

Improvement Action Plan

Improvement plan in response to recommendations outlined in the independent investigation into the care and treatment of AS, November 2018

Key:

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| Complete | In progress | Attention required | Outstanding |
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| | RECOMMENDATION | ACTIONS IDENTIFIED TO ENABLE IMPLEMENTATION | TIMESCALES | PROGRESS TO DATE | | | | |
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| 1 | <i>Each NHS Trust should review the manner in which it shares patient information with external investigators. Consideration should also be given to the implications of sharing such documentation with other third parties e.g. families and other Trusts. Patient information should be provided in a clear, structured manner that can be easily referenced and navigated.</i> | 1.1. Communication with external agencies | | <p>1.1 Communication with external agencies</p> <p>The Trust has made a number of improvements in how we share information with external agencies. For external investigations, the Trust produces an evidence index and codes information provided for each point requested so that it can be easily located in accordance to the information being sought. This provides external agencies with clear information and allows the Trust to effectively monitor the information provided and to also update as required. In addition, there are a number of wider changes that have taken place since this review commenced, including:</p> <ul style="list-style-type: none"> • The Trust has introduced Electronic Patient Records (EPR) and now holds all records electronically rather than in paper form. This improves the way in which the Trust can share information and ensure it is easily navigable. • Labelling and navigation – the move to electronic records provides improved ability to label and group documents within the patient record and to search documents by key word or phrase and by document type. • The Trust has updated its Information Governance Agreement with external (or third) parties (contractual arrangements) policy and procedure. • The Trust has made changes to support the secure transfer of confidential | | | | |

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| | | | | <p>information. As a whole the Trust has moved to a single secure email platform in the shape of NHS mail. This supports the secure transfer of information with other health providers and health professionals also using NHS mail as well as third party organisations using similar secure email platforms such as the Police and Local Authority/Government.</p> <ul style="list-style-type: none"> • The Trust has introduced software specifically to ensure the secure transfer of electronic patient records and electronic copies of scanned paper patient records. This is co-ordinated and centralised within the Trust's IMT & Records Management department, using software called EGRESS Switch, which limits and restricts access, only to approved requestors. Access to secure emails and content is automatically denied if the email is forwarded to someone not included in the approved access list. EGRESS has full audit functionality to show exactly when secure emails were sent, successful access, failed access and also any unapproved/blocked access attempts. Once EGRESS emails have been sent, the secure content can be given a defined timescale for access and, if needed retrospectively, the content can be blocked so that nobody can gain further access. • The Trust has improved its processes for patients, families, carers and third parties to gain access to patient records. The request for information process can be found on the Trust's website at: http://www.derbyshirehealthcareft.nhs.uk/contact-us/patient-requests/ • The Trust has revised and improved supporting guidance and information leaflets specific to accessing patient records. Separate leaflets on the subject have also been developed to enable service receivers, carers and also staff to understand rights and responsibilities. • The Trust has an updated policy on how to securely transfer patient records where there has been a change in healthcare provider. In the main the focus is for care teams to be able and empowered to respond and handle the request directly and in a timely fashion. In addition, Records Management within the Trust's IMT & Records department are able to provide support with the scanning of historic paper records, download and extract of electronic patient records and secure transfer. | | |
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| | | | <ul style="list-style-type: none"> The Trust has also updated its Privacy Statement which can be found on our Trust website at: http://www.derbyshirehealthcareft.nhs.uk/disclaimer/privacy | | | |
| | | <p>1.2. Communication with families/ carers</p> | <p>1.2 Communication with families/carers</p> <ul style="list-style-type: none"> Communications with families/carers following a Serious Incident. The Family Liaison team (which has been introduced after 2013), in conjunction with the investigators, will provide families with a copy of the serious incident report on completion of an investigation. The Family Liaison team and the investigators will also meet with families to talk through the findings of the reports and answer any additional questions that have been raised. This report is redacted in line with the governance set out under Access to Health Records. If a patient did not wish their family to be involved or know about their care whilst alive and this had been documented within the records, the Caldicott Guardian would be asked to review how much information could be shared. We would respect confidentiality in death as we would in life. Additional information provided to family members, such as medical records would be shared by the records department, adopting the same process. Patient information leaflets The Trust has purchased a set of patient information leaflets produced by Northumberland Tyne and Wear NHS Foundation Trust. These leaflets are accessible as part of the Recovery Centre information available through the Trust's website. These self-help booklets have been written by clinical psychologists with contributions from service users and healthcare staff from Northumberland. They are available to download in several formats - including: A4, A5, large print, easy read and a small text version for GPs. They can also be listened to as a download MP3 audio guide by clicking the relevant leaflet in the bookcase. Translated versions of the guides and sign language videos of the guides are also available. Link: http://www.derbyshirehealthcareft.nhs.uk/getting-help/need-help/ Mental Health Act | | | |

