presented and the risk of harm to the child or to others.

#### **Training - Registered Nurses Mental Health (MH) and Learning Disability (LD)**

802. All pre-registration nurses receive training on risk assessment as part of their 3-year training programme. All nurses must adhere to the Nursing and midwifery Council (NMC) code of practice as part of their role.
803. The following sections within the NMC code of practice relevant to risk:
- Section 13 - Preserve safety.
  - Section 16 - Act without delay if you believe that there is a risk to patient safety or public protection.
  - Section 17 - Raise concerns immediately if you believe a person is vulnerable or at risk and needs extra support and protection.

#### **Training - Clinical Psychologists**

804. Clinical Psychologists receive training in risk assessment and management as part of their doctoral-level education, particularly within the context of mental health and psychological distress.
805. This training equips them to identify, assess, and manage various types of risks, including suicide, self-harm, violence, and neglect.
806. They learn to integrate risk assessment into their overall clinical work, considering individual factors, contextual information and potential interventions.

#### **Training - CAMHS Case Managers**

807. Several of the CAMHS Case Managers involved with AR's care had a social worker qualification and bring with them a wealth of training, expertise and transferable skills in risk management. As social workers they received training on risk assessment and management as part of their core curriculum and ongoing professional development. This training equips them with the skills to identify, assess and manage risks in various social work settings.
808. However, it must be noted that CAMHS Case Managers involved in AR's care were employed at the Trust as CAMHS practitioners and not as social workers.

809. Whilst individual professionals will have undertaken training in risk assessment as part of their undergraduate programme, all professionals in the service receive standardised training at induction on the CAMHS Risk Management Tool.

#### **Risk Assessment Tools**

810. From the EPR, it is documented that AR was subject to several risk assessments or that his risk assessment had been discussed as outlined above within key question Q6a, with several risk assessment tools being utilised by Sefton CAMHS practitioners as follows:

- **Triage Risk Assessment Tool**  
Completed by the Alder Hey Crisis Care Team (who were completing CAMHS referral triage at this time) on two occasions, 11 October 2019 (uploaded to EPR on 17 October 2019) and 15 December 2019.
- **Alder Hey CAMHS Risk Management Tool**  
Completed by Sefton CAMHS on three occasions, 08 January 2020, 22 February 2024, and 23 July 2024.
- **Dynamic Support Database Rating Tool**  
Completed by CAMHS Case Manager 4 on one occasion, 07 June 2023.
- **ASD Service**  
At the time of AR's care the ASD service did not have a specific risk assessment tool in use.

#### **6d) If undertaken how often was the risk assessment for AR reviewed and updated?**

811. The risk assessment for AR was formally reviewed and updated in the EPR on the following three dates:

- **08 January 2020**  
Risk Management Tool completed by CAMHS Case Manager 1
- **22 February 2024**  
Risk Management Tool completed by CAMHS Case Manager 4
- **23 July 2024**  
Risk Management Tool completed by CAMHS Case Manager 4

812. This is not in line with the Sefton CAMHS SOP which states risk assessment should be reviewed every 3 months or sooner. As outlined above CAMHS Practitioners asserted at the Practitioner Learning Events that although risk

assessment was not always formally documented on the EPR they did consider risk at every contact.

813. During the time AR received care the EPR did not have functionality to monitor the formal recording of risk in line with the policy, therefore the managerial oversight of this was not easy to undertake. Since this review the Trust has introduced changes to the EPR in relation to recording of risk, enabling a managerial dashboard to be produced which clearly shows compliance with aspects of case management, including the formal review and documentation of risk.
814. The lack of formal recording of risk was not considered to have had a detrimental impact on the care that AR received as practitioners were continually assessing his risk informally at each interaction.

#### **Q6e) Does the risk assessment recognise that risk is dynamic?**

815. A CAMHS dynamic risk assessment refers to an ongoing real-time process of evaluating the immediate and changing risks of the young person in relation to their mental health, safety and/or behaviour.
816. Unlike adult mental health services, CAMHS must consider a broader range of risks, including developmental factors, family dynamics, and social influences. This requires a multiagency approach to effectively addressing the unique needs of children and young people.
817. At the Practitioner Learning Events, Sefton CAMHS practitioners noted the dynamic nature of risk assessment for all children and young people accessing CAMHS. They explained that risk can change and assessment of risk needs to consider potential triggers for risk to escalate. The Sefton CAMHS Operational SOP outlines that '*Risk assessment and management planning is based on a holistic view of the child/young person and is a dynamic process requiring monitoring and reassessment as circumstances change based on physical, procedural and relational security*'.
818. Sefton CAMHS practitioners acknowledged that AR's risk assessment was dynamic, noting that AR's risk of harm to self, risk of harm to others and risk of harm from others could change.
819. The Reviewers reflected that at the Practitioner Learning Events it was clear that Sefton CAMHS staff believed that they had considered risk assessment at each contact noting the rationale that risk is dynamic in nature.

820. The CAMHS practitioners spoke at length about how risk assessment is integral to their ongoing assessment of children and young people within their service. They articulated how they felt the standards of their record keeping had fallen below those expected especially in respect of the documentation of risk in the EPR.

**Q6f) What risk information/assessment was shared with multiagency partners if any?**

and

**Q6g) What risk information/assessment was shared by multi-agency partners?**

821. The Reviewers have combined key questions Q6f and Q6g noting that information sharing is a two-way process between and amongst partner agencies.

822. Several entries were noted in AR's EPR where risk information was shared with and by multi-agency partners:

- **14 February 2020**

Letter sent from CAMHS Case Manager 1 to the Duty and Assessment Team, Lancashire Children's Social Care. It is unclear what has prompted CAMHS Case Manager 1 to send this letter. The summary paragraph of the letter could suggest that this was in response to a request from Children's Social Care in relation to the criminal justice process or a safeguarding assessment.

- **10 October 2019**

The following risk information was shared with Sefton CAMHS via referral from Range High School Safeguarding Lead to CAMHS:

- AR currently suspended from school.
- AR contacted Child Line to say he was being bullied.
- AR has carried a knife to school on 10 occasions.
- Child Line contacted the Police who went to the family home on 7 October 2019 and reported it to school.
- AR carrying a knife in school, that he had reported he was being pushed around and would have used it to stab somebody.
- When AR has received a detention, he was reported to have said "that's why teachers get murdered".

- **22 November 2019**

The following risk information was shared with Community Paediatrics at Alder Hey via email from Deputy Head Teacher and Special Educational Needs Co-Ordinator (SENCO) from Acorns School requesting a referral to the ASD pathway:

- AR currently suspended from school.
- AR contacted Child Line to say he was being bullied.
- AR has carried a knife to school on 10 occasions.
- Child line contacted the Police who went to the family home on 7 October 2019 and reported it to school.
- AR carrying a knife in school, that he had reported he was being pushed around and would have used it to stab somebody.
- When AR has received a detention, he was reported to have said *"that's why teachers get murdered"*.

- **12 December 2019**

Information was shared with the Alder Hey Crisis Care Team (who were triaging CAMHS referrals at this time) via phone call from the Criminal Justice Liaison Team (CJLT) at Mersey Care NHS Foundation Trust following AR's arrest 'for bringing a knife and wooden club into school with the intention of killing someone'.

- **13 December 2019**

The Criminal Justice Liaison Team (CJLT) at Mersey Care NHS Foundation Trust shared their comprehensive risk assessment of AR with Crisis Care Team (who were completing CAMHS referral triage at this time) following the phone call received on 12 December 2019 which is summarised as follows:

- Risk to self- SA10 LOW
- Risk to others - SA10 Medium
- Risk from others - SA10 Medium

- **01 May 2020**

Sefton CAMHS Clinical Lead 1 returns telephone call to Lancashire Youth Offending Team (YOT) from 17 April 2020. Lancashire YOT advised during this telephone call that AR is now subject to a 10-month referral order from 19 February 2020, and it had been decided not refer to MAPPA (Multi-Agency Public Protection Arrangements). Lancashire YOT shared their risk assessment of AR which is summarised as follows:

- Re-offending Risk – Medium
- Significant Harm Risk – Medium
- Risk to Children – No

- **17 August 2021**

CAMHS Case Manager 3 contacts Lancashire Children's Social Care to share safeguarding concerns. CAMHS Case Manager 3 has documented:

*"I explained my role and shared information disclosed by <AR> re <AR's Father> threatening or saying that he will be taken away/removed from his parents care/ this angering <AR>/ <AR> throwing cold water on his father - <AR> states that he is provoked into doing this. <AR> sharing that <AR's Father> held a knife up at him and said i could kill you now and dad attempting to throw plates at him. Also <AR> adding that Dad hit <AR's Brother> and only hits <AR's Brother> because he knows he can't hit him back and <AR> states that Dad wouldn't hit him because he knows he would hit him back.*

*I talked about his in the context of difficulties within the family and individual and family need. I made <Social Worker> aware that Dad does not want to engage in conversation about the things that <AR> has said and does not want support from CAMHS to try and help resolve these issues which appear to play a part in <AR's> mental health presentation to some extent. I shared that dad simply wants medication for <AR> and feels that the issues.*

*<Social Worker> agreed to follow up with the family - speak with <AR> re the information he disclosed with a view to having a meeting with Schools present to discuss what could help improve things."*

- **02 October 2023**

Following the Practitioner Learning Events CAMHS Case Manager 4 shared additional documentation with the Reviewers which included a copy of the Lancashire Children Social Care Early Help Plan. It is unclear what date this plan was created/completed. The file name is 'Early Help Plan 02.10.23.pdf'. The Early Help Plan details the areas of support AR, and his family needed. It also refers to the following:

- Child Exploitation Tool

### **Multi Agency Meetings**

823. Representatives from Sefton CAMHS were also present at the following multi-agency meetings where AR's risks were discussed:

- **11 October 2019**

Professionals' Meeting to triage and discuss the referral that had been received by Sefton CAMHS from Range High School on 10 October 2019.

- **17 December 2019**

Following the CJLT referral a Multi-Agency Strategy Meeting was held with representatives from Lancashire Police, School, Lancashire Children's Social Care, PREVENT, Health, CAMHS and CJLT. This meeting was attended by Sefton CAMHS Case Manager 1.

- **25 May 2023**

Early Help Meeting held via Teams attended by CAMHS Case Manager 3, CAMHS Consultant Psychiatrist 2, School, Parents and Family Support Worker. Lancashire Children's Social Care have completed the Child Exploitation Tool due to AR being at risk of grooming. AR scored Green indicating low risk with no further action to be taken.

Lancashire Children Social Care to make referral to Targeted Youth Support to support AR with social activities and improve isolation. CAMHS to offer sessions on anxiety to support AR.

- **13 September 2023**

Team Around the Family (TAF) Meeting attended CAMHS Case Manager 4.

- AR closed to Level 3 services – role taken by Presfield School at Level 2. Next meeting 18.10.2.

824. The Lancashire Continuum of Need document (June 2016) states that Level 2 is Common Assessment Framework, Evidence of some unmet needs and low risk – Targeted Service Provision via CAF/TAF.

825. Level 3 states Children's Social Care Single Assessment, Higher levels of unmet needs and medium risk. Children in Need (CIN), s.17 Children Act 1989.

**Q6h) Did the service follow best practice guidance for the undertaking of risk assessments and the dynamic management of them?**

826. At the Practitioner Learning Events Sefton CAMHS practitioners articulated that whilst they considered risk as part of each contact with AR they did not formally review and document the risk by completing the Trust Risk Management tool every 3 months as outlined in the Sefton CAMHS SOP.

827. There was inconsistency in documenting the informal risk assessment which practitioners reported was undertaken at each interaction with AR.

828. The Reviewers suggest that a consistent approach to both formal review of the risk assessment every three months, or sooner when conditions change, and the documentation of informal risk assessment after each interaction is integrated into policy and clinical practice.

## **TOR 6: Risk Assessment – Findings**

829. There is evidence within AR's clinical record of appropriate assessment of risk at triage and at times during care using the given service risk assessment tool. However, this was found to be inconsistently documented in AR's records and not in line with Sefton CAMHS Operational SOP which directs staff to review and record risk assessment every 3 months or sooner if there is a marked deterioration in presentation.
830. Reviewers noted that a comprehensive risk assessment was completed for the triage of every referral into Sefton CAMHS. However, it is not clear from the triage document how decisions are made on the four domains within the form other than it is undertaken in line with SOP i.e. two practitioners.
831. There is a lack of detailed guidance within Sefton CAMHS as to how risk assessment should be undertaken at triage and the how the outcome of the risk assessment at triage determines the level of service provision offered.
832. The Reviewers identified that formal CAMHS Risk Management Tools had only been completed on three occasions within AR's EPR within the 5 years that AR was open to the service.
833. Whilst formal CAMHS Risk Management Tools had not been completed at the 3 monthly intervals required, there was evidence that some elements of risk were considered and discussed within the majority of AR's contact with CAMHS practitioners.
834. Risk was discussed with and shared by multi-agency partners at multi-agency meetings.
835. It was clear that those working with AR had a comprehensive understanding of his history, presenting risk and current care plan, however the EPR did not always reflect the current circumstances for AR. This was due to a failure to document all contacts and upload external multi agency documents in a timely manner in line with the Trust's Record Keeping Standards. This could have had an impact on other services should AR have presented to unscheduled care, or the allocated CAMHS Case Manager was off work for a significant period of time.
836. The Reviewers concluded that a consistent policy and practice is required in terms of the formal and informal risk assessment process and documentation to ensure that the EPR reflects the most up to date assessment of risk in a standardised format for other Trust services and practitioners to access if required. The service should have an oversight compliance dashboard which

assist managers in their supervision role to ensure key tasks, such as risk assessment, have been completed.

837. Reviewers found that a CAMHS Risk Management Tool presented as narrative rather than numerical rating made it difficult for other services to interpret the risk. The Reviewers found it difficult to determine what was new information and what was a repeat of previously identified risk.
838. The Reviewers established that there is no nationally agreed standardised risk assessment tool for CAMHS (Tiers 1-3) which may assist in the translation and understanding of the level of risk presented not only between CAMHS staff themselves but also for and between partner agencies.
839. CAMHS Practitioners were unclear how to navigate and manage risk assessment when a child is disengaging from the service and staff are only working with the family.
840. During AR's YOT 10-month referral order which started on 19 February 2020, YOT did not contact Sefton CAMHS until 17 April 2020. There was no further contact after this date.
841. At the Practitioner Learning Events the practitioners discussed the need to develop a CAMHS specific induction which contains more detailed direction of expectations in relation to assessment of risk and review of risk.
842. There was no documentation noted in AR's EPR of any risk assessment being undertaken at the time of referral from Acorns School by Community Paediatrics nor any internal safeguarding advice being sought by Community Paediatrics to the Trust Safeguarding Team. Safeguarding advice could have prompted education to have had further discussion with their Designated Safeguarding lead and Children's Social Care in respect of risk and a referral to PREVENT if necessary.
843. There are references to PREVENT referrals made with in the EPR but there were no PREVENT meeting minutes contained within AR's record. There appears to be no professional curiosity conversations documented within AR's records from Sefton CAMHS staff regarding the PREVENT referrals or a clear understanding of the Trust's role in and contribution to decision making in the PREVENT process. It was clear that CAMHS Case Manager 1 attended a Strategy Meeting on 17 December 2019 which was convened in response to a PREVENT referral.
844. The Reviewers identified that when AR was initially referred into Sefton CAMHS the focus was on the risk he presented to others. This focus subsequently shifted to AR's anxiety and the management of this.

845. CAMHS practitioners did not revisit with AR his online activity and thoughts around harming others. The Reviewers explored this with practitioners and prompted a discussion about how often practitioners should revisit historical concerns. Should CAMHS staff revisit criminality risks with AR and be actively asking AR regarding his online activity? CAMHS practitioners felt it wasn't appropriate to keep asking AR about his criminal activity as the focus had moved to treating his anxiety.
846. AR's past history was briefly revisited by CAMHS Case Manager 3 and CAMHS Case Manager 4 when they were first allocated AR to their caseload. However, they said that AR declined to discuss this in detail and was described by both CAMHS Case Managers as "*closing down the conversation*".

## **TOR 6: Risk Assessment - Recommendations**

### **Recommendation 6a:**

The Trust should create clear guidance for CAMHS staff on the completion and recording of risk assessments at triage, and how the results correlate with the level of care to be provided.

### **Recommendation 6b:**

The Trust should develop an audit tool to provide assurance that CAMHS Risk Management Tools are being completed and updated in line with Standard Operating Procedures.

### **Recommendation 6c:**

The Trust should consider how best to share the learning from this review to engage with the Integrated Care System (ICS), regional and national forums that consider evidence and best practice in Child and Adolescent Mental Health and seek to influence the dialogue to current approaches to risk assessment in different settings.

### **Recommendation 6d:**

The Trust should develop a tool to help staff identify which cases to bring to safeguarding supervision.

### **Recommendation 6e:**

The Trust should ensure that the CAMHS Risk Management Tool is revised to ensure that key risks are clear to professionals outside of CAMHS to ensure optimal multi-agency working with clear shared understanding of identified risk.

**Recommendation 6f:**

The Trust should produce guidance for CAMHS staff on how often to revisit and reassess historical risk when there is past criminal activity involving children/young people as either victims or perpetrators.

## TOR 7: Prescribing

### To understand if the prescribing of AR's medication was in line with Trust Policy

#### Introduction

847. Medicines are used in the diagnosis, prevention and treatment of illness but may also be subject to abuse. Medicines are regulated by legislation, good practice guidance and local Trust policy.

848. Medicines are regulated by legislation such as:

- i. The Medicines Act 1968, The Human Medicines Regulations 2012 and subsequent amendments, which regulate the manufacture, distribution, import, export, sale and supply of medicinal products.
- ii. The Misuse of Drugs Act 1971, which controls the availability of drugs liable to misuse.
- iii. The Misuse of Drugs Regulations 2001, which enables specified health care professionals to possess, supply, prescribe and/or administer controlled drugs in the sphere of their practice.
- iv. The Misuse of Drugs (Safe Custody) Regulations 1973 which detail the storage and safe custody requirements for controlled drugs
- v. The Health Act 2006 which introduced the concept of an Accountable Officer and requires health organisations to have standard operating procedures in place for using and managing Controlled Drugs.
- vi. European regulations or directives which are incorporated into UK law.

849. Policy, guidance and advice is also provided by the Department of Health, Medicines and Healthcare Products Regulatory Agency (MHRA), Patient Safety Agency (PSA) NHS England (NHSE), National Institute for Health and Care Excellence (NICE), professional regulatory bodies, other agencies and through local agreements between healthcare providers.

850. Some of the medicines used for children are unlicensed or are used outside the terms of their Product License or Marketing Authorisation (commonly referred to as 'off-label'), bringing additional responsibilities in use.

851. Doses of medicines vary with the child's age, weight and body surface area and require careful calculation. Preparations of medicines must be carefully selected for the route of administration and the age and ability of the child.

## Medicines Management

852. The British National Formulary (BNF) <https://bnf.nice.org.uk/> outlines that medicines should only be prescribed when they are necessary and in all cases the benefit of administering the medicine should be considered in relation to the risk involved.
853. It is important to discuss treatment options carefully with the patient to ensure that the patient is content to take the medicine as prescribed. In particular, the patient should be helped to distinguish the adverse effects of prescribed drugs from the effects of the medical disorder. Patients should always be aware of what the medication is prescribed for, the intended benefits and any potential risks or side effects of the medication.
854. The British National Formulary for Children (BNFC) <https://bnfc.nice.org.uk/> outlines key information on the selection, prescribing, dispensing and administration of medicines used for children.

## General Medical Council

855. The General Medical Council (GMC) have produced guidance entitled 'Good practice in proposing, prescribing, providing and managing medicines and devices' (GMC, 2024) which states that:

In 'Good medical practice' (2024) we say:

2. You must recognise and work within the limits of your competence.
4. You must follow the law, our guidance on professional standards, and other regulations relevant to your work.
7. In providing clinical care you must:
  - d. Propose, provide or prescribe drugs or treatment (including repeat prescriptions) only when you have adequate knowledge of the patient's health and are satisfied that the drugs or treatment will meet their needs
  - e. Propose, provide or prescribe effective treatment based on the best available evidence
14. You must make good use of the resources available to you, and provide the best service possible, taking account of your responsibilities to patients and the wider population.
39. You should ask patients about any other care or treatment they are receiving – including over-the-counter medications – and check that any care or treatment you propose, provide or prescribe is compatible.
69. You must make sure that formal records of your work (including patients' records) are clear, accurate, contemporaneous and legible.

