

Independent Investigation Action Plan for Mr T

STEIS Ref No: 2014/15827

Report date: 10/04/2017 Report published: 07/07/2017

Rec No.	Organisation	Recommendation (listed in priority order)	Actions to achieve recommendation	Implementation Lead	Implementation by when	Evidence of Completion	Monitoring & evaluation arrangements
2	Islington NHS Foundation Trust	The Trust's Rehabilitation and Recovery Division should implement measures to provide assurance that risk assessments meet the necessary quality standards. In particular, all risk assessments should flag known relapse signs and proven risk management strategies	a) This is a central action in the Care Quality Commission (CQC) MUST_DO & SHOULD_Do Action plan. - Up to date guidance / policy around Care Plans and Risk Assessment - Robust governance systems in place to monitor quality as well as quantity - An assurance process with clear lines of accountability for performance.	Medical Director Director of Nursing Clinical Director of the Recovery and Rehabilitation Division Associate Director for the Recovery and Rehabilitation Division	Completed 2016	Audit reports and crisis plans. Evidence of communications to staff about the policy and access to the policy. Audit of evidence of the implementation of the Clinical Risk Assessment and Management Policy. Risk assessment training continues to be delivered. This includes Assessment; lining to care plan, triggers for reviewing risk and updating on EPR. The training is for all clinical staff who will be undertaking clinical risk assessment. It is run on a monthly basis in partnership with My Care Academy, part of Middlesex University.	Clinical Quality Review Meeting and Trust Board meetings will monitor progress against CQC actions. Training rates monitored at divisional performance meetings. (643 members of staff have undertaken this training as of April 2017) Improvements required in regard to data quality around training rates.
			b) Measuring the quality of crisis plans is included in the Division's Audit Plan 2016/17. The quality of crisis plans are also measured in the Trust's local CQUIN which audits the number of crisis plans that include the following key items: a) relapse triggers recorded; b) personalised contact information; c) more than one option for out of hours care; d) evidence of input from the patient; and e) were completed within the last year.	Director of Nursing Medical Director Clinical Directors	September 2017	The Trust has met the requirements of the CQUIN for quarters 1-3.	CQUINS are monitored at Clinical Quality Review Group with commissioners and are part of the Board Performance Report.

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	Camden and		<p>c) In addition to above Risk Assessment and Crisis Planning will be audited in supervision with clinicians (for Service Users on CPA). The Division will undertake a quarterly randomized audit using the same supervision audit to assess impact on the quality of crisis planning and risk care plans.</p> <p>The Clinical Risk Assessment and Management Policy are currently under review and expected to be finalised in July 2017. The revised policy will ensure that the heightened risk of the role of alcohol and drug misuse is emphasised sufficiently. The policy will be re-launched to staff.</p>	<p>Director of Nursing Medical Director Clinical Directors</p>	July 2017	<p>Audits reports.</p> <p>Quarterly balance score cards.</p>	<p>This will be monitored monthly at the service QI (Quality Improvement) Group within Trust Division. (The audit will be presented to the Trust Quality Committee).</p> <p>Quarterly balance score cards measure crisis plans, and are presented at Performance review meetings. Policy review group in place.</p>
			<p>d) A series of lessons learned workshops are being planned throughout 2017 to support the re-launch of the updated clinical risk assessment policy.</p>	<p>Director of Nursing Medical Director Clinical Directors</p>	December 2017	<p>Lessons learned workshops have already begun and will be rolled out further across the Trust.</p>	<p>Reports on SIs and learning are shared with commissioners and the Board.</p>

