NHS
Kent and Medway
NHS and Social Care Partnership Trust

Mr S homicide action plan – September 2020

This action plan has been developed to address the recommendations from an independent review of the internal investigation and associated action planning into the care and treatment provided to a mental health service user, Mr S, in Kent. The quality assurance review was commissioned by NHS England in line with national policy and conducted by NICHE.

Improvement plan owner:	Deputy Chief Operating Officer (Community and Acute Care Groups)
Implementation monitoring:	Trust Wide Patient Safety and Mortality Review Group
Executive sponsor:	Executive Director of Nursing and Quality
Reporting to:	Quality Committee

RAG KEY:	
Green	**Complete**
Amber	**In progress**
Red	**Overdue**

NB recommendation numbers relate to those issued by NICHE and have been maintained in the following action plan. Other recommendations did not relate to KMPT.

RAG	ISSUES IDENTIFIED	ACTIONS TO BE TAKEN	PERSON RESPONSIBLE	TARGET COMPLETION DATE	EVIDENCE TO BE PROVIDED	PROGRESS TO DATE
	Recommendation 1: The Trust must ensure that a process is in place that indicates that family members have been offered the opportunity to see a copy of the report, indicating when this has been completed.	1. Review findings of Duty of Candour Audit completed in December 2018. 2. Further review and amend Duty of Candour audit standards on Datix following audit.	SI Leads Head of Patient Safety	1. 31/01/2020 2. 31/01/2020 3. 31/03/2020 4. 30/09/2020	1. Audit results 2. Datix Duty of Candour section 3. 2020 Duty of Candour audit 4. Registration documents	1. Complete 31/01/2020 2. Complete 31/01/2020 3. Duty of Candour audit has been completed and actions include further training to staff, improved documentation on Datix, updated patient information in the form of

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		3. Audit a random sample of Duty of Candour in relation to Serious Incident feedback to families. 4. Register and participate in Serious Incident Accreditation scheme led by the Royal College of Psychiatry (College Centre for Quality Improvement)				a leaflet and in root cause analysis templates, a dedicated web page for patients and staff, feedback to patients and families following review of investigation by commissioners and work relating to patient feedback on Duty of Candour and root cause analysis experiences. 4. Registered for this event however due to COVID all peer review work relating to the accreditation scheme has been paused therefore this action has not progressed.
	Recommendation 3: The Trust must ensure that all relevant key lines of enquiry are identified and addressed in internal investigation reports (for example in this case, safeguarding issues in relation to Mr S's older relations).	1. Terms of reference to be set within the Trust-wide Serious Incident and Mortality Review Panel. 2. Terms of Reference to be added to Datix. 3. Sign off process for care group, patient safety and executives to include assurance that key lines of enquiry have been	Head of Patient Safety and SI Leads	1-3. 28/02/2020	1. Serious Incident and Mortality Panel minutes. 2. Datix records. 3. RCA template.	1. Document Terms of Reference agreed in Trust-wide Patient Safety Incident and Mortality Review Panel. Complete 04/03/2020 2. Terms of Reference added to Datix Complete 04/03/2020. 3. A new RCA template is now in use since April.

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		identified and addressed.				
	Recommendation 4: The Trust and their commissioners should work together to ensure that any issues regarding the quality of investigation reports are addressed in a final draft report prior to the report being shared with families.	1. The Trust will continue to share reports once finalised internally. 2. The new RCA template will include a section advising patients that the commissioners may ask for more information and that this will be shared with the families if it changes the outcome of the investigation or if families want the detail of the commissioner's response. 3. Datix to include details of when additional queries were shared with the patient/family.	Head of Patient Safety	1. 28/02/2020 2. 28/02/2020 3. 31/10/2020	1. RCA template and Datix records. Serious Incident and Mortality Panel minutes 2. RCA template 3. Datix and Trust-wide Patient Safety minutes.	1-3 Complete and indicated on templates in use -20/01/2020. As a result of the new centralised investigation team, positive verbal feedback has been received from the CCG regarding improved root cause analysis report quality. .
	Recommendation 6: The Trust must assure themselves and their Commissioners that the provision of six-monthly reviews to patients in	1. Communicate this expectation to all Care Groups 2. Regular review of compliance against	Lead Clinical Quality Manager	1. 28/02/2020 2. 31/10/2020	1. Learning Bulletin 2. CliQ check results	1. Completed - June 2020. 2. The process has been piloted, reviewed and embedded. The first round of checks to include

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	receipt of Clozapine is embedded in every-day practice.	this expectation through the CliQ Check process				Clozapine is due to commence on 14/09/20. Robust standards have been agreed in conjunction with the Chief Pharmacist and the Head of Nursing for CRCG. **04/11/2020** Clinical quality manager has confirmed that all 10 CMHTs have now had a CliQ check with the Clozapine standards being checked against. Action to remain open for a further period of three months to enable compliance to be measured.
	Recommendation 7: The Trust must assure themselves and their Commissioners that the arrangements for managing the risks of conditionally or absolutely discharged patients is appropriate, and embedded in every-day practice.	1. Review the way that conditionally and absolutely discharged patients are supported and managed following their discharge from hospital and develop services to meet the need, learning from other counties. 2. Improve the monthly locality risk forums	Director of Forensic and Specialist Care Group and Associate Medical Director	1-3. 30/09/2019	1. Service Operational Policy for the Forensic Outreach Liaison Service (FOLS) 2. Risk forum minutes 3. List with named link for each locality	1. Complete. Forensic Outreach Liaison Service (FOLs) has been developed and is now fully operational, which is dedicated to managing all patients discharged to Kent. FOLS CMHT Link Database and attendance at risk forums provide the safety measure to ensure that forensic patients are discussed and overseen;

