

ACTION PLAN POST INDEPENDENT INVESTIGATION – Published Version

Serious Incident Review Proforma			
Patient ID/Other	Date of Incident	Service	StEIS Number
Mr E	01.03.11	Planned Care – Sunderland Adult Community Treatment Team	2011/3897
<p>Summary of Incident: Patient arrested in connection with the death of his 14 year old nephew. Nephew was found at home with stab wounds and was taken to hospital where he later died. Patient found guilty of murder and sentenced to life imprisonment.</p>			
Recommendations following Independent Investigation	Actions Undertaken / Planned		Lead / Timescale / Date Completed
<p>1. Where there are multiple health care providers involved in treatment and care of a patient correspondence and discharge summaries should be sent to all involved agencies.</p>	<p>Actions undertaken: Currently discharge summaries are routinely sent to the patient’s GP. Other members of the care team would be involved in the pre discharge review meeting and those without access to the Trust electronic patient record would be sent a copy of the review record and the discharge care plan.</p> <p>Healthcare professionals work with patients to ensure they understand the potential benefits of shared conversations between different healthcare providers to enhance the subsequent development of care plans.</p> <p>Planned: A sample audit will be developed and undertaken to monitor compliance with discharge processes from inpatient assessment and treatment wards.</p>		<p>Completed April 2015</p> <p>Inpatient Group Director, September 2015</p>

<p>2. Risk assessments must ensure that all historical and current risks are being consistently documented and appropriately assessed.</p>	<p>Accessing historical records is covered in Trust risk training for staff and is now part of a standard process within the re-design of new Community Pathway developments.</p> <p>Regular safety messages relating to risk have been highlighted in the Trust Bulletin which is emailed to all staff.</p> <p>15 Jan 2013 Underestimation of risk and historical factors 05 Feb 2013 Up to date risk assessment information 22 Oct 2013 Discharge summaries and historical risk 19 Nov 2013 Seeking information from all sources</p> <p>Copies of the bulletins are saved on the database for reference.</p> <p>In addition a quick reference 'key card' for staff has been developed and was circulated to staff in December 2013.</p> <p>A copy of the key card is saved on the database for reference.</p> <p>As part of its incident policy and investigation process, the Trust has in place a reflection for every serious incident which assesses the minimum clinical standards for risk assessment against 3 distinct criteria:</p> <ul style="list-style-type: none"> • Was there a risk assessment in place • Did the risks identified in the risk assessment transfer into care planning • Did the risks identified in the risk assessment transfer into contingency planning <p>Within post incident reflection, these areas continue to be monitored and improvements have been demonstrated since the incident took place.</p> <p>For commissioners to be assured about our investigation processes, in line with trust incident policy, each serious incident After Action Review also</p>	<p>Completed April 2015</p>
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	<p>includes an assessment of these three important criteria.</p> <p>The risk tools that are required through Trust policy i.e. FACE risk profile and the narrative risk tool are both structured to facilitate the clinical recording of Known Static Risk Factors / Historical Risk and Current Clinical Risk Factors.</p> <p>The structured clinical approach used within the Trust supported by the use of FACE risk profile or the narrative risk toll is also developed in the accompanying PGN, CRS-PGN-01 - The context, approach and stages of clinical risk formulation.</p> <p>The Trust further developed a revised risk management strategy which encompasses policy and practice guidance specific to conditions and pathways in 2014.</p> <p>The annual QMT audit which all wards and teams undertake includes risk assessment and risk management plans.</p> <p>The requirements that clinicians consider and document all historical and current risks is further set out in the Trust's Clinical Risk Assessment and Management Strategy which was ratified by the Trust Board in February 2015.</p> <p>Planned: An implementation plan is being developed which will provide assurance with regard to embedding the strategy in practice.</p>	<p>Specialist Care Group Medical Director, October 2015</p>
<p>3. When it is known that a patient has a forensic history, clinicians must seek to obtain information from</p>	<p>Trust training on risk assessment / use of FACE risk profile and PGN, CRS-PGN-01 emphasise the need to obtaining information including collateral history from various sources. The Trust MAPPA (Multi Agency Public</p>	<p>Completed April 2015</p>

<p>the police and probation service in order to inform both risk assessments and support plans.</p>	<p>Protection Arrangements) Policy NTW (C) 25 was updated in June 2014 to set that practitioners can request police information regards convictions, arrests, intelligence to assist in risk assessment and management if they understand the patient may have a forensic history and/or a significant risk of harm to others and provides a form provided by Northumbria Police to facilitate such disclosures.</p> <p>The Trust has in place a Clinical Police liaison role, one of the first in mental health services in the country, to improve communication and information sharing between clinical teams and local police services. The clinician is part of the central safety team and has access to current incident information relating to all patients and can have discussions with neighbourhood teams around all police activity relating to patients. The role also has strategic links with the Crown Prosecution Service and probation services where information and intelligence is required. The role is well established and clinical teams are fully aware of the contact arrangements.</p> <p>In addition to the above, individual teams have robust links with local police teams and the Trust's Safeguarding Team is available to help and support clinicians with accessing information.</p> <p>14 October 2014 – Earlier involvement of Forensic Services in serious incidents featured in The Bulletin. A copy is saved on the database for reference.</p> <p>27 January 2015 – Criminal Justice and Diversion Services featured in The Bulletin. A copy is saved on the database for reference.</p> <p>However it should be stressed that although staff can request information they are reliant on the police or probation service to share the relevant information with the Trust.</p>	
<p>4. Mental health inpatient service</p>	<p>The Trust uses a standard inpatient discharge summary which follows the</p>	<p>Completed May</p>