70. You should take a proportionate approach to the level of detail, but patients' records should usually include:

- a. relevant clinical findings
- b. drugs, investigations or treatments proposed, provided or prescribed
- c. the information shared with patients
- d. concerns or preferences expressed by the patient that might be relevant to their ongoing care, and whether these were addressed
- e. information about any reasonable adjustments and communication support preferences
- f. decisions made, actions agreed (including decisions to take no action) and when/whether decisions should be reviewed
- g. who is creating the record and when.

856. The guidance, which forms part of the professional standards, gives more detailed advice on how to comply with these principles when proposing, prescribing, or providing and managing medicines and medical devices. The guidance applies to all forms of activity around prescribing, in whatever setting the interaction takes place, including remote consultations.

### **Non-Medical Prescribers**

857. The British National Formulary (BNF) states that a range of non-medical healthcare professionals can prescribe medicines for patients as either Independent or Supplementary Prescribers

858. Independent prescribers are practitioners responsible and accountable for the assessment of patients with previously undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing.

859. Supplementary prescribing is a partnership between an independent prescriber (a doctor or a dentist) and a supplementary prescriber to implement an agreed Clinical Management Plan for an individual patient with that patient's agreement.

860. Independent and Supplementary Prescribers are identified by an annotation next to their name on the relevant professional register.

861. In order to protect patient safety, the initial prescribing and supply of medicines prescribed should normally remain separate functions performed by separate healthcare professionals.

### **Local Context - Trust Medicines Management Policy**

862. The Trust's Medicines Management Policy provides a set of rules and guidance for safe and effective management, prescribing, dispensing / supply and administration of medicines. It will ensure that doctors, dentists, nurses, health care professionals (whether registered or not) and non-registered staff involved with medicines (including students, locum, agency and bank staff) are aware of their responsibilities to be familiar with and follow the Trust's Medicines Management Code and to use Therapeutic Guidelines (TG).

863. The Trust Medicine Management Policy applies to all staff involved in any process associated with Medicines and must be read in conjunction with the Trust Medicines Management Code (MMC) and other Trust documents relating to medicines management listed in the policy.

864. It is the policy of the Alder Hey Children's NHS Foundation Trust that:

- All staff employed by the Trust are familiar with and comply with the Trust's Medicines Management Code.
- Relevant staff are familiar with and use Therapeutic Guidelines.

865. Relevant sections and key points outlined within the Trust Medicines Management Policy are as follows:

#### *Key Notes*

- *The Trust's Medicines Management Code (MMC) sets out in detail the local interpretation of the way in which medicines should be managed, including their prescription, supply, dispensing, administration and storage.*
- *The Trust's Therapeutic Guidelines (TG) set out the way in which different conditions are usually managed or the way in which different drugs are used.*
- *The Trust electronic formulary (currently under review) describes the medicines that are permitted for use in the Trust and provides additional supporting information for prescribers. The contents reflect and influence the Area Prescribing formulary*
- *Some of the medicines used for children are unlicensed or are used outside the terms of their Product License or Marketing Authorisation (off-label), bringing additional responsibilities in use.*

- *Doses of medicines vary with the child's age, weight and body surface area and require careful calculation*
- *Preparations of medicines must be carefully selected for the route of administration and the age and ability of the child.*
- *Prescribing in the Trust is completed on both electronic and paper systems. Caution is required where dual systems are in use and when patients are transferred between wards/departments in the Trust to ensure that account is taken of all prescribed medicines*
- *It is the responsibility of the prescriber to ensure that prescriptions are accurate, appropriate for the patient and comply with the requirements of the Trust's MMC.*
- *All prescribers must prescribe according to TGs with doses quoted in British National Formulary for Children (BNFC) or other approved dosage guides unless there are sound clinical reasons not to do so.*
- *Reasons for deviating from prescribing guidance should be written into the patient's case notes.*
- *The nurse or healthcare professional administering a medicine must check to ensure that the prescription is accurate and appropriate for their patient and should withhold administration if necessary and obtain further information from the prescriber or pharmacist.*
- *All staff involved in the processes of prescribing, dispensing, supply and administration of medicines to children must ensure that, at each stage, prescriptions are clear and unambiguous and that the dose, preparation and method of administration are appropriate.*
- *Pharmacists will check the accuracy of prescribed medicines during their regular ward rounds and will endorse with additional information as required.*
- *Adverse reactions to medicines should be reported to the MHRA via the Yellow card scheme.*
- *An e-learning package on medication safety is available on the Trust intranet and must be completed by staff involved in the prescribing, administering and dispensing of medicines every 3 years*
- *Staff involved in the prescribing, dispensing, supply and administration of medicines using electronic prescribing systems must complete appropriate training before a password is issued*
- *Staff must only operate within this policy and associated guidance and will work within their agreed scope of practice and area of competence as reflected in their job description.*

*Duties*

*4.9 Consultant Medical and Dental Staff: 'Medical Practitioners and Dentists are individually responsible for medicines that they administer. The appropriate Consultant is responsible for ensuring that practice follows the MMC'.*

*4.12 Prescribers, including non-medical prescribers: Ensure that their practices are in accordance with the Competency Framework for All Prescribers, the Trust's Medicines Management Code and Non-Medical Prescribing Policy (C34).*

*Prescribe according to TGs with doses quoted in British National Formulary for Children (BNFC) or other approved dosage guides unless there are sound clinical reasons not to do so. Reasons for deviating from guidance should be written into the case notes.*

*6 The Medicines Management Code (MMC)*

*6.2 Ensuring the accuracy of all electronic prescriptions/prescription charts*

*i. It is the responsibility of the prescriber to ensure that prescriptions are accurate and appropriate for the patient and comply with the requirements of the Trust's MMC. Doses must be those used in the BNFC, Trust's Therapeutic Guidelines or other authorised publications with deviations considered clinically relevant documented in the case notes.*

*ii. Pharmacists will check the accuracy of electronic prescriptions/ prescription charts during their regular ward rounds and will endorse with additional information as required (see Clinical Pharmacy Standard Operating Procedures). Inaccurate prescriptions will be referred back to the prescriber as necessary.*

*6.10 Transfer of medicines between settings*

*i. Electronic discharge summaries will be issued to GPs on discharge from hospital.*

*ii. Following an out-patient appointment any changes in medication will be described in the clinic letter sent to the patient's GP.*

*iii. The Discharge Medicines Service (DMS) electronic system will be used to notify community pharmacists of relevant information at discharge after an in-patient admission in appropriately selected patients.*

*7 Training*

*7.1 The Trust will provide training on medicines management and the MMC as highlighted within.*

*i. the training needs analysis (TNA) of the Mandatory Training Policy - E21.docx (sharepoint.com)*

- ii. *TNA of personal development plans.*
- 7.2 *An e-learning package on medication safety is available on the Trust intranet and must be completed by staff every 3 years.*
- 7.3 *To prescribe electronically training must be completed via an e-learning package or face to face training before a password is issued. All new prescribers to the Trust will complete a prescribing assessment and all Non-Medical Prescribers (NMPs) will complete annual revalidation.*
- 7.7 *Medicines must be prescribed, supplied, dispensed or administered by qualified, registered health care staff that have received training in paediatric drug therapy, can demonstrate their competence and are acting within the scope of practice contained in their job description.*

### **Trust Medicines Management Code (MMC)**

866. The Trust's Medicines Management Code (MMC) sets out in detail the local interpretation of the way in which medicines should be managed, including their prescription, supply, dispensing, administration and storage.
867. The MMC is approved by the Medicines Management and Optimisation Committee (MMOC) and ratified by the Drugs and Therapeutics Committee and is maintained on the Trust's intranet.
868. Relevant sections of the Trust's Medicines Management Code are outlined below:

#### **Medicines Management Code**

##### **Section 5: The prescribing of medicines**

##### **5.2 INFORMATION FOR PRESCRIBING**

*For information on medicines to be prescribed, refer to the following information. NB Some Trust guidelines include doses that are different to those recommended in the BNFC. Prescribers should familiarise themselves with the Trust guidelines for medicines used in their area of practice*

- a) *British National Formulary for Children (BNFC) (<https://bnfc.nice.org.uk/> or paper version issued to all wards and departments)*
- b) *Policies or Guidelines [Document Portal \(sharepoint.com\)](#)*
- c) *British National Formulary (BNF) <https://bnf.nice.org.uk/>*
- d) *Trust Formulary (on the Trust Intranet) <http://intranet/SitePages/Alder%20Hey%20Formulary.aspx>  
Ward Pharmacist or [Medicines.Information@alderhey.nhs.uk](mailto:Medicines.Information@alderhey.nhs.uk)*

##### **PAEDIATRIC DOSES**

Paediatric drugs and doses must be checked carefully. Calculations are often complex and the drug preparation may contain many times the amount required for a single dose. The label of the container may use different units to those of the prescription. Whenever possible prescribers should have calculations checked. The intended dose in mass/kg or the intended administration rate in mass/kg/hour or minute should be included as part of the prescription for potent drugs and/or when it may reduce the potential for medication error.

The convention for expressing dose and frequency varies in different paediatric texts with some showing the total daily dose and others the single dose to be administered. Care is required to ensure that the correct dose is calculated.

#### **Duration of treatment**

**ALL DRUG THERAPY MUST BE REGULARLY REVIEWED.** Where appropriate the duration of treatment should be stated to indicate to other medical and nursing staff the period of therapy. Drug therapy should not be continued after this period without it being reviewed. **This is especially important in relation to antibiotic therapy.**

#### **'Once only' medicines**

Prescriptions for 'Once only' medicines must state the **actual time** for administration on paper prescriptions. Prescribers must alert nursing staff if "once only" or loading doses are prescribed and write this clearly on the drug chart (both in regular and once only sections).

### **SECTION 7 – UNLICENSED AND OFF-LABEL USE OF MEDICINES**

7.2.2 Unlicensed (off-label) use of licensed medicines refers to use of licensed medicines outside the terms of the MA or PL, e.g. on the basis of age, indication, dose, route. This could also include medicines being used under compassionate use arrangements.

#### **7.3 USE**

Unlicensed medicines should only be used where their use is clearly justified, and their clinical/pharmaceutical benefits are considered to outweigh the risks involved.

#### **7.4 CONSENT**

Health professionals must respect the right of patients, carers, and parents to participate in discussions regarding the health care of the patient and to seek to ensure that these decisions are properly informed.

In normal paediatric practice no additional steps, beyond those taken when prescribing licensed medicines, are required to obtain the consent of patients and parents/carers for the use of unlicensed medicines or the unlicensed use of licensed medicines unless the manufacturer/supplier requires it as part of a safety monitoring scheme (e.g. with thalidomide) or to comply with Good Clinical Practice (GCP) standards in clinical trial protocols.

#### **7.5 Governance**

Children should be able to receive medicines that are safe, effective, appropriate for their condition, palatable and available, with minimal clinical risk. Practitioners who prescribe for a child should choose the medicine which offers the best prospect of benefit for the child, aware that such prescribing may be constrained by the availability of resources

*Whenever an unlicensed medicine, or an unlicensed use of a licensed medicine is prescribed, the prescriber is professionally accountable for their judgement in so doing and may be called upon to justify their actions.*

## **7.6 RESPONSIBILITIES OF PRESCRIBERS**

*Prescribers should be aware that the medicine they have requested is an unlicensed medicine. They should have sufficient up to date information to justify the use and to use the drug safely and effectively. Treatment options should be discussed with the parent or carer and patient whenever possible.*

*The use of unlicensed medicines or medicines for unlicensed applications is the responsibility of the consultant looking after the patient.*

## **SECTION 33 – RECORDING AND RETENTION OF MEDICATION RECORDS**

### **33.1 INTRODUCTION**

*There is a professional responsibility to ensure that accurate prescribing and administration records are available in the patient's notes or in their electronic health record. There are also legal requirements on the storage of certain patient information which needs to be complied with. Information may be required to be seen by patients/parents, or be required in future inquiries or legal proceedings, and needs to be accurate, complete and readily accessible.*

### **33.3 RECORDING INFORMATION**

*Information should be recorded accurately in a clear and concise manner. Employees recording in a patient's records should: -*

- *Be clear, unambiguous, factual and non-judgemental*
- *Be concise, relevant and current*
- *Use only nationally approved unambiguous abbreviations*
- *Exclude meaningless phrases/observations*

*Employees should ensure that the information is available to the right person at the right time. Information must be recorded in the appropriate section of the electronic patient record (EPR).*

### **33.4 CHANGES IN MEDICINE THERAPY OR INTERVENTIONS**

- *The rationale for key changes in medicine therapy or other additional medicines information should be recorded in the patient's notes. There should be a clear audit trail documented by the clinician, nurse or pharmacist*

## The Trust's Therapeutic Guidelines

869. The Trust's Therapeutic Guidelines (TG) set out the way in which different conditions are usually managed or the way in which different drugs are used.
870. The Trust's electronic formulary describes the medicines that are permitted for use in the Trust and provides additional supporting information for prescribers. The contents reflect and influence the Area Prescribing formulary.
871. There are no specific Trust therapeutic guidelines in place for Propranolol, Sertraline, Fluoxetine or Diazepam, as these are described as commonly prescribed drugs, and all prescribers refer to the BNF/BNFC.
872. The Trust has therapeutic guidelines in place for the use of Melatonin. Relevant sections of the Melatonin guidelines are as follows:

### Melatonin use at Alder Hey Children's Hospital

**Scope:** *This information is used to support prescribers in managing patients who have been initiated on melatonin as an inpatient or those that use outpatient or community services.*

#### Assessment

- *At the start of the therapy. All children who are considered for melatonin should have:*
- *Medical history (Rule out medical causes of insomnia i.e. obstructive sleep apnoea, restless legs syndrome, urticaria, pain etc.)*
- *Sleep history gathered with the use of sleep diaries or actigraphy (if available) if appropriate*
- *Sleep hygiene must be optimised before consideration of melatonin (Rule out environmental causes of sleep difficulty)*
- *Appropriate information provided to parents/families (e.g. sleep hygiene, sleep physiology to make parents aware of sleep cycles, partial wakings, the importance of knowing sleep associations and some behavioural advice)*
- *Support from other professionals considered if available dependent on local CCG commissioning (i.e., Behavioural intervention for sleep service) initiation & titration (Specialist to complete) [6-8]*
- *Melatonin should only be considered after optimisation of sleep hygiene if:*
- *<6 hours of continuous sleep persistently for at least 3 months AND/OR*
- *>0.5 hour sleep latency on at least 3 out of 5 work/school nights per week for 2 weeks.*

#### Review

*Patients should be reviewed within 3 months of initiating melatonin. A drug holiday (see below) should be considered prior to review to establish ongoing need. A sleep diary should be completed by parent/carer and used to evidence benefit of melatonin. Sleep diary should be completed ideally for 1 week with melatonin and 1 week without to allow comparison of benefit. If benefit can be demonstrated and the patient is stable on therapy, consider transfer of prescribing and review to primary care (see transfer to primary care, criteria applies). If not suitable for primary care, review 12 monthly as per ongoing review.*

## Maudsley Prescribing Guidelines in Psychiatry

873. The Maudsley Prescribing Guidelines in Psychiatry are a widely recognised and comprehensive resource for healthcare professionals involved in prescribing psychotropic medications. It offers evidence-based guidance on the safe and

effective use of these medications, covering a range of topics from drug selection and dosage to managing side effects and special patient groups. These guidelines are utilised across the Trust.

### **Trust's Informed Consent Policy**

874. 'Consent' is a patient's agreement to a particular thing. Patients may indicate consent non-verbally (for example by presenting their arm for their pulse to be taken), orally, or in writing.

875. For the consent to be valid, the patient must:

- Have capacity to take the particular decision.
- Have received sufficient information to take it; and
- Not be acting under duress.

876. The primary aim of healthcare professionals involved in the process of obtaining informed consent must be to protect the patient's freedom to make their own choices during the decision-making process. Each step in any consenting process must be measured against this fundamental principle.

877. Relevant sections from the Informed Consent Policy are outlined as follows:

#### **6.8 Who can give consent?**

*People aged 16 or over are entitled to consent to their own treatment. This can only be overruled in exceptional circumstances.*

*Like adults, young people (aged 16 or 17) are presumed to have sufficient capacity to decide on their own medical treatment, unless there is significant evidence to suggest otherwise. If they do not have capacity, then the reason(s) why they cannot make a decision for them self must be documented. Unlike adults (who can refuse treatment), if a young person aged 16-17 refuses treatment, then you should seek advice as that could be overridden by a court of law in some situations.*

*Children under the age of 16 can consent to their own treatment if they are believed to have enough intelligence, competence and understanding to fully appreciate what is involved in their treatment. This is known as being Gillick competent. The GMC provides tools to use when assessing if a child is competent to make the treatment decision in question. A child may be competent to decide about one treatment but not about another, for example, if the consequences are profound. Any assessment of competence must be documented.*

*Otherwise, someone with parental responsibility can consent for them. This could be: the child's mother or father, the child's legally appointed guardian, a person with a residence order concerning the child, a local authority designated to care for the child, or a local authority or person with an emergency protection order for the child. In some specific situations such as surrogacy and same sex parents, the parents will know if they have parental responsibility or hold an appropriate court order that gives it.*

## Key Questions - TOR 7: Prescribing

7a) What medication was AR prescribed by whom and for what purpose?

### **Propranolol**

Propranolol belongs to a group of medicines called beta blockers. It's used to treat heart problems, help with some of the symptoms of anxiety and prevent migraines

Maudsley Prescribing Guidelines in Psychiatry suggest the prescribing of Propranolol in young people under the age of 18 for the treatment of anxiety.

### **Sertraline**

Sertraline is a type of antidepressant known as a selective serotonin reuptake inhibitor (SSRI).

It's often used to treat depression, and sometimes panic attacks, obsessive compulsive disorder (OCD) and post-traumatic stress disorder (PTSD).

There is evidence that prescribing SSRIs in children with anxiety can be used to good effect (see below).

### **Fluoxetine**

Fluoxetine is a type of antidepressant known as a selective serotonin reuptake inhibitor (SSRI). It's often used to treat depression, and sometimes obsessive-compulsive disorder and bulimia.

There is evidence that prescribing SSRIs in children with anxiety can be used to good effect (see below).

### **Diazepam**

Diazepam belongs to a group of medicines called benzodiazepines. It is used to treat anxiety, muscle spasms and seizures.

### **Melatonin**

Melatonin is a hormone that occurs naturally in the body. At night, levels of melatonin rise, before returning to normal during the day. This helps to control sleep.

Synthetic version of melatonin can be taken for short periods to treat sleep problems such as insomnia. This adds to the body's natural supply of melatonin, promoting sleep and reducing the likelihood of waking during the night. It may also help with symptoms of jetlag.

878. The Reviewers could find no specific details of whether Sertraline or Fluoxetine should be used in treatment for anxiety in the BFNC.
879. Consultant Psychiatrist 2 told the Reviewers that SSRI medications such as Sertraline or Fluoxetine, are often described as providing a sense of emotional blunting, which can be useful for children with anxiety.
880. Both Consultant Psychiatrist 1 and 2 explained to the Reviewers in the Practitioner Learning Events that they often prescribe SSRIs for children with anxiety after assessment and where therapeutic intervention alone is insufficient. They undertake informed discussion about risks and benefits of proposed SSRI medication with the young person and their family.
881. NICE guidance on Anxiety Disorders (QS53) provides recommendations on pharmacological therapies for anxiety disorders. Benzodiazepines are associated with tolerance and dependence, and antipsychotics are associated with a number of adverse effects. Therefore, they should not be used routinely to treat anxiety disorders.
882. In a paper entitled '*Treating pediatric anxiety: Initial use of SSRIs and other anti-anxiety prescription medications*' published in the Journal of Clinical Psychiatry (2018) it concluded that SSRIs are the most commonly used first-line medication for paediatric anxiety, with about half of SSRI initiators continuing treatment for 6 months.
883. The Reviewers concluded that the prescribing of SSRI was concordant with subject matter expertise, published evidence and prescribing guidelines.
884. The medications initially prescribed to AR are outlined in the table below:

<b>Date</b>	<b>Drug</b>	<b>Initial duration and frequency</b>	<b>Drug prescribed by</b>	<b>Rationale for drug</b>
01 July 2021	<b>Propranolol</b>	10mg twice daily for 60 days	Consultant Psychiatrist 1	Anxiety
15 Sept 2021	<b>Sertraline</b>	25mg once daily for 3 weeks, then increase to 50mg for 1 week	Doctor 1 (Speciality Trainee Doctor (ST4) in Psychiatry)	Anxiety
01 Aug 2022	<b>Fluoxetine</b>	4mg once daily (liquid form)	Consultant Psychiatrist 2	Anxiety
28 July 2022	<b>Diazepam</b>	5mg as a one-off dose	Consultant Psychiatrist 2	Anxiety
16 May 2023	<b>Melatonin</b>	2mg at night when required	Consultant Psychiatrist 2	Sleep Problems

885. Following a review of the EPR entries, AR's medication has been prescribed, re-prescribed, titrated, re-titrated and stopped as per the timeline below, with all medications ceased being prescribed by the Trust on 16 April 2024. This will be addressed in more detail in key question 7b.