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8	Camden and Islington NHS Foundation Trust	<p>The role of the Crisis Team in assessing informal referrals should be clarified in policy given the principles in the concordat and the gatekeeping requirements. The aim should be to ensure a seamless and responsive assessment process for clients in acute crisis and clarity as to responsibilities where different service areas have involvement in the patient's care</p>	<p>There was an extensive Bed Management Policy review in 2015. The Trust's Bed Management Policy has been further reviewed, revised, and updated in January 2017. The Policy details the duties and responsibilities of the Crisis Response and Resolution Teams (CRRT): 'to ensure that the CRRT team act as 'gate keeper' for patients requiring admission and that beds are found as swiftly and efficiently as possible once the need for a bed has been verified by the Duty Nurse at the Highgate Mental Health Centre.'</p> <p>In the policy there is a clear bed management escalation process (BRAG), guidance on escalating delays, the gatekeeping process and an escalation protocol. There are daily, weekly and monthly bed management meetings.</p> <p>A referral list is distributed daily. Individual ward teams must inform the duty nurse about bed management decisions (i.e. discharges, on leave activity and transfers) at the earliest opportunity.</p> <p>There is now an embedded bed management team with a Band 7 team Manager and a matron who oversees this team (alongside the assessment team and 2 other wards).</p>	Associate Director for the Acute Division	Completed March 2015 & updated January 2017	<p>Crisis resolution team provide gatekeeping for all inpatient admissions. This is measured via monthly performance reports and routinely exceeds the national target of 95%.</p> <p>A prospective audit of the process will be done in July 2017 to provide assurance. This will be added to the Trust audit plan; the results will be presented to the Trust quality committee and commissioners.</p>	Trust Quality Committee and Clinical Quality Review Meetings

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9	Camden and Islington NHS Foundation Trust	The Trust should review the measures taken by referrers to manage extended waits for beds in order to establish if any risks being taken can be better mitigated.	<p>The Trust's Current Bed Management Policy section 9 details the 'whole system approach' to bed management. This includes: details of the weekly and monthly strategic bed management meetings; systems to ensure that an up to date bed state is known and communicated, and referrals are logged; and the 'bed management escalation process' in the event that delays have been identified in locating a bed.</p> <p>A log is maintained of all pending and accepted referrals for a bed where there is not one immediately available. The pending list is circulated to a wide stakeholder group. The bed management team reviews that list 3 times a day. No one is removed from the list without discussion and agreement with the referrer. Support is provided to ensure those waiting for beds are kept safe and comfortable (with regular review) until a bed becomes available. There is a London wide compact that has been drafted; this will further inform the current trust approach.</p> <p>At a cross divisional workshop back in 30th June 2015 we agreed the following statement:</p>	Associate Director for the Acute Division	Completed March 2015 & updated January 2017	There is Strategic Bed Management Group that review and monitor the bed management process.	Updates from the Strategic Bed Management group presented to the Executive Management Group and the Board.
10	Camden and Islington NHS Foundation Trust	The operational changes to the Trust's bed management system should be incorporated into the policy	Operational changes have been incorporated into the policy. Section 14 of the current Bed management policy describes the process and responsibilities for those that have been referred for a bed and are on the pending list. This process is now robust and well embedded and those on the pending list are regularly reviewed by the bed management team and the list is circulated to key managers and clinicians across the Trust.	Associate Director for the Acute Division	Completed March 2015 & updated January 2017	There is Strategic Bed Management Group that review and monitor the bed management system and how well it is performing. This group provides updates to the Executive Management Group and the Board.	Executive Management Group and the Board

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11	Camden and Islington NHS Foundation Trust/ NHS England	Given our concerns and the Coroner's, NHSE should refer this report to the Cavendish Square Group so that it may take forward learning from it with commissioners and providers in the capital. In particular, NHSE should emphasise its concern that every patient who is identified by mental health services as requiring a mental health bed in London should be allocated a bed. And that all London mental health trusts should actively monitor their ability to provide beds when they are needed and be alive to the risks of workarounds developing when bed pressures exist.	In relation to the recommendation that all London Mental Health Trust's actively monitoring their ability to provide beds - the Trust's Bed Management Policy section 9 details the 'whole system approach' to bed management. This includes: details of the weekly and monthly bed management meetings; systems to ensure that an up to date bed state is known and communicated, and referrals are logged; and the bed management escalation process in the event that delays have been identified in locating a bed.	Associate Director for the Acute Division	Completed March 2015 & updated January 2017	There is Strategic Bed Management Group that review and monitor the bed management system and how well it is performing.	Updates from the Strategic Bed Management Group presented to the Executive Management Group and the Board.
			A Compact (Pan London multi-agency agreement) between London's mental health and acute Trusts, Local Authorities, CCGs, NHS England, NHS Improvement, London Ambulance Service and Police Services has been developed. This includes a regional escalation process if no bed has been identified within 6 hours from the decision to admit. It requires incident investigation of any 12 hour delays. This sets out minimum expectation of bed management to minimise risk of patients waiting to be admitted. The CCGs and Trusts are working together to implement this.	Chair of Mental Health Transformation Board NHS England	August 2018	The Compact was presented to the Cavendish Square Group on 10th March 2017. Minutes of Commissioning Operations Group (NHS England).	Quality & Clinical Governance committee, NHS England(London) Commissioning operations group (NHS England) will monitor adherence and report to Mental Health Transformation Board and CCG Chief Officers
3	IS Foundation Trust	The Trust should ensure that its systems are capable of identifying when its service users are not registered with a GP and ensuring that GP registration then occurs.	The Information and Communications Technology (ICT) Team run regular Demographics Batch Service (DBS) trace on all patients known to the Trust to gather and update patient records. The ICT Team are using the latest Mandatory Data Set (MDS) information from the Spine i.e. Patient Name, Post code, Practice code, Deceased status etc. to update data on the electronic patient record system, and therefore allowing staff to identify if a service user is registered with a GP.	Head of Information Technology	Completed June 2015	The Trust will carry out a randomized audit in August 2017 to check the process is improving. GP registration is an important part of supporting service users with their physical health needs which a strategic priority for the Trust.	Quality Governance Group

