Independent Investigation Action Plan for Ms A

STEIS Ref No: 2011/19216

Report date: 5 October 2016 Report published: 23 June 2017

Rec No.	Organisation	Recommendation	Actions to achieve recommendation	Implementation Lead	Implementation by when	Evidence of Completion
1	Oxleas NHS Foundation Trust	The recommendations and action plan of the Trust's internal investigation should be reviewed to take account of the External Independent Investigation Panel additional findings	This action plan addresses all additional findings *Page 125 of Independent Investigation Report evidences completion of Internal Action Plan actions 9.1.1 – 10.2.2)*	Chief Executive Officer	Completed April 2014	Trust Governance Board minutes Trust Board Paper March 2017
2	Oxleas NHS Foundation Trust	Actions developed from additional recommendations must be auditable to ensure compliance	Policies and audits of practice established in respect of: a. Practice of discharging conditionally discharged patients to low supported accommodation which does not have 24 hour staffing b. Approach taken when patients are conditionally discharged gain employment in terms of communicating with employer and appropriateness of job c. Approach to use mental health tribunal (rather than MoJ by Responsible Clinician) for discharge d. Practice of recording in correspondence to MoJ to reflect behaviour and presentation e. Practice of communicating with families and other stakeholders involved in care during CPA process and day to day management f. Processes to support clinical decisions to allow patients on a conditional discharge to visit other countries	Service Director	Completed April 2014	See recommendation evidence of completion 8 – 20 identified in 2014 action plan, specific evidence: a. November 2016 - Practice of discharging conditionally discharged patients to low supported accommodation which does not have 24 hour staffing – no discharges b. June 2017 - Communicating with employer and appropriateness of job – communications evidenced c. November 2016 - Approach to use mental health tribunal (rather than MofJ by Responsible Clinician) for discharge – no discharges via MoJ d. June 2017 - Practice of recording in correspondence to MoJ to reflect behaviour and presentation – behaviour and presentation descriptions included e. June 2017 - Practice of communicating with families and other stakeholders involved in care during CPA process and day to day management – communication evidenced f. November 2016 - Processes to support clinical decisions to allow patients on a conditional discharge to visit other countries – processes followed

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3	Oxleas NHS Foundation Trust	The Trust to ensure that the action plan continues to be monitored and its progress reported upwards via its governance reporting systems	a. Action plan to be presented to Trust Patient Safety Group on 11 March 2014, Forensic Patient Safety Group on 20 March 2014 and Trust Embedding the Learning Patient Safety Group on 8 April 2014	Chief Executive Officer	Completed 14 April 2014	Minutes of Patient Safety Group meetings Forensic Incidents Newsletter March 2016 evidences repeating to remind and maintain embedding of learning
4	Oxleas NHS Foundation Trust	The Trust should ensure that all recommendations from Internal Investigations are SMART and auditable, leading to effective learning	a. Patient Safety Group to review internal investigations and ensure recommendations are SMART and auditable, leading to effective learning.	Director of Nursing	Completed 2014 and now on-going	Minutes of Patient Safety Group Embedded Learning
5	Oxleas NHS Foundation Trust	The Trust should ensure that all Policies identified within the report are updated to address the findings	a. The Mental Health Liaison Team (MHLT) operational polices to include clear procedures for transferring patients admitted following MHLT assessments from the Emergency Departments direct to wards.	Service Director	Completed September 2014 and on-going	MHLT operational policy. Following CQC inspection since 2016, bed management arrangements have changed. Patients no longer wait on wards and stay in Emergency Departments until a bed is available.
6	Oxleas NHS Foundation Trust	The Trust should ensure that all those involved or affected by a serious incident, have the opportunity to contribute to an investigation and to receive support	a. The management of serious incidents policy to be revised. b. Audit of staff experiences of level 5 investigations to be completed by April 2014.	Head of Patient Safety Director of Human Resources and Organisational Development	Completed March 2014 And now on-going	Trust Patient Safety Group (minutes 11 March 2014) Governance Board (minutes April 2014) Evidence of 2014 audit of staff experience not available. Staff Partnership confidential focus groups with all staff involved in serious incidents 2015 and 2016 (meeting records and Executive and Board papers and minutes)