886. AR's Prescribing Timeline:

<b>Propranolol</b>	
01 July 2021	Propranolol initially prescribed by Consultant Psychiatrist 1
07 July 2021	AR stopped taking Propranolol himself
09 July 2021	AR restarted Propranolol on the advice of Consultant Psychiatrist 1
11 August 2021	AR still taking Propranolol and will continue this until the next review. AR reports Propranolol wasn't helping
15 September 2021	AR reports to take his Propranolol regularly. Doctor 1 asks AR to continue Propranolol 10mg BD
13 October 2021	AR reported that he had stopped Propranolol
<b>Sertraline</b>	
15 September 2021	Initially prescribed by Doctor 1. Sertraline 25mg, to increase to 50mg.
13 October 2021	AR reported no improvement with Sertraline. Consultant Psychiatrist 1 advised increase Sertraline to therapeutic dose 75mg OM
07 April 2022	Consultant Psychiatrist 1 advised AR to try Sertraline 100mg for 2 months. If AR does not benefit from it, they will be able to conclude that medication is not the right approach, and it will be stopped
21 April 2022	AR reported heartburn from Sertraline and had stopped medication without supervision. Consultant Psychiatrist 1 advised gradual stop
26 April 2022	Call from Consultant Psychiatrist 1 to father who confirmed Sertraline stopped and removed access to medication. Consultant Psychiatrist 1 advised as AR had not taken Sertraline for over a week it can be stopped gradually
05 May 2022	Consultant Psychiatrist 1 - AR stopped medication without medical advice. AR to restart Sertraline 50 mg for 1 week then increase to 75 mg
23 May 2022	AR has not taken Sertraline for a while and agreed to restart it after speaking with case manager 3. Restart Sertraline for a week then increase the dose
22 June 2022 (This is mistakenly documented as 23 June 2022 in AR's EPR)	Parents informed Consultant Psychiatrist 1 have only been giving AR Sertraline 50 mg instead of 75 mg that has been advised. Poor compliance and wrong dose given by parents despite advice. Consultant Psychiatrist 1 discussed importance of AR taking Sertraline regularly for its therapeutic effect and agreed increase Sertraline tablets to 75 mg main dose with parents. Prescribed Sertraline tablets 75 mg

29 December 2022	Consultant Psychiatrist 2 - AR consented for re-titration of Sertraline.
06 February 2023	AR reports side effects from Sertraline i.e. numbness sensation on tongue following re-titration up to 75 mg (7.5ml) daily. Consultant Psychiatrist 2 agreed to wean down and stop Sertraline
27 February 2023	Consultant Psychiatrist 2 commenced another re-titration of Sertraline
10 March 2023	Consultant Psychiatrist 2 - unclear where Sertraline re-titration up to, so felt safest strategy to commence re-titration from zero up to 75mg od
16 May 2023	Consultant Psychiatrist 2 issues prescription for Sertraline
21 May 2023	AR refused Sertraline liquid. Consultant Psychiatrist 2 issues replacement prescription for tablet form of drug
27 September 2023	Father reports to Consultant Psychiatrist 2 that AR reports to no longer be on Sertraline
<b>Fluoxetine</b>	
01 August 2022	Consultant Psychiatrist 2 commenced trial low dose Fluoxetine liquid (4mg = 1ml od)
12 September 2022	90-day prescription of Fluoxetine 4mg OD liquid (prep 20mg/5ml which makes dose 1ml once daily) issued by Consultant Psychiatrist 2 following a review of last Medisec letter from Consultant Psychiatrist 2 who reporting AR to be on Fluoxetine 4mg OD liquid prep.
01 December 2022	AR reports had stopped fluoxetine
<b>Diazepam</b>	
28 July 2022	Consultant Psychiatrist 2 prescribed one-off dose of Diazepam 5mg to enable AR to attend a face-to-face clinic appointment.
<b>Melatonin</b>	
16 May 2023	Initial prescribing of Melatonin by Consultant Psychiatrist 2
11 December 2023	Repeat prescription for Melatonin prescribed by Consultant Psychiatrist 2.
16 April 2024	Repeat prescription for Melatonin prescribed by Consultant Psychiatrist 2. Discharged to GP for follow up prescribing of Melatonin.

### Practitioner Reflections on Prescribing

887. Consultant Psychiatrist 1 and Consultant Psychiatrist 2 informed the Reviewers that they had prescribed all AR's medication in line with British National Formulary for Children and Maudsley Psychotropic Guidelines.
888. Consultant Psychiatrist 1 stated that they prescribed Propranolol noting that it was unlicensed for the treatment of anxiety in under 18s. However, it is listed in the Maudsley Psychotropic Guideline for anxiety in under 18 years of age. They

did this in the best interest of AR's needs as an intervention to support his symptoms of anxiety.

889. Consultant Psychiatrist 2 advised the Reviewers that they had prescribed Diazepam 5mg for AR as a one-off dose for anxiety on a 'risk versus benefits' basis to enable AR to attend a face-to-face appointment. Consultant Psychiatrist 1 concurred with Consultant Psychiatrist 2's decision to prescribe Diazepam as a one-off medication, noting whilst not routine practice it was acceptable intervention in treating AR's anxiety to facilitate his attendance at a face-to-face appointment
890. Consultant Psychiatrist 1 and Consultant Psychiatrist 2 informed the Reviewers that the inconsistent nature of AR's compliance with prescribed medication made it difficult for them to monitor any therapeutic effects.
891. Both Consultant Psychiatrist 1 and 2 expressed their frustration with AR's non-compliance and did stop prescribing Sertraline due to AR's non-engagement. They explained that they took this action in response to their concerns regarding medicines safety, lack of face-to-face assessment and Consultant Psychiatrist 2's perception of "*parental over accommodation*" and "*lack of parenting boundaries*".
892. The Reviewers noted that there were occasions when AR's medication reviews had been undertaken without AR being present at appointments. When asked by the Reviewers if this was acceptable practice, Consultant Psychiatrists 1 and Consultant Psychiatrist 2 confirmed that it is acceptable practice for parents to consent for their child/young person treatments up to age of 18 years of age.
893. Consultant Psychiatrists 1 and 2 agreed that since AR was under 18 and not engaging, it was acceptable for his parents to consent to treatment. They confirmed this was supported by legislation (Children Act 1989) and Mental Capacity Act (2005).
894. However, Consultant Psychiatrist 2 reflected that medication requests for AR were mainly influenced by AR's father.
895. The Reviewers explored with CAMHS practitioners at the Practitioner Learning Events that Melatonin had been prescribed without AR being seen. Consultant Psychiatrist 2 informed the Reviewers that they were confident to prescribe Melatonin without seeing AR given the safety profile of the drug.

## 7b) How often was AR’s medication reviewed?

896. From the EPR entries AR’s medication was reviewed as part of planned appointments with several clinicians but also in response to queries raised directly by AR himself or from AR’s parents.

897. Appendix 7a (AR Prescribing and Medication Reviews) outlines all references to AR’s prescribing and medication reviews within the EPR between July 2021 and July 2024.

898. In summary the EPR reflects that prescribing and medication was discussed, reviewed and documented on 47 occasions within the EPR as follows:

- Medication discussions initiated by AR on 20 occasions
- Medication discussions initiated by AR’s parents on 7 occasions
- Medication discussions initiated by Sefton CAMHS on 21 occasions

899. Prescribing for AR was undertaken by Consultant Psychiatrist 1 and Consultant Psychiatrist 2. Their reflections on prescribing have been outlined above in paragraphs 881– 889.

## 7c) What was the process and documentation in relation to AR’s voice in prescribing and decision making?

900. There are several entries within AR’s EPR that document his voice in relation to prescribing and decision making which has been considered and captured in the table below:

Date	EPR Information
01 July 2021	Initial telephone consultation with Consultant Psychiatrist 1, mother and AR. AR appeared keen to consider medication to treat his anxiety to enable him to make use of therapeutic work from CAMHS. Consultant Psychiatrist 1 discussed benefits of a beta blocker (Propranolol) and that it will reduce the physiological effects of anxiety and help AR deal with anxiety better. Mother consented. Outcome of meeting: Consultant Psychiatrist 1 prescribed AR Propranolol to support his symptoms of anxiety. Follow up in few weeks
02 July 2021	Virtual appointment with CAMHS Case Manager 3 with AR and his mother. AR was hopeful that the medication prescribed would work.
15 September 2021	Consultant Psychiatrist 1 Review. AR shared that he has a better relationship with his mother and that arguing with his father frequently can make him feel sad. He describes his mood as

	nervous and angry. AR at this time was prescribed an SSRI (Sertraline)
15 November 2021	Telephone appointment with Consultant Psychiatrist 1. AR is said to be feeling less anxious with his medication when attending his Psychiatry appointment with his father. It was reported that AR was less irritable and generally calmer. Outcome of meeting: Continue Sertraline 75mg, no changes to care plan.
23 May 2022	CAMHS appointment with Consultant Psychiatrist 1, CAMHS Case Manager 3, Father and AR. Records indicate concerns in relation to eating and sleep issues. AR agreed to restart medication Sertraline. It was also noted that there are concerns regarding monitoring of medication due to parents work commitments and safety advice was provided. Outcome of meeting: Restart Sertraline at 50 mg for a week and then increase to 75 mg. Father and AR consented to professionals meeting with school. AR on waiting list for CBT.
07 November 2022	Face-to-face appointment with CAMHS Case Manager 4. AR seen alone, father waited in waiting area at AR's request. Prescribed Fluoxetine but stopped 1 month ago due to AR sharing ' <i>it's not working</i> ' and that he preferred the beta blocker he was prescribed one year ago. Outcome of meeting: CAMHS Case Manager 4 suggested AR speak with Consultant Psychiatrist 2 at next Psychiatry review about his medication.
01 December 2022	Telephone appointment with Consultant Psychiatrist 2, initially with father then with AR who confirmed discontinuation of Fluoxetine. Main problem noted to be anxiety - consideration of use of Sertraline. Outcome of meeting was further review in a face-to-face appointment at the end of the month.
29 December 2022	Face to face appointment with Consultant Psychiatrist 2, AR and his father. AR was seen for medication review. AR was reported to have looked ' <i>healthier again than when he was last seen</i> '. AR shared he had stopped taken his Fluoxetine. Outcome of meeting: AR agreed he could re commence his Sertraline.
16 January 2023	Face to face CAMHS appointment with CAMHS Case Manager 4 and AR. AR shared he does not want to meet with CAMHS, however is happy to receive his medication. Despite AR's reluctance to engage, the CAMHS Case Manager persists and gathers information about his current state.
27 February 2023	Face to face appointment with Consultant Psychiatrist 2, AR and father for medication review. During appointment AR requested Sertraline. Consultant Psychiatrist 2 has documented that he feels that AR may be trying to hold an oppositional view from father regarding medication as it had been decided at the previous appointment that medication was no longer needed. Outcome: Sertraline re-prescribed as requested by AR.

901. Between 01 July 2021 and 23rd February 2023 there are entries in the EPR which clearly document the voice of AR in the discussions regarding medication and the decision-making process in titrating or changing medication.
902. During the Practitioner Learning Events, CAMHS staff told the Reviewers that they record the AR's voice by noting their conversations with him in the EPR.
903. As evidenced in the table above, the Reviewers concluded CAMHS practitioners have clearly documented AR's voice in relation to medication, prescribing decisions when he was engaging.
904. It was acknowledged by CAMHS practitioners at the Practitioner Learning Events that when AR stopped engaging, prescribing decision making was heavily influenced by his parents. CAMHS Practitioners shared that it is common practice in paediatric care to prescribe based on the observations from parents, however they accepted that given AR was aged 17 during this period his thoughts and wishes should have been sought directly. This has been explored further in key question 7d below.

#### **7d) What was the role of AR's family in any prescribing decisions for AR?**

905. From the EPR entries there are several occasions noted where AR's parents are engaging in discussions relating to his medication with professionals on his behalf.
906. On occasions this is reported to be a direct request from AR himself, on other occasions, prescribing decisions are being made for AR following discussions with several health professionals involved in the delivery of AR's care.
907. There are 19 entries noted within AR's EPR where AR's parents have had direct input into prescribing decisions for AR (see Appendix 7b – Prescribing Decisions for AR by Family) with 13 of those entries being noted as being directed by AR's father.
908. When working with children and young people it is usual practice for parents to be involved in discussions and decision making in regard to care planning including medication. It is also good practice for the child or young person to be involved in an age and developmentally appropriate way. This includes having information shared with the child or young person on the intended medication, its benefit and any risks or side effects. This is in line with GMC and Trust guidance.

909. Young people (aged 16 or 17) are presumed to have sufficient capacity to decide on their own medical treatment, unless there is significant evidence to suggest otherwise.
910. For children under the age of 16, practitioners would assess the competence of the young person to decide whether a child is mature enough to make decisions about things that affect them (Gillick competence).
911. Gillick competency is often used in a wider context to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. In line with the Trust's consent policy, it would be assumed that a young person over the age of 16 would be involved in decisions about medication which is prescribed for them.
912. During the Practitioner Learning Events, CAMHS practitioners informed the Reviewers that in their opinion AR did have capacity.
913. However, they also noted that they work in partnership with the young person and their family and therefore they consider the views of the parents in decision making, unless the child has previously expressed to CAMHS to speak to them separately, or if there is any concern that the family are not representing their views.
914. It was noted through the EPR the occasions when the practitioners presented opportunities for AR to be seen on his own, to hear his voice and wishes without influence from his parents.
915. It would appear that despite AR having capacity, there were occasions where the medication prescribed to him did not involve a conversation with him directly to explain the intended use, risks and benefits. It is noted that AR had withdrawn engagement from the service which may also have had an impact on the reliance on his parents.

## **7e) What was AR told about their prescribed medications and medication compliance?**

916. The EPR reflects that AR was told about prescribed medication and medication compliance and documented within the EPR as follows:

- Informed of overall effect and side effects of prescribed medication on 7 occasions.
- Discussions regarding medication compliance on 16 occasions.

917. Appendix 7c (Medication Information and compliance discussions in AR's EPR) outlines all references to made in the EPR were medication information regarding medication effects and/or side effects and medication compliance have been shared with AR and/or his parents.

918. There was evidence throughout AR's contact with Sefton CAMHS of his non-compliance with his medication and the discussions between CAMHS practitioners and Psychiatrists with both AR and his parents regarding the importance of medication compliance to ensure benefit from medication therapeutic doses.

919. There is no formal procedure outlined within the Medicines Management Code which staff follow when young people are non-compliant with taking medication, other than supporting the young person in understanding why they are not taking their medication, then trying to optimise their treatment to achieve full compliance. It was also noted as part of this review that although the MMC covers all medication in the Trust it is focussed on the acute hospital with no consideration for example, of how to escalate non-compliance in a long-term community patient.

920. The Reviewers could find no evidence within the EPR that the decision made by Consultant Psychiatrist 2 to prescribe a one-off dose of Diazepam to facilitate AR's attendance at a face-to-face appointment was discussed with AR.

921. At the Practitioner Learning Events the practitioners noted that Melatonin was prescribed following a discussion with AR's father and at AR's request. However, AR did not speak directly with Consultant Psychiatrist 2 about his request for Melatonin. Good practice would have been to have a direct discussion with AR who was deemed to have capacity to make decisions about his treatment.

## **7f) What was AR's GP told about ongoing medication reviews and prescribing?**

922. There are 11 letters directly sent to AR's GP informing them about his ongoing medication reviews and prescribing. A brief description of letter contents is outlined in Appendix 7d - Medication Review History shared with GP.

923. As outlined in the Sefton CAMHS SOP:

*'Clinical letters are required to be sent to the referrer and GP (if the GP did not refer in), the family or patient if over 16, and any other relevant health professionals as necessary. Letters should be sent after a choice appointment, first partnership appointment and closure at the minimum. Changes in treatment pathways should also be communicated in written format'. (Page 20)*

*'As per AHH target, letters should be received back with the referrer/GP within ten days of the clinical contact. Therefore, letters should be dictated/transcribed within a maximum of 72 hours of the attendance'. (Page 21)*

924. The Reviewers noted from the Medisec entries, that the for the majority of letters the Consultants dictated them within 72 hours of attendance. There were delays noted between the letters being dictated and being typed resulting in the non-achievement of several letters being sent back to the GP within ten days of the clinical contact.

## **7g) Did the prescribing practice follow the Trust policy and any best practice guidance?**

925. AR's medications were prescribed by medical practitioners, namely Consultant Psychiatrists 1, Consultant Psychiatrist 2, and Doctor 1 (Speciality Trainee Doctor (ST4) in Psychiatry). Consultant Psychiatrist 1 and 2 both advised they prescribed all AR's medications in line with British National Formulary for Children (BNFC) and Maudsley Psychotropic Guidelines.

926. Consultant Psychiatrist 1 prescribed Propranolol, noting that Propranolol is unlicensed for the treatment of anxiety in under 18s. However, it is listed in the Maudsley Psychotropic Guideline for anxiety in under 18 years of age in treating physiological symptoms of anxiety. There is no specific monitoring recommended by the Maudsley Psychotropic Guideline.

927. Consultant Psychiatrist 2 prescribed Diazepam 5mg for AR as a one-off dose for anxiety on a *'risk versus benefits'* basis to enable AR to attend a face-to-face appointment. Diazepam 5mg is an adult dose of a Benzodiazepine and is listed

for use in the British National Formulary (BNF) for the use of severe anxiety. Adult doses are usually used in young people over 50kg or based on age guidelines in the BNFC.

928. Consultant Psychiatrist 2 explained that the consideration of prescribing a one-off dose of a Benzodiazepine such as Diazepam was and is in keeping with their long-term medical practice, having counselled AR's parents on the risks of long-term Benzodiazepine use. Whilst not routine practice within Psychiatry, Consultant 1 concurred with Consultant 2's decision to prescribed Diazepam as a one-off medication, noting its use as an acceptable intervention in this particular circumstance in treating AR's anxiety to facilitate his attendance at a face-to-face appointment. The Reviewers found no evidence within the EPR that this was discussed directly with AR.
929. Evidence in the EPR and GP letters of the benefits and side effects of medication being discussed and shared with AR and his parents.
930. At the time of intervention with AR, electronic prescribing in Sefton CAMHS was not in place. In accordance with the Trust Medicines Management Policy, Consultant Psychiatrists 1 and 2 issued AR's prescriptions via the paper prescribing route with use of an FP10 form. This is the standard form used for most prescriptions in England, including acute prescriptions for a single course of treatment and repeat prescriptions for ongoing medication
931. There were missed opportunities to fully engage AR in decisions made about his medication which is not in line with good practice or Trust guidelines.
932. In accordance with the Trust's requirement for all prescribers to complete Mandatory Training in Medicines Safety, the Reviewers can confirm that both Consultant Psychiatrists 1 and 2 have completed this mandatory training.

### **Practitioner Learning Event Prescribing Reflections**

933. The prescribing of Propranolol was noted to be unlicensed for the treatment of anxiety in under 18s. However, it is listed in the Maudsley Psychotropic Guideline for anxiety in under 18 years of age in treating physiological symptoms of anxiety. Consultant Psychiatrist 1 stated that they prescribed Propranolol in the best interest of AR's needs as an intervention to support his symptoms of anxiety.
934. Several prescribing decisions, including stopping medication were noted within the EPR, to have been made via conversations with AR's parents, mainly AR's father.

935. It was noted in the EPR the occasions when the practitioners presented opportunities for AR to be seen on his own, to hear his voice and wishes without influence from his parents.
936. During the Practitioner Learning Events, CAMHS practitioners informed the Reviewers that in their opinion AR did have capacity and struggled to balance AR's capacity to make decisions and disengage with therapeutic interventions alongside the parents' insistence in continuing to work with the service.
937. However, they noted that as part of CAMHS they do accept the views of the parents in decision making, unless the child has previously expressed to CAMHS a wish to speak to them separately, or if there is any concern that the family are not representing their views.
938. Consultant Psychiatrists 1 and 2 stated that best practice would have been for AR to be engaging in all decisions regarding his therapeutic inventions, in this case his medication and all prescribing decisions.
939. Consultant Psychiatrist 2 prescribed Diazepam 5mg for AR as a one-off dose for anxiety on a 'risk versus benefits' basis to enable AR to attend a face-to-face appointment. Consultant Psychiatrist 2 explained that the consideration of prescribing a one-off dose of a Benzodiazepine such as Diazepam was in keeping with their long-term medical practice having counselled AR's parents in the risks risk of long-term use.
940. At the Practitioner Learning Events the decision to prescribe Melatonin was explored in more detail with the CAMHS practitioners.
941. There is no evidence that a sleep diary has been completed with a prescription being issued on father's request; a sleep diary is recommended in the prescribing guideline for Melatonin. Consultant Psychiatrist 2 stated that Melatonin is extremely safe to prescribe and confirmed at the Practitioner Learning Events that they took the decision to prescribe Melatonin based on their clinical judgment and in the best interests of both AR and his family to help with AR's sleep hygiene.

