

Serious Incident Action Plan for David

This action plan has been developed in response to recommendations from an independent investigation into the care and treatment provided by North West Boroughs Healthcare into the tragic death of David.

The action plan is outcome focussed and highlights the desired outcome in response to each recommendation, along with individual actions to enable achievement. The Trust has a robust process for overseeing delivery of the plan and for seeking assurance that outcomes have been achieved. This includes a full progress update report being presented to the Trust's Quality, Safety, Safeguarding and Governance Group on a quarterly basis and updates to the Trust Quality Committee through monthly patient safety reports. Wigan borough will also oversee and assure themselves of delivery against the plan at their Patient Safety Panels. In addition, progress against the plan will be monitored by the Wigan borough Quality, Safety, Safeguarding and Governance group on a quarterly basis, who will seek assurance of delivery from the Trust.

The BRAG rating below will be used to reflect the progress made against each action. The desired outcome is to achieve an overall blue rating evidencing that all actions have been delivered and transformational change achieved. Target timeframes have been considered in line with this aim and to factor time for required assurance monitoring. This plan shows the latest date that all actions are to be achieved by for each desired outcome. Some individual actions within each outcome will be delivered in advance of the overall completion date.

It should be noted that the Trust has already undertaken significant quality improvements since 2016, in keeping with the themes identified within the investigation report. Work includes the development of a Patient Safety Improvement Plan which is currently within the second phase of implementation. This included a commitment to improve family experience and engagement with the Trust through a dedicated work stream, now entitled 'Kin-nect' and a CAMHS care collaborative focussing on transformational improvements. More details on all of the work undertaken to date and assurance of delivery against the actions will be provided as part of the quarterly updates to the Trust Quality, Safety, Safeguarding and Governance Group and to the Wigan Clinical Commissioning Group.

BRAG rating scale definitions that will be used to gain assurance of delivery against the action plan.

Not likely to be delivered in timeframe	Red	Delayed but managed	Amber	Actions are on track for completion - but will require a quality assurance process to indicate level of embedding of the change and the transformation achieved	Green	Delivered and quality assured – transformational change achieved.	Blue
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Theme 1: Care Plans and Risk Assessments			
Desired Outcome	Action required	Owner	Timescale
An assurance framework is developed and implemented which sets out the timetable for monitoring of the Care Programme Approach (CPA) risk assessments and care plans in line with Trust and national standards.	Develop and approve an assurance framework.	Wigan Assistant Clinical Director/Head of Quality and CPA lead	30/07/2020
	Develop an implementation plan; commencing in Wigan initially then roll out across the rest of the Trust Child & Adolescent Mental Health services (CAMHS)	Wigan Matron for Quality	30/08/2020
	The standard operating procedure for the CAMHS service will be updated to reflect the expected care planning, risk assessment and safety planning standards.	Wigan Operational Manager	30/11/2020
	The Assurance framework will have been approved via the Trust Quality, Safety, Safeguarding and Governance Group; reporting to the Trust Quality Committee.	Wigan Assistant Clinical Director/Head of Quality and CPA lead	30/09/2020
The Trust will achieve the agreed target of 100% staff having completed the training and can demonstrate the agreed level of competence to undertake the clinical activity in practice.	Develop and approve an updated face to face/other media training curriculum and identified competencies for all identified staff within CAMHS services including the key components of: <ul style="list-style-type: none"> • Risk assessment, formulation and management • Effective, collaborative safety planning • Person centred care planning 	Wigan Head of Quality	30/11/2020
Quality Performance Data indicates 100% of sampled care records have achieved	Develop and implement a quality performance reporting system.	Wigan Matron for Quality & RiO Implementation	31/03/2021

