HASCAS Investigation into the Care and Treatment of Mr X, Ms Y and Mr Z
Action Plan
June 2016

Dorset HealthCare University NHS Foundation Trust

	A	B	C	D	E	F	G	H	I	J
1		**Recommendation**	**Action**	**Due**	**by Whom**	**Progress**	**Further Action**	**Measure**	**Reported To**	**Status**
	1	The new Adult Care Pathway should make explicit the need for, and benefits of, a clear diagnosis/differential diagnosis for service users. The diagnosis, combined with service user presentation, should inform any ensuring care and treatment package which should comply with current NICE best practice guidance.	a) CCG to ensure ACP reflects recommendation and ensure commissioned services comply with NICE Guidelines b) DHC to develop diagnosis specific care pathways	a) June 2017 c) September 2017	a) CCG c) Head of Mental Health	a) ACP due to conclude in Oct/Nov 16 with a 3 year phased implementation. b) Complete - CMHT Review concluded in Dec 2015. Developed an overarching CMHT Care Pathway with 18 diagnosis specific care pathways and 5 overarching care pathways. All have been co-produced with Peer specialists and mapped against NICE Guidance.	c) Training plan to be developed in July 2016 in conjunction with Learning & Development Team and Recovery Education Centre to link with the existing Mental Health Training Pathway - to commence roll out in September 2016. The roll out will be on a team by team approach. The priority pathway that links to this incident is the psychosis pathway and this will be monitored via this action plan. The additional pathway work will be undertaken as part of the ACP and not reported on within the progress of this action plan. In the interim - the current Mental Health Pathway training will be enhanced using additional resources identified from the Care Co-ordination Association (CCA) on implementing CPA and Writing Care Plans. Order submitted May 16. Training dates set July, September and October.	The 14 Adult Mental Health Teams will all undergo the psychosis pathway training within 12 months. The aim is to train 90% staff or above from each team and a minimum of 3 teams per quarter. Teams will implement the pathway after the training.	Progress will be reported quarterly to the Executive Quality and Clinical Risk Group.	P
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	2	The Trust should continue to undertake its audit programme and should in addition work with NHS Dorset Clinical Commissioning Group to increase the CPA compliance statistics still further. This to be examined in the light of the Trust's CPA guidance toolkit and revised training programme – the effectiveness of which should be subject to evaluation.	a) Continue audit programme b) Teams to review caseloads and ensure people are allocated to CPA as required and this is correctly recorded in the clinical record. c) Monitor compliance with people on CPA by team d) To gain clearer understanding of national picture of people on CPA using benchmarking data. To compare DHC compliance against the national picture. e) To repeat GP practice audit of CTO information	b) June 16 d) Jun 16 e) Jan 17	b)Head of Mental Health	a) Complete - Bi-monthly audit programme in place. Last audit completed March 2016. Next audit to be reported in June 16 (May's data) b) Ongoing: The Trust continues to meet the Monitor target of >95% for completion of CPA Reviews. - Trusts CPA Guidance reissued to all teams 20th April 2016 - Guidance reviewed and updated to reflect changes to RiO - Editable letters for CPA Reviews added to RiO - Exception reports are available to teams with real time data - - MH specific Performance Dashboard in place to track compliance by team - Standardised supervision tool in development to include caseload review and allocation of CPA - This coincides with the mental health pathway training plan outlined above c) Complete - Data on compliance of CPA sent to all teams via MH dashboard monthly and to the Trust Board, Locality's and Service Leads d) Care Co-ordination Association (CCA) contacted (11 Jan & 26 May 16) and NHS Benchmarking (12 Jan 16 & 26 May 16) to ascertain benchmarking data for people on CPA to further understand national picture and how we compare - analysis of data in progress e) CTO audit conducted by CCG GP lead in 2015. As a result of audit, letter to Primary Care about CTOs was revised with supporting information being sent to all Practices when CTO plans sent to GPs. Education to GPs on CTOs was carried out and improvement work to increase awareness of CTO plans and crisis responses was undertaken.	A new care framework has been developed, re-establishes CPA Review process as the core quality measure of service provision and links clinical audit and supervision with compliance. This is a 6 month project initiated in May 16 to roll out to all teams led by Locality Director, first meeting held in May 16. The Framework will provide: - standardised supervision tool - clinical audit tool linked to supervision - streamlining of indicators and processes - focus on clinical accountability for quality of reviews	Targeted trajectory of improvements by team to be developed for monitoring	Mental Health Managers meeting and all Locality DMGs.	P
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4	3a	The Trust should continue to undertake its audit programme and should in addition work with NHS Dorset Clinical Commissioning Group to increase clinical risk assessment and management compliance statistics still further.	a) Continue audit programme b) Continue with training programme c) Monitor compliance with Risk Assessments	n/a	n/a	a) Complete - Bi-monthly audit programme in place. Last audit completed March 2016. Next audit to be reported in June 16 (May's data) b) Ongoing: - 3 yearly Clinical Risk Day in place for all staff - Exception reports are available to teams with real time data on completion of risk assessments - Monthly reporting to the Trust Board, Locality's and Service Leads - MH specific Performance Dashboard in place to track compliance by team - Standardised supervision tool in development to include caseload review and completion of Risk Assessments c) Complete - Data on compliance with Risk Assessments sent to all teams via MH dashboard monthly and included in Quality Metrics reported to the Trust Board.	A new care framework has been developed, re-establishes CPA Review process as the core quality measure of service provision and links clinical audit and supervision with compliance. This is a 6 month project initiated in May 16 to roll out to all teams led by Locality Director, first meeting held in May 16. The Framework will provide: - standardised supervision tool - clinical audit tool linked to supervision - streamlining of indicators and processes - focus on clinical accountability for quality of reviews - Additional training planned for HCR20 risk assessments.	Audit results Targeted trajectory of improvements by team to be developed for monitoring	Audit dates due August October December and reported to Executive Quality and Clinical Risk Group.	P