## TOR 7 Prescribing - Findings

942. The Reviewers found that, with the exception of Melatonin, the prescribing of AR's medication to be in line with British National Formulary for Children (<https://bnfc.nice.org.uk/>) and Maudsley Psychotropic Guidelines. (<https://www.maudsley-prescribing-guidelines.co.uk/>).
943. There are no Trust therapeutic guidelines in place for Propranolol, Sertraline, Fluoxetine or Diazepam, as these are described as commonly prescribed drugs, and all prescribers refer to the BNF. The doses AR was prescribed were in line with the recommended doses in the BNFC or the Maudsley Psychotropic Guidelines.
944. Consultant Psychiatrist 1 prescribed Propranolol, noting that Propranolol is unlicensed for the treatment of anxiety in under 18s, however is listed in the Maudsley Psychotropic Guideline for anxiety in under 18 years of age in treating physiological symptoms of anxiety and dose is below adult dosing. There is no specific monitoring recommended by Maudsley Psychotropic Guideline.
945. Consultant Psychiatrist 2 prescribed Diazepam 5mg for AR as a one-off dose for anxiety on a '*risk versus benefits*' basis to enable AR to attend a face-to-face appointment. Diazepam 5mgs is an adult dose of a Benzodiazepine and is listed for use in the British National Formulary (BNF) for the use of severe anxiety.
946. There is no evidence that a sleep diary has been completed with Melatonin prescription being issued on father's request. This is not in line with the 'Melatonin Use at Alder Hey Children's Hospital Guidance'. Reviewers noted that Melatonin was prescribed following a discussion with father and at AR's request, however AR did not speak directly with Consultant Psychiatrist 2 about his request for Melatonin. Good practice would have been to have a direct discussion with AR who was deemed to have capacity to make decisions about his treatment.
947. From the EPR entries, discussions regarding medication overall effects and side effects plus the importance of complying with prescribed medication were reviewed as part of planned appointments with several clinicians directly with AR himself and/or with his parents.
948. The EPR reflects consultations that evidenced AR's wishes and feelings being considered regarding how the medication makes him feel and decision making regarding his medications.
949. There was evidence throughout AR contact with Sefton CAMHS of his non-compliance with medication and the discussions between CAMHS staff with both

AR and his parents regarding the importance of medication compliance to ensure benefit from medication therapeutic doses.

950. AR's pattern of compliance with prescribed medication was noted to have been inconsistent and documented as such throughout AR's EPR. However, the efforts undertaken by various members of Sefton CAMHS staff in engaging with AR and encouraging him to take his prescribed medication to ensure therapeutic affect are evidenced throughout the EPR.
951. There is no formal procedure outlined within the Medicines Management Code which staff follow when young people are non-compliant with taking medication, other than supporting the young person and understanding why they are not taking their medication, then trying to optimise their treatment to achieve full compliance.
952. There was evidence of good practice of a robust prescribing review with trial of Sertraline to note therapeutic benefits prior to stopping the Sertraline by Consultant Psychiatrist 1 and further face to face appointment being arranged prior to initiation of new medication by Consultant Psychiatrist 2.
953. There is evidence of good practice, noted in AR's EPR where prescribing of Sertraline was stopped by both Consultant Psychiatrists 1 and 2, due to AR's non engagement in response to their concerns regarding medicines safety, lack of face-to-face assessment and Consultant Psychiatrists 2 perception of parental over accommodation.
954. There is evidence of good practice by Consultant Psychiatrist 2 undertaking home visit in an effort to see AR face to face to discuss medication.
955. The Trust's Medicines Management Policy makes no reference to community services and focusses on inpatient stays and hospital care throughout, this is an area which could be improved.
956. Section 5 of the Trust Management Code outlines that all drug therapy must be reviewed regularly. There is no clear guidance on what would be considered an acceptable review period written in the Trust guidelines. Review periods are therefore determined by the clinical judgement of the individual prescriber.
957. In accordance with the Trust's requirement for all prescribers to complete Mandatory Training in Medicines Safety, the Reviewers can confirm that both Consultant Psychiatrists 1 and 2 have completed this mandatory training.
958. Evidence with EPR that GP was communicated with regarding prescribing and medication decisions via letter.

## **TOR 7: PRESCRIBING - RECOMMENDATIONS**

### **Recommendation 7a:**

The Trust's Medicines Management Policy (C37) must be reviewed and updated to ensure it is reflective of all services being offered across the organisation.

### **Recommendation 7b:**

The Trust should consider developing a Therapeutic Guideline for managing anxiety in children and young people.

### **Recommendation 7c:**

The Trust should update its Medicines Management Policy (C37) to guide staff on how often to review medication and how to respond when a child does not follow their prescribed treatment.

### **Recommendation 7d:**

The Trust must develop a dedicated medication tab or screen within the current EPR to ensure full visibility of prescribing activity.

### **Recommendation 7e:**

The Trust should consider expediting the implementation of electronic prescribing within Mental Health Services.

## Cultural Considerations

959. The Reviewers explored with the practitioners at the Practitioner Learning Events if they felt the terms of reference accurately captured all of the areas for learning. The Reviewers and the practitioners reflected that the one area the TOR did not explore was the impact that AR's race and culture may have had on his experience of services.

### **“It’s Silent”: Race, racism and safeguarding children**

960. At the beginning of this Learning Review process in March 2025 the national Child Safeguarding Practice Review Panel (CSPRP) published “It’s Silent”: Race, racism and safeguarding children.

961. This thematic review explores how race, racism and racial bias influence how professionals identify, understand and respond to the safeguarding needs of Black, Asian and Mixed Heritage children and their families.

962. The CSPRP report's findings and recommendations are taken from an analysis of a dip sample of 40 rapid reviews and 14 Local Child Safeguarding Practice Reviews (LCSPRs) of incidents that took place between January 2022 and March 2024, that involved Black, Asian and Mixed Heritage children.

963. The NSPCC summarised the findings of the report as:

- There is a silence in reviews on the role of racism in service and practice responses to Black, Asian and Mixed Heritage children and families.
- Safeguarding Reviews do not consistently explore the ways in which race, ethnicity and culture may influence practice responses to Black, Asian and Mixed Heritage children.
- The unique risks that may be experienced by children from Black, Asian and Mixed Heritage backgrounds are not adequately considered.
- Local safeguarding partnerships need to review local strategies and approaches to addressing race, racism and bias in their work with Black, Asian and Mixed Heritage children.

964. The Reviewers determined that it would be appropriate to consider the learning from this report and explore the findings of the report in terms of AR's care and treatment by the Trust.

965. The Reviewers explored culture with the practitioners at the Practitioner Learning Events and individually where relevant and have included this within the report as outlined below.

966. The Reviewers have considered the learning within the report, the reflective questions posed and have shared some examples below of how race, culture and ethnicity is considered by the staff working with AR within CAMHS.

### **Recognition of Race, Ethnicity and Culture**

967. The CSPRP report states that “*Understanding race, ethnicity and culture in safeguarding practice is essential for understanding diverse experiences, addressing disproportionality, mitigating bias and stereotypes, building trust and promoting empowerment and inclusion. In this sample of reviews, we found that explicit recognition*” (Page 32)

968. AR’s ethnicity is listed as White/Black African in AR’s EPR. The Reviewers identified that AR’s EPR evidence that CAMHS Case Manager 3 and 4, and CAMHS Key Worker 1 explored race, ethnicity and culture with AR.

969. For example, on 07 December 2021 AR said after he ‘trashed the family home’, “*I am the product of my environment*”. AR said that his father had taught him hitting is the way to manage things and not to walk away.

970. On the 11 January 2022, AR shared with CAMHS Key Worker 1 that his parents were from Rwanda. He talked about the Rwandan genocide against the Tutsi and about loss in his family. AR spoke about how race had affected him living in Cardiff then Southport, and the racism he had experienced at school.

### **The Role of Faith and Religion**

971. The Reviewers found that reference to faith and religion was contained within AR’s EPR. This outlined that the family had previously been Roman Catholic and had later converted to Evangelical Christians. AR talked about not wanting to go to church as he struggled with the noise.

### **Intersectional Perspectives**

972. The CSPRP report highlights the importance of having an intersectional approach in practice, recognising how race, gender, and socioeconomic status intersect to shape individual experiences.

973. The Reviewers determined that CAMHS practitioners did appear to consider the identity of AR and his family within their assessments and in Family Therapy. However, the practitioners informed the Reviewers at the Practitioner Learning Events that this could only be explored at a superficial level as both AR and his parents “*shut down conversations*” when they touched on these subjects.

### **Children’s Voices and Experiences**

974. The CSPRP report highlights the importance of listening to the child’s voice. The term ‘child’s voice’ goes beyond the spoken words of children and incorporates

the child's actions, behaviour and other forms of nonverbal communication that children may use to express their experiences and feelings.

975. When exploring Term of Reference 2 – Record Keeping and Communication the Reviewers found that when AR was engaging well with CAMHS his wishes and voice was clear and evident within the EPR. The same was also noted for AR's parents' voices.
976. The CSPRP report identified evidence that the voice of the child is not always centralised within practice; sometimes because of systemic issues such as time pressures, high workloads and staff turnover (Allnock et al., 2020; Ofsted, 2011).
977. The Reviewers found that AR's voice was not always central to decision making. This is particularly relevant in the decision to cease CAMHS Case Manager 3's involvement at AR's father's request. This decision was determined by the Reviewers to precede a significant decline in engagement by AR with CAMHS.
978. CAMHS Case Manager 3 shared with the Reviewers that in their opinion AR was no longer trusting of CAMHS after this decision was taken. CAMHS Case Manager 3 stated that AR's CAMHS Case Manager was reallocated based on AR's father's wishes because he felt that they were listening too much to AR. The Reviewers observed that AR's engagement did appear to decline following the decision to reallocate AR's CAMHS Case Manager at the end of June 2022.
979. The CSPRP report warns that without clearly listening to the child's voice and experiences, there is the risk that the uniqueness and individuality of each child is lost and that their individual lived experience is not appropriately considered. The Reviewers observed that AR's engagement did significantly decline following the decision to reallocate AR's CAMHS Case Manager at the end of June 2022.
980. The CSPRP report outlines that previous research and review evidence has demonstrated challenges in hearing the voices of children from Black, Asian and Mixed Heritage backgrounds, particularly when these children have additional learning needs or communication difficulties (CSPRP, 2022c).
981. In summary, the Reviewers concluded that CAMHS practitioners have acknowledged and explored issues pertaining to race, ethnicity and culture. This was intentionally explored with AR and his parents however it was acknowledged this was sometimes limited due to their responses to these lines of discussion. They have discussed in detail AR's experiences of racism in school and how this has impacted on him in terms of social isolation, bullying and non-engagement in education.

## **Actions Taken by the Trust since the Incident**

982. The following actions were taken by the Trust following the incident:

**Enhanced front page for Community Mental Health, ASD and ADHD Services**

**(TOR 2 - Record Keeping and Communication, TOR 3 - Electronic Patient Records, TOR 6 - Risk Assessment)**

983. The front page for Community Mental Health, ASD and ADHD Services has been enhanced to highlight key risk data and now includes details of all clinical staff involved in the child or young person's care. The front page (screen) for Community Mental Health, ASD and ADHD Services went live on 16 April 2025.

**Development of a Risk and Care Plan widget**

**(TOR 2 - Record Keeping and Communication, TOR 3 - Electronic Patient Records, TOR 4 - Escalation, TOR 6 - Risk Assessment)**

984. This widget enables key risk documents (Triage forms, Risk and Care Plans, Cheshire and Merseyside Children and young people's Complex Needs Escalation and Support tool (CNEST) and Adverse Childhood Experience (ACE) documentation) to be easily accessible for clinical staff. It also allows viewing of the entire chronology of these documents, showing all completed risk and care plans for the child or young person. In addition, items from the new Systemic Risk Management document, including Mental Health Act status and Deprivation of Liberty Safeguards status are clearly visible. This went live on 23 April 2025.

**Digital Safeguarding Supervision Templates**

**(TOR 2 - Record Keeping and Communication, TOR 3 - Electronic Patient Records, TOR 5 - Safeguarding Supervision)**

985. Digital safeguarding supervision templates have been developed and built within the EPR to facilitate the robust documentation of planned and unplanned safeguarding supervision and went live on 01 July 2025.

**Development of a Systemic Risk Management Document**

**(TOR 2 - Record Keeping and Communication, TOR 3 - Electronic Patient Records, TOR 4 - Escalation, TOR 6 - Risk Assessment)**

986. Upon receipt of documents received from other organisations e.g. mental health assessments, the Systemic Risk Management Document enables clinical staff to add key details directly into the document to ensure easy visibility within the child or young person's EPR. This document enables the member of staff to view both historic and current legal status. This went live on 16 April 2025.

**Improvements to Current Triage Form  
(TOR 2 Record Keeping and Communication, TOR 3 Electronic Patient Records, TOR 4 Escalation, TOR 6 Risk Assessment)**

987. Improvements have been made to the triage form, including the introduction of mandatory text fields relating to each key risk domain. Additionally, risk questions now feature mandatory categories such as high, medium, low, and not known, enhancing the evaluation and prioritisation of needs.
988. While risk estimation can be useful, it must be understood in the context of the overall risk formulation. Therefore, the updated triage form also incorporates a formulation section utilising the five P's framework (presenting issues, precipitating factors, perpetuating factors, predisposing factors and protective factors).
989. This framework supports staff to gather information about the needs of a child, the level of concern, the effect of the problem on functioning and contextual factors informing risk and coping. Identifying risk and protective factors is essential for implementing effective safety planning collaboratively with those children accessing the service.
990. All improvements made are mandatory, ensuring clinical staff can substantiate their clinical judgments and decision-making effectively. The risk formulation is open to revision and re-formulation based on new information becoming available. In addition, there are additional options for subsequent steps after triage to streamline management. This feature will ensure clarity of outcome at each triage. This went live on 16 April 2025.

**Improvements to Current Risk and Care Plan Forms  
(TOR 2 - Record Keeping and Communication, TOR 3 - Electronic Patient Records, TOR 4 - Escalation, TOR 6 - Risk Assessment)**

991. The risk questions and stratification options in this form mirrored the triage form. In addition, the triage risk scores are included so clinical staff can monitor risk changes over time.
992. These improvements have facilitated clear documentation of the considerations made by staff during key clinical activities. Mandating the fields ensures that each area has been considered and provides the clinical rationale for decisions made at that time. This went live on 16 April 2025.

**Improvements to Caseload Management Tool and Waiting List Information (TOR 1 - Engagement, TOR 2 - Record Keeping and Communication, TOR 3 - Electronic Patient Records, TOR 4 - Escalation, TOR 6 - Risk Assessment)**

993. To support improvements in the management of risk relating to caseload and waiting lists the following actions were taken:

- **Risk Scores and Outcome from Triage included in Service Waiting List**

This improvement now ensures that the stratification scores generated at triage and triage outcome decision now flow to the service waiting list tool. In addition, these are now stratified with colours e.g. High risk – red. This went live on 16 April 2025.

- **Risk scores from the Risk and Care Plan Form included in the Caseload Management Tool**

This improvement now ensures that the stratification scores generated at triage and triage outcome decision now flow to the caseload management tool. This went live on 16 April 2025.

994. CAMHS have reported that the clinical impact of these improvements has been significant during referral and triage meetings. These enhancements have support staff members' capacity to provide improved risk evaluation; comprehensive risk formulation and clearly identify triage outcomes. CAMHS have reported that these improvements support consistency in clinical reasoning across mental health service and assist in the audit of the triage process that is undertaken.

995. The risk formulation provides a prompt for staff to contact referrers and families to obtain additional information when needed, to identify an appropriate outcome or where risk information necessitates safety planning and risk management advice.

996. Mandated completion of the risk domains using the high, medium, and low categories ensures that essential risk information is available and visible when reviewing the service waiting list. It should be noted that risk assessment is based on information available at the time of triage, as such collaborative safety planning remains a priority irrespective of whether the risk is assessed as high, medium, or low.

997. The use of stratification within the risk management tool facilitates CAMHS, ADHD, ASD and EDYs staff and Service Leads to have an overview and understanding of the risk needs across their services.

998. The key risk domains are visible (colour coded) on the open caseload and can be reviewed in clinical and managerial supervision. The availability of the historical risk documents and formulation provides information about risk over time highlighting significant changes that may have occurred. Risk assessments will continue to be updated by staff at regular intervals in accordance with Trust policy or when there has been a significant change, promoting a dynamic risk management culture.

**CAMHS EPR Dashboard (TOR 2 Record Keeping and Communication, TOR 3 Electronic Patient Records)**

999. The development of the CAMHS EPR dashboard now allows CAMHS clinical leads to have an overview of appointment and session note compliance. CAMHS have reported this information is audited monthly. Whilst the EPR dashboard functionality was made available from 04 July 2024, further developments were made within the service to enhance oversight and scrutiny. This went live in January 2025.

**Training to support implementation of EPR changes**

1000. Training was provided, virtually via MS Teams, to all CAMHS, ASD/ADHD and Eating Disorder young people service (EDYs) staff on the EPR improvements made, with sessions being recorded to support staff who were on leave/absent to access the training on their return to work

1001. Additional training was also provided to staff on the 'upload' functionality within the EPR system, enabling clinical and administrative personnel to upload scanned files into the child or young person's records efficiently. This functionality was completed by 30 April 2025.

1002. CAMHS have informed the Reviewers that local induction training for all new employees to the services has been updated and includes the improvements made. Compliance with the training is shown in the table below:

<b>Training</b>	<b>% Compliance – 24/07/2025</b>
Front Screen (for CAMHS, ADHD, ASD, EDYs, Crisis - incl Admin)	97.9%
Risk Triage Screen (for CAMHS, EDYs, Crisis -clinical staff only)	96.9%
If the Division account for maternity leave/sickness, % increases to <b>99.7%</b> and <b>98.9% respectively</b>	

1003. Currently EPR training is undertaken with new starters to Community and Mental Health Division at departmental level as part of local induction. From September 2025, a CAMHS Practice Educator will lead on ensuring all new starters get the required induction to the EPR including the importance of completing and reviewing the risk screens.

## **Additional Actions**

### **CAMHS Cold Feed**

1004. The Reviewers have been informed by the Trust's Head of Information Governance & Data Protection Officer that the following additional actions have been completed to address TOR 2 Record Keeping and Communication and TOR 3 Electronic Patient Records since the incident:

- Introduction of a scanning solution enabling CAMHS staff to upload external and internal paper-based documents directly into EPR. This went live from 30 April 2025 (TOR 2 and TOR 3).

### **CAMHS Risk Dashboard**

1005. The Reviewers have been informed by CAMHS that the following additional action has been completed to address TOR 4 Escalation and TOR 6 Risk Assessment since the incident:

- Development of a risk dashboard to enable review and discussion of the risk assessment detail of the individual CAMHS caseload between CAMHS practitioners and their clinical supervisor on a 6-weekly basis, as part of CAMHS clinical and managerial supervision. This went live from 28 April 2025 (TOR 4 and TOR 6).

### **Neurodevelopmental (ND) Service Specific Risk Assessment Tool**

1006. The Reviewers have been informed by ASD Clinical Lead 1 that the following additional action has been completed to address TOR 6 Risk Assessment since the incident:

- A Neurodevelopmental (ND) Service Specific Risk Assessment Tool has been developed. 54 clinicians have received training on this tool in August 2025 and forms part of the ND service induction for all new staff. There are five outstanding staff to be trained who are currently not in work, this will be completed upon their return. The ND Service Specific Assessment Tool is now live and being used within the service.

### **Discharging Children and Young People from Child and Adolescent Mental Health Services (CAMHS) SOP**

1007. A Discharging Children and Young People from Child and Adolescent Mental Health Services (CAMHS) SOP was developed to guide CAMHS staff on the

discharging of children and young people from CAMHS. This was approved on the 01 October 2024 and added to the Trust Document Management System (DMS).