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7	Oxleas NHS Foundation Trust	The Trust should assure itself that leadership at both clinical and managerial level is effective	Ensure that systems to support are in place: a. Senior management development programmes b. Work plans for medical, therapies, nursing executive committees c. New senior staff performance ratings d. Medical revalidations	Chief Executive Officer	Completed April 2014 And now on- going	Senior management development programme (feedback reports) Medical, therapies and nursing executive work plans (minutes) Staff survey (action plans) Deloittes Well Led review (2014) CQC Inspection (2016)
8	Oxleas NHS Foundation Trust	The Trust should review the Practice of discharging conditionally discharged patients to low supported accommodation which does not have staffing over a 24 hour period	a. In the first instance consideration is always given to 24 hour supported care. Where it is considered not clinically indicated, high support accommodation will be sought, however in exceptional circumstance, where a greater level of independent accommodation may be appropriate, these cases will be peer reviewed. b. In line with recommendation 10, the conditions upon discharge will be agreed by the MHRT, including discharge destination. c. Annual reviews of discharge pathway (Cross reference in Report Table 21 10.5.4 page 97)	Service Director	Completed April 2014 and now on-going	Directorate referral meetings (minutes) Senior peer review group (minutes) Referral data base 2014 – 2016 (annual review) Protocol for the required discharge pathway (protocol) Spot check: December The annual reviews show that 2014 – 2016 had no discharges for anyone to live alone in independent accommodation. There have been discharges of people to live with their families. There is an up to date protocol which covers the required discharge pathways (protocol)

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9	Oxleas NHS Foundation Trust	The Trust should review the approach taken when patients on a 'conditional discharge' gain employment, in terms of communication with the employer and assessing the appropriateness of the job	a. Directorate will produce best practice newsletter regarding third party information exchange and disclosure, This will be formulated based on the Trust policies and professional body guidelines noting in particular that best practice should be in line with latest MAPPA guidelines (2012) b. Separate consideration of disclosure regarding mental health vulnerabilities, and regarding risk to others, will be evidenced, both of which require different actions which need to be recorded. c. Multidisciplinary decisions regarding disclosure must be evidences in progress notes and the updated risk assessment in RiO. d. The Trust will always disclose to an agency the relevant background in relation to criminal offences. (Cross reference in Report Table 10 10.3.1 page 66)	Service Director	Completed April 2014 and now on-going	Disclosure to the workplace policy and flowchart Best practice Newsletter (2015) Check June 2017 - communication evidenced in records reviewed
10	Oxleas NHS Foundation Trust	The Trust should satisfy itself that the practice and approach sometimes taken by a Responsible Clinician in applying to the MoJ, rather than the patient seeking this through the MHA Tribunal, is acceptable	a. Application will be made to a Tribunal for all restricted patients. In exceptional circumstances, where a clinical team believes discharge via the MoJ to be more appropriate, this will be peer reviewed before ratification. b. Embed learning via good practice meeting March 2015.	Service Director	Completed 2014 and now on-going	Spot check November 2016 – there have been no discharges via MoJ since Ms A incident. All have been completed through the mental health tribunal process

