

Independent Investigation Action Plan for Ms X

STEIS Ref No: 2013/22386

Report published: August 2017

Rec No.	Organisation	Recommendation	Actions to achieve recommendation	Implementation Lead	Implementation by when	Evidence of Completion	Monitoring & evaluation arrangements
	Oxleas NHS Foundation Trust	A recommendations workshop was held with clinicians and senior staff from the Oxleas Trust. During this workshop the Trust's mental health redesign progress and IPC programme review was discussed. A paper was written by the Trust to support the recommendation development process; key information is incorporated below.					

1	Oxleas NHS Foundation Trust	<p>Recommendation 1. Clinicians should make every effort to draw together the psychosocial circumstances and diagnoses of all service users. Whenever possible a full psychiatric history should be taken and used to construct a comprehensive diagnostic formulation. This should be recorded in full in the service user's clinical record and used to inform care and treatment and all risk assessment and management plans. The Trust should:</p> <ul style="list-style-type: none"> - ensure that this expectation is embedded in all policy documentation; - ensure formal mental state examinations are conducted; - make training and supervision available to all clinicians to develop these skills further; - ensure clinical audit builds diagnostic formulation into the annual review cycle. 	<p>An operational policy was developed for the service model introduced in September 2015, taking into account the need for a more psychologically informed approach when working with clients. This includes: Policy statements, mental health examinations, training and supervision. Audits of care planning including personalisation and diagnostic formulation have been undertaken yearly and will now be undertaken quarterly (March 2017). The annual care planning audits also measure compliance with CPA standards.</p>	Associate Director Mental Health Greenwich	Completed September 2015	<p>Primary Care Plus (PCP), Anxiety, Depression, Affective, Personality Disorder and Trauma (ADAPT) and Intensive Case Management for Psychosis (ICMP) Operational policy (up to date).</p> <p>Policy statements (include p12 – 13 assessments, treatment formulation and care planning, screening forms, team involvement), supervision and training (p 38) Care planning audits including annual CPA standards.</p>	Audits will be reviewed by the Clinical Effectiveness Committee chaired by Medical Director reporting to Quality Board to Trust Board.
2	Oxleas NHS Foundation Trust	<p>Recommendation 2. Guidelines should be developed to assist in the development of diagnostic formulations for Somali service users. The Trust should consider re-establishing links with the local Somali community in general and with the Hayaan MIND mental health Somali project in particular.</p>	<p>Contact to be made with the Hayaan Somali project in Harrow. The trust has established links with the local Somali community through BME Mental Health forum events, delivering Mental Health First aid and Mental Health awareness training through Greenwich Action for Voluntary Services Links established with the Somali worker employed at the HER Women's Centre. Information to be made available to assist in diagnostic formulations jointly developed with Somalian Groups, to include cultural expression and presentation of behaviour congruent for their community / culture.</p>	Senior Community Development worker.	Links established in 2016 Information guide to be completed by September 2017	<p>Evidence will be uploaded to Datix and shared with relevant parties. Evidence will include; Details of contacts and links with local Somali community through BME Mental Health contacts, GAVS and Somali worker at the HER centre. Information developed an shared regarding diagnostic formulations.</p>	Clinical Effectiveness Group chaired by Medical Director reporting to Quality Board to Trust Board.

3	Oxleas NHS Foundation Trust	<p>Recommendation 3. The Trust should review its practice in relation to medical assessment and mental state examination This will require a robust process that can be routinely assured by clinical governance mechanisms and the Trust.</p>	<p>All services have clear expectations about patient care including reviews and documentation timeframes that doctors will comply with. All doctors to receive training about the importance of documentation of patient interactions Standards will be discussed at induction with doctors and new trainees and discussed in supervision.</p>	Medical Director	Completed 2016	<p>Medical Protection Society series of lectures on: Medical Records for Secondary Care 14/9/16 Mastering Shared Decision Making 7/12/16 Model for difficult interactions with patients 15/2/17</p>	<p>Trustwide Medical Advisory Committee. Confirmation chaired by the Medical Director. Audits will be conducted if required. Training will be repeated as required and discussed in doctor's appraisals.</p>
4	Oxleas NHS Foundation Trust	<p>Recommendation 4. Clinicians should always conduct medication reductions in a systematic manner and guidelines should be developed to support all such decisions. The following should always be considered prior to medication reduction: - the role medication has played in the maintenance of recovery; - the service user's mental health response to previous periods of non-compliance, reductions to, or changes of, medication; - the service user's levels of insight and willingness to seek help/engage when experiencing the first signs of relapse; - the levels of support of from carers/friends who can be relied upon to support the service user if relapse occurs. The following should always be conducted prior to medication</p>	<p>Guidelines are in place for conducting medication reductions and include psychoeducation, risk assessment and discussions with treating team and / or primary care. These are monitored through appraisal and supervision with all doctors. Clear guidelines are in place about how to manage medications especially reductions of medication in stable patients. These will be monitored through audits.</p>	Medical Director	Completed 2016	<p>Guidelines for medication reduction in patients with severe and enduring mental illnesses especially psychosis and mood disorders Newsletters Meetings with doctors Medication audit</p>	<p>Trust wide Medicines Management Committee chaired by the Medical Director.</p>