### **Clinical Documentation and Record Keeping for the Community and Mental Health Division SOP**

1008. The Clinical Documentation and Record Keeping for the Community and Mental Health Division SOP outlines the expectations, guidelines, and processes for ensuring the timeliness and quality of clinical documentation within the Community and Mental Health Division. High-quality, timely documentation is critical for patient safety, effective clinical decision-making, legal and regulatory compliance, and continuity of care. This was ratified and was approved on the 09 January 2025 and added to the Trust Document Management System (DMS).

### **Safeguarding**

1009. The Trust's Associate Director of Safeguarding and Statutory Services has advised that the initial learning identified following the Rapid Review undertaken at the request of the Lancashire Safeguarding Children Partnership (LSCP) has been captured within an action plan.

1010. The Rapid Review action plan continues to be reviewed and updated by the Trust and submitted to LSCP and Cheshire and Merseyside ICB Designated Professionals for Safeguarding Children.

1011. The Rapid Review action plan includes the actions taken by the Trust since the incident (detailed above) in addition to the actions taken by the Safeguarding Team outlined below to address TOR 4 Escalation, TOR 5 Safeguarding Supervision and TOR 6 Risk Assessment since the incident:

- Level 3 Safeguarding Training was reviewed to ensure the content was clear regarding safeguarding routes of escalation (TOR 4). This went live from January 2025.
- A Safeguarding Order Dashboard has been created to enable better business intelligence in relation to requests for safeguarding advice and support. This went live in January 2025 (TOR 4).
- Sefton CAMHS have invested a further 1 WTE Band 7 Safeguarding role within the Safeguarding Team to acknowledge the growth of Alder Hey Children and Young People Mental Health Services (Liverpool and Sefton) and the increased requirements for safeguarding supervision. (TOR 5). Interviews took place on 20 July 2025, and it is anticipated the post holder will commence in post in November 2025.

- A Trust wide Safeguarding Supervision Policy has been drafted and is in process of consultation. The policy includes the requirement of the Safeguarding Specialist Nurse or Safeguarding Specialist Practitioner undertaking supervision ('the supervisor') to document supervision not the practitioner ('the supervisee') receiving the supervision (TOR 5). Change in requirement for Supervisor to document went live from July 2025.
- All Safeguarding Special indicators have been reviewed and updated, and the additional functionality has been created to allow all staff to add a temporary safeguarding special indicator within EPR. This went live on 28 April 2025 and was accompanied by a Safeguarding Special Indicator SOP (TOR 4 and TOR 5).

## Overview of Recommendations

The Reviewers have assigned a prioritisation rating of high, medium and low for each of the recommendations to guide the Trust in relation to the urgency of action required.

### TOR 1: ENGAGEMENT

#### **Recommendation 1a: (Medium Priority)**

The Trust should ensure that a reliable and prompt system is in place across CAMHS to assign a new CAMHS Case Manager (or Key Worker/Lead Professional as appropriate) following long term absence or exit of the CAMHS Case Manager (or Key Worker/Lead Professional as appropriate).

#### **Recommendation 1b: (Medium Priority)**

The Trust should implement a standardised protocol for reviewing all requests to change a CAMHS Case Manager/Lead Professional/Key Worker, ensuring that decisions are made with careful consideration of their potential impact on therapeutic relationships/clinical care as well as any wider implications of the reason behind the change.

#### **Recommendation 1c: (Low Priority)**

The Trust must review and update its clinical guidelines concerning CAMHS provision to children and young people who have decision-making capacity and do not consent to interventions involving themselves or their families.

#### **Recommendation 1d: (Low Priority)**

The Trust's Patient Access Policy (M47) and related Standard Operational Procedures/policies (SOPs) should be updated to reflect the child's voice and distinguish between a child/young person with capacity who chooses not to engage/participate (DNA) and cases where the parent is responsible for attendance and the child is recorded as 'Was Not Brought' (WNB).

#### **Recommendation 1e: (Medium Priority)**

The Trust EPR functionality must be developed to enable staff to record missed appointments as either 'Did Not Attend' or 'Was Not Brought' to reflect if the child or young person chooses not to engage, or if the parent did not bring their child to their appointment. This should be subject to 6 monthly audits.

#### **Recommendation 1f: (High Priority)**

The Trust should ensure that all appointments are booked via the official CAMHS central booking system to ensure that appointment changes are accurately captured in the EPR.

#### **Recommendation 1g: (Medium Priority)**

The Trust should develop a consistent approach to management supervision of CAMHS cases open to the service for an extended period of time.

#### **Recommendation 1h: (High Priority)**

The Trust should ensure that CAMHS care plans are reviewed every 3 months through management supervision, to ensure that CAMHS practitioners have revised, updated and documented the CAMHS care plan.

**Recommendation 1i: (Low Priority)**

The Trust should review the Patient Access Policy (M47) and Safeguarding SOP to ensure consistent guidance for staff regarding 'Did Not Attend' and 'Was Not Brought'.

## **TOR 2: RECORD KEEPING & COMMUNICATION**

**Recommendation 2a: (High Priority)**

The Trust should review whether the current record keeping audits outlined in the Trust Record Keeping Standards Policy (C76), include expected standards of professional record keeping by discipline, standards and expectations for clinical documentation and record keeping by specialism as required.

**Recommendation 2b: (High Priority)**

The Trust must create a SOP which outlines the process for adding external documents to the EPR, so all professionals and services can access all documents relevant to the child's care.

**Recommendation 2c: (High Priority)**

The Trust needs to identify other clinical services that require 'cold feed' in the EPR system to support uploading of external documents.

**Recommendation 2d: (Medium Priority)**

The Trust should consider the development of additional EPR summary screens by organising similar documents, such as Early Help, Child in Need, Child Protection minutes, and Education Health and Care Plans (EHCPs), into separate, chronological tabs for easier access and review.

**Recommendation 2e: (Medium Priority)**

The Trust Record Keeping Standards Policy (C76) and associated operational SOPs and guidelines must be updated to clearly instruct staff on the documentation of emails, texts and other digital correspondence within the EPR.

**Recommendation 2f: (High Priority)**

The Trust should gain assurance that CAMHS have fully implemented and regularly audit the EPR changes made after the incident.

**Recommendation 2g: (High Priority)**

The Trust should gain assurance that all staff fully understand Trust expectations and requirements with regards to contemporaneous record keeping.

## TOR 3: ELECTRONIC PATIENT RECORDS

### Recommendation 3a: (Medium Priority)

The Trust must review and revise the current EPR training materials to ensure staff can navigate the EPR to understand the entire patient journey.

### Recommendation 3b: (Medium Priority)

The Trust must update its Record Keeping Standards Policy (C76) to include clear guidance for staff on uploading external multi-agency documents to EPR.

### Recommendation 3c: (Low Priority)

The Trust should consider the development of a separate EPR summary tab for the recording and documentation of Professionals/Multiagency meetings.

### Recommendation 3d: (High Priority)

The Trust should ensure the Community and Mental Health Division have the appropriate tools for the oversight and monitoring of compliance with:

- Management Supervision of CAMHS cases.
- Review and recording of CAMHS Care Plans.
- CAMHS Risk Management Tools.

### Recommendation 3e: (Medium Priority)

The Trust should explore ways to improve the EPR system, so it better supports services within the Community and Mental Health Division to have full oversight and management of their service caseloads.

## TOR 4: ESCALATION

### Recommendation 4a: (Medium Priority)

The Trust must develop a guideline for managing cases where a young person with capacity chooses not to engage with CAMHS, but the family requests ongoing support. The guideline should clearly articulate when escalation to CAMHS senior leaders is required and ensure CAMHS cases are reviewed and risk-based decisions made as to whether it is safe to discharge.

### Recommendation 4b: (High Priority)

The Trust must review the findings from the Learning Review and apply them to the Deteriorating Child programme of work considering the deterioration of physical and mental health as well as overall functioning.

### Recommendation 4c: (Low Priority)

The Trust should review how reasonable adjustments are implemented for neurodiverse children and young people, including in the management of non-engagement with clinical services.

## **TOR 5: Safeguarding Supervision**

### **Recommendation 5a: (High Priority)**

The Trust must complete a comprehensive review of safeguarding supervision needs to ensure adequate capacity of the Safeguarding Team resource to match the defined need. This should include flexibility to attend service Multidisciplinary Team Meetings, and offer group and individual supervision. The review should demonstrate a clear understanding of services that may have higher levels of need based on the nature of risk carried by those services.

### **Recommendation 5b: (High Priority)**

The Trust's Safeguarding Team must set up a central record to provide assurance that Trust staff are receiving safeguarding supervision in line with Trust Safeguarding Children Policy (M3) and cross referenced with individual service standards.

### **Recommendation 5c: (High Priority)**

The Trust must introduce a Safeguarding Supervision Policy that includes:

- The safeguarding supervision offer across the Trust
- Guidance for staff on what cases should be brought to safeguarding supervision
- Standardised safeguarding supervision proformas and templates
- Safeguarding Supervision Competency Framework
- Safeguarding Supervision Matrix

### **Recommendation 5d: (High Priority)**

The Trust must ensure the digital Safeguarding Supervision recording template is being used consistently to support robust and standardised supervision across services. This should be subject to 6 monthly audits.

## **TOR 6: RISK ASSESSMENT**

### **Recommendation 6a: (High Priority)**

The Trust should create clear guidance for CAMHS staff on the completion and recording of risk assessments at triage, and how the results correlate with the level of care to be provided.

### **Recommendation 6b: (High Priority)**

The Trust should develop an audit tool to provide assurance that CAMHS Risk Management Tools are being completed and updated in line with Standard Operating Procedures.

### **Recommendation 6c: (Low Priority)**

The Trust should consider how best to share the learning from this review in order to engage with the Integrated Care System (ICS), regional and national forums that consider evidence and best practice in Child and Adolescent Mental Health and seek to influence the dialogue to current approaches to risk assessment in different settings.

**Recommendation 6d: (High Priority)**

The Trust should develop a tool to help staff identify which cases to bring to safeguarding supervision.

**Recommendation 6e: (High Priority)**

The Trust should ensure that the CAMHS Risk Management Tool is revised to ensure that key risks are clear to professionals outside of CAMHS to ensure optimal multi-agency working with clear shared understanding of identified risk.

**Recommendation 6f: (High Priority)**

The Trust should produce guidance for CAMHS staff on how often to revisit and reassess historical risk when there is past criminal activity involving children/young people as either victims or perpetrators.

## **TOR 7: PRESCRIBING**

**Recommendation 7a: (Low Priority)**

The Trust Medicines Management Policy (C37) must be reviewed and updated to ensure it is reflective of all services being offered across the Trust.

**Recommendation 7b: (Low Priority)**

The Trust should consider developing a Therapeutic Guideline for managing anxiety in children and young people.

**Recommendation 7c: (Low Priority)**

The Trust should update its Medicines Management Policy (C37) to guide staff on how often to review medication and how to respond when a child does not follow their prescribed treatment.

**Recommendation 7d: (Low Priority)**

The Trust must develop a dedicated medication tab or screen within the current EPR to ensure full visibility of prescribing activity.

**Recommendation 7e: (Low Priority)**

The Trust should consider expediting the implementation of electronic prescribing within Mental Health Services.

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## Appendix Documents: TOR 6 - Risk Assessment

### Appendix 6a – Entries in AR’s EPR where either risk was identified or discussed both within CAMHS or by external partners

The table below compiles entries from AR’s EPR where either risk was identified or discussed both within CAMHS or by external partners:

Date	EPR	Comments
11 April 2019	<p>Referral from GP 1 to CAMHS at Alder Hey requesting for AR to be seen by CAMHS for his anxiety.</p> <p>Sefton CAMHS noted that as there was no indication within the referral that first line intervention for psychological support for anxiety had been accessed, the referral to CAMHS was rejected and AR referred onto a Partner Agency: Parenting 2000 for further support</p>	<p>In line with SOP Sefton CAMHS Service, the referral was triaged by two practitioners from the Crisis Care Team (who were completing CAMHS referral triage at this time).</p> <p>Referral to Partner agency was an appropriate first line intervention based on referral request with no risks identified.</p>
10 October 2019	<p>Referral from Range High School Safeguarding Lead to Sefton CAMHS requesting a review of AR’s mental health.</p> <p>The referral stated that <i>“AR had been suspended from school for carrying a knife. AR had called Childline and that he was being bullied and had carried knife to school on 10 occasions. Childline had contacted the Police who went family home on 7.10.2019 and reported this to school’</i>. The referral also expressed concerns that:” <i>AR reported he was being pushed around and would have used it (the knife) to stab somebody”</i>. School also shared concerns regarding AR’s <i>“disproportionate responses to the incidents within school and that AR lacked emotion’</i>.</p>	<p>This referral was not triaged at the point of referral by Sefton CAMHS as it was agreed to hold a Professionals meeting on 11 October 2019 to collectively discuss the referral and risks presented by and to AR with key agencies which was an appropriate approach.</p>

<p>11 October 2019</p>	<p>Professionals meeting held to triage and discussed the referral that had been received by Sefton CAMHS from Range High School on 10 October 2019.</p> <p>It was noted at this meeting that AR was, <i>'at risk of crime with no mental health concerns indicated within the referral'</i>.</p> <p>The outcome of the meeting was that AR be referred onto Targeted Youth Support (service that works with children and young people on the edge of criminality) and suggested that the family liaise with the school to ask what support could be put in place</p>	<p>At this meeting there was an appropriate recognition of the risks that AR presented, which included risk of harm to others through the carrying of a knife to school, risk of criminality and risk to self from being bullied by others at school.</p> <p>Appropriate recognition of the risks identified in the referral prompting referral to Targeted Youth Support. Targeted Youth support work with C&amp;YP on edge of criminality.</p> <p>Triage, professional discussion and feedback to the referrer completed within 2 days which is within commissioned standards.</p>
<p>17 October 2019</p>	<p>Document uploaded to EPR entitled direct consultant referral which appears to be a triage risk assessment tool completed by Sefton CAMHS.</p> <p>The document outlined 4 domains of self-harm, serious self-neglect, violence and exploitation/Vulnerability.</p> <p>Self-harm -11 Categories with all categories ticked as no</p> <p>Serious self-neglect 11 Categories with all categories ticked as no</p> <p>Violence-10 Categories 3 categories answered as yes, 2 as no and 6 as don't know.</p> <p>For the 3 ticked as yes -Current thoughts or intentions towards violence, school exclusions for violence and any other issues</p> <p>Exploitation/Vulnerability 11 Categories with all categories ticked as no</p> <p><i>'Outcome targeted youth and school support. Reason behind outcome as</i></p>	<p>The risk assessment document used has no title but does look at the 4 domains of self-harm, serious self-neglect, violence and exploitation/vulnerability.</p> <p>The Reviewers have concluded that this risk assessment document was completed at the professionals meeting held on 11 October 2019 but not uploaded to EPR until 17 October 2019</p> <p>Based on the outcome of the risk assessment for risk of violence and discussions with professionals the <i>Outcome was for AR to be referred for targeted youth and school support. Reason behind outcome</i></p>

	<i>risk of crime, no mental health indicated in referral.'</i>	<i>as risk of crime, no mental health indicated in referral.'</i>
22 November 2019	<p>Email from Deputy Head Teacher and SENCO from Acorns School to Community Paediatrics requesting help in referring AR to the ASD pathway.</p> <p>The email from Acorns School contained information relating to the details disclosed previously by Range High School (10 October 2019). Acorns School also noted in their referring email that AR." <i>lacked understanding regarding the implication and risk of carrying a knife, to him and the community, does not go out, has no friends and is not involved in any gangs.</i>' Acorns School also shared that AR had been <i>'seen in ICT lesson searching school shootings"</i>. <i>Reference is made to AR's father being informed of this detail'</i>.</p> <p>However, it is documented in AR's notes that his father was said to have spoken to the Acorns school stating this fact was untrue.</p> <p>Acorns School note within their email they had tried to refer AR to Lancashire CAMHS service (AR had a Lancashire address) but advised the referral was not accepted by Lancashire CAMHS as AR is registered with a Sefton GP.</p>	<p>Email sent by School on 22 November 2019, received/read by Community Paediatrics on 3 December and scanned into EPR on 4 December 2019.</p> <p>There is no documentation noted in AR's EPR of any risk assessment being undertaken at the time of referral from Acorns School by Community Paediatrics nor any internal safeguarding advice being sought by Community Paediatrics to Alder Heys safeguarding team.</p> <p>Safeguarding advice may have recommended that this information should have prompted education to have had further discussion with their educational Safeguarding lead and Children's Social Care in respect of risk and a referral to PREVENT if necessary.</p>
12 December 2019	<p>Phone call from Criminal Justice Liaison Team (CJLT) at Mersey Care NHS Foundation Trust to Crisis Care Team sharing information that, <i>'AR had been arrested for bring a knife and wooden club into school with the intention of killing someone'</i>.</p> <p>CJLT also shared that they had made a referral to Forensic CAMHS (service</p>	<p>The risk assessment was undertaken by CJLT and shared with Sefton CAMHS. Sefton CAMHS Teams were unaware that AR was open to PREVENT until this communication with CJLT.</p>

	<p>that deal with CYP committing crime in relation to other people, disclosed that AR was open to PREVENT due to concerns regarding terrorism and that they (CJLT) intend to call a strategy meeting.</p>	<p>Details shared included detailed overview of the CJLT risk basement immediate risk management plan and a further risk management plan</p>
<p>13 December 2019 (email sent 12 December 2019 at 15.30hrs and uploaded to EPR on 13 December 2019)</p>	<p>CAMHS received the urgent referral from Mersey Care CJLT following the phone call received on 12 December 2019 (see above). This referral was triaged by the Alder Hey Crisis Care Team who were completing CAMHS referral triage at this time.</p> <p>Risk assessment completed by CJLT</p> <p>Risk to self-SA10 LOW <i>'Has no history of this and denies any current thoughts'</i></p> <p>Risk to others SA10 Medium: <i>'Medium AR has no history of previous offending or violent behaviour. Initial context of offence suggests this was retaliation. However, AR response to why he assaulted a different child is of concern along with his lack of empathy/remorse. AR excluded from school for carrying a knife and his current offence also includes the use of weapons and a direct statement that he was intending to seriously harm someone. This appears related to poor problem-solving ability consistent with a possible AD diagnosis. There are also serious concerns about AR use of the internet and the nature of the information he has been accessing. AR currently open to PREVENT team around possible radicalisation'</i></p> <p>The referral also indicated that there was an open PREVENT referral, however not in relation to his arrest for carrying a knife in school.</p> <p>The referral outlines that when AR was asked if he intended the kill the child in his school. He shared he had <i>"wanted to kill him, but I don't think I would. Ideally, I wish I did it"</i>.</p>	<p>The referral from Mersey Care CJLT contained a detailed assessment of AR. It identified risks regarding what and whom AR may be accessing online</p> <p>Assessment by CJLT is comprehensive and appropriate referrals made to:</p> <ul style="list-style-type: none"> <li>- Multi-Agency Referral Form to Lancashire Children's Social Care</li> <li>- FCAMHS (Manchester)</li> <li>- Alder Hey CAMHS</li> <li>- Inputted Clinical Incident within Mersey Care</li> <li>- Linked with Mersey Care Safeguarding Team</li> <li>- Autism Assessment</li> </ul> <p>Risk information completed and shared by CJLT</p>

<p>15 December 2019</p>	<p>Alder Hey Crisis Team (who were completing CAMHS referral triage at this time) triaged CJLT referral and completed what appears to be a risk assessment tool which outlines 4 domains as outlined above.</p>	<p>In line with SOP Sefton CAMHS Service, the referral was triaged by two practitioners from the Crisis Care Team. Triage of the referral identified and noted on the referral that AR was low risk to self, medium risk to others and medium risk from others.</p> <p>Their decision on acceptance of CJLT referral was that AR be referred for an urgent Partnership appointment in line with Sefton CAMHS Service</p>
<p>16 December 2019</p>	<p>Internal triage discussion held were the urgent CAMHS referral from CJLT triaged on 15 December 2019 was reviewed and discussed</p> <p>Outcome decision made for an urgent partnership appointment</p>	<p>The outcome and decision made at the Professionals discussion was that AR be referred for an urgent Partnership appointment due to complex nature of difficulties described in the referral which was accepted by Partnerships.</p> <p>The risk assessment document used has no title but does look at the 4 domains of self-harm, serious self-neglect, violence and exploitation/Vulnerability.</p> <p>The Reviewers have concluded that this risk assessment document was completed over 2 days (15 and 16 December 2019) and discussed between professionals within the service. It was uploaded to EPR on 16 December 2019.</p>