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5	3b	The Trust and its partners from the police, MAPPA and probation services should consider the findings and conclusions of this Independent Investigation and route Mr X and Ms Y as case studies through current processes to ensure that service users with a similar profile would not be 'lost' to service today and that their management would be proportionate and robust. Information sharing protocols should be examined as part of this process to assess if they are fit for purpose.	a) Review Information Sharing Protocols b) Strengthen liaison between Prison and CMHTs c) Strengthen liaison between DHC and Police	d) 01/12/201	d) Head of Mental Health	a) Complete: - Information sharing protocol in place (Memorandum of Understanding). - Dorset Police confirmed they are unable to provide a blanket list of MAPPA level 1 nominals to Mental Health agencies. Health and Police confirm that existing Information Sharing protocols are robust and that relevant information is shared appropriately on a case by case basis. b) Complete - Prison In-reach team communicates details on release to Offender Management Team to identify those on MAPPA and to support joint working. Prison Inreach team closure summary amended to include section on MAPPA with a prompt to contact probation/OMU if not known. The process to transfer patients to CMHTs on release from prison has been strengthened and is explicit in the Dorset Prisons and IRC Operational Policy 2016/17 IN-433 (page 17 - 19). c) Complete The Trust has introduced a MAPPA co-ordinator and MAPPA Lead who coordinates the process and acts as a link between agencies.	d, HCR-20 training is being delivered, as part of evaluation process there will be a review of the quality of the HCR-20 assessments and a review as to what information sources have been used to complete the assessment. This will act as assurance regarding information sharing/seeking for high risk patients as this process will required PNC checks.	Delivery of 2 training sessions and evaluations prior to plan for ongoing roll out by end of December 2016.	Executive Quality and Clinical Risk Group	P
6	3c	The new Adult Care Pathway should make explicit prison referral, transfer and discharge processes to ensure that service users with severe and enduring mental illness are managed in a seamless way between different agencies.	a) The ACP to make explicit reference to Prison referral, transfer and discharge processes b) To strengthen liaison between Prison In-reach and CMHTs	Oct-16	CCG	b) Complete: - The Difficult to Engage Policy reviewed and strengthened includes specific reference to Prisons. - The process to transfer patients to CMHTs on release from prison has been strengthened and is explicit in the Dorset Prisons and IRC Operational Policy 2016/17 IN-433 (page 17 - 19). - A Transfer/Closure Summary form is used to record and monitor the discharge arrangements for patients including their MAPPA status and any CJS services involved with the patient and details how this has been communicated to services on release.	Reaudit is booked for Nov 2016	audit results	Mental Health Managers meeting and all Locality DMGs.	P

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7	4	NHS Dorset Clinical Commissioning Group, the DAAT and the Dorset HealthCare NHS Foundation Trust should work with partner organisations to determine how best a multiagency approach can be taken to the Adult Care Pathway in order for it to be developed in the best interests of service users who access services and also in the best interests of public safety	a) The CCG to confirm process in place to engage the DAT as part of the ACP process	Oct-16	CCG	a) The ACP is led by the CCG. CCG to incorporate recommendation within the agreed model. DHC is awaiting the outcome of the ACP & involvement of the DAT in the proposed models **The ACP project lead is linking with Public Health and commissioning team for DAAT to ensure that the new pathways as they are designed include links across pathways for example presentation for self harm in the emergency department where alcohol is a feature.**	ACP proposal due Oct/Nov 16 with a 3 year phased implementation			P
8	5	Information sharing protocols need to be built into the new Adult Care Pathway. This will be a complex task but will be essential in order to underpin new ways of working in the best interests of service users.	a) CCG to outline process in place for ensuring Information Sharing is built into contacts when commissioning services b) CCG to include Information Sharing within the agreed ACP model c) DHC has an Information Sharing Protocol in place with all local authorities, Acute Trusts, Police,	Oct-16	CCG	a)Privacy impact assessment was completed at the beginning of the ACP project and is subject to regular review as the project progresses b) Information sharing protocols will be developed during the procurement and contract award stages of the ACP c) Complete - DHC has an Overarching Dorset Protocol in place with all local authorities, Acute Trusts, Police, Housing providers, third sector providers etc. A further 10 Information Sharing protocols were implemented during Mar - Sept				P
9	6	The Trust should act upon any recommendations set by Monitor and the CQC following the publication of their findings. HASCAS has no recommendations to make in connection with this Investigation	a) Implement recommendations set by Monitor and CQC following publication of report	n/a	n/a	Any CQC or Monitor action plans are routinely reported and reviewed through the Trust Governance Structure				-
10	7	In future investigation commissioning should be based upon the primacy of the issues - this should then lead to the assignment of the most appropriate investigation lead body or agency. This needs to be taken forward with the Safeguarding Board when new cases occur to agree most appropriate review process	a) Future investigations to ensure most appropriate review process. To discuss the recommendation with the CCG and local Safeguarding Boards.	May-16	CCG leading	This issue is beng considered further by NHS England. Further discussions will take place once their advice has been received. Commissioning of Safeguarding Adults Reviews will continue to be undertaken by the Safeguarding Adults Board review sub-group, but where appropriate the option of joint reviews will be explored to ensure timeliness of reporting and to prevent undue stress being caused to victims and/or their families and staff."			Outcome of letter to NHS England	P

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11		**N.B. HASCAS WILL UNDERTAKE A REVIEW ALL RECOMMENDATIONS 6 MONTHS FROM PUBLICATION OF THEIR REPORT**								