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		with attendance from members of staff with a forensic speciality. 3. Identify a dedicated named link/mental health practitioner with a forensic speciality in each community mental health locality team				this is a joint responsibility between FOLS and CMHTs to raise any changes with their forensic patients. 2. Complete. Monthly locality risk forums take place jointly between the CMHT locality and a member of FOLS. There have been no STEIS cases relating to this theme which indicates that this process is working and making a difference. There have not been any incidents highlighting any transitions or joint working between these teams or from patients under these services. FOLS has been subject to QIA and only closed recently and there have not been SIs to note. 3. Complete. Each community mental health team locality team has a dedicated named link mental health practitioner from FOLS.

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	Recommendation 8: The Trust must undertake further work with Swale Community Mental Health Team to ensure that crisis and contingency plans are in place and fully completed for all patients.	1. Ongoing monitoring of the quality of crisis and contingency plans via CliQ Checks and subsequent attention to areas of non-compliance. 2. Continue to review Swale's full caseload for completion and quality of crisis and contingency plans and subsequent attention to areas of non-compliance.	CRCG Clinical Quality Team and Head of Service	1. On-going 2. 31/03/2020	1. CliQ check documentation 2. Performance Report	1. Complete and occurs every two months. 2. Full review completed 02/03/2020 and fed back to Head of service on 04/03/2020. The quality of crisis and contingency plans are reviewed on an ongoing basis as part of the care groups rolling CliQ check process. The performance is sometimes impacted on by staffing gaps however this remains under constant review by the managers who work to ensure temporary staffing whilst recruitment is under way. A further CliQ check is being undertaken on 14/09/20 to test the compliance and effectiveness of the actions taken.
	Recommendation 9: The Trust must ensure that this audit and future related audits undertaken are accompanied by a clear narrative indicating the audit findings and any follow up action required.	1. KMPT to embed a robust process for completing clinical audits with actions clearly defined.	Lead Clinical Quality Manager	1. On-going	1. CliQ check standard operating procedure.	1. Complete. The CliQ standard operating procedure is in place and guides quality leads. A review of the quality of these action plans is completed periodically by

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						Care Group leadership teams.
	Recommendation 10: The Trust must ensure that the process of managing conditionally or absolutely discharged patients in community mental health teams is set out in the relevant policies.	1. To review and update KMPT Transfer and discharge of care policy to clearly set out the requirements for forensic service oversight of conditionally discharged patients under the management of locality community mental health teams.	Deputy Director of Nursing and Practice. Service Manager Mental Health Forensic Community Services and Pathway Lead	1. 31/09/2020	1. Transfer and Discharge policy. 2. Forensic Outreach and Liaison Service Operational policy.	1. Complete. Transfer of Discharge of Care of KMPT Patients Policy Section 4.3 sets out the requirements for Forensic Service oversight of conditionally discharged patients under the management of locality CMHTs. 2. Complete. The Forensic Outreach and Liaison Service Operational policy sets out the processes of managing patients in secure units transition into the community, ongoing supervision and process for involvement of forensic services in Risk Reduction work with the CMHT locality teams. 3. Complete. The Joint Operating Model Policy with Kent County Council sets out arrangements for joint supervision of conditionally discharged restricted patients. It is premature at this stage to

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						measure the full impact of this joint arrangement. This will be monitored on an ongoing basis through the Serious Incident process and feedback provided to teams as necessary.
	Recommendation 11: The Trust must ensure that when new processes are introduced, they are clearly described in relevant policies or procedures and adhered to.	1. The trust will ensure that new or amended policies or procedures clearly indicate version control and are communicated through the agreed methods.	Trust Secretariat Policy Manager	1. On-Going	1. Minutes from relevant Policy approval group and sections of policies, indicating the changes	1. Complete - Where a procedure is created that affects a policy (e.g. a procedural flowchart appended to a policy is changing) updates are included in the main policy and ratified through the relevant governance structures. Policy/Procedure author(s) amend the documents in a timely way (e.g. if there is a change in legislation or a guidance). The Policy Manager monitors the policies to ensure they are within date and that reviews are completed as indicated in policy Trust Secretariat quality checks that the relevant matters have been complied with before it can be placed

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						before the ratifying committee. Compliance and adherence to relevant policies are monitored as set out in the policy monitoring section which may include auditing or reporting in the performance and activity reports. .

KEY	
SI	Serious Incident
RCA	Root Cause Analysis
CliQ	Clinical Quality checks (Record keeping audit)
CRCG	Community Recovery Care Group
FOLS	Forensic Outreach Liaison Service
CMHT	Community Mental Health Team
STEIS	Strategic Executive Information System (This system facilitates the reporting of serious incidents and the monitoring of investigations between NHS providers and commissioners).
QIA	Quality Impact Assessment
KMPT	Kent and Medway Partnership Trust