<p>17 December 2019</p> <p>Minutes uploaded in March 2020</p>	<p>Following receipt of the CJLT referral a multiagency strategy meeting was held with representatives from the Police, School, Children's Social Care, PREVENT, Health, CAMHS and CJLT. This meeting was attended by Sefton CAMHS Case Manager 1.</p> <p>The police provided an update on AR carrying a dangerous weapon and the attack on a pupil at school. It is noted that AR had been viewing inappropriate content online in relation to terrorism. There was also an update from the school. An update was also given from Social Care who noted that AR displayed obvious ASD traits.</p> <p>Outcome of strategy meeting: CSC to continue their assessment including seeing sibling and parents by themselves. Prevent team to commence initial assessment. Case Manager 1 to complete to initial CAMHS appointment. Allocated worker from CAMHS to see sibling early Jan. AR not to return to school at this time, work requested to be sent home from Acorns. Update to be sought from Parenting 2000 Follow up strategy meeting to be held 6<sup>th</sup> January 2020 following the updates being gained from the above enquires.</p>	<p>Collectively all agencies in attendance at the MDT noted that AR was at risk of further criminality due to impulsivity and that triggers needed exploring.</p> <p>A follow up strategy meeting was planned for 6 January 2020 and consideration of referral to CHANNEL panel.</p> <p>CAMHS Case Manager 1 has documented the main points from the discussion in the meeting. Outcomes agreed from the meeting are not clear in the EPR. Once the formal meeting minutes are received this is clearly outlined. Minutes from strategy meeting added to EPR 3 March 2020 It is unclear why the minutes have not been added to the records sooner</p> <p>Risks identified to date by all agencies were discussed in the strategy meeting and actions agreed for next steps as outlined in previous column</p>
<p>Fri 20 December 2019</p> <p>(Note: documented on 31 December 2019</p>	<p>AR's first face to face appointment with CAMHS Case Manager 1 together with AR's Mothers.</p> <p>The appointment was to gain information regarding AR's recent assault on a peer.</p> <p>AR reported that he thought he had "ADD" due to hyperactivity and</p>	<p>This is an appropriate assessment of risk and completion of risk assessment in line with Sefton CAMHS SOP.</p> <p>CAMHS Case Manager 1 has documented that they felt AR "<i>would not search for terrorism/etc online</i></p>

<p>Christmas Period)</p>	<p>concentration difficulties and that he feels different but does not know why.</p> <p>AR stated that in regard to the following risk areas he had not experienced any form of harm: Sexual Assault, Domestic Violence, Deliberate Self Harm, Suicidal Ideation.</p> <p>Mental state examination undertaken which considered appearance, speech attitude, mood, insight and judgment and thoughts.</p> <p>AR did not mention any thoughts of terrorism and actually stated that he does not like thinking of Rwanda or back home. He could not explain why he felt like these. He did express thoughts of low self-esteem and confidence.</p> <p>AR shared that he had planned the attack towards the school pupil on the Saturday, ordered the taxi on the Sunday and went to school on the Monday. Records indicate AR being unable to find the pupil. It is reported this made AR sad. AR stated that would have used the knife if the hockey club didn't hurt him as he had been hurt.</p> <p>It was reported by Case Manager 1 that AR was groomed, clean and tidy with no evidence of self-neglect, with low self-esteem and confidence.</p> <p>It was also documented that AR was still being monitored by police, PREVENT and Social Care.</p>	<p><i>other than for teenage curiosity with intense autistic backing”.</i></p>
<p>06 January 2020</p>	<p>Follow up strategy meeting attended by CAMHS Case Manager 1.</p> <p>Information that AR and his sibling remain on a Child in Need (CIN) Plan. Not escalated to Section 47 at this time.</p>	
<p>08 January 2020</p>	<p>Risk Management Tool was completed by CAMHS Case Manager 1</p>	<p>Update to risk assessment by CAMHS Case Manager 1</p>

	<p>Risks identified as:</p> <p>Risk to others (in particular the school pupil who he perceived bullied him).</p> <p>Reports from school regarding terrorism however PREVENT outcome is there is no evidence of radicalisation or anything malicious being found.</p> <p>Risk identified for sibling should sibling hurt animals.</p> <p>AR to remain at home without school and see Case Manager 1 for emotional regulation work</p> <p>AR was under CIN plan until police checked in and checked computer – once completed, would be able to establish a better plan going forward.</p>	
<p>14 February 2020</p>	<p>Letter sent from CAMHS Case Manager 1 to Duty and Assessment Team and Lancashire Children's Social Care which outlines that AR was on the ASD Pathway, awaiting assessment for diagnosis, and presented with autistic traits. Within the letter it was noted that AR's convictions seem to be in line with Autism Spectrum Condition ("ASC") rigid thinking and lack of empathy and that with time AR would learn to understand his emotions and regulate them with situation contexts. AR had not presented with any mental health concerns and no safeguarding issues witnessed that could result in harm coming to anyone in the family home.</p>	<p>The letter gives a summary of the CAMHS Case Manager input into AR's care to date with an acknowledgement that AR has no mental health concerns but does not explicitly outline any conclusions regarding risk or risk assessment.</p> <p>It is unclear what has prompted CAMHS Case Manager 1 to send this letter to Duty and Assessment Team and Lancashire Children's Social Care. It is unclear why AR has remained open to Sefton CAMHS when CAMHS Case Manager 1 is communicating there are no mental health concerns. Risk to self and others are noted to have been undertaken but not explicitly written as in ARs</p>

		notes. The review team were unable to contact CAMHS Case Manager 1 as part of this review to understand further these entries into AR records.
17 April 2020	Telephone call received from Lancashire Youth Offending Team (YOT) to Crisis Care Team (who were completing CAMHS referral triage at this time) to ask if AR is still under the care of CAMHS.	The Alder Hey Crisis Care Team contacted Sefton CAMHS to share query. Lancashire YOT contacting Sefton CAMHS would suggest that communication was lacking between partner agencies
01 May 2020	Clinical Lead 1 Sefton CAMHS contacted Lancashire YOT to follow up their query noting that CAMHS Case Manager 1 had left Sefton CAMHS at short notice. Lancashire YOT advised that AR is now subject to a 10-month referral order (from 19 February 2020). It had been decided by YOT not to refer to MAPPA. Risk assessment completed by Lancashire YOT noted the following: Re-offending Risk – Medium, Significant Harm Risk – Medium, Risk to Children - No	There was no documentation noted in the records as to why Lancashire YOT had decided not to refer AR to MAPPA.  Sefton CAMHS Clinical Lead 1 documented in AR's records that the no risk to children assessed by Lancashire YOT is unusual as if AR does offend it is likely to be against children. At the learning review this was discussed with the Sefton CAMHS Clinical Lead 1 who stated their opinion on the level of risk was based on AR's history of violence against peers but acknowledge that they did not challenge the YOT assessment at the time  Sefton CAMHS Clinical Lead 1 has added emails to Lancashire YOT recorded the same day which state that AR was seen by CAMHS Case

		<p>Manager 1 who left the Sefton CAMHS Service abruptly and a new CAMHS worker will be allocated. EHCP advice will be completed by the Sefton CAMHS Clinical Lead 1. CAMHS Case Manager 2 allocated, and family informed.</p>
12 August 2020	<p>A completed ASD Team School Information Document ASD Team School Information Document completed by Head and Special Educational Needs Coordinator (SENCO) Acorns School (dated 16 July 2020) and scanned into Image Now.</p> <p>The document provided a summary of AR's communication skills, friendships and social interaction, behaviour, sensory needs, school progress and academic ability, an educational psychologist assessment plus a comprehensive chronology of events that have occurred between 5 October and 18 December 2019. The main concern from the school is about AR's behaviour that if he perceives someone has done something wrong to him, he is unable to let this go and will react with a response that is disproportionate to the offence caused.</p>	<p>School are outlining what they believe to be risk factors/triggers for AR's violent behaviours.</p>
01 April 2021	<p>Change of CAMHS Case Manager from CAMHS Case Manager 2 to CAMHS Case Manager 3.</p>	<p>CAMHS Case Manager 3 has initial video call with father. AR refused to join the call - father summarises AR's current situation, which Case Manager 3 documents on 7 April.</p>
12 August 2021	<p>Sefton CAMHS review by CAMHS Case Manager. A risk assessment tool was completed and updated to include reference to further referral to PREVENT: <i>"AR has been subject to a couple of referrals to PREVENT - the latest in connection to AR speaking with a member of staff about troubles in</i></p>	<p>It is difficult to determine from the record what is new information versus previous risk assessments details. The risk assessment whilst comprehensive is not clear to determine risk</p>

	<p><i>Palestine and Israel. AR follows World News and appears to be well informed on these matters. School took this as concern and reported him to PREVENT - Outcome unknown to date. Previous referral to PREVENT highlighted no concerns re AR being a terrorist risk or being radicalized in any way."</i></p>	<p>levels in relation to risk to self, risk to others and risk from others and therefore difficult to see if AR's risk levels have changed</p>
17 August 2021	<p>CAMHS Case Manager 3 contacted Lancashire Children's Social Care to share concerns.</p> <p>CAMHS Case Manager 3 and Social Worker had a call on 18 August 2021.</p> <p>CAMHS Case Manager 3 shared information disclosed by AR about Father threatening that AR will be taken away/removed from his parents care which angers AR. AR said that Father had held a knife up to him and said he could kill him now and Father had attempted to throw plates at him. Explained that Father does not want to engage in conversation about the things AR has said and does not want CAMHS support.</p> <p>Social worker agreed to follow up with family with a view to having a meeting with the school.</p>	
01 June 2022	<p>Email from CAMHS Case Manager 3 to Family Therapist 1, Consultant Psychiatrist 1 and Clinical Lead CAMHS Sefton 1.</p> <p><i>"Can I just highlight that Mr R may now be reluctant again to engage in Family Therapy as he feels that AR requires treatment not him. He was reluctant when I first offered it but then came round. He was also referred to Riding the Rapids, but the group did not take place. It might be worth someone else having this conversation with him before the offer is made to establish what his thinking is re care planning and risk management for AR."</i></p>	<p>Consideration of risk</p>

<p>27 February 2023</p>	<p>Face to face appointment with Consultant Psychiatrist 2 medication review at Southport Hub attended by AR and Father. Evidence of risk assessment being undertaken at appointment.</p>	<p>Recognition of risk within the clinical session in terms of timely follow up in 4 weeks' time as documented below</p> <p>AR is not demonstrating significant risk of suicide/Deliberate self harm</p> <p>Tolerance (+/-) Consider Clinical Risk: 0 Tolerance Tolerance Instruction: ** 0 Tolerance means the patient must attend in the time scale recorded above **</p>
<p>25 May 2023</p>	<p>Early Help Meeting held via Teams attended by CAMHS Case Manager 3, CAMHS Consultant Psychiatrist 2, School, Parents and Family Support Worker.</p> <p>Early Help Plan outlines the possible risk of AR to criminal exploitation.</p> <p>Outcome of Early Help meeting: Social Care to complete the Criminal Exploitation tool due to AR being at risk of grooming.</p> <p>AR was scored Green indicating low risk with no further action taken other than to Targeted Youth Support to support AR with social activities and improve isolation.</p>	<p>The Early Help Plan outlines the possible risk of criminal exploitation, and an appropriate risk assessment tool is used. Professionals also agree interventions to address AR's social isolation. There is good representation of all agencies working with AR and his family. There are some improvements noted in AR's engagement in education although sporadic.</p> <p>Early Help Plan and Minutes of Team Around the Child Meeting shared by CAMHS Case Manager 4 following the Practitioner Events.</p> <p>The minutes and the Early Help Plan have not been uploaded to the electronic patient record. The expectation would be that key multi-agency documents would be uploaded to the EPR.</p>

		<p>The Early Help Plan includes information provided by CAMHS and evidence that there was an Early Help Plan in place which was being reviewed and updated. The Early Help Plan details the areas of support AR, and his family needed. It also refers to relevant risk assessments.</p>
07 June 2023	<p>Dynamic Support Database (DSD) Rating Tool for AR completed by CAMHS Case Manager 4. AR was rated green (4) which identified him as low risk of admission.</p>	<p>DSD is a tool developed to identify and manage individuals with learning disabilities (LD) or autism who are at risk of being admitted to inpatient care. The tool uses a RAG system to categorise risk levels. It was difficult to determine why the DSD was undertaken at this point in AR's journey. Completion of the DSD has not been recorded on EPR which is not in line with the Trust Record Keeping Policy.</p>
25 September 2023	<p>Home visit by Consultant Psychiatrist 2. Documented in EPR that there was no evident risk of significant harm to self or others; no evidence of significant mental health deterioration; main risk would appear to be lost life opportunities, especially regards education</p>	<p>Whilst this is an appropriate assessment and documentation of risk the home visit notes were not documented in the records until 10 October 2023 and not in line with the Trusts recording keeping Policy</p>
02 October 2023	<p>Lancashire County Council Early Help Plan detailing the areas of support AR, and his family needed. It also refers to the following:</p> <ul style="list-style-type: none"> <li>- Criminal exploitation tool</li> <li>- Feeling safe</li> <li>- Safeguarding</li> </ul>	<p>The Early Help Plan includes information provided by CAMHS and evidence that there is an Early Help Plan in place which was being reviewed and updated</p>

	<ul style="list-style-type: none"> <li>- Inclusion online/Social media safety</li> <li>- Risk taking behaviours</li> </ul>	
22 February 2024	<p>CAMHS Case Manager 4 reports:</p> <ul style="list-style-type: none"> <li>- No reports of AR being a risk to his sibling</li> <li>- AR can be verbally abusive towards his Father and has become upset/angry</li> <li>- They also summarise all the previous risk assessment information provided by CAMHS Case Manager 1 and CAMHS Case Manager 3</li> </ul> <p>CAMHS Case Manager 4 completed the following tasks:</p> <ul style="list-style-type: none"> <li>- Review of the Risk Management Tool</li> <li>- Child and Adolescent Key Data Report</li> <li>- CYP Current View (Questionnaire looking at mental state)</li> </ul>	<p>CAMHS Case Manager 4 summarises all the previous risk assessment information provided by CAMHS Case Manager 1 and CAMHS Case Manager 3.</p>
23 July 2024	<p>CAMHS Case Manager 3 review of AR records. Notes that AR previously open to Consultant Psychiatrist 2 for medication but has now been discharged from Psychiatry as of 16 April 2024.</p> <p>Risk to Self- No reports of intentional harm to self - No thoughts of harm to self. No reports of suicidal ideation.</p> <p>Unintentional Risk to self: via non-attendance at Education setting impacting learning. AR also isolating himself due to anxiety related to leaving the home outside of attendance at Education setting. AR struggles to leave the home thinking that people are looking at him this is impacting his emotional wellbeing.</p> <p>Intentional Risk to others and Property: AR previously hurt a peer who he mistakenly thought was the peer who</p>	<p>Sefton CAMHS at this point, had not had contact with AR or his family since April 2024 when the final Family Therapy session was delivered. CAMHS Case Manager 3 completed the following documentation: Routine Outcome Measures (ROMS), CAMHS Closure Screen and Risk Management Tool.</p>

had subjected him to bullying. This occurred on the school site. AR attend the school site with the intention of hurting the peer who was bullying him. His intention was to exact revenge and AR is open about this.

Unintentional risk to others - dysregulated emotions but would be likely to occur as a result of AR feeling got at or frustrated by another's behaviours which might elicit a disproportionate response.

Risk of self-neglect/physical health:  
Previous weight loss:

Risk of Exploitation from others/Vulnerability/Abuse: AR has been reported to PREVENT due to school staff believing he may be at risk of radicalization - this has not been found to be the case

## Appendix Documents: TOR 7 - Prescribing

### Appendix 7a – AR’s Prescribing and Medication Reviews

Date	Comments	Themes
01 July 2021	Initial Consultant Psychiatry review. Consultant Psychiatrist 1 prescribed Propranolol to support AR’s symptoms of anxiety. An explanation, rationale and benefits for the use of Propranolol for 60 days was given to both AR and his Mother at this telephone consultation.	Initiated by CAMHS
02 July 2021	Video appointment with CAMHS Case Manager 3, Mother and AR. AR hoped Propranolol would help him go out. CAMHS Case Manager 3 explained medication alone may not be enough and behavioural activation work would be needed.	Initiated by AR
03 July 2021	Father texted CAMHS Case Manager 3 saying AR believed he was on the wrong medication	Initiated by parent
05 July 2021	Email exchange between CAMHS Case Manager 3 Consultant Psychiatrist 1 to request a discussion with Father about AR’s medication concerns.	Initiated by CAMHS
07 July 2021	Video consultation with Consultant Community Paediatrician 1, Father and AR for confirmation of diagnosis of ASD. AR disclosed that he was not taking Propranolol because <i>‘he read on NHS website that he does not have any physical symptoms’</i> , Community Pediatrician 1 suggested appointment with CAMHS to discuss medication.	
07 July 2021	Telephone call from CAMHS Case Manager 3 to Parents and AR in response to text message from Father. AR reiterated that the medication <i>‘does not do what he wants’</i> . AR <i>‘does not want help stopping the symptoms of his anxiety and he wants to be able to go out’</i> . Following discussion with CAMHS Case Manager 3, AR agrees to try the medication again.	Initiated by AR
07 July 2021	Professionals’ discussion between CAMHS Case Manager 3 and Consultant Psychiatrist 1. Discussed offering AR an earlier review appointment and considered that ideally AR should try the medication. CAMHS Case Manager 3 agreed to call AR to speak with him about his concerns and relay Consultant Psychiatrist 1 thoughts that he should try the medication. CAMHS Consultant Psychiatrist 1 agreed to reviewing AR earlier.	Initiated by CAMHS

09 July 2021	Telephone appointment with CAMHS Case Manager 3, and Parents. Consultant Psychiatrist 1 advised AR to try the medication. AR had restarted medication. Case Manager 3 discussed safety and supervision of medication with Parents.	Initiated by CAMHS
11 August 2021	Telephone appointment with Consultant Psychiatrist 1, Father and AR. AR stated Propranolol wasn't helping and requested antidepressants. Consultant Psychiatrist 1 agreed to face-to-face review.	Initiated by AR
15 September 2021	Review with Doctor 1, CAMHS Case Manager 3, AR and Mother. Doctor 1 prescribed Sertraline 25mg, to increase to 50mg, and advised to continue Propranolol.	Prescribing of medication
13 October 2021	Video consultation with AR, Father and Consultant Psychiatrist 1. AR reported no improvement with Sertraline and had stopped taking Propranolol. Consultant Psychiatrist 1 advised increase Sertraline to 75mg.	Initiated by AR Prescribing of medication.
15 November 2021	Telephone appointment with Consultant Psychiatrist 1, AR and Father. Father reported positive changes. AR felt less anxious but considered increasing Sertraline dose after his tiredness subsides.	Initiated by CAMHS.
24 January 2022	Telephone contact with Consultant Psychiatrist 1, AR and Father. AR reported to be making good progress and no side effects from medication.	AR feedback
18 March 2022	Video CAMHS appointment with CAMHS Case Manager 3, Mother and AR. AR felt medication wasn't working and wanted a change. Advised to speak to Consultant Psychiatrist 1.	Initiated by AR
07 April 2022	Psychiatry review with Consultant Psychiatrist 1, AR and Father. Discussed SSRI use. AR agreed he didn't need them but had anxiety around talking. No evidence of anxiety disorder. Advised to try Sertraline 100mg for 2 months.	Initiated by AR Prescribing of medication
20–21 April 2022	Emails between CAMHS Case Manager 3 and Consultant Psychiatrist 1. AR reported heartburn from Sertraline. AR had stopped medication without supervision. Advised gradual stop and follow up appointment.	Initiated by CAMHS.
26 April 2022	Call from Consultant Psychiatrist 1 to Father. Father confirmed AR had stopped Sertraline. Advised medication should be taken after breakfast. Father removed access to medication. Consultant Psychiatrist 1 felt no indication for SSRI; AR to be reviewed in June.	Initiated by CAMHS.