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| | | | | <p>The Trust currently utilises patient information leaflets produced by the Department of Health. The Trust has these available in 28 different languages on CDs and in printable format. Some information is also available in easy read format.</p> <p>Leaflets include the following:</p> <ul style="list-style-type: none"> ○ Admission to Hospital for Treatment (Section 3 of the Mental Health Act 1983) ○ Your nearest relative under the Mental Health Act (Sections 26-30 of the Mental Health Act 1983) ○ Your right to complain to the Care Quality Commission (Sections 120 and 134A of the Mental Health Act 1983). | | | |
| 2 | <p>All healthcare professionals should take into consideration the implications of criminal proceedings on a service user as part of any broader assessment of mental health and well-being.</p> | <p>2.1 Continued improvement and roll out of the safety planning.</p> | | <p>The Trust no longer utilises FACE risk assessment, this was phased out and replaced with safety planning. The safety plan is now being utilised trust wide.</p> <p>As part of continual improvement a revised version of the safety plan is currently being piloted by CAMHS, the outcome of which will be discussed and further development agreed through the Safety Planning Development Group.</p> <p>The Trust undertakes compliance audits and the safety plan audit is now part of the care plan audit. The last audit was completed in 2017 and is due to be re-audited in 2019. Quality markers are included in the care plan audit which is based on NICE guidance and our own core care standards. Quality markers used are also based on those contained in the Department of Health publication, 'Best Practice in Managing Risk', DoH, 2009.</p> <p>The Assessment and Management of Safety Needs Policy has been updated in line with the National Confidential Inquiry into Suicide and Safety in Mental Health report on 'Assessment of Clinical Risk in Mental Health Services' (October 2018). This report also emphasises the importance of the view of carers in assessing risk.</p> | | | |
| 3 | <p>Somerset Partnership NHS Foundation Trust and Devon Partnership NHS Trust should review</p> | <p>This action was not assigned to Derbyshire Healthcare NHS Foundation Trust</p> | | <p>N/A</p> | | | |

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| | <p>and ratify a Taser policy for their Trust that covers:</p> <p>Immediate aftercare</p> <p>Patient monitoring (physical and psychological)</p> <p>Escalation criteria (e.g. further medical review)</p> <p>Recognition of the impact and possible effects (including psychological effects)</p> | <p>however the Trust has a policy on Taser usage which was supplied as part of NHS England's investigation.</p> | | | | | |
| 4 | <p>Each Trust should set out a programme of evaluation and assessment, revisiting all aspects of their action plan to ensure that changes have been implemented and are monitored.</p> | <p>4.1. Further develop and embed the role of families/carers in developing risk assessments, risk management plans and care plans.</p> | | <p>4.1. The role of families/carers</p> <p>This point is covered within the Trust's ongoing work in relation to Safety Planning, the Care Programme Approach (CPA) and the Triangle of Care.</p> <p>A Carers' Strategy has been developed and was launched throughout the organisation in January 2017. The strategy is undergoing review currently to align more with Family Inclusive Practice and will continue to be updated and audited. The Triangle of Care self-assessment process is embedded across the Trust with action plans regularly revisited and reinforced. The Trust's IT Department has supported this work by developing an electronic platform for teams to be able to manage and monitor this process more effectively. The Trust achieved 2 Star status in the Triangle of Care Accreditation Scheme in 2017.</p> <p>Family/carers contact cards have been in place since 2012 and were revised in 2014. The cards were redesigned in 2017 and supplemented with the Situation, Background, Assessment, Recommendations, Decision (SBARD) communication tool. The Trust's safeguarding adults lead meets monthly with</p> | | | |

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| | | | the Trust's Carers' Engagement Group. Discussions with family and carer groups have taken place as well as formal audits. The cards will be revised following further feedback received through this process. | | | |
| | | 4.2. Current Trust policy re Section 17 leave to be reviewed to ensure remains fit for purpose. | | <p>4.2 Section 17 leave</p> <p>Whilst the issue identified within the independent review was not technically Trust related, the Trust does recognise the value of a review of current policies and procedures to ensure they remain fit for practice. This will be actioned via the Trust's Mental Health Act Committee and will draw on the Section 17 audit scheduled before the end of 2018.</p> | | |
| | | 4.3. Reflection on current policies in relation to the use of Tasers on NHS premises and the aftercare of patients. | | <p>4.3. The use of Tasers on NHS premises</p> <p>Currently the Trust has in place a policy which details for staff the definition, use and effects on an individual following the use of a Taser. The policy details the required treatment of people in our care and includes medical attention, resuscitation, seclusion, observation, reporting procedures as well as guidance on action when a patient is in possession of the Taser.</p> <p>Whilst the issue identified within the independent review was not technically Trust related, the Trust will consider wider learning in relation to the use of Tasers through the review of current policy and this review via the Trust's Health, Safety & Security Committee.</p> | | |
| | | 4.4. The involvement of police on wards (e.g. liaison, individual roles and responsibilities, when to escalate and involve the police on the ward, and, how this should be | | <p>4.4. The involvement of police on wards</p> <p>This is referred to in our Missing and Absent Patients Policy, Positive and Safe Management of Violence and Acute Psychological Distress Policy. The issue is also discussed in the Police Liaison Meeting which occurs quarterly.</p> <ul style="list-style-type: none"> • Mental Health Units (Use of Force) Act 2018. <p>The Trust is also currently working towards the review and implementation of the Mental Health Units (Use of Force) Act 2018 which recently gained Royal Assent but, at the time of writing this action plan, does not have a commencement date.</p> <p>The Bill was envisaged to make provision about the oversight and management</p> | | |

