

Joint Action Plan in Response to the Homicide Investigation and Recommendations (Mr C & Mr D)
Date of Publication: Monday 30th June 2014

Recommendation	Actions	Interim date	Final Completion Date	Lead person
<p><u>Recommendation one</u></p> <ul style="list-style-type: none"> Both Trusts further develop their supervision policies and procedure to facilitate supervision being used to provide assurance to the Trust Board that patient care is of the required standard. The supervision process includes scrutiny of current samples of actual care delivery at every level to ensure clinical practice reflects the requirements of the clinician's professional duties. The supervision process includes scrutiny of current samples of actual care delivery at every level to ensure adherence to prescribed changes in 	<p>Review Supervision policy and procedures</p> <p>Re-launch policy</p> <p>Review/redesign supervision training programme.</p> <p>Set out priority groups to receive training</p> <p>Design a supervision audit tool</p> <p>Set out a supervision audit monitoring programme which will report to Clinical Governance. For BEHMHT this will be via the service line governance groups.</p>	<p>September 2014</p> <p>September 2014</p> <p>October 2014</p> <p>October 2014</p> <p>September 2014</p> <p>September 2014</p>		<p>Claire Johnston (Director of Nursing & People)/ Dr Mark Cole (Head of Learning & Development)</p> <p>Claire Johnston (Director of Nursing & People)/ /Paul Calaminus (Chief Operating Officer)/Heads of Professions (HOPs)</p> <p>Dr Mark Cole Head of Learning & Development</p> <p>Dr Mark Cole (Head of Learning & Development)/HOPs</p> <p>Ian Clift Deputy Director of Nursing</p>

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<p>practice such as those required by the recommendations in this report.</p>				
<ul style="list-style-type: none"> Regular audits take place to demonstrate that the supervision chain is identifying and addressing any deficiencies in the quality of care being delivered to patients 	<p>Quarterly audits of supervision records will highlight quality and identify any deficiencies in practice.</p> <p>Audits will be monitored by the balance scorecard process.</p>	<p>September 2014</p>		<p>Acasia Nyanin Head of Regulation & Quality Assurance</p>
<p><u>Recommendation two</u></p> <ul style="list-style-type: none"> Both Trusts reinforce the position of clinical care management as the cornerstone of patient care in their psychiatric services. The essentials of this are contained within the Trusts' CPA policies and include the appropriate use and sharing of clinical information to inform clinical decision-making, and the management of risk. 	<p>Review CPA Policies</p> <p>Review CPA training in terms of accessibility and uptake</p> <p>Review CPA audits to ensure this recommendation is captured in the audit</p> <p>Set out a programme to ensure cyclical reporting of CPA audits to Clinical Governance</p>	<p>September 2014</p> <p>September 2014</p> <p>September 2014</p> <p>September 2014</p>		<p>Acasia Nyanin Head of Regulation & Quality Assurance</p> <p>Dr Mark Cole Head of Learning & Development</p> <p>Clinical Directors</p> <p>Acasia Nyanin Head of Regulation & Quality Assurance</p>

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<p>Recommendation two cont'd</p> <ul style="list-style-type: none"> The position of CPA be reflected and strengthened in the training programmes staff are required to attend, and the priorities identified in individual and group supervision. Supervision facilitates the routine review of actual cases to ensure the appropriate application of the principles of CPA and to enable corrective action to be taken if required, (set out in Recommendation One). The implementation of this Recommendation is monitored by periodic audit. 	<p>Review of CPA training to ensure the recording of CPA in patient notes and the formulation and integration of risk assessments are incorporated into training. Quarterly audits will review supervision records and will take account of the quality of documentation of CPA.</p> <p>Supervisors to review CPA documentation with specific attention to the quality of documentation. This will be monitored through the Balance Score Card audits.</p> <p>Balance Scorecard will monitor the implementation of audits. The outcome of these audits will be reported to the Clinical Quality Review Group (CQRG) quarterly.</p>	<p>September 2014</p> <p>September 2014</p> <p>September 2014</p>		<p>Acosia Nyanin (Head of Regulation & Quality Assurance) with Clinical Directors</p> <p>Acosia Nyanin (Head of Regulation & Quality Assurance) with Clinical Directors</p> <p>Acosia Nyanin (Head of Regulation & Quality Assurance) with Clinical Directors</p>

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<p><u>Recommendation three</u></p> <ul style="list-style-type: none"> Both Trusts clarify explicit minimum standards for care coordinators and support these with documents to assist care coordinators in their role (for example the discharge check list produced by BEH in response to the findings of the internal investigation). These standards form a benchmark within the supervision process which includes scrutiny of actual care delivery and records so as to enable corrective action to be taken if required, as in Recommendation One. The implementation of this Recommendation is monitored by periodic audit. 	<p>Review admission and discharge policies and procedures</p> <p>Ensure a discharge check list is implemented</p> <p>Design a local audit tool to ensure compliance in utilising the check list.</p> <p>Set out a reporting structure for audit results</p> <p>See also recommendation one</p>	<p>September 2014</p> <p>September 2014</p> <p>September 2014</p> <p>September 2014</p>		<p>Acosia Nyanin (Head of Regulation & Quality Assurance) with Clinical Directors</p> <p>Acosia Nyanin Head of Regulation & Quality Assurance</p> <p>Acosia Nyanin (Head of Regulation & Quality Assurance) with Clinical Directors</p> <p>Acosia Nyanin Head of Regulation & Quality Assurance</p>