<p>discharge summaries should provide both a narrative description and the context of a patient's risk, protective factors and triggers.</p>	<p>Royal College Guidelines for Mental Health Discharge Summaries. Guidelines for completion of mental health summaries are available on the Electronic Health Record to help clinicians improve the quality of discharge information. (Copy of guidelines saved on database for reference). This provides a narrative description in the context of a patient's risks, protective factors and triggers.</p>	<p>2015</p>
<p>5. Serious incident report executive summary should include care and delivery issues, root causes, contributory factors and lessons learnt.</p>	<p>Trust incident policy NTW(0)05 ratified October 2012 is due to be reviewed in May 2015 and will be updated in line with the new Serious Incident Reporting Framework 2015.</p>	<p>Medical Director Head of Safety and Patient Experience June 2015</p>
<p>6. The authors of the SI report and the Trust must ensure that interview transcripts are securely stored for future reference.</p>	<p>Trust incident policy NTW (0)05 ratified October 2012. Practice Guidance Note Number 2: Investigation of Incidents – section 6.2.</p> <p>The Trust employs a team of dedicated serious incident investigators who are part of the Safety Team and managed by the Clinical Risk Manager. All information obtained during an investigation is stored electronically on the Safeguard Risk Management database and made available as required.</p> <p>Currently the Trust does not undertake transcripts of interviews. An After Action Review meeting (AAR) with clinicians involved with the patient takes place following a serious incident and the discussion is documented and forms part of the overall serious incident investigation. Individual clinicians may also provide statements detailing their involvement in the patient's care and treatment, as required.</p>	<p>Completed April 2015</p>
<p>7. Serious investigation report authors should refer to the relevant</p>	<p>The Clinical Risk Manager has advised that an information source for the investigating officers has been created so they have access to current NICE</p>	<p>Completed April 2015</p>

<p>NICE guidelines when reviewing a patient's treatment plans.</p>	<p>guidance. This guidance has been produced to aid investigating officers in accessing NICE care pathways, up to date guidance and quality standards, that they can utilise to compare/reference when compiling an investigation report. Each section has a hyper link which will take the investigating officer to the NICE guidelines pathway website page and a hyperlink that will take the Investigating Officer to the full NICE guidance, relevant to the pathway. When the directorate manager signs off the serious incident report to go to panel, they will check to ensure reference to NICE guidance has been considered.</p>	
<p>8. NTW should undertake an evaluation of the impact of the changes that were introduced as a direct result of the internal investigation recommendations</p>	<p>The Trust feels that all actions identified are valued and we continue to use and develop the systems and processes. Outlined below is the most up to date positions on these issues:</p> <ul style="list-style-type: none"> • 72 hour meetings and daily reviews are in place and working well. Wards also have and operate at a glance boards which support daily reviews and there is standardised recording of daily review meetings. These were created following a Rapid Process Improvement Workshop (RPIW) which identified improvements as part of the Model Wards project within urgent care services. These standards were subsequently rolled out across urgent care wards. (Associated documentation saved on database) • The Trust now has a personality disorder strategy which provides PD scaffolding for cluster 8 patients and a psychology team are now in post. (A copy of the PD Pathway guidance version 3 (May 15) and PD Hub Service Specification Version 6 (Oct 14) are saved on the database for reference) • There are standard ways of working for admissions and discharges and the roles and responsibilities of those involved. (Copies of relevant documentation saved on database.) • Care Coordinators are invited to attend discharge reviews and discharges are supported by Early Discharge Facilitators. • Community liaison nurse role has been trailed, evaluated and is now 	<p>Completed May 2015</p>

	<p>embedded in the Trust Care Coordination Policy (PGNs 1&2) (A copy of Transitions Audit of Compliance Jan 14 is saved on the database for reference)</p> <ul style="list-style-type: none"> • Discharge summaries are forwarded to all relevant parties. • 7 day follow up after discharge is monitored via the clinical audit dashboard which records completion of key areas. • The annual QMT audit undertaken includes discharge. • The Trust has implemented a “Getting to Know You” process for carers and there are Carer Champions and Carer Hubs in place across the Trust. • Wards receive a monthly incident report which is cascaded down to operational teams (CLIP Report). • All staff working in the new hospital build undertook a standardised induction programme which included incident reporting (Powerpoint slides saved on database for reference). • The Trust is rolling out web based incident reporting to all staff on the Hopewood Park site as at May 2015. • The new hospital was built to national specification so therefore fencing is no longer an issue. • Staff have completed access and egress training for the new hospital. • Spotlight on Safety message included in Chief Executive’s Bulletin dated 4 June 2013 referencing the work of the ACE team from who advise can be sought regarding patients who present with complex personality disorders. (A copy of the bulletin is saved on the database for reference). 	
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Footnote: With reference to the above actions, where we have indicated that an action has been completed, this reflects a position statement as of that date. However the Trust strives to continually develop and improve in all these areas.