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	Camden and Islington NH Trust		In line with divisional performance meetings, business partners will now liaise with ICT to run monthly reports of GP status and report these back to the relevant teams for action.	Clinical Director for the Recovery and Rehabilitation Division Associate Director for the Recovery and Rehabilitation Division	July 2017	Part of the clinical dashboard (episode information).	Divisional performance meetings
			Service users are encouraged to register with GPs as part of the process of assessing, reviewing and planning their care. Where the service user is not registered with a GP a plan for supporting registration should be recorded in the notes.	Clinical Director for the Recovery and Rehabilitation Division Associate Director for the Recovery and Rehabilitation Division	September 2017	Audit reports.	Quality Governance Group
4	Camden and Islington NHS Foundation Trust	The Trust should ensure that when its policies require it to communicate with a patient's GP, that communication occurs.	All communication related to CPA reviews or discharge plans are communicated to the GP via electronic method of emails. In 2015/16 the Trust participated in the National CQUIN relating to Communication with GPs, which required the Trust to share an updated care programme approach care plan or a comprehensive discharge summary to the GP by secure electronic communication within 5 working days.	All Trust Divisional Directors	Completed April 2016 & 2017	15/16 the CQUIN measure was audited quarterly and the National target was 90%. The Trust demonstrated a 93% compliance rate for timeliness and 68% in quarter 4 for quality. In 16/17 and 94% was achieved for sharing information and quality of information.	CQUINS are monitored at Clinical Quality Review Group with commissioners
5	NHS England	It is recommended that NHS England ensure that people with a CPA care plan are not deregistered from their GP without contacting Adult Social Care and/or the Mental Health Trust first.	a) The current Policy Book for Primary Medical Services does not include this requirement. There needs to be change to the Personal Medical Services (PMS) and General Medical Services (GMS) contracts which reflect that people with a CPA care plan are not deregistered from their GP without contacting Adult Social Care and/or the Mental Health Trust first.	Patient Safety Lead Mental Health NHS England(London)	September 2017	Minutes of the Independent Investigation Review Group with evidence of progress.	NHS England Independent Investigation Review Group (London)
			b) This will be escalated to NHS England Independent Investigation Governance Committee and NHS England primary care contracts team for inclusion in the next amendment of contracts.	Chair of the Independent Investigation Governance Committee	September 2017	Minutes of the Independent Investigation Governance Committee with evidence of progress.	NHS England Independent Investigation Governance Committee
			c) To circulate a Regional Medical Directorate Newsletter to include this recommendation	Medical Director for North East Central London	September 2017	Copy of the Newsletter	NHS England Independent Investigation Review Group (London)