compliance with Trust and national standards for Care Programme Approach risk assessments and care plans for young people cared for under the Care Programme Approach Framework. An audit will be completed bi-monthly.		Team.	
	Bi -monthly monitoring of compliance completed by Borough Quality, Safety, Safeguarding and Governance Group; which demonstrates actions being taken to address identified gaps in compliance.	Wigan Matron for Quality & Wigan Head of Quality	31/03/2021
The Trust will achieve the agreed target of 100% staff having completed the training and can demonstrate the agreed level of competence. Staff are able to articulate what actions to take in the event of an escalation of risk.	The CAMHS training curriculum (as detailed in recommendation 1) to be reviewed and include: <ul style="list-style-type: none"> • Risk assessment skills, awareness of relapse indicators and triggers • Safety planning and how to collaboratively safety plan in order to ensure that both the young person and their family is aware of how the interventions offered will increase based on an identified increase in clinical risk. • Opportunity for families to increase their knowledge and understanding of risk via online training / carers sessions. • Training evaluation to include feedback from staff on level of learning 	Wigan Head of Quality	31/03/2021
Quality data indicates 100% of records sampled showed that children and their carers have a safety plan on entry to the service	Develop and implement quality performance audit reporting and system – this to include patient feedback.	Wigan Matron for Quality & RiO Implementation Team.	31/08/2021
	Monthly monitoring of compliance completed by Borough Quality Safety Safeguarding and Governance Group; which demonstrates actions being taken to address any identified gaps.	Wigan Matron for Quality	31/08/2021
Quality Performance Data indicates 100% of sampled care records have achieved compliance with risk assessment, formulation and planning and safety plans are in place to identify the agreed change in intervention when a young person's clinical risk	A safety plan will be developed so that all children, young people and their carers receiving intervention from the CAMHS service will receive this safety plan at the point of entry to the service, this will be updated in response to any changes in their risk profile.	Wigan Head of Quality	31/12/2020
	Identify 10 case studies which demonstrate appropriate action taken following escalation of concerns and risks; to include patient feedback.	Wigan Matron for Quality	31/01/2021

increases.			
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Theme 2: CAMHS Pathway			
Desired Outcome	Action required	Owner	Timescale
Children and their carers are offered a CAMHS service which is compliant with NICE guidance, THRIVE being the identified model of care in place.	Undertake a benchmark of the existing CAMHS provision to confirm that the service is compliant with the iThrive framework.	Wigan Operational Manager	31/08/2020
	The outcomes of the benchmarking exercise are presented to the Borough Operational Group and CAMHS Collaborative Group to inform any actions which are required.	Wigan Operational Manager	31/09/2020
	Confirm how the Trust monitors the delivery of the Pathway in line with NICE guidance.	Wigan Operational Manager /Head of Quality & CAMHS lead	31/09/2020
	Three and six monthly monitoring to be undertaken and the outcomes presented to Borough Quality Safety Safeguarding and Governance Group and CAMHS Collaborative Group	Wigan Operational Manager /Head of Quality & CAMHS lead	31/01/2021
	Identify 10 cases across each of the 5 needs based groups (2 in each) and develop case studies which demonstrates iThrive compliant care lessons learned to be shared across the Borough and Trust.	Wigan Matron for Quality/Head of Quality & CAMHS lead	31/01/2021

Children and their carers receive care in line with Trust Care Programme Approach policy and procedures.	Confirm that the CAMHS Pathway Operational Guidance contains this requirement.	Wigan Operational Manager/Head of Quality & CPA lead	30/11/2020
	The review of the Trust Care Programme Approach policy and procedures is completed and approved to include the CAMHS requirements.	Wigan Operational Manager/Head of Quality & CPA lead	30/11/2020
Children and their carers know who their care coordinator or lead professional is.	Obtain patient/carer feedback via carers groups.	Wigan Operational Manager	31/03/2021
Clinical staff are able to articulate what their roles and responsibilities are as a care coordinator and lead professional. Personal development reviews include competence in this role and provide learning opportunities for individual staff where appropriate.	Update of Care Programme Approach policy is implemented and staff awareness raising/training is completed; which includes the updated requirements.	Head of Quality & CPA lead	30/11/2020
CAMHS performance data shows 100% compliance with recording who the care coordinator and lead professional is in RiO care records. The young person's care plan records who this clinician is and how young people and their carers can contact them.	Review and update Care Programme Approach reporting Key Performance Indicator's for CAMHS teams.	Wigan Operational Manager/Head of Quality & CPA lead & RiO Implementation Team.	30/11/2020
	Wigan Borough/Trust monthly monitoring to be undertaken as part of Trust Quality and Performance Report; actions are in place to address identified gaps in compliance.	Wigan Operational	31/08/2020

		Manager/ Wigan Head of Quality	
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Theme 3: Partnership Working			
Desired Outcome	Action required	Owner	Timescale
Patients care plans will be co-produced with all agencies involved in a patients care. The care plan will articulate how partner agencies will communicate to ensure that outcomes are achieved.	Development of a Care Programme Approach quality assurance framework which will include the expected standards for communication with other agencies and the development of co-produced care plans.	Head of Quality & CPA lead	31/07/2020
	Development of an audit tool for the Care Programme Approach quality assurance framework alongside audit frequency and reporting structure.		
Staff are able to articulate their roles and responsibilities as care co-ordinators in ensuring that effective communication is key for the delivery of quality care.	Training sessions delivered to staff on the use and application of the Care Programme Approach framework.	Head of Quality & CPA lead	30/11/2020
	Obtain feedback from staff via training evaluation and supervision.	Head of Quality & CPA lead	31/01/2020
CAMHS teams are aware of all children open to the service who have an Education Health Care Plan and engage appropriately with the Education Health Care Plan co-ordinator about these children and young people.	Review frequency of receiving information from Education Health Care Plan coordinator and the system for checking updated information is documented in RiO.	Wigan Head of Quality	31/08/2020
Staff are able to articulate their role and responsibilities in order to competently contribute to the Education Health Care Plan.	Training and awareness sessions completed with all relevant staff on their role and responsibilities in line with Care Programme Approach policy and contributing to an Education Health Care Plan.	Wigan Head of Quality	30/11/2020

