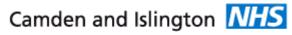




Joint Action Plan in Response to the Homicide Investigation and Recommendations (Mr C & Mr D) Date of Publication: Monday 30th June 2014

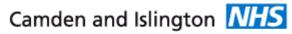
Recommendation	Actions	Interim date	Final Completion Date	Lead person
Recommendation one				Claire Johnston (Director
				of Nursing & People)/ Dr
Both Trusts further	Review Supervision policy	September 2014		Mark Cole (Head of
develop their supervision	and procedures			Learning & Development)
policies and procedure to				
facilitate supervision	Re-launch policy	September 2014		Claire Johnston (Director
being used to provide	_			of Nursing & People)/
assurance to the Trust	Review/redesign supervision	October 2014		/Paul Calaminus (Chief
Board that patient care is	training programme.			Operating Officer)/Heads
of the required standard.				of Professions (HOPs)
	Set out priority groups to	October 2014		
The supervision process	receive training			Dr Mark Cole
includes scrutiny of				Head of Learning &
current samples of actual	Design a supervision audit	September 2014		Development
care delivery at every level	tool			
to ensure clinical practice	6	6		Dr Mark Cole (Head of
reflects the requirements	Set out a supervision audit	September 2014		Learning &
of the clinician's	monitoring programme			Development)/HOPs
professional duties.	which will report to Clinical			In a Cliff
	Governance. For BEHMHT			lan Clift
The supervision process	this will be via the service			Deputy Director of Nursing
includes scrutiny of	line governance groups.			
current samples of actual				
care delivery at every level				
to ensure adherence to				
prescribed changes in				



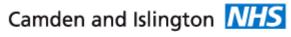
Recommendation	Actions	Interim date	Final Completion Date	Lead person
practice such as those				
required by the				
recommendations in this report.				
терогі.				
Regular audits take place	Quarterly audits of	September 2014		Acosia Nyanin
to demonstrate that the	supervision records will			Head of Regulation &
supervision chain is	highlight quality and identify			Quality Assurance
identifying and	any deficiencies in practice.			
addressing any				
deficiencies in the quality	Audits will be monitored by the balance scorecard			
of care being delivered to patients	process.			
patients	process.			
Recommendation two				Acosia Nyanin
				Head of Regulation &
 Both Trusts reinforce the position of clinical care 	Review CPA Policies	September 2014		Quality Assurance
management as the	Review CPA training in terms	September 2014		Dr Mark Cole
cornerstone of patient	of accessibility and uptake	·		Head of Learning &
care in their psychiatric				Development
services. The essentials of this are contained within	Review CPA audits to ensure	September 2014		
the Trusts' CPA policies	this recommendation is			Clinical Directors
and include the	captured in the audit			
appropriate use and	Set out a programme to	September 2014		Acosia Nyanin
sharing of clinical	ensure cyclical reporting of	Coptember 2017		Head of Regulation &
information to inform	CPA audits to Clinical			Quality Assurance
clinical decision-making,	Governance			-
and the management of				
risk.				



Recommendation	Action	Interim Date	Final Date	Lead
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.	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	September 2014		Acosia Nyanin (Head of Regulation & Quality Assurance) with Clinical Directors
 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). 	Supervisors to review CPA documentation with specific attention to the quality of documentation. This will be monitored through the Balance Score Card audits.	September 2014		Acosia Nyanin (Head of Regulation & Quality Assurance) with Clinical Directors
The implementation of this Recommendation is monitored by periodic audit.	Balance Scorecard will monitor the implementation of audits The outcome of these audits will be reported to the Clinical Quality Review Group (CQRG) quarterly.	September 2014		Acosia Nyanin (Head of Regulation & Quality Assurance) with Clinical Directors



	Recommendation	Action	Interim Date	Final Date	Lead
	Recommendation three				
•	Both Trusts clarify explicit minimum standards for care coordinators and support these with documents to assist care coordinators in	Review admission and discharge policies and procedures	September 2014		Acosia Nyanin (Head of Regulation & Quality Assurance) with Clinical Directors
	their role (for example the discharge check list produced by BEH in response to the findings of the internal	Ensure a discharge check list is implemented	September 2014		Acosia Nyanin Head of Regulation & Quality Assurance
	investigation).	Design a local audit tool to ensure compliance in utilising	September 2014		Acosia Nyanin (Head of Regulation & Quality
•	These standards form a benchmark within the	the check list.			Assurance) with Clinical Directors
	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.	Set out a reporting structure for audit results See also recommendation one	September 2014		Acosia Nyanin Head of Regulation & Quality Assurance
•	The implementation of this Recommendation is monitored by periodic audit.				