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11	Oxleas NHS Foundation Trust	The Trust should review the Bracton Centre's communication with the MoJ, as correspondence to the MoJ did not fully reflect Ms A's behaviour and presentation	a. April to June 2014 conduct an audit of the 20 (50%) of the conditionally discharged forensic outreach caseload	Service Director	Completed 2014 and now on-going	Discharge audit of restricted patients (2014) Spot check November 2016 – Audit completed of restricted patients and the reports that go to MoJ to check that all information is in line with MoJ guidance in terms of content and completeness (audit) Check June 2017 - correspondance reflects behaviours and presentations in records reviewed
12	Oxleas NHS Foundation Trust	The Trust should review its practice and culture relating to communication with families and other stakeholders involved in the care of the patient, both during the CPA process, and during day to day management of care	a. In line with recommendation 10, the Care Programme Approach and Trust Carer Strategy will be used to enhance carer involvement, to ensure family and other stakeholder engagement, as appropriate. b. The new forensic family, carer and important other strategy is now live and must ensure robust Involvement. (Superseded by Trust Support and Networks Strategy 2016 – 19) (Cross reference in Report Table 12 13.3.1& Table 13 10.3.1 page 66, 10.5.3 page 95)	Medical Director	Completed 2014 and now on-going	Patient Experience Group minutes (April 2014) Carers groups (minutes) Patient and carer feedback including family and friends feedback questions at directorate and Trust Patient Experience Group (papers and minutes) Carer Support and Networks Strategy 2016 – 19 including network mapping tool appendix 2 page11. Check June 2017 - evidence of communication with families during CPA processes and feedback regarding experience of leave in records reviewed
13	Oxleas NHS Foundation Trust	The Trust should ensure that robust processes are in place to support a clinical decision to allow patients who are on a conditional discharge to visit other countries	a. Develop a protocol for foreign travel for conditionally discharged patients which will include formal pre and post reviews, as well as standards for communication with the MoJ, key family or friends involved in the visit. b. All foreign travel for conditionally discharged patients will need to be ratified by the peer review group.	Service Director	Completed April 2014 and now on-going	Foreign Travel protocol form Terms of reference Senior Peer review Group Letters regarding agreement or not to travel abroad for restrictive patients. Spot check – November 2016 foreign travel protocol is being followed. Requests are rare. Only one was approved (documented in Conditional Discharge Report)

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14	NHS England to lead on behalf of emerg-ency services, acute trusts (A&Es) and Mental Health Trusts	a) The circumstances of this case highlight the need for a process by which the police and other emergency services are able to conduct, on arrival, an appropriate handover of the patient with appropriate health professionals regardless of the manner through which crisis mental health care is sought. b)The circumstances of the case also highlight the need for A&E departments and their Mental Health Trust partners to consider how the Mental Health Act powers are deployed in support of the crisis care pathway including the powers that may be enacted by the hospital alone	a) In addition to work within trusts, a pan-London programme is underway. A handover form developed by the MET Police will be piloted in specific London A&Es. The form will be used by the Police and A&E staff when faced with a patient voluntarily presenting to the department with mental health issues (i.e. those not detained). The handover process between the Police and LAS will be scoped to see if a similar handover process is necessary b) An extensive communications and engagement exercise will take place throughout 2017 which focusses on operationalising London's s136 pathway. This exercise will aim to clarify roles and responsibilities across the pathway and will cover other areas of the MH Act so front-line staff (both NHS staff and the police) understand their powers and responsibilities OXLEAS: Superseded by: Mental Health Crisis Care for Londoners: London's Section 136 and Health Based Place of Safety Specification (December 2016)	a & b) Programme Lead of Healthy London Partnership's Urgent and Emergency Care Programme (this work falls under the mental health crisis care work stream within the programme). OXLEAS: Medical Director Director of Nursing	a) A pilot will take place in London A&Es to test the handover form's effectiveness. The pilot will commence in May for a three month period. Following an evaluation of the pilot a London wide rollout is expected to take place in summer. b) The communications and engagement exercise will commenced in March 2017, many different activities will take place including workshops for front-line staff & recruiting local champions. The different activities planned will occur over 2017. OXLEAS: On-going	a) Completed handover forms across London as well as a progress report following the pilot exercise. b) Progress of implementation will be monitored by London's Urgent and Emergency Care Board and Clinical Leadership Group and progress reports to the Board will be made available. OXLEAS: Oxleas Borough Commander meeting (minutes)