5	Oxleas NHS Foundation Trust	<p>Recommendation 5.</p> <p>The Trust has a robust CPA policy. In order to maximise its effectiveness a more sensitive clinical audit tool should be developed to ensure adherence to formal CPA milestones - such as:</p> <ul style="list-style-type: none"> - care planning; - risk assessment; - implementation, monitoring and review of care planning; - relapse prevention; - primary care liaison. <p>In addition the Trust should consider making these milestones more explicit during:</p> <ul style="list-style-type: none"> - staff induction; - regular CPA training and development and updating programmes; <p>Clinical supervision</p>	<p>The audit tool has been revised. There is an established care planning audit (now quarterly) which includes the personalised care plan, risk assessment, involvement, relapse prevention / crisis plan, and Trust MDT liaison. Care planning and CPA are included in local inductions, supervision and appraisal.</p>	Associate Director of Quality	Completed 2016	<p>Care planning audit results. Audits conducted 2014, 2015 and 2016.</p> <p>Ifox clinical information dashboards is used to show real time compliance with care planning, risk assessments, CPAs and key patient compliance information.</p>	<p>Clinical Effectiveness Group chaired by Medical Director reporting to Quality Board to Trust Board</p> <p>This will also be shared with CCG at the CQRG (Clinical and Quality Review Group).</p>
6	Oxleas NHS Foundation Trust	<p>Recommendation 6.</p> <p>The RiO-based risk assessment should always be used by clinical teams who should ensure it is updated and comprehensive; all zoning discussions should be recorded formally. In order to support this current Trust RiO format review should ensure RiO is fit for purpose. As part of the review the RiO system needs to take into account the requirements of clinicians in relation to accessing significant information and should be able to flag high risk service users and incidents in a simple 'at a glance' format.</p>	<p>The updated RiO Risk assessment new tool is easy to use and navigate with incidents clearly seen.</p> <p>Zoning meetings are occurring three times a week in localities to identify high risk service users. Generic zoning moves patients into red, amber or green. The system targets resources and links interventions to care plans to each zone for each patient. Red – currently in crisis, amber – unwell but no major risk factors, green – stable, maintenance care / moving on.</p>	Associate Director Mental Health Greenwich	Completed 2016	<p>Risk assessment tool in place and used for all patients.</p> <p>Zoning guidelines are explicit in the operational policy (page 28 and 44)</p> <p>Clinical task list showing dates for reassessment of risk are visible in real time on ifox at team level.</p>	<p>Clinical Effectiveness Group chaired by Medical Director reporting to Quality Board to Trust Board.</p>