01 June 2022	Sefton CAMHS MDT meeting with Consultant Psychiatrist 1, Case Manager 3, Clinical Lead (CAMHS) 1, and Family Therapist 1. Safeguarding concerns raised, including medication management.	Initiated by CAMHS.
02 July 2021	Video appointment with CAHMS Case Manager 3, Mother and AR. AR was hopeful that the medication prescribed (Propranolol) would stop his fear of leaving home and allow him to go out with ease. CAMHS Case Manager 3 discussed medication alone was unlikely to achieve this and there would ideally need to be some sort of behavioural activation type work accompanying this.	Initiated by AR
03 July 2021	Father texted CAMHS Case Manager 3 to say AR had completed extensive research and he was convinced that he was on the wrong medication.	Initiated by parent.
05 July 2021	CAMHS Case Manager 3 emailed Consultant Psychiatrist 1 to request they speak to Father about AR's request for medication.	Initiated by CAMHS.
09 July 2021	Telephone appointment between CAMHS Case Manager 3 and Parents. Explained that CAMHS Consultant Psychiatrist 1 had stated that AR will need to try the medication and will see him for the planned appointment. Father shared that AR had started taking his medication again. CAMHS Case Manager 3, spoke about safety, keeping medication out of the way of AR and parents supervising his taking of the medication due to his age (15 years).	Initiated by CAMHS.
11 August 2021	Telephone appointment with CAMHS Consultant Psychiatrist 1, Father and AR. AR confirmed that Propranolol was not helping, it is not the physical symptoms of anxiety he needs help with, but the feelings and fear of going out. AR requested antidepressant medication. CAMHS Consultant Psychiatrist 1 agreed to see AR face to face to discuss antidepressant treatment. AR is still taking Propranolol and will continue this until the next review	Initiated by AR
15 Sept 2021	Consultant Psychiatrist Review. Clinical appointment with Consultant Psychiatrist Dr 1, CAMHS Case Manager 3, AR and Mother. AR reports to take his Propranolol regularly. AR reports feeling anxious about going out in public and interacting with new people and described his mood as nervous and angry. Outcome of meeting: Prescribed Sertraline 25mg once daily for 3 weeks, then increase to 50mg for 1	Initiated by AR  Prescribing of medication

	week for anxiety and advised to continue Propranolol 10mg BD.	
13 October 2021	Video consultation between AR, Father and Consultant Psychiatrist 1. AR reported not felt Sertraline has made much difference to how he feels and no longer taking Propranolol. Consultant Psychiatrist 1 acknowledged with AR that it is very early days with Sertraline. Outcome of meeting: Consultant Psychiatrist 1 advised increase Sertraline to therapeutic dose 75mg OM with Consultant Psychiatrist 1 to follow up in few weeks.	Initiated by AR
15 November 2021	Telephone appointment with Consultant Psychiatrist 1, AR and Father. Father reported positive changes in AR since taking his medication. AR was said to be feeling less anxious with his medication. AR said that he should be on a higher dose of medication and will consider increasing once his tiredness wears off.	Initiated by AR
24 January 2022	Telephone contact with Consultant Psychiatrist 1, AR and Father. AR was very positive over the phone and said he was making good progress. AR is happy to continue Sertraline and did not report any side effects.	Initiated by AR
18 March 2022	Video CAMHS appointment with CAMHS Case Manager 3, Mother and AR. AR think his medication is not working and wants to change it to something else. CAMHS Case Manager 3 advised AR to talk to Consultant Psychiatrist 1 as AR had not raised any side effects or concerns about his medication.	Initiated by AR
07 April 2022	Psychiatry review with Consultant Psychiatrist 1, AR and Father. Consultant Psychiatrist 1 discussed role of SSRI medications and AR agreed he does not need them, but AR has anxiety around talking to people. As there is no evidence of social anxiety or generalised anxiety disorder, Consultant Psychiatrist 1 felt SSRI medications would not be indicated for him. AR wanted to try a different SSRI medication, but Consultant Psychiatrist 1 strictly advised against it. Outcome of meeting: Consultant Psychiatrist 1 agreed a slightly higher dose of Sertraline 100mg will be tried for two months. If AR does not benefit from drug, they will be able to conclude that medication is not the right approach, and it will be stopped, and AR discharged as not present with any evidence of mental health disorder.	Initiated by AR Prescribing of medication
20 & 21 April 2022	Emails between CAMHS Case Manager 3 and Consultant Psychiatrist 1 regarding AR's	

	<p>compliance with medication. AR messaged CAMHS Case Manager 3 to say the Sertraline was causing heartburn and asked if there was any other medication he can try. CAMHS Case Manager 3 advised to speak to his GP as it may not relate to Sertraline. Consultant Psychiatrist 1 reiterated that there is not a current indication for anxiety or antidepressant medication.</p> <p>CAMHS Case Manager 3 advise AR to stop Sertraline gradually. AR shared he had stopped taking Sertraline last week and was advised that he should not have just stopped taking the medication as this is not advised. CAMHS Case Manager 3 noted that AR manages the medication himself and does not want help from his parents.</p> <p>Outcome of meeting: Consultant Psychiatrist 1 suggested a joint or face to face appointment and requested for Father to participate.</p>	<p>Initiated by CAMHS.</p> <p>Initiated by AR</p>
26 April 2022	<p>Telephone call from Consultant Psychiatrist 1 to Father. CAMHS Case Manager 3 had informed Consultant Psychiatrist 1 that AR had stopped taking Sertraline due to heartburn. CAMHS Case Manager 3 made them aware that Sertraline should be taken after breakfast. It came to light during discussions with AR that he had been managing his own medication and had access to all the tablets. CAMHS Case Manager 3 had advised Father to take all medications off AR. Confirmed that Father had taken all medications off AR.</p> <p>Outcome of meeting: Advised that as AR had not taken Sertraline for over a week it can be stopped and no indication for SSRI medication. AR to be reviewed again in June 2022.</p>	Initiated by CAMHS.
01 June 2022	<p>Sefton CAMHS MDT Meeting with Consultant Psychiatrist 1, CAMHS Case Manager 3, Clinical Lead (Sefton CAMHS) 1 and Family Therapist 1. Several safeguarding concerns raised in meeting including the following in relation to medication:</p> <ul style="list-style-type: none"> <li>- Father's lack of encouragement in AR's compliance with medication.</li> <li>- Father allowing AR to have access to 3 months' worth of medication at once.</li> <li>- Concerns that father's attitude towards CAMHS staff is becoming difficult.</li> </ul> <p>Outcome of meeting: MASH referral to be completed by CAMHS Case Manager-</p>	<p>Initiated by CAMHS service.</p> <p>MASH not completed by CAMHS Case Manager 3 as undertaken by school.</p>
22 June 2022	Medication review completed by Consultant Psychiatrist 1 and Clinical Lead (Sefton CAMHS) 1, with AR's Parents. Parents noted that AR had only	Initiated by CAMHS.

(This is mistakenly documented as 23 June 2022 in AR's EPR)	been taking Sertraline around 50% of the time. Consultant Psychiatrist 1 discussed importance of AR taking Sertraline regularly for its therapeutic effect. Outcome of review: increase in medication dose agreed by Parents.	Prescribing of medication
22 July 2022	Consultant Psychiatrist 1 transfers AR's care to Consultant Psychiatrist 2. AR and Parents informed.	Initiated by CAMHS.
28 July 2022	Home visit by Consultant Psychiatrist 2. AR had retired to his room prior to arrival and refused to come out or let Consultant Psychiatrist 2 in. Consultant Psychiatrist 2 insisted on need to have "eyes on" as main concern from Consultant Psychiatrist 1 handover was AR's weight loss. Father reluctant for Consultant Psychiatrist 2 to go up to AR's bedroom. Outcome of home visit: Consultant Psychiatrist 2 agreed instead for AR to attend clinic with assistance of a one-off dose of Diazepam 5mg.	Initiated by AR  Prescribing of medication
01 August 2022	AR attended a face-to-face appointment with Consultant Psychiatrist 2. Consultant Psychiatrist 2 discussed further trial with alternative SSRI medication (Fluoxetine), given that AR felt Sertraline had not really suited him when tried previously. Outcome of meeting: AR consented for and commenced low dose Fluoxetine liquid 4mgs in 1ml daily.	Initiated by AR  Prescribing of medication
01 September 2022	Telephone appointment with Consultant Psychiatrist 2 and Father. Father reported a visible improvement in AR's presentation since starting Fluoxetine, namely in terms of him being more willing to talk.	Initiated by CAMHS.
12 September 2022	Family Therapy Appointment. Video appointment between Trainee Clinical Psychologist 1, Lead Family Therapist 1 and both Parents. AR was not present. Parents shared that thing had improved and AR was no longer threatening them and requested a new prescription for AR's medication.	Initiated by parents.
01 December 2022	Telephone appointment with Consultant Psychiatrist 2 and Father who reported AR had stopped taking Fluoxetine himself some weeks previously. Consultant Psychiatrist 2 spoke to AR himself who reported feeling anxious. Discussed a trial of Sertraline, however Consultant Psychiatrist 2 noted AR had previously been prescribed Sertraline by Consultant Psychiatrist 1. Outcome of meeting: Consultant Psychiatrist 2 to see AR face to face in clinic	Initiated by parents.

29 December 2022	Face to face appointment with Consultant Psychiatrist 2. Appointment attended by AR and Father for medication review. AR shared he had stopped taken Fluoxetine. It was agreed he could recommence his Sertraline. Outcome of meeting AR consented for re-titration of Sertraline.	Initiated by AR  Prescribing of medication
16 January 2023	AR seen face to face for his CAMHS appointment with CAMHS Case Manager 4. AR shared he did not want to meet with CAMHS, however was happy to receive his medication (Sertraline).	Initiated by AR
06 February 2023	Follow up appointment with Consultant Psychiatrist 2. AR refused to attend due to feeling unwell. Consultant Psychiatrist 2 spoke with Father who reported that AR was reporting side effects from Sertraline i.e. numbness sensation on tongue following re-titration up to 75mg (7.5ml) daily. Father reports that he feels AR is better on no medication. In Father's opinion he feels AR overtalkative on fluoxetine and argumentative on Sertraline. Outcome of telephone call: Consultant Psychiatrist 2 agreed to wean down and stop Sertraline.	Initiated by AR  Prescribing of medication
27 February 2023	Face-to-face appointment with Consultant Psychiatrist 2, AR and Father. Consultant Psychiatrist 2 noted that AR and Father had opposite views about how helpful the Sertraline medication. AR was adamant that Sertraline was helpful, although he did ask about trying other medications. Consultant Psychiatrist 2 felt as AR reported Sertraline as helpful it was worth giving Sertraline another try. Outcome of meeting: Consultant Psychiatrist 2 commenced another re-titration of Sertraline	Initiated by AR  Prescribing of medication
10 March 2023	Telephone call from Father to Consultant Psychiatrist 2. Father informed that AR was asking whether the Sertraline medication could be changed to tablet form. Consultant Psychiatrist 2 asked Father where AR was up to with the re-titration. Father indicated that he was unclear as AR was managing his own medication and refusing for his Parents to have any involvement with it. Father indicated that impression was AR's compliance of medication had been inconsistent. When Father attempted to clarify the matter with AR whilst on the phone to Consultant Psychiatrist 2, he was unable to do so as AR remained under his blanket in his bedroom indicating that he did not want to speak to Consultant Psychiatrist 2.	Initiated by parents.

	Outcome of meeting: Arranged next follow up face to face appointment for 2 weeks' time	
27 March 2023	Consultant Psychiatrist 2 had to re-arrange appointment at short notice to 30/03/23 due to clash of other clinical duties; AR and Father attended as message regarding rearranging appointment had not been received in time. (This information was shared following a Practitioner Event and is from Consultant Psychiatrist 2 memory recall of events).	
30 March 2023	AR Did Not Attend face to face appointment with Consultant Psychiatrist 2.	
15 May 2023	<p>Email chain between Consultant Psychiatrist 2 and Father. Consultant Psychiatrist 2 asked Father if AR was taking medication and if so whether he was taking consistently. Father informed Consultant Psychiatrist 2 that AR had assured him that he was taking his medication every day. His Mother was certain about this, and Father could see an improvement because of AR taking 75mg Sertraline every day. Father reported that he had noticed that for past two weeks AR worked in the night and slept during the day.</p> <p>Email from Consultant Psychiatrist 2 to AR's Father. Informed that reversed sleep/wake cycle was interesting and somewhat of concern, noting that it would be good to see AR for a medication review and to consider Melatonin to help with reversed sleep/wake cycle. Would book another face-to-face appointment.</p> <p>Email from Father to Consultant Psychiatrist 2. Informed thought Melatonin was a good idea. Email from Consultant Psychiatrist 2 to Father. Informed would call AR the following morning at 10am to discuss Melatonin.</p>	Initiated by CAMHS service
16 May 2023	<p>Telephone call between Consultant Psychiatrist 2 and Father. Consultant Psychiatrist 2 requested to speak with AR. AR refused to speak. Consultant Psychiatrist 2 confirmed to Father that a further prescription for Sertraline will be issued plus a new prescription for Melatonin although next appointment needed to be face-to-face with AR as Consultant Psychiatrist 2 increasingly uncomfortable as to whether had valid consent from AR himself.</p> <p>Outcome of call: Sertraline and Melatonin prescribed. Next appointment in seven weeks times and if AR refused to visit, Consultant Psychiatrist 2 would complete home visit.</p>	<p>Initiated by CAMHS.</p> <p>Prescribing of medication.</p>

03 July 2023	Arranged face-to-face appointment with Consultant Psychiatrist 2 for medication review. AR did not attend.	Did Not Attend
18 September 2023	AR did not attend his face-to-face appointment. Consultant Psychiatrist 2 insistent upon home visit review as feels uncomfortable to continue prescribing Sertraline without seeing and obtaining direct consent from AR. Outcome of meeting: Home visit arranged for 1 weeks' time.	Did Not Attend
25 September 2023	CAMHS Session Note regarding Consultant Psychiatrist 2 home visit. Note contains an email from Consultant Psychiatrist 2 to CAMHS Case Manager 4 following a home visit. Reported that AR had declined to attend his medication review for the past six months. Home visit promoted by AR refusing to attend medication review. AR had not been taking medication for last two months. AR went up to bed prior to arrival and remained there during Consultant Psychiatrist 2 home visit. Outcome: No ongoing medication.	Initiated by CAMHS.
11 December 2023	Email from Father to Consultant Psychiatrist 2. Informed that AR was well but struggling with sleep. AR asked Father to ask Consultant Psychiatrist 2 for prescription of Melatonin. Email from Consultant Psychiatrist 2 to Father informing Father that they were happy to prescribe Melatonin again for AR and gave a reminder that information on Melatonin could be downloaded from various websites.	Initiated by parents.  Prescribing of medication.
26 March 2024	Email exchange between Father and Consultant Psychiatrist 2. Father requested more Melatonin tablets for AR to help with his sleep. Asked for repeat prescription and for Consultant Psychiatrist 2 to inform GP. Father noted that AR took up to two tablets of Melatonin at once when had difficulty with sleeping and asked for advice around maximum dose. Father stated that he had spoken with GP, and they would not prescribe Melatonin to AR without Consultant Psychiatrist 2 permission. Outcome of discussion: Consultant Psychiatrist 2 agreed to further prescription of Melatonin ahead of discharge and transfer of Melatonin prescribing responsibility over to GP.	Initiated by parents.  Prescribing of medication.
16 April 2024	Consultant Psychiatrist 2 discharged AR from Psychiatry. Medication ceased due to challenges with AR's lack of engagement and inconsistency in taking medication. It was noted that without the engagement from AR it was not safe to continue to	Initiated by CAMHS.

	<p>prescribe Sertraline as outlined by Consultant Psychiatrist 2 from September 2023.</p> <p>Outcome of meeting: Consultant Psychiatrist 2 discharged AR from Psychiatry. Discharge letter completed and sent to GP.</p>	
19 June 2024	<p>Email from Mother to Consultant Psychiatrist 2. Mother requested to speak with Consultant Psychiatrist 2 as soon as possible to discuss Sertraline medication for AR. Consultant Psychiatrist 2 was on leave and did not respond to Mothers email and AR had been discharged from the service.</p>	Initiated by parents.
23 July 2024	<p>CAMHS Case Manager 4 review of AR's records. AR struggles with his anxiety that prevents him from leaving the home to attend to school and appointments. AR has frequently expressed that he is happy with his current life and does not want any support other than medication. Previously open to Consultant Psychiatrist 2 for medication, now discharged from Psychiatry as of 25 April 2024.</p>	Initiated by CAMHS.

## Appendix 7b – Prescribing Decisions for AR by Family

Date	EPR Information
05 May 2020	Referral from GP to Sefton CAMHS. AR's Father was reported to have contacted the surgery to request medication to calm AR. AR was reported to have smashed things in the home when asked to complete schoolwork. The referral also contained information that suggested the CAMHS referral from 13 December 2019 had not progressed. AR already open to CAMHS at this point however the CAMHS Case Manager 1 has not communicated this to the GP
11 June 2021	Telephone appointment with the CAMHS Case Manager 3. AR wasn't awake and therefore was not spoken to. CAMHS Case Manager 3 spoke with Mother who shared that AR feels he needs medication as talking is not helping. Mother shared that she was not happy about AR's wish for medication as she is worried about side effects. However, they are keen to see a psychiatrist to discuss this.
03 July 2021	Father texts Sefton CAMHS to say AR has completed extensive research and AR is convinced he is on the wrong medication
05 July 2021	Sefton CAMHS Case Manager 3 responded to Father's text message to advise that they will speak to the doctor and to explain to Father that medication alone will not treat AR's anxiety. Father responds via text to Sefton CAMHS saying AR wants medication that will calm his nerves when he is in a crowd.
07 July 2021	Telephone call from CAMHS Case Manager 3 to parents in response to text. Father shares that AR doesn't believe he is on the right medication. It is recorded that AR wanted the medication to calm him when out in crowded places. It was during this telephone discussion that AR agreed to recommence his Propranolol medication.
02 April 2022	Telephone call from Consultant Psychiatrist 1 to Father. Sefton CAMHS Case Manager 3 had informed Psychiatrist that AR has stopped taking Sertraline. Consultant Psychiatrist 1 advised Father to remove all medication and stated that she did not see a clinical indication for ongoing medication use. Consultant Psychiatrist 1 to review in June.
04 May 2022	Telephone call from AR's Mother requesting an urgent call back. Reports that there are concerns regarding AR's anger and temper. Plan to restart Sertraline. Consultant Psychiatrist 1 call back same day and telephone call with Mother for an hour which is responsive. Review by Consultant Psychiatrist 1 in response to Mother's request. Letter sent to GP to summarise discussion and action plan. Plan agreed to restart medication.
13 May 2022	CAMHS call to Parents by CAMHS Case Manager 3. AR reported to be isolated in his room, does not want to take medication, not engaging with education.