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<p><u>Recommendation four</u></p> <ul style="list-style-type: none"> Meetings in which clinical decisions are made about an individual's care be organised so as to ensure that the necessary clinical records have been reviewed prior to the team making decisions about the care of the patient. The effective implementation of this recommendation be monitored within the Team Supervision Process as outlined above in Recommendation One. The standard practice of clinical teams in relation to this recommendation is monitored by periodic audit. 	<p>Develop/review the clinical team meetings process as set out within service operational policies</p>	<p>September 2014</p>		<p>Clinical Directors</p>
	<p>Develop standards to follow when carrying out a clinical team meeting and ensure these are inserted into the appropriate operational policies</p>	<p>September 2014</p>		<p>Clinical Directors</p>
	<p>Set up an audit to ensure compliance with this action</p>	<p>October 2014</p>		<p>Clinical Directors</p>

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<p><u>Recommendation five</u></p> <ul style="list-style-type: none"> • Within both Trusts risk assessments and management plans are completed within an agreed acceptable timeframe and that these are reviewed at significant points of clinical decision making for all patients, and shared with all professionals involved in their care to inform current risk management. • Supervision facilitates the routine review of actual cases to ensure this is embedded as part of standard clinical practice, and to enable corrective action to be taken if required, as in Recommendation One. • The implementation of this Recommendation is monitored by periodic audit. 	<p>Review Clinical Risk Policies and procedures to ensure standards are set in relation to risk assessments and management</p> <p>Review risk audit standards within the CPA audits to ensure this recommendation is addressed</p> <p>See recommendation one</p> <p>See recommendation two</p>	<p>September 2014</p> <p>September 2014</p>		<p>Acosia Nyanin Head of Regulation & Quality Assurance</p> <p>Clinical Directors</p>

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<p><u>Recommendation six</u></p> <ul style="list-style-type: none"> Within both Trusts the Quality Assurance Programme is revised to ensure that Teams assessing and caring for psychiatric patients are producing Care Plans that reflect a comprehensive understanding of the current psychiatric, social, family circumstances and risk characteristics of the individual they are treating. These audits form part of regular Clinical Governance Team Meetings. 	<p>Set up a Case Management Policy, which includes reviewing documentation as part of the case management process</p> <p>Review/redesign a care planning audit tool, which covers this recommendation.</p> <p>Carry out a care plan audit, and report the outcome to clinical governance</p> <p>BEHMHT to continue their QA assessments which will capture all aspects of care planning. Ongoing rolling programme in place reported via Deep Dive and service line governance meetings.</p>	<p>October 2014</p> <p>October 2014</p> <p>November 2014</p>		<p>Dr Vincent Kirchner Deputy Medical Director</p> <p>Dr Vincent Kirchner Deputy Medical Director</p> <p>Clinical Directors</p>

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<p><u>Recommendation seven</u></p> <ul style="list-style-type: none"> • Within both Trusts all transfers and discharges of patients follow a comprehensive protocol that sets out a checklist. The Investigation Panel are aware that the North London Forensic Service have developed and are now using such a list. CANDI should consider developing a similar process for all external and internal transfers and discharges. • Supervision facilitates the routine review of actual cases to ensure this is embedded as part of standard clinical practice, and to enable corrective action to be taken if required. • The implementation of this is monitored by periodic audit. 	<p>This can be carried out in liaison with the action identified in recommendation three</p> <p>See recommendation one</p>	<p>September 2014</p>		

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<p><u>Recommendation eight</u></p> <ul style="list-style-type: none"> • CANDI's Medical Director informs all doctors in the Trust's Psychiatric services that they have a duty to ensure participation in the multidisciplinary decisions made for patients for which they are responsible. • The Trust's Medical Director to inform all doctors in the Trust Psychiatric services that they have a duty to ensure that a patient's medication is appropriate, and being suitably managed within the CPA process. • The implementation of this Recommendation is monitored by including this issue in individual and group supervision at all levels, and by periodic audit. 	<p>This recommendation will be raised at the Consultants meeting and from this escalated through the lines of medical management to all doctors in the organisation.</p> <p>This recommendation will be raised at the Consultants meeting and from this escalated through the lines of medical management to all doctors in the organisation.</p> <p>This recommendation will be raised at the Consultants meeting and from this escalated through the lines of medical management to all doctors in the organisation. This will be monitored through regular supervision and quarterly audits.</p>	<p>20 August 2014</p> <p>20 August 2014</p> <p>20 August 2014</p>		<p>Dr Vincent Kirchner Deputy Medical Director</p> <p>Dr Vincent Kirchner Deputy Medical Director</p> <p>Dr Vincent Kirchner Deputy Medical Director</p>

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<p><u>Recommendation nine</u></p> <ul style="list-style-type: none"> Both Trusts review their guidance to consultants, managers and senior clinicians making explicit the Trust's expectations with regard to their role in leading the teams in which they work. The effectiveness of implementing this guidance is monitored through normal appraisal processes. 	<p>Ensure appraisals systems in place and that appraisals are current. This to be monitored via the Trust performance process</p>			
<p><u>Recommendation ten</u></p> <ul style="list-style-type: none"> BEH review the regular training for the Trust's Managers under the Mental Health Act and ensure that regular meetings occur between the Managers and clinicians involved in Managers' Hearings to facilitate effective working. The implementation of this Recommendation is monitored by including this 	<p>Report and recommendation to be discussed with the Chair of the Mental Health Act Committee. Full report to be tabled at the Mental Health Act Committee October 2014.</p> <p>The Mental Health Act Committee to oversee the implementation of this recommendation in respect of training and support to hospital managers involved in</p>		<p>June 2014</p> <p>December 2014</p>	<p>Mary Sexton, Executive Director of Nursing, Quality and Governance</p> <p>Michael Chalmers, Mental Health Act Manager</p>

