**Performance and Business Management**

**MH: moving to Paris system – more effective way of recording and producing reports. Working with health to develop integrated files**

Within Mental Health Services there has been an active move towards holding client information within one IT system. Housed within Health sites and focused on partnership working, both Council and Health maintain bespoke IT systems. Under the arrangements of the Mental Health Partnership it was agreed that the service would recognise the health IT database, Myrddyn, as the primary system to record client information, whilst also ensuring key information, such as referrals, allocations and service information was maintained in the Social Care system, Paris.

August 2013 saw the dissolution of the Mental Health Partnership, at which point the IT systems maintained began to be scrutinised to establish if a move towards one system could be achieved. Risks were also highlighted in Paris for Mental Health cases, as the system did not contain all the case history for an individual. This was especially apparent for the emergency out of hours service.

Discussions were held and agreement reached to implement Paris as the main recording system for secondary care services, commencing in September 2014. At the same time the Integrated Case Notes (ICN) was introduced to the service, which placed an emphasis on a single volume file for a client which would be tracked and move around the service as did the client. In essence, if services were provided by the community mental health team, the file would be held with that team, and then transferred to an acute unit should the client be admitted to hospital.

Work is underway to engage in Paris implementation for the service. All the Social work practitioners have had system access since October 2014 which is a considerable stride forward. Paris now contains fuller information such as contact records (casenotes), and assessments.

More recently, colleagues from health have been inputting information into Paris in an exercise to promote the system use for secondary care services. The ultimate aim is to migrate information in to one IT system prior to the introduction of an All Wales database which is currently going through a tender and consultation process.

Furthermore, Conwy has agreed the application of licences for Deputy and County Health Managers across the two Community Mental Health sites, to further bolster safe working practices, safety being the dominant drivers, in terms of access to Paris when staff members are off sick and also access to risk assessments and care and treatment plans, which is imperative when the actual hard file is located in a hospital in Wrexham. This drive reduces the risks to patients and will go some way to avoid identifying links to potential Serious Case Reviews/Serious Untoward Incidents.

In recent months both the Social Care Section Manager and Deputy County Manager meet monthly to undertake joint supervision through a workload tool where the health (sharepoint) and social care (Paris) systems are cross referenced for accuracy of patient correlation to case manager, care co-ordinator.

Whilst Health have expressed that they will, moving forward reinstate the Myrddin IT system we have agreed at service manager/county manager level to implement a trial period where a named Community Psychiatric Nurse will input all case management data onto Paris. This will assist with, ultimately providing a safe service to vulnerable people and ensure that if a file is out of the area, in a hospital setting, or even in the extreme, misplaced then we as a service will hold the relevant risk assessments and care and treatment documentation required to safely deliver interventions to the citizens of Conwy.

An example of good practice relates specifically to when a patient is detained under the Mental Health Act and no local bed is available, resulting in the patient and file being in transit away from the local community mental health team. This can sometimes be in Wrexham and in extreme cases England. Prior to the implementation of Paris where would be no information available to the CMHT due to the integration of the case notes being with the patient, currently we all can have sight of the patient’s risk assessments and care and treatment plans, Mental Health Act assessments irrespective of file location.

Finally, the Emergency Duty Team now have sight of this information which again, supports a safer service model, being the key, fundamental driver.