7	Oxleas NHS Foundation Trust	<p>Recommendation 7. The Trust is establishing a revised programme for assessing and managing clinical risk. There appears to be a significant improvement. The Trust should audit the revised system six months following the publication of this report to establish:</p> <ul style="list-style-type: none"> - the quality of risk assessment and risk formulation; - the quality of risk management, crisis and contingency plans; - the quality and regulatory monitoring and review processes (in particular the zoning system); - the effectiveness of professional communication and liaison systems (with a particular emphasis on that between primary and secondary care) 	<p>Improvements have been made since 2015 in facilitating quality of risk assessment and risk formulation, crisis plans, zoning and liaison. These are now monitored by multidisciplinary teams and zoning meetings three times a week. These will be audited against standards in the care planning audit.</p> <p>Complementary systems are now in place with RAG rating in both Oxleas and primary care. Primary care raise concerns directly via mutually agreed pathways. reviews with Oxleas seek to increase information for collaborative risk assessments.</p>	Medical Director	Completed 2016	<p>Risk assessment and formulation reviews, crisis plans, liaison, zoning as part of on-going quality improvement programme commenced in January 2016.</p> <p>Care planning audit results and action plans. Audits conducted 2014, 2015 and 2016.</p>	Clinical Effectiveness Group chaired by Medical Director reporting to Quality Board to Trust Board.
8	Oxleas NHS Foundation Trust	<p>Recommendation 8. The Trust should ensure that clinical risk policies make explicit the assessment and management arrangements required for adults at risk.</p>	<p>Safeguarding adults policy has been reviewed and updated as necessary. Clinical risk assessment policy has been reviewed to take account of this. Staff are made aware of policies at induction, statutory and mandatory training and through supervision.</p>	Lead Safeguarding Adults / Mental Health Act Legislation Associate Director of Nursing	Completed 2016	<p>Updated policies have been reviewed and arrangements for adults at risk are explicit. These are available to staff on the intranet and their awareness of the policies has been checked via Peer reviews in 2016.</p>	Safeguarding Adults Committee and Patient Safety Group. Reporting to Quality Board to Trust Board.
9	Gallions Reach Health Centre	<p>Recommendation 9. The Gallions Reach Health Centre should adopt a formal risk assessment process when making clinical decisions about patients with severe and enduring mental illness. This should be supported by secondary and CCG input.</p>	<p>New Mental Health Policy developed and in place.</p>	<ul style="list-style-type: none"> • GP and Partner and mental health lead • GP trainee and supporting mental health GP • HCA and support mental health leads 	Completed 2016	<p>New Mental Health Policy fully operational since 2016. There is a designated Mental Health Clinician who review patients monthly with the support of a designated Administration staff. Outstanding rating rewarded by CQC.</p>	Monitored by Clinical Governance lead via audits.

10	Oxleas NHS Foundation Trust	<p>Recommendation 10. The Trust has established a new model of service delivery via Primary Care Plus. This appears to be working well. The Trust should audit the revised system six months following the publication of this report; this to be achieved in conjunction with the relevant CCGs. The audit should also ascertain GP and service satisfaction with the new arrangements.</p>	<p>The new service model is a locality based pathway offering Primary Care Plus services (direct link between primary and secondary care and support, ADAPT pathway of therapeutic interventions for care and treatment of anxiety, depression, affective disorders, personality disorder and trauma, and Intensive Case Management for Psychosis (ICMP) for people with bipolar disorder or schizophrenia. Review of new service model has included GP satisfaction survey, staff focus groups, service user feedback and workshop with CCGs. further re-audit will specifically include GP feedback.</p>	Greenwich Associate Director	Completed 2015	<p>Reports of GP satisfaction, staff focus group, service user feedback and workshops. Institute of Public Care (Oxford Brooks) Report 2016.</p>	<p>Monitored through Trust and directorate senior management meetings including Patient Experience which report through governance structures for quality to Trust Board and to be presented at CQRG (clinical quality review group which is a CCG chaired quality committee overseeing quality of the Trust).</p>
11	Oxleas NHS Foundation Trust	<p>Recommendation 11. The Trust has fit for purpose policies and processes in relation to protecting vulnerable adults from abuse. However it is recommended that more explicit guidance is developed in relation to:</p> <ul style="list-style-type: none"> - service user on service user abuse; - risk assessment and risk management of vulnerable adults which support detailed protection plans; - explicit information about which agency leads for each service user (perpetrator and victim of abuse); - criteria for police referral and intervention; - the Trust risk assessment policy makes more explicit the actions required in relation to Vulnerable Adults. 	<p>Current Safeguarding Adults Guidance of the Trust and Local Authority to be reviewed to ensure explicit reference to areas identified in the recommendations. We follow the Pan London Safeguarding Adults Policy long with Local authorities.</p>	Head of Safeguarding Adults / Mental Health Act Associate Director of Nursing	Completed 2016	<p>Policies have been reviewed and confirmation that current versions and Pan London guidance contains the required information provided.</p>	<p>Monitored at Safeguarding Adults Committee, chaired by Director of Nursing, which reports to Safety Committee to Quality Board Trust Board.</p>