	Outcome of meeting: Safety advice provided by CAMHS Case Manager 3.
31 May 2022	Email from Father to CAMHS Case Manager 3 copying in Mother: <i>"When AR took Sertraline the second time, I made sure that he ate his breakfast before I gave him the tablet. We (the parents) don't agree with "There were significant concerns around an adult monitoring his medication. Unfortunately, AR wants to take it himself and there is no consistent adult monitoring it due to work related commitments." I would like to confirm that we, as responsible parents, did not have any concerns or difficulty managing AR's medication. Especially when both of you explained to him that a parent will keep and give him the required daily dose of Sertraline. I took over that responsibility when AR was advised to resume his medication and have it after food intake. Since the beginning of the prescription of the anti-anxiety medication, AR had insisted that he wanted to manage the medication himself that he was not a baby. He was careful enough for us to accept his decision and so far, there haven't been any problem that we weren't aware of. Having said that, it is safe for AR to manage 1 strip of Sertraline at a time as instructed. We also make sure that he takes his daily dose."</i>
28 July 2022	Home visit by Consultant Psychiatrist 2, AR hid in bedroom; however, Consultant Psychiatrist 2 was able to discuss with parents in living room. Psychiatrist 2 insisted on need to have "eyes on AR" as main concern from Consultant Psychiatrist 1 handover was AR's weight loss. Father reluctant for Consultant Psychiatrist 2 to go up to AR bedroom. Outcome of home visit: Agreed for AR to attend clinic.
01 September 2022	Consultant Psychiatrist 2 telephone review with Father who reported AR improvement on Fluoxetine.
12 September 2022	CAMHS file note: noted that Mother requested three months of Fluoxetine liquid. Letter from Consultant Psychiatrist 2 reporting AR to be on Fluoxetine 4mg OD liquid prep. Outcome: Fluoxetine 4mg OD liquid prescribed and supplied 90 days.
01 December 2022	Consultant Psychiatrist 2 telephone review with Father who reported AR had stopped Fluoxetine himself some weeks previously. Consultant Psychiatrist 2 spoke to AR himself: reported seeing main problem as feeling anxious. AR consented to Sertraline; however, on subsequent review of notes, saw had previously been on Sertraline when under the care of Consultant Psychiatrist 1.
06 February 2023	Appointment with Consultant Psychiatrist 2 for medication review. This appointment was planned to be a face to face but changed at the last minute to telephone appointment requested by Father as AR was refusing to attend. Reason for non-attendance was unclear. AR reportedly (via Father) refused to attend arranged face to face follow up

	<p>appointment, due to feeling unwell. AR reportedly reporting side effects from Sertraline: numbness sensation on tongue; Sertraline dose following re-titration now at 75mg (7.5ml) od. Father feels AR better on no medication; feels AR overtalkative on fluoxetine; argumentative on Sertraline. Agreed plan to wean down and stop Sertraline.</p> <p>Outcome: Discussion between Father and Consultant Psychiatrist 2 that medication could be ceased following a phased reduction and that AR seemed better without this.</p>
10 March 2023	<p>Telephone contact from Father to Consultant Psychiatrist 2 reportedly asking for AR whether Sertraline liquid can be changed to tablet. Unclear where re-titration up to, so Consultant Psychiatrist 2 felt safest strategy to commence re-titration from scratch up to 75mg od. Arranged next follow up for 2 weeks face to face at Southport Hub Clinic.</p>
15 May 2023	<p>Father emailed Consultant Psychiatrist 2 to change scheduled face to face appointment at Southport Hub clinic. Consultant Psychiatrist 2 replied to Father's email, requesting update on medication situation; Father assured Consultant Psychiatrist 2 of AR consistency of taking medication (Sertraline 75mg od), saying this has been verified by Mother. Father now feels AR benefiting from Sertraline: talking to Parents now, however, sleep/wake cycle reversed; Consultant Psychiatrist 2 therefore suggested Melatonin as means of addressing this; Father very enthusiastic.</p> <p>Outcome: Consultant Psychiatrist 2 agreed to attempt to contact AR tomorrow (16 May 2023) via telephone to try to obtain AR consent.</p>
16 May 2023	<p>Telephone appointment with Consultant Psychiatrist 2 for medication review with Father. Melatonin was prescribed to support sleep, sertraline reported to be helping AR, and he is said to be taking this.</p> <p>Plan: agreed to review AR again in seven weeks and if declined, then a home visit would be completed straight after the appointment.</p>
21 May 2023	<p>Father replied to Consultant Psychiatrist 2 email reporting that AR had refused Sertraline liquid and could alternative prescription for Sertraline tablets be issued.</p> <p>Outcome: Consultant Psychiatrist 2 provided a replacement prescription for Sertraline liquid.</p>
12 September 2023	<p>Family Therapy Appointment. Video appointment with both Parents. AR was not present. Parents shared that thing had improved and AR was no longer threatening them and requested a new prescription for AR's medication.</p>
25 September 2023	<p>Consultant Psychiatrist 2 home visit. AR hid in bedroom immediately prior to Consultant Psychiatrist 2 arrival, evidence of AR having been eating in living room immediately prior to Consultant Psychiatrist 2 arrival: foodstuffs, crockery, cutlery; Consultant Psychiatrist 2 discussed with Father who reports AR discontinued</p>

	Sertraline 2 months ago. Outcome: Consultant Psychiatrist 2 explained Sertraline would need to be formally discontinued now as it's not safe to go on prescribing in circumstance.
11 December 2023	Father emails Consultant Psychiatrist 2: " <i>AR is well but is struggling with sleeping</i> " Father requested a repeat Melatonin prescription on behalf of AR. Outcome: Consultant Psychiatrist 2 prescribed repeat prescription of Melatonin for AR.
26 March 2024	Father's email to Consultant Psychiatrist 2 requesting further repeat prescription for Melatonin. Consultant Psychiatrist 2 unable to reply straight away due to being on annual leave.
16 April 2024	Consultant Psychiatrist 2 replied to Father's email from 26th March, agreeing to further prescription of Melatonin ahead of discharge and transfer of melatonin prescribing responsibility over to AR's GP. Outcome: Further prescription of Melatonin provided, AR formally discharged from Psychiatry and discharge letter completed
19 June 2024	Mother emailed to Consultant Psychiatrist 2: " <i>Dear &lt;Consultant Psychiatrist 2&gt;, I am &lt;AR's&gt; mum; I would like to speak to you asap to discuss about Sertraline medication for him; I hope you speak to me or &lt;AR's&gt; dad in the morning</i> ". No response from Consultant Psychiatrist 2 to parents as on annual leave at the time plus AR had been discharged from Sefton CAMHS on 16 April 2024.

## Appendix 7c – Medication Information and Compliance Discussions in AR's EPR

Date	EPR Information
01 July 2021	Initial Consultant Psychiatry review. Consultant Psychiatrist 1 prescribed Propranolol to support AR's symptoms of anxiety. An explanation, rationale and benefits for the use of Propranolol for 60 days was given to both AR and his Mother at this telephone consultation.
02 July 2021	Video appointment with CAMHS Case Manager 3, Mother and AR. AR hoped Propranolol would help him go out. CAMHS Case Manager 3 explained medication alone may not be enough and behavioural activation work would be needed.
07 July 2021	Video consultation with Community Pediatrician 1, Father and AR for confirmation of diagnosis of ASD. At this appointment AR disclosed that he was not taking Propranolol because <i>'he read on NHS website that he does not have any physical symptoms'</i> , although appeared to recommence 3 months later, then stopped once Sertraline was started. Community Pediatrician 1 suggested arranging an appointment with CAMHS to discuss the medication. AR discharged from Community Paediatrics. Summary letter sent to GP and copied to parents
07 July 2021	Telephone call from CAMHS Case Manager 3 to Father, Mother and AR in response to text from Father. AR reiterated that the <i>'medication does not do what he wants'</i> . He does not want help stopping the symptoms of his anxiety and he wants to be able to go out. After a discussion with CAMHS Case Manager 3, AR said that he will try the medication again.
09 July 2021	Telephone appointment with CAMHS Case Manager 3 and Parents. CAMHS Case Manager 3 informed Parents that Consultant Psychiatrist 1 advised AR to try the medication. AR had restarted medication. Discussed safety and supervision of medication.
13 October 2021	Video consultation with AR, Father and Consultant Psychiatrist 1. AR reported no improvement with Sertraline and had stopped Propranolol. Advised to increase Sertraline to 75mg.
15 September 2021	Doctor 1 prescribed Sertraline for anxiety at a face-to-face appointment with AR and Mother. Monitoring for overall effect and side effects and information leaflet about medication given to parent and AR at this appointment.
07 April 2022	Psychiatry review with Consultant Psychiatrist 1, AR and Father. Discussed SSRI use. AR agreed he didn't need them but had anxiety around talking. No evidence of anxiety disorder. Advised to try Sertraline 100mg for 2 months.
20–21 April 2022	Emails between CAMHS Case Manager 3 and Consultant Psychiatrist 1. AR reported heartburn from Sertraline. Advised to speak to GP. AR had stopped medication without supervision. Advised gradual stop and joint appointment.

26 April 2022	Call from Consultant Psychiatrist 1 to Father. Confirmed AR had stopped Sertraline. Advised medication should be taken after breakfast. Father removed access to medication. No indication for SSRI, AR to be reviewed in June.
18 March 2022	Video CAMHS appointment with CAMHS Case Manager 3, Mother and AR. AR think his medication is not working and wants to change it to something else. CAMHS Case Manager 3 advised AR to talk to Consultant Psychiatrist 1 as AR had not raised concerns regarding side effects from his medication.
07 April 2022	Psychiatry review with Consultant Psychiatrist 1, AR and Father. Consultant Psychiatrist 1 discussed the role of SSRI medications and AR agreed he does not need them, but AR has anxiety around talking to people. As there is no evidence of social anxiety or generalised anxiety disorder, Consultant Psychiatrist 1 felt SSRI medications would not be indicated for him. AR wanted to try a different SSRI medication, but Consultant Psychiatrist 1 strictly advised against it. Outcome of meeting: Consultant Psychiatrist 1 agreed a slightly higher dose of Sertraline 100mg will be tried for two months and if AR does not benefit from it, they will be able to conclude that medication is not the right approach, and it will be stopped, and AR discharged as AR does not present with any evidence of mental health disorder.
26 April 2022	Telephone call from Consultant Psychiatrist 1 to Father. CAMHS Case Manager 3 had informed Consultant Psychiatrist 1 that AR had stopped taking Sertraline due to heartburn. CAMHS Case Manager 3 made them aware that Sertraline should be taken after breakfast. It came to light during discussions with AR that he had been managing his own medication and had access to all the tables. CAMHS Case Manager 3 had advised Father to take all medications off AR. Confirmed that Father had taken all medications off AR. Outcome of meeting: Advised that as AR had not taken Sertraline for over a week it can be stopped and no indication for SSRI medication. AR to be reviewed again in June 2022.
22 June 2022 (This is mistakenly documented as 23 June 2022 in AR's EPR)	Medication review completed by Consultant Psychiatrist 1 and the Sefton CAMHS Clinical Lead 1, with AR's Parents. Parents noted that AR had only been taking Sertraline around 50% of the time. Consultant Psychiatrist 1 discussed importance of AR taking Sertraline regularly for its therapeutic effect. Outcome of review: increase in medication dose agreed by Parents.
01 September 2022	AR commenced on Fluoxetine by Consultant Psychiatrist 2. Monitoring for overall effect and side effects evident, and information about medication given to Father and AR at this appointment.
29 December 2022	Face to face appointment with Consultant Psychiatrist 2. Appointment attended by AR and his Father. AR was seen for medication review. AR shared he had stopped taken his Fluoxetine and it was agreed he could re commence his Sertraline.

	Outcome of meeting AR consented for re-titration of Sertraline.
06 February 2023	Follow up appointment with Consultant Psychiatrist 2. AR refused to attend follow up appointment check due to feeling unwell. Consultant Psychiatrist 2 spoke with Father who reported that AR was reporting side effects from Sertraline i.e. numbness sensation on tongue following re-titration up to 75mg (7.5ml) daily. Father reports that he feels AR is better on no medication. In Father's opinion he feels AR overtalkative on fluoxetine and argumentative on Sertraline. Outcome of telephone call: Consultant Psychiatrist 2 agreed to wean down and stop Sertraline
27 February 2023	Face-to-face appointment with Consultant Psychiatrist 2, AR and Father. Consultant Psychiatrist 2 noted that it seemed that AR and Father had opposite views about how helpful the Sertraline medication was for AR. AR was adamant that the Sertraline was helpful for him, although he did ask about other medications he could try. Consultant Psychiatrist 2 felt that given AR felt Sertraline as helpful and worth giving Sertraline another try. Outcome of meeting: Consultant Psychiatrist 2 commenced another re-titration of Sertraline
10 March 2023	Telephone call from Father to Consultant Psychiatrist 2. Father informed that AR was asking whether the Sertraline medication could be changed to tablet form. Consultant Psychiatrist 2 asked Father where AR was up to with the re-titration and Father indicated that he was unclear as AR was managing his own medication and refusing for his Parents to have any involvement with it. Father indicated that impression was AR's compliance of medication had been inconsistent. When Father attempted to clarify the matter with AR whilst on the phone to Consultant Psychiatrist 2, he was unable to do so as AR remained under his blanket in his bedroom indicating that he did not want to speak to Consultant Psychiatrist 2. Outcome of meeting: Arranged next follow up face to face appointment for 2 weeks' time
16 May 2023	Consultant Psychiatrist 2 prescribed Melatonin for AR following a request from Father, reportedly at AR's request. Consultant Psychiatrist 2 deemed this to be a reasonable request, as 'safe medication' with little side effect profile, suggesting that AR could download information on Melatonin on various websites.
18 September 2023	AR did not attend his face-to-face appointment. Consultant Psychiatrist 2 insistent now upon home visit review as feels uncomfortable to continue prescribing Sertraline without seeing and obtaining direct consent from AR. Outcome of meeting: Home visit arranged for 1 weeks' time.
11 December 2023	Email from Father to Consultant Psychiatrist 2. Informed that AR was well but struggling with sleep. AR asked Father to ask Consultant Psychiatrist 2 for prescription of Melatonin. Email from Consultant Psychiatrist 1 to Father informing Father that they were happy to prescribe Melatonin again for AR and gave a reminder

	that information on Melatonin could be downloaded from various websites.
16 April 2024	Consultant Psychiatrist 2 discharged AR from Psychiatry. Medication ceased due to challenges with AR's lack of engagement and inconsistency in taking medication. It was noted that without the engagement from AR, it was not safe to continue to prescribe Sertraline as outlined by Consultant Psychiatrist 2 from September 2023. Outcome of meeting: Consultant Psychiatrist 2 discharged AR from Psychiatry. Discharge letter completed.

## Appendix 7d – Medication Review History shared with GP

Date	Clinic date	EPR Information
2 July 2021	1 July 2021	<p>Letter from Consultant Psychiatrist 1 informing the GP that:</p> <ul style="list-style-type: none"> <li>- AR reviewed at new patient clinic on 1 July 2021.</li> <li>- Diagnosis ASC and anxiety disorder with avoidance behaviours.</li> <li>- AR and mother advised AR struggling with chronic anxiety since primary school, affecting overall daily living.</li> <li>- AR explained his symptoms of anxiety, spends most of his time at home in bedroom and has no friends.</li> <li>- AR keen to have medication to treatment anxiety.</li> <li>- Benefits of Betablocker called Propranolol explained to AR and his mother.</li> <li>- Prescribed Propranolol 10mg bd for 60 days</li> <li>- Follow up review in few weeks' time</li> </ul>
29 September 2019	15 September 2019	<p>Letter from Doctor 1 to GP advising GP that:</p> <ul style="list-style-type: none"> <li>- Prescribing of Sertraline 25mgs od for 3 weeks increasing to 50mgs for 1 week.</li> <li>- Explained side effects, monitoring and drug information leaflet give to AR and parents</li> </ul>
13 October 2021 (typed 19th October 2021)	13 October 2021	<p>Letter to GP from Consultant Psychiatrist 1 informing the GP that:</p> <ul style="list-style-type: none"> <li>- Offering follow up appointment with AR and father.</li> <li>- AR felt Sertraline not making much difference Initially on 25mgs mane and then 50mg for 1 week</li> <li>- Acknowledged early days with Sertraline and not on a therapeutic dose. Suggested increase Sertraline to 75mgs mane.</li> <li>- AR confirmed no longer taking Propranolol.</li> <li>- Agreement to follow up in few weeks' time</li> </ul>
07 April 2022	07 April 2022	<p>Letter to GP from Consultant Psychiatrist 1 informing the GP that:</p> <ul style="list-style-type: none"> <li>- Regular follows have taken place to review response to Sertraline.</li> <li>- Appointment have included a mix of phone and video calls; however, AR will not join by video.</li> <li>- Key worker support offered, and AR no longer wishes help from Key worker.</li> <li>- School attendance patchy, no symptoms of low mood or self-harm</li> <li>- Discussed role of SSRIs with AR and he agreed he doesn't need them.</li> <li>- Feel SSRIs not indicated for AR as no evidence of social anxiety or generalised anxiety disorder.</li> <li>- AR wants to try different SSRI, and I am not in agreement due to above reasons.</li> </ul>

		<ul style="list-style-type: none"> <li>- Agreement to Sertraline 100mgs for 2 months and then discharge from care.</li> </ul>
13 May 2022	13 May 2022	<p>Letter to GP from Consultant Psychiatrist 1</p> <ul style="list-style-type: none"> <li>- AR had stopped Sertraline.</li> <li>- Advised restart Sertraline 50mg for 1 week and thereafter increase to 75mg mane.</li> </ul>
25 May 2022	23 May 2022	<p>Letter to GP from Consultant Psychiatrist 1</p> <ul style="list-style-type: none"> <li>- AR had stopped Sertraline again.</li> <li>- Advised restart Sertraline 50mg for 1 week and thereafter increase to 75mg mane.</li> <li>- AR consented to CBT and Family Therapy from CAMHS</li> </ul>
02 September 2022	01 September 2022	<p>Letter to GP from Consultant Psychiatrist 2 informing the GP that:</p> <ul style="list-style-type: none"> <li>- Home visit undertaken in July 2022.</li> <li>- Discussed the option of a further trial with an alternative SSRI medication, namely Fluoxetine, given that AR felt that Sertraline had not really suited him when he tried this previously.</li> <li>- Fluoxetine 4mg once daily (newly commenced) had been prescribed.</li> <li>- Father spoke of a visible improvement in AR's presentation since starting the Fluoxetine, namely in terms of being more willing now to talk, and thereby evidently to talk through his problems with his parents.</li> </ul>
09 January 2023 Typed 11 January 2023	29 December 2022	<p>Letter to GP from Consultant Psychiatrist 2 informing the GP that:</p> <ul style="list-style-type: none"> <li>- AR expressed that he had not found the Fluoxetine medication helpful and so had stopped taking it some time ago.</li> <li>- AR would like to try Sertraline again as he felt that he had not gave the medication a fair trial at that time.</li> <li>- Fluoxetine medication stopped.</li> <li>- Commenced on a re-titration of Sertraline liquid 25mg once daily for the first week, followed by 50mg once daily for the second week, followed by 75mg once daily for the third week.</li> </ul>
06 February 2023 Typed 24 February 2024	06 February 2023	<p>Letter to GP from Consultant Psychiatrist 2 informing the GP that:</p> <ul style="list-style-type: none"> <li>- Father reported that AR "<i>had indicated to be experiencing some side effects from the Sertraline medication, namely a sense of numbness in the tongue</i>".</li> <li>- Father believed AR was continuing to take the Sertraline medication at the 7.5ml (75mg) OD</li> </ul>

		<p>dose, although acknowledged that AR was being left to his own devices in terms of taking the medication, evidently <i>"for fear of riling him due to too close a level of scrutiny"</i>.</p> <ul style="list-style-type: none"> <li>- Sertraline medication to be weaned down and stopped.</li> <li>- Advised father to reduce the Sertraline dose down to 5ml (50mg) once a day for the first 7 days, followed by a further reduction down to 2.5ml (25mg) OD for the following 7 days, before stopping.</li> </ul>
<p>28 February 2023 Typed 9 March 2023</p>	<p>27 February 2023</p>	<p>Letter to GP from Consultant Psychiatrist 2 informing the GP that:</p> <ul style="list-style-type: none"> <li>- Following telephone appointment with father, <i>'It seemed as though AR and Dad were at loggerheads quite a bit about their respective ideas of how helpful the Sertraline medication was for AR during his time on it'</i>.</li> <li>- AR's pattern of compliance with the medication had been inconsistent.</li> <li>- Father felt a strong sense that the Sertraline had been unhelpful for AR and so we planned to wean down and stop it.</li> <li>- AR adamant that the Sertraline had been helpful for him, although he was also asking about whether he could try other medications such as a monoamine oxidase inhibitor (MAO-I) or a serotonin and noradrenaline reuptake inhibitor (SNRI) – neither of which option would be available to prescribe in CAMHS for reasons of safety in the younger age group.</li> <li>- <i>AR is 16 and telling us that Sertraline was helpful for him as regards his anxiety during his time on the medication, I think we have to take AR at his word and give him another chance on the medication, particularly given how, pharmacologically speaking, we can expect that it would be helpful in terms of motivation as well as dampening anxiety symptoms in view of the need for AR to integrate with the education process and so on</i></li> <li>- Commenced on a re-titration of <i>Sertraline liquid 25mg (2.5ml of concentration 50mg per 5ml) OD for the first 7 days, followed by 50mg (i.e. 5ml) OD for the next 7 days, followed by 75mg (7.5ml) OD thereafter.</i></li> <li>- Follow up arranged by way of a face-to-face appointment at the Southport Centre for Health and Wellbeing, on Monday 27th March 2023.</li> </ul>

		<p>Between GP letter being typed and being returned to Consultant Psychiatrist 2 for authorisation, a request came via AR for the Sertraline medication to be changed from liquid to tablet form due to previously report side effects with Sertraline liquid.</p> <ul style="list-style-type: none"> <li>- Consultant Psychiatrist 2 confirmed the safest way to proceed would be to commence the re-titration again as follows: Sertraline (tablet form) 25mg od for the first 7 days, followed by 50mg od for the next 7 days, followed by 75mg od thereafter.</li> </ul>
16 April 2024	16 April 2024	<p>Discharge letter from Consultant Psychiatrist 2 to GP advising GP that:</p> <ul style="list-style-type: none"> <li>- AR had been discharged from CAMHS Psychiatry but remained open to Sefton CAMHS Family Therapist 1.</li> <li>- It had been challenging to engage AR, and his parents had been much more open to engaging with family therapy.</li> <li>- Sertraline medication had been tried for AR in the past but the lack of consistency in AR taking his medication led to a situation whereby they did not feel that Sertraline could continue to be safely prescribed until or unless AR himself engaged in a consistent manner with follow-up appointments, which he did not.</li> <li>- AR had responded well to Melatonin.</li> <li>- Request for GP to continue ongoing prescribing of Melatonin with an expectation of 6-12 monthly follow-up appointments with Consultant Psychiatrist 2 if AR wished to remain on the medication.</li> </ul>