Action	Interim Date	Final Date	Lead
team meetings process as set out within service operational policies	September 2014		Clinical Directors
Develop standards to follow when carrying out a clinical team meeting and ensure these are inserted into the	September 2014		Clinical Directors
appropriate operational policies			
Set up an audit to ensure compliance with this action	October 2014		Clinical Directors
	Develop/review the clinical team meetings process as set out within service operational policies Develop standards to follow when carrying out a clinical team meeting and ensure these are inserted into the appropriate operational policies Set up an audit to ensure	Develop/review the clinical team meetings process as set out within service operational policies Develop standards to follow when carrying out a clinical team meeting and ensure these are inserted into the appropriate operational policies Set up an audit to ensure September 2014 September 2014 October 2014	Develop/review the clinical team meetings process as set out within service operational policies Develop standards to follow when carrying out a clinical team meeting and ensure these are inserted into the appropriate operational policies Set up an audit to ensure September 2014 September 2014 September 2014 October 2014



Recommendation	Action	Interim Date	Final Date	Lead
Recommendation five				
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	Review Clinical Risk Policies and procedures to ensure standards are set in relation to risk assessments and management	September 2014		Acosia Nyanin Head of Regulation & Quality Assurance
decision making for all patients, and shared with all professionals involved in their care to inform current risk management.	Review risk audit standards within the CPA audits to ensure this recommendation is addressed	September 2014		Clinical Directors
• 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.	See recommendation one			
The implementation of this Recommendation is monitored by periodic audit.	See recommendation two			



Recommendation	Action	Interim Date	Final Date	Lead
Recommendation six				
Within both Trusts the	Set up a Case Management	October 2014		Dr Vincent Kirchner
Quality Assurance	Policy, which includes			Deputy Medical Director
Programme is revised to	reviewing documentation as			
ensure that Teams assessing	part of the case management			
and caring for psychiatric	process			Dr Vincent Kirchner
patients are producing Care				Deputy Medical Director
Plans that reflect a	Review/redesign a care	October 2014		
comprehensive	planning audit tool, which covers this recommendation.			Clinical Directors
understanding of the current psychiatric, social, family	covers this recommendation.			Cillical Directors
circumstances and risk	Carry out a care plan audit,			
characteristics of the	and report the outcome to	November 2014		
individual they are treating.	clinical governance	TVOVETIMET ZOTT		
These audits form part of	BEHMHT to continue their QA			
regular Clinical Governance	assessments which will			
Team Meetings.	capture all aspects of care			
	planning. Ongoing rolling			
	programme in place reported			
	via Deep Dive and service line			
	governance meetings.			



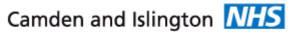
	Recommendation	Action	Interim Date	Final Date	Lead
	Recommendation seven				
•	Within both Trusts all transfers and discharges of patients follow a comprehensive protocol that sets out a checklist. The Investigation Panel are aware that the North London Forensic Service have developed and are now using such a list. CANDI should consider developing a similar process for all external and internal transfers and discharges.	This can be carried out in liaison with the action identified in recommendation three	September 2014		
•	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.	See recommendation one			



Recommendation	Action	Interim Date	Final Date	Lead
 Recommendation eight 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. 	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.	20 August 2014		Dr Vincent Kirchner Deputy Medical Director
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.	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.	20 August 2014		Dr Vincent Kirchner Deputy Medical Director
The implementation of this Recommendation is monitored by including this issue in individual and group supervision at all levels, and by periodic audit.	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.	20 August 2014		Dr Vincent Kirchner Deputy Medical Director



Recommendation	Action	Interim Date	Final Date	Lead
Recommendation nine				
Both Trusts review their	Ensure appraisals systems in			
guidance to consultants,	place and that appraisals are			
managers and senior	current. This to be monitored			
clinicians making explicit the	via the Trust performance			
Trust's expectations with	process			
regard to their role in leading				
the teams in which they				
work.				
The effectiveness of				
implementing this guidance				
is monitored through normal				
appraisal processes.				
Recommendation ten				
BEH review the regular			June 2014	Mary Sexton,
training for the Trust's	to be discussed with the Chair			Executive Director of
Managers under the Mental	of the Mental Health Act			Nursing, Quality and
Health Act and ensure that	Committee. Full report to be			Governance
regular meetings occur	tabled at the Mental Health			
between the Managers and	Act Committee October 2014.			
clinicians involved in	The Mental Health Act			
Managers' Hearings to	Committee to oversee the			
facilitate effective working.			December 2014	Michael Chalmers
The involvementation of this	implementation of this		December 2014	Michael Chalmers, Mental Health Act
The implementation of this	recommendation in respect of			
Recommendation is	training and support to			Manager
monitored by including this	hospital managers involved in			



issue in individual and group	hearings.		
supervision for those			
clinicians involved in such	Mental Health Act office to		
hearings, and by periodic	coordinate discussions		
audit of decisions recorded	between hospital managers	September 2014	Michael Chalmers,
by Managers.	and clinicians to facilitate		Mental Health Act
	effective working.		Manager
	Mental Health Act Committee		
	to receive formal updates on		
	section arrangements for all	Already in place	Michael Chalmers,
	service users held under the		Mental Health Act
	Mental Health Act.		Manager