12	Oxleas NHS Foundation Trust	<p>Recommendation 12. The Trust should consider re-establishing links with the local Somali community in general and with the Hayaan MIND mental health Somali project in particular. Guidelines should be developed in relation to the culture and identity of Somali people with reference also made to the additional impact of asylum seeker and refugee status on mental health and general wellbeing.</p>	<p>Contact to be made with the refugee council in order to develop guidelines when teams are working with Refugees and Asylum Seekers. Information to be collated and shared with clinicians about additional impact of asylum seeker and refugee status in mental health and general wellbeing, developed with Somalian groups.</p>	Senior Community Development Worker	Links established in 2016 Information guide to be completed by September 2017	<p>Presentation of this work to be shared at equality and diversity committee to ensure learning across all trust services. Copy of presentation to be uploaded as evidence.</p>	Equality and Diversity Committee reporting through governance structures to Trust Board.
13	Oxleas NHS Foundation Trust	<p>Recommendation 13. The Trust should ensure that its current audit processes are reviewed so that they are sensitive enough to detect non-compliance in relation to recording clinical information to an appropriate professional standard.</p>	<p>The Audit processes audit against defined standards to measure compliance. The standards for care planning have been identified so that the standards are clearly defined and include the priorities identified. An independent internal audit of our clinical audit practice in November 2015 and awarded significant assurance rating with minor improvement. We have also implemented a system so that all audits and actions be tracked consistently on Datix web.</p>	Associate Director Quality	Completed 2016	<p>Oxleas clinical audit policy (November 2016)</p> <p>Quarterly care planning audit and action plans.</p> <p>Care planning audit annually against CPA standards. Standards include risk assessment, personalisation, timeliness, consent and capacity. Conducted 2014, 2015 and 2016.</p>	Clinical Effectiveness Group chaired by Medical Director reporting to Quality Board to Trust Board.

14	Oxleas NHS Foundation Trust	<p>Recommendation 14. All known patients re-presenting to the trust will have their archived files checked; if archived between 2005 - 2007, the records will be reviewed to determine whether:</p> <ul style="list-style-type: none"> -a core assessment was conducted at the point of record transition; -the psychiatric history was transitioned from one system to the other; -key risk information transitioned in an easily accessible format; -current care and treatment is appropriate in the light of any identified historic context 	<p>Establish a process to ensure records are checked systematically.</p> <p>Conduct a purposeful audit of 100 live patients that were known to services between 2005-2007.</p>	Associate Director Mental Health Greenwich Trust Clinical Audit Team with Service Manager	<p>Process developed and guidelines issued to staff. March 2017</p> <p>The process of checking commenced on the 1st April 2017 and will be on-going.</p> <p>The 100 case audit commenced in June 2017.</p>	<p>Staff guidance</p> <p>Audit results and action plan.</p>	Clinical Effectiveness Group chaired by Medical Director reporting to Quality Board to Trust Board.
15	Oxleas NHS Foundation Trust	<p>Recommendation 15. In keeping with Recommendation 13 the Trust should revise its clinical audit tools to ensure they are sensitive enough to detect policy non-compliance. The Trust also utilise training and clinical supervision to reinforce the importance of policy adherence.</p>	<p>See recommendation 13</p> <p>All audits have standards to measure against. Training and supervision are used to reinforce to all staff the importance of adherence to policies.</p>	Associate Director of Quality	Completed 2015	Supervision, statutory and mandatory and appraisal compliance is monitored monthly and reported to Executive and Trust Board.	Workforce Committee chaired by Director of Human Resources and Organisational Development.

16	Oxleas NHS Foundation Trust	<p>Recommendation16. Following serious incidents involving homicide or suicide the Trust must make every effort to contact families with immediate effect. The Trust and NHSE should discuss how best this can be facilitated with the metropolitan Police Service and ensure that dedicated officers are deployed within the organisation to maintain support and communication throughout the investigation process.</p>	<p>Duty of Candour is upheld in a timely manner. The Assistant Directors when sending duty of candour letters explicitly ask if Families/significant others wish to be met with ask questions provide feedback or contribute to the investigation in other ways. There are identified leads in patient safety</p>	<p>Directorate Assistant Directors Patient Safety Officer Duty of Candour Lead</p>	<p>Completed 2015</p>	<p>Duty of Candour letters are routinely uploaded onto Datix</p> <p>Duty of Candour training resources developed between Oxleas and the Health Innovation Network (HIN) 2016.</p> <p>Evidence of family contact in serious incident investigation reports.</p> <p>NHSE have developed Family Guidance for Providers following a MH Homicide.</p> <p>Additional training will follow following sign off of the guidance.</p>	<p>Trust Board receive a monthly report of duty of candour compliance.</p> <p>Trust Board receive reports of all the board level serious incident investigations including family contact and engagement.</p> <p>Provider forum chaired by NHSE</p> <p>NHSE Independent Investigations Review Group</p>
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