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6	Camden and Islington NHS Foundation Trust	We recommend that the Trust's Rehabilitation and Recovery Division reviews its systems for ensuring that all care episodes are recorded in line with its record keeping standards.	a) The new Electronic Patient Record System – Carenotes – was implemented in September 2015 and standardises the system for recording all care episodes.	Head of ICT Medical Director	Completed September 2015	Annual record keeping audit	This will be monitored via an annual record keeping audit and an audit of notes in supervision. These will be reported to the Quality Committee
			b) To ensure improvements are continuous and monitored in the Rehabilitation and Recovery Division supervisors will audit notes in supervision. This is to ensure that recording standards and the quality of notes is sustained. Those Staff with identified areas of improvement in relation to the quality of recording will have individualised plans to address their practice.	Clinical Director for the Recovery and Rehabilitation Division Associate Director for the Recovery and Rehabilitation Division Head of Governance and Quality Assurance	September 2017	Audit reports	This will be monitored via an annual record keeping audit and an audit of notes in supervision. These will be reported to the Quality Committee
7	Camden and Islington NHS Foundation Trust	The Trust should ensure that the role of alcohol and drug misuse in heightening risk is emphasised sufficiently in its risk assessment and management procedures.	a) The Practice Development team have been supporting improvements to care planning and risk assessment. The current risk assessment training includes substance abuse as a risk.	Director of Nursing Medical Director	Completed 2016	Policy review group in place	This will be reported to the Quality Committee
			b) The Clinical Risk Assessment and Management Policy are currently under review and expected to be finalised in July 2017. The revised policy will ensure that the heightened risk of the role of alcohol and drug misuse is emphasized sufficiently. The policy will be re-launched to staff.	Director of Nursing Medical Director	July 2017	Lessons learned workshops have already begun and will be rolled out further across the Trust. Reports on SIs and learning are shared with commissioners and the Board	Trust Board and Clinical Quality Review Meeting
			c) A series of lessons learned workshops are being planned throughout 2017 to support the launch of the updated clinical risk assessment policy	Head of Governance and Quality Assurance	December 2017	Lessons learned workshops have already begun and will be rolled out further across the Trust. Reports on SIs and learning are shared with commissioners and the Board	Trust Board and Clinical Quality Review Meeting

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1	Camden and Islington NHS Foundation Trust	Given the difficulties we have experienced obtaining the information we required during the investigation process, the Trust should implement a clear policy for ensuring that requests for information from independent investigations are met in a timely and efficient way.	a) To address this the Trust's Management of Serious Incidents Policy was updated in September 2015 and details that, 'The Risk and Patient Safety Manager will act as the contact point within the Trust for any independent investigation and will co-ordinate any requests for documentation or interviews with members of staff. The Head of Governance and Assurance oversees their work.	Head of Governance and Quality Assurance	Completed September 2015	Reports on SIs and learning are shared with commissioners and the Board.	Trust Board and Clinical Quality Review Meeting
	b) As part of each start-up meeting NHS England London Region has as a standing agenda item escalation contacts for all providers of services and commissioners. At the point of commissioning an investigation NHS England (London) sends a checklist to the Chief Executive of the provider organisation with a request to have clinical records ready for the start-up meeting.		Patient Safety Lead Mental Health NHS England(London)	November 2017	A checklist is already in use. NHS England sends this checklist to have information ready for start up meetings.	NHS England(London) Independent Investigation Review Group	
12	Camden and Islington NHS Foundation Trust	The guidance for people undertaking SI investigations for the Trust should emphasise that investigators need to distinguish between evidence obtained from the contemporary records and evidence from subsequent statements, and when appropriate challenge staff about any discrepancy.	a) The Trust reviewed its Management of Serious Incidents Policy in June 2015 to include the arrangements for the approval process of serious incident investigation reports. Reports are reviewed at the Serious Incident Group and Signed off by the Medical Director and/or the Director of Nursing. The Reports are then signed off by commissioners. Where possible and when it is appropriate, investigators and Clinical Experts for Serious Incidents are now selected from the division that they work within so that there is more specialist knowledge in place. The Risk and Patient Safety Manager supports the investigator to gather and review evidence.	Director of Nursing	Completed September 2015	Reports on SIs and learning are shared with commissioners and the Board. Serious Incident Group in place.	Trust Board and Clinical Quality Review Meeting

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	Cal		b) A further review of the Serious Incident process is being undertaken to further strengthen the process. Part of this review will look at developing the investigation capability at the Trust and competency and capability of investigators.	Director of Nursing Head of Governance and Quality Assurance	July 2017	The report from this review will be shared with commissioners to provide assurance	Clinical Quality Review Meeting