

BERKSHIRE HEALTHCARE FOUNDATION TRUST (BHFT) SERIOUS INCIDENT REVIEW ACTION PLAN

STEIS Number:	2012/7277 (External Investigation by Verita)
Action Plan Co-ordinator:	Director of Nursing & Governance

No.	Recommendation	Action to be Taken (should be SMART) to Address Recommendation	Responsible for Action	Target Date for Completion	Progress Towards Completion, Including Evidence of Action Taken	Date Completed
R1	The trust should ensure that the work of the short-term team is integrated into the secondary mental health services and its function is clearly understood.	West Berkshire Locality and Clinical Directors to implement a review of the remit and access criteria of the short term team.	West Berks Locality & Clinical Directors	Proposals to Service Improvement Group (SIG) Sept + Oct 2014. 31 March 2015	Mitigation already in place 2014/15 Short Term Team no longer carry out interdisciplinary triage and allocation; allocations now go through Multi – Disciplinary Team (MDT) meeting. 8.6.14 Proposal document produced by IM. Group has some questions on the document that will be fed back via HM. 6.8.14 Revised proposal document drafted by Head of Mental Health Services 11.8.14 Task and Finish Group agreed that the plan is appropriate. The target is for a draft paper on restructure to go to locality group in Sept 2014, then to the SIG. Following this, aim is to implement fully by March 2015. 23.9.14 Several meetings held with local authority to look at the structure proposed by Head of Mental Health Services, and these discussions have been used to adapt the proposals. LA are also currently undertaking a workforce review of their staff and the Locality Director West Berks is working with them to synchronise with our changes. Work in progress but the essential idea is to bolster the Short Term Team with health staff. Mitigations around	

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					<p>triage as stated above continue to be in place. Also, an interim re-structure has been put into place for the whole Community Mental Health Team (CMHT) which has strengthened internal governance and ensures enhanced MDT working.</p>	
		<p>Proposals for integration of short term team into core secondary mental health pathways to be put forward with Quality Impact Assessment.</p>	<p>West Berks Locality & Clinical Directors</p>	<p>See above</p>	<p>8.6.14 Dependent on the above.</p>	
		<p>West Berks revised model to be shared via OLT and Mental Health SIG so that any other localities with short term functions can ensure that their processes are similarly defined and, if necessary, altered.</p>	<p>West Berks Locality & Clinical Directors</p>	<p>See above</p>	<p>8.6.14 Dependent on the above.</p>	
<p>R2</p>	<p>The trust should negotiate with key partners a policy/protocol that sets out when a multi-agency review meeting should be called.</p>	<p>CCR003 Policy and Procedures for Risk Assessment / Management will be revised to provide clearer direction on risk assessment and management, including when to consider calling a multi-agency meeting. The revised policy will be consulted on with key partners to ensure multi-agency agreement, and will reference existing multi-agency pathways, e.g. West of Berkshire "At Risk Pathway", and Multi-Agency Public Protection Arrangements (MAPPA) arrangements.</p>	<p>Director of Nursing & Governance (overseeing external consultant AJ)</p>	<p>Sept 2014</p>	<p>9.6.14 Work progressing and on-target. 6.8.14 Progress check at Task +Finish (T+F) Group 11.8.14 11.8.14 Revised policy has been drafted – at community comment stage – for approval by Quality Executive (QEG) Oct 2014. 23.9.14 Policy being amended further following consultation with Inpatients + Crisis Response Home Treatment Team (CRHTT) Clinical Director. On target for approval by QEG October 2014.</p>	

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					<p>13.10.14 new policy approved and distributed across services supported by peer review training.</p> <p>Still rated amber as new policy is still being embedded into practice</p>	
		<p>Following on from the above, the BHFT Risk Training course content is to be amended to reflect the revised policy and ensure clear guidance on multi-agency case reviews.</p>	<p>Risk Training Leads BHFT</p>	<p>Sept 2014</p>	<p>9.6.14 Training revision dependent on completion of action above.</p> <p>11.8.14 Training has been updated and correlates with the new draft policy. Continues to evolve as learning emerges from new cases.</p> <p>22.10.14 further investigation training being commissioned for new investigating officers and refresher courses to be available in 2015.</p>	<p>11.8.14</p>
<p>R3</p>	<p>The Trust should issue a practice guidance note reminding all staff that a referral for a psychiatric assessment should always be made if requested. If a referral is not to be made a recorded rationale for why must be placed on the patient's notes.</p>	<p>Medical Director and Director of Nursing to communicate to all staff that if an informed decision has been made that a referral for psychiatric assessment is needed, this should happen or if not the rationale is clearly documented.</p>	<p>BHFT Medical Director and Director of Nursing & Governance</p>	<p>May 2014</p>	<p>Update 6.6.2014: Screensaver designed and will appear on all staff computer screens BHFT-wide June 2014.</p> <p>17.6.14 Director of Nursing and Governance has written to all Locality Managers for Mental Health asking them to disseminate this message and reply directly giving positive assurance that this has been done.</p> <p>6.8.14 Director of Nursing and Governance confirmed that replies have been received from all localities.</p>	<p>6.8.14</p>

