

## Action Plan

<b>Organisation Name:</b>	Solent NHS Trust	<b>Individual Completing Action Plan:</b>	Quality and Standards Lead
<b>Service Area:</b>	Adult mental Health	<b>Phone:</b> <b>Email Address:</b>	Solent NHS Trust
<b>Action Plan Title:</b>	NHS England Homicide Review		
<b>Start Date:</b>	Dec 15	<b>Finish Date:</b>	Apr 16
<b>The aim of this Action Plan is to:</b>	To address recommendations outlined in the independent report carried out by NHS England into Homicide in 2013		
<b>Evidence Base / Rationale for undertaking this Action:</b>			

*(Green – complete / in action; Amber – on time but not yet started / missed target but action in place to resolve ; Red – missed target with no action to resolve)*




Issue 1 (Recommendation 1)	Action Required	Start Date	Finish Date	RAG	Action Owner	Outcome / Target	
<b>Following a CPA review if there are any significant changes in a patient's risk management, support needs or medication the care coordinator should arrange as soon as possible to meet with the patient's primary care service so that the patient's records can be updated and any plans implemented.</b>	This learning to be discussed with staff at the team meeting, to ensure staff are aware of this consideration following any changes where complexity may warrant a follow up call/meeting to GP who may not have attended.	Dec 15	Jan 16		Community Services Manager and Team Managers	GPs to be fully informed of any care changes (via phone call or meeting) in complex and high risk cases where felt appropriate.	The Risk Assessment and CPA Policy have had additional statements inserted in relation to this recommendation.  This has been discussed at our Governance meeting 24.3.16 to reinforce this learning.
	To be raised as and where appropriate with Individual staff in caseload supervision. To be an added component for managers to consider in supervision.	Dec 15	Mar 16				








Addition to Risk Policy Email.msg








FW Revised CPA Policy Attached.msg

Issue 2 (Recommendation 2,3,10)	Action Required	Start Date	Finish Date	RAG	Action Owner	Outcome / Target	
<p><b>Where there is a planned transfer of a patient between NHS Trusts the responsible clinician must ensure, wherever possible, that the transfer of medical records is completed before they accept responsibility for the patient's care.</b></p> <p><b>A full review of a patient's historical medical notes must be undertaken by both inpatient and community services as part of their initial clinical and risk assessment.</b></p> <p><b>In order to evaluate the effectiveness of Solent NHS Trust's Protocol for Receiving and Referring Transfers of Care an audit should be undertaken of a number of individual cases where this protocol has been utilised.</b></p>	<p>Protocol to be adjusted to reflect completion of medical records prior to accepting responsibility.</p>	Nov 15	Dec 15		Quality and Standards Lead.	Protocol adjusted and shared with all staff.	 Transfer of Patient Amended 2015.doc
	<p>Staff to be informed further that this refers to the responsibility of overview of notes and history be part of initial clinical and risk assessment.</p> <p>Protocol to further reflect this.</p>	Nov 15	Dec 15		Quality and Standards Lead.	Protocol adjusted and shared with all staff.	 GESG Minutes 17.12.15.doc
	<p>Random audit of a sample of transfers over first year of protocol in place to ensure compliance.</p>	Nov 15	Jan 16		Community Services Manager	Audit to demonstrate adherence to transfer protocol.	 Tranfer of Patients Audit v1.xlsx