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| | | <p>managed, minimised and situations de-escalated)</p> | <p>of the appropriate use of force in relation to people in mental health units and similar institutions; to make provision about the use of body cameras by police officers in the course of duties in relation to people in mental health units and for connected purposes.</p> <p>Currently the Bill has four main areas recommendations and eight sub-themes:</p> <ol style="list-style-type: none"> 1. Accountability <ul style="list-style-type: none"> • Registered managers • Policy of use of force • Information on use of force • Training in appropriate use of force • Guidance about functions under the act 2. Reporting <ul style="list-style-type: none"> • Statistics recording 3. Investigations into deaths <ul style="list-style-type: none"> • Notification of deaths 4. Video recording <ul style="list-style-type: none"> • Police body cameras <p>http://www.legislation.gov.uk/ukpga/2018/27/enacted http://www.legislation.gov.uk/ukpga/2018/27/pdfs/ukpga_20180027_en.pdf</p> | |
| | | <p>4.5. Pharmaceutical oversight of transferred patients with a history of severe mental illness</p> | <p>4.5 Pharmaceutical oversight of transferred patients with a history of severe mental illness</p> <p>The Trust’s pharmacy team provides oversight of patients with a history of severe mental illness when they are transferred into inpatient care. Oversight includes medicines reconciliation, which is a process of comparing medicines prescribed on admission with those taken in the immediate past and identifying any discrepancies. The pharmacy teams on inpatient wards also contribute to the wider processes of medicines optimisation, which is the patient-centred and evidence-based approach to ensuring patients are taking the medicines of most benefit and least harm to them and that there are plans around prescribing to assure individuals’ efficacy and safety.</p> <p>The pharmacy team’s approach to inpatient medicines optimisation and</p> | |

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| | | | <p>medicines reconciliation is informed by:</p> <ul style="list-style-type: none"> • NICE guidelines • Trust policy- the Medicine Code • Pharmacy clinical standards. <p>Where medicines reconciliation reveals inconsistencies or gaps in information, members of the pharmacy team endeavour to clarify what the inpatient prescription should be, including conversation with the patient and other care organisations, and then communicate this to healthcare team colleagues. Inconsistencies include the prescribing of medicines not routinely used in Derbyshire such as escitalopram or clonazepam, and pharmacy advice incorporates recommendations for whether and how these medicines can be safely stopped or switched to an alternative.</p> <p>Performance of the inpatient medicines reconciliation function by the pharmacy team is monitored continuously from data captured in the electronic patient record. The number and nature of clinical pharmacy contributions to patient care and safety are surveyed periodically. In the case in question, pharmacy-led medicines activities following admission to inpatient care was conducted in the expected manner and was completed in a timely fashion.</p> <p>There is no current clinical pharmacy capacity to provide an analogous service to that described above, into non-inpatient environments for medicines optimisation (or medicines reconciliation as a subset of this activity).</p> <p>This unmet need has been recognised across England in Lord Carter's 2018 report into the operational productivity on mental health trusts in England. Among the statement in the report's recommendation 11 are that:</p> <p><i>“Trusts should develop plans to ensure their pharmacists and other pharmacy staff spend more time with patients and on medicines optimisation. Delivered by:</i></p> <ul style="list-style-type: none"> • <i>Trusts increasing the numbers of specialist pharmacy professionals – including advanced clinical practitioners (pharmacists) – working in multidisciplinary teams to better lead and co-ordinate medicines use for cohorts of patients across health and social care systems by 2020/21”</i> | | |
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| | | | <p>NHS Improvement also recognises this unmet need and from 2019 mental health trusts will contribute benchmarking information about their provision of pharmacy services to a variety of care environments in addition to inpatients.</p> <p>It is however unclear how these essential additional pharmacy resources will be funded, either nationally, regionally or locally.</p> <p>The Chief Pharmacist has developed a proposal for the development of a community pharmacy, submitted to Southern Derbyshire CCG, which if accepted will require financial investment and this will require further exploration. The timeframe for this decision is March 31 2019.</p> | | | |
| | | 4.6. The role of the responsible clinician in patient transfers between Trusts/provider services. | <p>4.5. The role of the responsible clinician in patient transfers between Trusts/provider services.</p> <p>This role is outlined within the Trust's Discharge, Transfer/Transitions and Leave Policy & Procedure.</p> | | | |