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R4	The Trust Board should commission a report that will provide it with robust evidence of the quality and compliance level of risk assessments.	A task and finish group, led by the Slough Locality Manager for Mental Health, has been set up to produce a core content of risk training and auditing for community mental health teams. The standard risk audit tool is to be finalised, then an external audit commissioned to produce a baseline assessment of quality and compliance.	Director of Nursing & Governance	<p>Audit tool to be finalised by 31st May 2014</p> <p>External audit to follow June 2014</p>	<p>9.6.14 Audit tool developed. Slough Locality Manager will submit the version being piloted this week. External audit will then be scoped.</p> <p>6.8.14 Audit tool has been piloted and is being revised before further roll out to services. Too many criteria to be used as a frequent tool in services, so being streamlined before making operational. The tool in its current form could be used for external audit if required. Update needed on plan for external audit.</p> <p>11.8.14 All CMHTs have piloted the new tool; results being compiled by Slough Locality Manager. Director of Nursing and Governance will also Geoff for results. West Berks will also be taking their pilot results and also the results of the audit undertaken during the internal Care Quality Commission (CQC) inspection last month to their next business group meeting and generate actions. Decision on necessity of external audit will follow.</p> <p>23.9.14 Audit tool has been used in all CMHTs to produce a draft report; CRHTT East already done. West about to be done (already done for Mental Health Inpatients routinely). Initial results look positive but reliability of tool also being evaluated to ensure effective.</p>	
		Embed peer review process within community teams, alongside routine		June 2015		

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		auditing, to support and monitor improvement				
R5	Senior trust managers should negotiate with senior managers from partner agencies the level of information sharing at Multi Agency Public Protection Arrangement (MAPPA) meetings to ensure it is consistent with national good practice.	BHFT to assign an Executive Lead to research MAPPA processes in other localities and engage with Thames Valley Police to discuss any proposed modifications to local arrangements.	Chief Operating Officer	March 2015	<p>9.6.14 Partnership mapping paper developed by Director of Nursing and Governance with Locality Directors setting out who attends each type of external meeting and what the governance processes are around this meeting. Paper going to Business Executive for scrutiny and sign-off.</p> <p>6.8.14 All MAPPA reps required to report exceptions into their locality Patient Safety and Quality Groups (PSQs). All localities have designated reps who will raise any issues they encounter with lack of info sharing from MAPPA to BHFT. Consider closing this action at T+F Group 11.8.14.</p> <p>11.8.14 T+F Group agreed action closed.</p>	11.8.14
R6	The trust should seek agreement with partner agencies for a joint protocol governing when an inter-agency investigation is	Deputy Director of Governance to scope existing multi-agency investigation protocols being used by Trusts outside of Berkshire and consult with partner agencies on development and commitment to a similar protocol in	Deputy Director of Governance	Draft coming to this group Oct 2014 for comment. Sign-off by	16.6.14 Update from Deputy Director of Governance, "I am working with Regional/Locality Director to identify Local Authorities (LA) Senior Managers/Directors who I need to liaise	

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	<p>required and how it should be conducted. This should clearly set out the role of the lead agency and expectations of the other agencies contributing to the investigation. This would not affect individual agency requirements to conduct their own inquiries.</p>	<p>Berkshire.</p>		<p>Dec 2014.</p>	<p>with in order to agree and sign off the protocol moving forward.”</p> <p>6.8.14 Progress check at T+F Group 11.8.14</p> <p>11.8.14 Deputy Director of Governance reports that protocol in process of agreement and will have draft ready to circulate to this group in October 2014.</p> <p>23.9.14 Deputy Director of Governance has drafted the protocol and has engagement from all local authorities to review and comment. Expecting responses from LAs October 2014 with aim of completion by Dec 2014.</p>	
<p>R7</p>	<p>a) The trust should ensure that a person in a direct line management relationship or in the locality/directorate does not undertake investigations with the service under investigation.</p> <p>b) An investigation must be conducted by a suitably trained individual who is clear about its role and function.</p>	<p>a) For actions to address the impartiality of investigators and clarity of the investigator role and functions, see R9 below.</p>	<p>See R9</p>	<p>See R9</p>	<p>See R9</p> <p>Also: 9.6.14: Need for a revision of the investigator allocation process. For initial information, patient safety and compliance managers to provide to this group a list of all trained investigators + list of all those who took cases 2013/14.</p> <p>6.8.14 Above done. New allocations process agreed at QEG July 2014 for implementation Aug 2014.</p> <p>23.9.14 New allocations process devised, covering SIRIs, Complaints and Human Resource (HR) investigations. This ensures that investigators are allocated from localities not involved with the case, and is being supported by expansion of</p>	