Issue 3 (Recommendation 4,5)	Action Required	Start Date	Finish Date	RAG	Action Owner	Outcome / Target	Evidence of Completion
<p><b>Solent NHS's Trust's revised risk assessment form should have separate sections for historical, current and ongoing risk factors. Each risk factor identified should be cross-referenced in the narrative section. Triggers and protective and contributory factors should be clearly identified for every area of risk.</b></p> <p><b>Risk information should only be documented in one location within Solent NHS Trust's patient records system.</b></p>	<p>To ensure Risk Formulation currently required from staff, captures historical overview as well as current risks.</p>	Nov 15	Nov 15		Team Managers	<p>All staff to be informed through formal meetings with minutes.</p> <p>Risk audit to demonstrate compliance to reporting risk procedure.</p>	<p>Message disseminated to staff via Learning messages and contained within the Risk Policy (see above)</p>
	<p>To ensure staff are informed of the requirement to link narrative around risks to appropriate 'Risk Node' section.</p>	Nov 15	Jan 16		Team Managers	<p>System One Risk process guide available.</p> <p>Risk audit to demonstrate compliance to reporting risk procedure.</p>	<p> S1CRS MH Risks FINAL.docx</p> <p> Risk Documentation Audit Q1+2 final - Oc</p> <p> Risk Documentation Audit Q3 + 4 Final Ma</p>
	<p>All staff to be informed of process for recording risk formulation on System One.</p>	Nov 15	Jan 16		Team Managers	<p>Communication to all staff re expectation around risk.</p> <p>Risk audit to demonstrate compliance to reporting risk procedure.</p>	<p> S1CRS MH Risks FINAL.docx</p>

Issue 4 (Recommendation 6)	Action Required	Start Date	Finish Date	RAG	Action Owner	Outcome / Target	Evidence of Completion
<p><b>Consideration should be given during discharge and CPA planning to apply for Personalised Budgets or Direct Payments to fund additional care and support needs.</b></p>	<p>Staff to be reminded of the need to consider personalised budgets through discussion and being recorded at team meetings.</p> <p>Issue to be raised where appropriate within individual caseload supervision.</p>	Dec 15	Mar 16		Team Managers	Service able to provide examples of where personalised budgets have been used.	<p>Since the implementation of the Care Act where care needs are assessed as needing further support Social Workers within the community services will facilitate the most appropriate ways forward in addressing these including direct payments or personalised budgets.</p> <p>Currently a small number of individuals within the service are in receipt of personalised budgets or direct payments. This is also monitored by PCC.</p>
	<p>Message to be shared through Learning Messages poster.</p>	Dec 15	Jan 16		Quality and Standards Lead	Further dissemination of learning message.	 SIRI Learning February and March :

Issue 5 (Recommendation 7)	Action Required	Start Date	Finish Date	RAG	Action Owner	Outcome / Target	Evidence of Completion
<p><b>Risk assessments and support plans should always be identifying and considering a patient's housing situation. Where a patient is experiencing housing issues, this should be identified and considered as a significant risk factor and one that requires multi-agency intervention.</b></p>	<p>Learning message to be discussed and recorded in Team Meetings.</p> <p>Discussed and recorded in caseload supervision as appropriate.</p>	Dec 15	Mar 16		Team Managers	Risk Assessments recording housing issues and plans around this where appropriate.	<p>Risk Panel runs within service where complex risk cases are discussed and issues identified for further exploration. Panel includes representation by current lead in service, involved in reviewing accommodation and housing needs in city.</p> <p> SIRI Learning February and March ;</p> <p> SIRI Learning December 2015.docx</p>
	<p>Current risk Acronym to clarify Housing as a key factor in reviewing risk.</p>	Dec 15	Jan 16		Quality and Standards Lead	Clarity of housing issues initiating a risk review.	<p> SIRI Learning December 2015.docx</p>

Issue 6 (Recommendation 8,9)	Action Required	Start Date	Finish Date	RAG	Action Owner	Outcome / Target	Evidence of Completion
<p><b>Serious Incident Review authors should always utilise and demonstrate within their report the underpinning investigative methodology that they are using, e.g. a Fishbone analysis of contributory factors.</b></p> <p><b>Serious Incident Review reports must fully comply with guidelines outlined in the National Patient Safety Agency's RCA Investigation Evaluation Checklist.</b></p>	Review existing root cause analysis template to include a section for the methodology.	7/12/15	10/01/16		Clinical Risk and Safety Manager	Revised Root Cause Analysis template in use.	 Solent NHS TRUST SIRI Report Template
	Review existing root cause analysis template to ensure it is compliant with the NPSA guidance.	7/12/15	10/01/16		Clinical Risk and Safety Manager	Revised Root Cause Analysis template in use.	 Solent NHS TRUST SIRI Report Template

<b>Group signed off:</b>	
<b>Sustainability for this Action Plan:</b>	
<b>Action Plan completed:</b>	