Action Plan: Independent Investigation into the Care and Treatment of Mr.Q

No.	Care / or Service Delivery Issues Identified	Recommendations	Action taken in Response to recommendations	Name of Lead	Date to be completed	Comments / Evidence of implementation
1	Record Keeping	The trust should ensure that staff understand the importance of thorough record keeping, in line with trust and national policy. This includes the need to record discussions about patients when their symptoms, diagnosis and treatment has been considered and any subsequent action agreed. The trust should carry out six-monthly audits to ensure compliance.	Comprehensive audit plan of record keeping in respect of assessment (including diagnosis), care planning, risk assessment, communication of care plans. Record keeping a key element of mandatory training in Care Planning and Risk assessment.	Margaret Southcote-Want	July 2015	• These actions have been completed, evidenced as follows: • The Trust ensures that staff are aware of the importance of record keeping through a continuous process of audit and feedback of the results to teams. • The Trust's Quality Assurance (QA) Audit Programme consists of over two hundred individually developed record keeping and patient care standards based on national standards and internal trust targets. These have been developed in collaboration with clinicians in each service, as well as patients and carer representatives.

						• Each clinical service within the boroughs has developed an individually tailored audit tool which is used within monthly clinical supervision to evaluate the quality of the patient record. Reports are produced at team level on a monthly basis by selection of a sample of records for audit, and are reviewed quarterly by service managers and senior managers at 'deep dive' review meetings. • Detailed results and a thematic review are reported 6 monthly to the Quality and Safety Committee of the Board and shared with Commissioners via CQRG. As of July 2015 the Thematic Review showed sustained compliance of 95% across key standards assessed. Of the 200 standards assessed, specific standards of relevance to this case, based on audits of

						Haringey services in the period October 2014-May 2015, include record keeping of assessment (96%), care planning (94%), communication with GP and partner agencies (95%), and risk assessment (95%). The importance of record keeping is a key element of the mandatory training programme and its application in respect of CPA and risk assessment.
2	Diagnosis	In circumstances where the clinical lead has indicated that there is uncertainty about an individual patient's diagnosis and/or treatment plan, the care coordinator/allocated worker should meet regularly with the clinical lead to discuss the case. These discussions should focus on and agree the plan for risk management, treatment plan and diagnosis.	Diagnosis needs to be assessed as part of CPA process, and this is assured through a regular audit programme. In Complex Care services of the type involved in this case, diagnostic uncertainty is common; whereas in this case, the issue is whether to treat psychotic symptoms robustly with antipsychotic medication	J Bindman Medical Director, team leaders of all Complex care Teams	July 2015 August 2015	These actions have been completed, evidenced as follows: Consultants ensure discussion regarding diagnosis is clearly documented within the Care Record. CPA reviews are in place and national standard being met. Recommendation of this report forwarded to team leaders of CCTs with advice, completed August 2015.

			concurrently with psychotherapeutic treatment, this forms part of routine clinical discussion. The relevant teams will be asked to reflect this recommendation and include it in their team based learning. In addition, all teams will have access to an expert forum at which diagnostic uncertainty and associated risks can be discussed with a range of multi-disciplinary expertise.		July 2015	Unmanaged Risk Fora meet regularly in each borough on a monthly basis and conduct clinical expert reviews at which diagnostic uncertainty is a regular topic.
3	Care Programme Approach	The trust should assure itself that the current process for CPA (including care planning, risk assessment and risk management planning) is robust. The clinical governance team should audit compliance at least every six months and report its findings to the board.	Routine monitoring of conduct of CPA reviews.		August 2015	This action has been completed, evidenced as follows: • The Trust assures itself about the robustness of CPA process in a number of ways. • The Integrated Quality and Performance Report is reported monthly at the

			Audit of records to assess compliance with Care Programme Approach processes and outcomes. Mandatory training in application of CPA.			Performance Improvement Committee and quarterly to the Quality and Safety Committee of the Board. The key indicator 'Percentage of CPA reviews taking place in the last 12 months' is targeted at 95% and this target was reached or exceeded in the all first three months of 2015/16, being 96% in June 2016 (the latest data available). Regular audits of compliance with CPA are carried out as described in detail under action 1 above. The Trust's mandatory training programme includes 'Care Programme Approach and Clinical Risk Assessment' (CPA and CRA) training.
4	Discharge Planning	In instances where a service user has had a long and intensive intervention, a multidisciplinary	Discharge planning is a key element of CPA and CRA training. All Complex			Recommendation of this report forwarded to team leaders of CCTs with advice, completed August 2015

		discussion should take place to determine the most appropriate way to discharge that individual. The discharge process should be tailored to meet the needs of the service user. This may include a staged discharge to test the service user's readiness to be discharged. Consideration should also be given to whether discharge arrangements should be shared with other agencies, such as the police or the probation service.	Care Teams (the key targets of this recommendation and the principal teams delivering 'long and intensive interventions') will ensure the decision to discharge is discussed in detail at MDT meeting and discussions regarding timing and status of discharge will be fully documented within patients' records. Clear communication channels to be established in all services for communication of risk information.			Completed: Robust arrangements exist in each borough for information sharing with other agencies where there are concerns about risk, through MARAC and MASH. There is a designated lead in each borough with whom clinical teams can discuss discharge arrangements are a factor (see also recommendation 5).
5	Partnership Working	All partnership agencies should work in collaboration with the trust to continue to develop their relationship	Multi Agency Mental Health Monitoring and Liaison Group in place and meets bi-	Mental Health Act Manager	In place	There is an inter-agency mental health law monitoring committee that meets 3 monthly where there is senior

		and processes for joint working. This development should include the trust reviewing the protocols in place with partnership agencies to ensure effective communication and information sharing for the safety of patients and the general public. For example, information sharing arrangements with the police, probation service and London ambulance service. This should take place within the next three months.	monthly. Information Sharing Agreement (ISA) in place. Police Leads attend meeting.		Achieved as of August 2015	representation from the police in all three boroughs (often Inspector rank). Collaborative working between the trust / police/ ambulance at a corporate level is discussed.
			Clinical teams to be made aware of police liaison arrangements so that information sharing can take place when patients of the Trust are making frequent and inappropriate contact with the police	Bryn Shaw, Head of Non Clinical Risk/Local Security Management Specialist Nursing and Patient Safety Directorate	Achieved as of August 2015	Clinical teams in BEH are all aware of, and make regular use of, Bryn Shaw the Head of Non-Clinical Risk, who is the named police liaison contact within BEH who links to named liaison officers in each Borough Police service to ensure communication about patients of shared concern. There are regular meetings in all three boroughs between the trust and borough based policing teams to discuss borough–specific issues including those involving particular patients of mutual concern. Appropriate resolutions or action plans are

						devised at these meetings which are regularly attended by the Head of Non-Clinical Risk and also by relevant clinicians. The Head of Non-Clinical Risk is available to local police liaison officers who have, and use, his contact details.