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					investigator training to all senior managers – launching October 2014. 14.10.14 process in place	
		b) Investigator training has been commissioned by the BHFT Deputy Director of Governance in conjunction with the Trust's solicitors. Sessions have been scheduled for 8.4.2014 and 16.4.2014. This will increase the pool of trained investigators available to the Trust. Further sessions can be commissioned as required in future.	Deputy Director of Governance	16 th April 2014	Completed 8.4.2014 & 16.4.2014. Options for future training courses being scoped. (Revisions also being made to investigation report template Aug 2014 to help investigators refine and present findings / make recommendations.) 22.10.14 further investigation training being commissioned for new investigating officers and refresher courses to be available in 2015.	8.6.14
R8	The Trust should develop and implement a strategy for improving record-keeping.	The Trust is in the process of developing an improving record keeping strategy.	BHFT West Berkshire Clinical Director	Strategy completion Aug 2014 followed by action plan roll out by end of Dec 2014.	9.6.14 In progress and on target. Final version of strategy to Sept 2014 QEG. 6.8.14 Progress check at T+F Group 11.8.14. 11.8.14 Strategy going to QEG Sept 2014; implementation plan by end of Oct 2014. 23.9.14 Strategy approved by QEG Sept 2014 and implementation plan on target for Dec 2014.	
R9	The trust should amend its policy for investigating serious incidents and reporting on them to ensure sufficient challenge and	A revision of BHFT policy ORG007 "Adverse Incidents / Near Misses & Serious Incidents Requiring Investigation" (SIRI) is to be carried out. The revised policy will include the following key points, supported by a clear	Deputy Director of Governance	Sept 2014	9.6.14 Policy being revised by Patient Safety and Compliance Manager – needs to go to July 2014 Policy Scrutiny Group then to August 2014 Safety Experience Clinical Effectiveness Group (SECEG).	14.10.14

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	<p>scrutiny are built into the process. The board, including non-executive directors, should receive a full report from all level 5 incidents as well as themed reports. The board should be able to assure itself about the progress of recommendations from all serious incidents.</p>	<p>process map: a) Process for deciding on the declaration of a SIRI. b) Process for commissioning an internal SIRI investigation. c) Process for appointing a trained, impartial investigator and investigation consultants. d) Procedural guidance for investigators, including guidance on liaison with patients and families. e) Process for informing the Board of newly-declared SIRIs. f) Process for local sign-off on SIRI investigation reports. g) Process for organisational sign-off on SIRI investigation reports, including potential for Non-Exec Director involvement. h) Process for submitting to the Board full reports from all grade 2 SIRIs. i) Process for providing the Board with themed (aggregated) reports on SIRIs. j) Process for monitoring the implementation of SIRI action plans, including those which will require direct Board scrutiny.</p>			<p>6.8.14 Revised policy drafted and consulted on. The criteria listed under R9 are included in the new policy. Deputy Director of Governance making some further changes and will send to September Policy Working Group for approval.</p> <p>11.8.14 Deputy Director of Governance SG adding section on trainee doctors. SG will circulate to this group end Aug / early Sept 2014. Going to Policy Group Sept 2014 then straight to QEG Oct 2014.</p> <p>Sept 2014: SIRI Policy approved by Policy Scrutiny Group Sept 2014 and going to Safety Experience Clinical Effectiveness Group (SECEG) for ratification Oct 2014. Further review planned early 2015 to take into account NHS England SIRI Framework currently under consultation (and which should come into effect in 2015).</p> <p>14.10.14 Policy approved by SECEG 2.10.14</p>	
	<p>Throughout the report children safeguarding issues are raised and require addressing</p>	<p>To ensure staff are aware of their safeguarding responsibilities and actions they must take</p>	<p>Director of Nursing and Governance</p>	<p>July 2014</p>	<p>Child protection policy amended to reflect that when any patient is in contact with specialist mental health services they must inform the health visitor. The health visitor works with the family to provide targeted service – completed June 14</p> <p>The patient record system, RiO, has a new template that must be completed if children are in patient's family and to</p>	

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		Domestic Abuse Policy to be reviewed		January 2015	consider whether there are safeguarding. – June 14 completed Audit of records planned for April 2015	