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15	Oxleas NHS Foundation Trust	The Trust to review the uptake of training relating to risk assessment and management, and clinical observation, for all Mental Health Liaison Team staff to ensure staff are up to date	a. Prior to being authorised to work independently, all staff within the MHLT to undertake a 9 week induction training programme which includes: 3 weeks shadowing, 3 weeks supervised practice, 3 weeks reflective practice, attending team based risk training. Only when this is completed are staff authorised to work independently. b. All staff will have attended annual risk training. c. All MHLS staff to have completed specific training in relation to risk management. Staff to complete one or more of following courses: risk management including clinical risk, assessment and management of risk in clinical practice and observation and engagement of patients at risk. d. On-going reflection on risk to be undertaken within MHLS clinical meetings and within clinical supervision. (Cross reference in Report Table 14 10.3.1, Table 16 10.3.1 page 66)	Director of Nursing Medical Director	Completed April 2014 and now on-going	Supervision records (Trust electronic learning system) Training records (Trust electronic learning system) Observation training records for all ward staff in mental health (December 2016) Spot check November 2016 – the gold standard induction training remains in place in Greenwich. There is a further modified version in place for temporary staff. STORM training is being introduced to all crisis teams to be completed by May 2017 (STORM training records)
16	Oxleas NHS Foundation Trust	The Trust should ensure an auditable process is in place to monitor communication between the A&E Department and the Mental Health Liaison Service, so that it remains effective	a. Greenwich MHLT to attend Whole System Meetings b. Greenwich MHLT to be based adjacent to Emergency Department c. Greenwich MHLT manager to have daily contact with Emergency Department service manager	Service Director	Completed April 2014 and now on-going	Whole Systems Resilience groups (minutes) Since 2016 daily bed flow report (excel)
17	Oxleas NHS Foundation Trust	The Trust should review the route undertaken by acutely mentally unwell patients, who are admitted via the MHLS to Oxleas House.	a. Review MHLT operational policy – include clear procedures for transferring patients admitted via MHLT from the ED department directly to the ward. b. Policy requires staff and security to accompany admitted patients for ED to Oxleas House to ensure safe transfer. c. Policy cascaded to all staff who are required to sign a matrix confirming that they have red and understood the policy. (Cross reference in Report Table 18 10.4.1 page 88)	Service Director	Completed April 2014 and now on-going	Sign off matrix Team meeting (minutes) Feedback and minutes whole system group Process reviewed following CQC feedback in inspection (2016) (minutes CQC actions)

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18	Oxleas NHS Foundation Trust	The Trust must ensure that given the new* commissioning arrangements for Forensic Services, no gap is allowed to develop for Service Users who are forensic inpatients, but then discharged to the care of a general team * 2011	a. Review existing community policy which includes standards and procedures for hand over to working age adults services. (Cross reference in Report Table 22 10.6 page105)	Medical Director	Completed April 2014 and now on-going review	Discharge protocol November 2016 Spot check audit (audit report) Adult community mental health operational policy (Locality AMHS incorporating PCP, ADAPT and ICMP) version 28 (policy) Appendix 14 Standards and procedures for transfer to adult mental health services (policy)
19	Oxleas NHS Foundation Trust	The Trust should review their Duty Doctor on-call arrangements to consider the use of a specific Doctor on-call rota for the Forensic services	a. Duty forensic on-call rota to commence on 20 September 2015 b. On-call forensic duty doctor will be contacted in the event of a patient open to Bracton / or known to have a forensic history consultation presents in a crisis c. the on-call service to be formally communicated to services	Service Director	Completed February 2014 and formally reviewed in September 2014 and now on-going	On call rota (rotas)