100% of audited cases where an Education Health Care Plan is in place evidences the Education Health Care Plan in the care plan to ensure an integrated approach to care.	Wigan Borough/Trust monthly monitoring to be undertaken as part of Trust Quality and Performance Report; actions being taken to address areas of concern.	Wigan Matron for Quality	31/12/2020
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Theme 4: Serious Incident and Complaints Process			
Desired Outcome	Action required	Owner	Timescale
100% of investigation reports will reflect the voice of the family as an equal partner throughout the duration of the investigation process in line with the eight principles of national quality requirements. Where this is not possible, the reason for this will be clearly articulated in the report. Investigation leads will have the skill's and competence required to undertake complex serious incident investigations and	Candour will be applied in a timely and compassionate way in response to 100% of serious incidents.	Borough Assistant Clinical Directors & Head of Patient Safety	28/02/2021
	Investigation leads will be fully trained in Root Cause Analysis and Applied Human Factors. Complex investigations will be led by corporate patient safety leads with support from specialist advisors.	Head of Patient Safety	01/06/2020
	Family concerns and terms of reference will be clearly identifiable within the body of all investigation and developed with the family reports.	Borough Assistant Clinical Directors & Head of Patient Safety	28/02/2021
	Quarterly Duty of Candour performance monitoring will extend to include family contribution within Serious Incident Investigations.	Borough Assistant Clinical Directors & Head of Patient Safety	28/02/2021

engage sensitively with families throughout the course of the investigation.	The role of the family liaison officer within the Serious Incident and Complaints process will be developed in line with the <i>Kin-nect</i> work streams.	Head of Quality and <i>Kin-nect</i> lead	28/02/2021
	A clear role descriptor for the family liaison officer will inform procedure.	Head of Quality and <i>Kin-nect</i> lead	28/02/2021
	Opportunities to strengthen the families right to reply and contribute to panel sign off will be developed in collaboration with the Clinical Commissioning Group due to existing 60 day timeframes.	Head of Patient Safety	28/02/2021
Families will experience compassionate and meaningful engagement throughout the serious incident investigation process.	A baseline for good family engagement will be identified.	Assistant Clinical Director for Governance	28/02/2021
	Internal benchmarking will be completed in line with the <i>Kin-nect</i> work streams.	Assistant Clinical Director for Governance	28/02/2021
	Family experiences will be surveyed and results utilised to improve practise.	Assistant Clinical Director for Governance	28/02/2021
	All Trust staff will be aware of the requirements for meaningful engagement with families in line with <i>Kin-nect</i> work plans through a series of workshops and a targeted communications strategy.	Assistant Clinical Director for Governance	28/02/2021
The Trust receives feedback from commissioners that requirements have been met.	Method for measuring/evaluating quality of serious incident investigations to be developed in collaboration with all partner clinical commissioning groups.	Head of Patient Safety & CCG	01/10/2020
	Trust contribution to locality and lead commissioner SIRG/SINE panels to be agreed in support of quality assurance processes.	Head of Patient Safety & CCG	01/10/2020
	Method for measuring/evaluating quality of serious incident investigations to be developed in collaboration with all partner clinical commissioning groups.	Head of Patient Safety & CCG	01/10/2020

The updated complaints handling system and process is operational; with the recommendations implemented, which include engaging and listening to families.	Reviewed complaints process which improves levels of engagement and responsiveness.	Deputy Director of Nursing and Governance	31/12/2020
	Additional improvement activity to be undertaken as part of the <i>Kin-nect</i> Steering Group and identified work-streams	Deputy Director of Nursing and Governance	28/02/2021
Performance data indicates 100% complaints (where this is relevant) including engagement with and listening to families	Local Borough and Trust monthly monitoring to be undertaken as part of Trust Quality and Performance Report.	Deputy Director of Nursing and Governance	31/12/2020
	Quarterly reports to the Trust Quality Safety Safeguarding and Governance Group include level of compliance, lessons learned and actions being taken to address concerns. Complaints which have not been responded to within the timeframes will be escalated to this group for action.	Deputy Director of Nursing and Governance	31/12/2020