

Improvement plan in response to recommendations outlined in the independent investigation into the care and treatment of Mr N

Key: DHCFT = Derbyshire Healthcare Foundation Trust
 NHCFT = Nottinghamshire Healthcare Foundation Trust

NHSE = NHS England Specialist Commissioning
 DDCCG = Derby & Derbyshire Clinical Commission Group

Complete	In progress	Attention required	Outstanding
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Ref	Recommendation	Action	Responsible organisation	Completion deadline	Status	Evidence Required
MR N/001	DHCFT must ensure that a risk management plan is developed and implemented when risks are identified, incorporating the review and use of recent and past records, using clinical risk assessment tools.	To review systems and processes in relation to risk management and care planning.	DHCFT	Complete		DHCFT replaced its previous FACE risk assessment tool with a new safety assessment tool in 2015. This process has been incorporating additional updates during the last 12 months. A number of pilots have also been rolled out in relation to more area specific tools.
MR N/002	DHCFT should ensure that all safeguarding referrals are actioned appropriately and outcomes recorded.	To ensure appropriate systems are in place to monitor and review safeguarding referrals and action plans.	DHCFT	Complete		The Trust has processes in place to appropriately record and action safeguarding referrals, which are audited on an annual basis. This process will continue to take place alongside ongoing audits to ensure our practice remains at the expected standard.
MR N/003	The NHS England secure service	A standard operating procedure is in place,	NHS England Specialist	Complete		The PICU proposal has been revised.

	<p>specification should ensure that:</p> <ul style="list-style-type: none"> • a standard operating procedure is in place for all referrals, with clear timelines and accountability for decision making, which addresses how to negotiate the pathway between CCG and NHSE commissioned services; • provision of a single point of access, with a written response to referrals with a jointly agreed contingency plan if there is no suitable bed available; • a pathway for urgent referrals is in place, with agreed escalation on urgency or level of security; • there is a dispute resolution protocol with named 	<p>with clear timelines and accountability.</p> <p>This is a single point of access.</p> <p>Urgent referrals are in place.</p>	<p>Commissioning</p>			<p>A revised escalation protocol has been designed to aid the smooth transition if patients need/require additional levels of service into a high level of clinical care provision.</p>
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	<ul style="list-style-type: none"> partners; and there is a process for responding to an urgent referral, with the opportunity to have multi professional urgent case management discussions to problem- solve and source a shared solution. 					
MR N/004	DHCFT must ensure that the management of requests for inpatient admission in DHCFT should incorporate escalation actions to take place in cases where there is the likelihood of a patient requiring detention under the MHA, and is in need of a Derbyshire placement urgently.	To revise and adjust protocols regarding PICU and out of area.	DHCFT	Completed prior to target date of 31/01/2020		<p>Revisions have been made to the DHCFT PICU and out of area protocols and a new flowchart has been developed between partners, to include the NHS England secure service specification protocol. This agreed new practice is in place.</p> <p>A revised local management team operating procedure has been updated and has been included in on call and business continuity procedures.</p>
MR N/005	All relevant providers must ensure that when external referrals for a mental health bed are made by prison healthcare		Nottinghamshire Healthcare NHS Foundation Trust	31/01/2020		This has been agreed and NHC NHS FT Trust have agreed to the protocol

	<p>psychiatrists, the process designed to achieve this should be locally agreed between the commissioners and providers, and relevant clinicians should be apprised of the situation in good time</p>					
MR N/006	<p>NHS Derby & Derbyshire CCG must provide assurance that there are arrangements in place to access PICU beds in urgent situations, including an escalation protocol with timescales and stepping up process agreed.</p>		<p>Derby and Derbyshire CCG</p>	<p>Complete</p>		<p>The Derby & Derbyshire CCG commissions PICU beds from a selection of NHS (non-Derbyshire) and private providers.</p> <p>PICU beds are accessible and work has been undertaken to support this work through a PICU Manager.</p> <p>There are some residual risks that a PICU provider could refuse admission due to clinical grounds.</p> <p>Therefore, in cases of this nature an escalation protocol has been drafted. The protocol/escalation meeting was co-designed on 8 November 2019, and has been agreed.</p> <p>Urgent access to PICU and a</p>

						<p>PICU contract is secured through a contract and is in place.</p> <p>The Trust has written an expression of interest to the CCG to provide a PICU service within Derbyshire. This includes a clinical case for change based upon current PICU needs together with the longer term needs of a future growing population.</p>
MR N/007	<p>DHCFT should ensure that the Trust emergency management/business continuity plans include serious interruption of services and that there is a structure to ensure such occurrences are managed with appropriate leadership and senior oversight.</p>	<p>To revisit the Trust's Emergency Incident Response plan and whether it is fully activated including record keeping.</p>	DHCFT	Completed		<p>DHCFT has emergency incident response and business continuity plans and procedures in place, available to all staff. The Trust's on call rotas ensure the availability of two levels of on call managers at all times outside of usual working hours. In the event of serious disruption (such as closing the 136 suite for more than five days for example) emergency planning principles and practice would be adopted. DHCFT note the feedback to improve record keeping of all escalations and evidence of those actions, with dates and times.</p>

<p>MR N/008</p>	<p>DHCFT should ensure that seclusion practice is monitored to provide assurance that policy requirements for reviews are met and adhered to.</p>	<p>To seek additional advice from the CQC as health regulator, regarding seclusion practice and definitions of an 'independent review' and review the Trust's policy in light of this information.</p>	<p>DHCFT</p>	<p>Complete</p>	<p>The policy has been reviewed and advice from the CQC national team on definition of an independent review (see below)*.</p> <p>DHCFT will ensure record keeping defines any future independent team, and include details how are they are independent from the team that recommended seclusion. This action is therefore is complete</p> <p>We have sought and will seek further advice from the CQC and other trusts and benchmark practice as part of further quality improvement.</p> <p>* Response from the CQC: The Code isn't completely specific about what 'independent' means in the independent MDT review of seclusion discussed at paragraph 26.141 onwards. I think it is clear from para 26.142 that it means independent of the treating team. As such it would seem clear that the purpose of the Code here is to ensure that</p>
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						people, who have not been involved in the decision to seclude, or reviews of that decision to date in this episode, are asked to review what is going on.
MR N/009	DHCFT should align the definition of long term segregation in their policy with that of the MHA code of practice, develop a system to identify any cases of long term segregation, and any instances of long term segregation should be reported and monitored formally through quality structures.	<p>To make amendments to the Trust's policy.</p> <p>To develop a process to review all incidents of long term segregation. Should they occur?</p>	DHCFT	Completed		<p>The Trust does not have an appropriate clinical environment to care for people in long-term segregation and therefore the Trust's seclusion pathway would be used when it is necessary to restrict movement of patients. All restrictive practices (both seclusion and the very rare incidents of this nature) leading to any restriction of movement are recorded and reviewed. A process is in place to review any incidents of patients being placed in a long term segregation/restrictive practice and the Code of Practice definitions will be used to define any incidents of this nature</p> <p>The Trust's policy for seclusion and long term segregation has been reviewed (version 6 dated 13/11/15) and outlines the Trust's approach, as detailed above.</p>

MR N/010	DHCFT should ensure that the exclusion criterion regarding admission under Section 2 MHA be removed from the Kedleston Unit operational policy.	For the service to review admission process in relation to Section 2 MHA patients into the Kedleston Unit.	DHCFT	Completed		The operational policy for the Kedleston Unit has been updated and no longer excludes admission of patients under Section 2 of the Mental Health Act.
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