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20	MAPPA – Multi Agency Public Protection Arrangements	MAPPA should hold a central database for those patients on Level 1 MAPPA.	a. Set up database to record information ('notifications') received from NHS trusts and non-NHS providers about all MAPPA eligible patients. b. Issue practice guidance to all London MAPPA Administrators. c. Hold meeting/s and briefings to inform NHS trusts and non-NHS providers covering London of the new (recently revised) MAPPA – Mental Health guidance, requiring MHTs to notify the MAPPA Co-ordinator/ Administrator of all their MAPPA eligible patients d. Action c. above will require mental health services to have procedures in place to: • Identify all their MAPPA eligible cases; • Notify the appropriate MAPPA Co-ordinator/ Administrator (using form 'MAPPA I'); • Update information and any changes in respect of MAPPA Level 1 cases.	a. Business Director, London MAPPA Executive Office b. Business Director, London MAPPA Executive Office c. MAPPA Strategic Management Board Chair and NHS representative d. MAPPA representatives in each MHT	a. NHS trusts and non-NHS providers to be informed by 30 September 2017. b. Practice guidance issued by 30 September 2017 c. NHS trusts and non-NHS providers to be informed by 1st June 2017. d. MHTs to confirm implementation date	a. Evidence of the database. b. Practice guidance c. Guidance/briefing materials. Schedule of meeting/s d. Evidence from trusts OXLEAS: MAPPA policy (now replaced by London MAPPA Guidance 2014) MAPPA referrals discussed (Community meetings between SWs and CPNs minutes) Bracton Unit Coordinator Role protocol (protocol)
21	NHS England	NHS England should ensure that the terms of reference guide the Panel to identify where it may become necessary to invite additional Panel members with specialist knowledge of other organisations such as Police or Housing. The Panel acknowledge that their reports must not only be fair but be seen to be fair and wider membership may be a way to achieve this	A directive will be added to the NHS England Operating Policy for MH Homicide Independent Investigations. This will state that all investigation Specific Terms of Reference must include a line about inviting additional panel members with specialist knowledge as necessary.	Chair of NHS England MH Regional Leads Forum	Completed February 2017	NHS England Operating Policy for MH Homicide Independent Investigations. February 2017

Monitoring & evaluation arrangements
Trust Board The action plan has been reviewed in December 2016 by Director of Nursing against the recommendations of the final version of the Independent Investigation. The final version contained an amendment to recommendation 14 and recommendation 21 (actions for NHSE)
Forensic Quality Board will continue to monitor the compliance to these practices with annual reports to assure compliance

Monitoring & evaluation arrangements
Trust Board Paper March 2017 A progress report was taken to the Trust Board to provide assurance that the actions had been embedded and compliance of practice with the recommendations.
Patient Safety Group reporting to Trust Board via Quality Committee.
Adult Mental Health Quality Board
Trust Board

Monitoring & evaluation arrangements
Workforce, Learning and Development Committee
Forensic Quality Board A review will be carried out to evidence how appropriate the discharges of people to live with their families were and the support and safeguards put in place for their families. The review will consider whether discharges to live with their families was due to gaps in the availability of 24 hour supported living availability. This will be reported to the September Forensic Quality Board

Monitoring & evaluation arrangements
Forensic Quality Board
Forensic Quality Board

Monitoring & evaluation arrangements
Forensic Quality Board will produce guidance to highlight to clinical supervisors the risk of being over optimistic in reporting to the MoJ. This will be audited by a clinician indpendent of the service by September 2017.
Quality Board
Forensic Quality Board

Monitoring & evaluation arrangements
a) London's Urgent and Emergency Care Board and Clinical Leadership Group will support implementation. NHS England, London oversight via the Independent Investigation Review Group b) On-going monitoring to ensure compliance will then be led locally (many A&E's through the liaison psychiatry team have specific mental health governance groups where this work could sit). NHS England, London oversight via the Independent Investigation Review Group OXLEAS:- An Oxleas/ Police partnership group chaired by Oxleas Chairman with members form Borough Commanders meets regularly to review joint working and compliance with Mental Health Concordat and crisis care. Mental Health Crisis Care for Londoners: London's Section 136 and Health Based Place of Safety specification (December 2016)

Monitoring & evaluation arrangements
Workforce, Learning and Development Committee Patient Safety Group
Whole System Resilience Group Bed flow meetings
Executive Committee

Monitoring & evaluation arrangements
Quality Board
Forensic Quality Board

Monitoring & evaluation arrangements
a. London MAPPA Strategic Management Board (SMB) and SMB Mental Health Advisory Group b. London MAPPA Executive Office c. London MAPPA Strategic Management Board (SMB) and SMB Mental Health Advisory Group d. London MAPPA Strategic Management Board (SMB) and SMB Mental Health Advisory Group OXLEAS: Forensic Quality Board
NHS England Independent Investigations Governance Committee