

Action Plan following the Homicide at Cygnet Hospital Bierley: Plan updated 22nd November 2016

	Recommendation	Description of action to date	Evidence in zipped folder	Next steps	Date & status	Action Lead
1	Cygnet Health Care should ensure that clinical risk assessment and management tools are used consistently and that clinicians have the skills and competency required to use them, to include formal training in their use.	A dedicated audit of clinical risk assessment and Care Plan B to consider compliance has been undertaken.	See Item 1 Audit of START & Care Plan B	<p>Ward managers to ensure that named nurses update and amend care plans and risk assessments by 30th June 2016 for those identified in the audit.</p> <p>Re audit monthly to ensure previous actions are completed and standards are maintained.</p> <p>Ward managers to go through named nurses' service user files with nurses in supervision ensuring that action plans are put in place where improvement or update is necessary with time frames for completion.</p> <p>Clinical Manager to randomly pick three staff nurses' supervisions to spot check that files are being discussed and will then look at the notes of those nurses.</p> <p>Every other month Ward Managers to complete the audit with Clinical Quality Lead</p>	June 2016	<p>Ward Managers</p> <p>Sam Barrow Clinical Quality Compliance Lead</p> <p>Ward Managers</p> <p>Clinical Manager</p>

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				Monthly audit results will be presented to the Integrated Governance meeting.		
		Review of staff training	See Item 1A Consolidated Training Statistics May 2016 Inc. Group, Hospital & Ward. See Item 1B Summary to describe training content		June 2016	Sarah Allinson Personnel Administrator
2	Cygnets Health Care and Avon and Wiltshire Mental Health Partnership NHS Trust should ensure that where the requirement for a forensic assessment as part of the overall assessment process is identified, this should be clearly handed over, acted upon and followed up, or the reasons for not doing so are clearly documented in the clinical notes and formulations	Amend referral form to clearly identify if follow up referrals are required and how this will be actioned	See Item 2 Revised Draft Referral Form	Revised referral form to be agreed and implemented	July 2016	Hayley Butler Ward Manager
3	Cygnets Health Care should ensure that care plans are routinely audited for appropriateness of content based on a robust	A dedicated audit of risk assessment and Care Plan B to consider compliance and evidence of service user engagement has been undertaken.	See Item 1 Audit of START & Care Plan B See Item 3	Ward managers to ensure that named nurses update and amend care plans and risk assessments by 30th June 2016 for those identified in the audit.	July 2016	Ward Managers

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	<p>assessment and risk assessment. Care plans wherever possible should be co-produced with service users and carers.</p>	<p>Cygnnet has a Recovery and My Shared Pathway (MSP) Strategy and as part of that Strategy we are committed to providing services that are recovery focussed; providing training for staff on our approach to Recovery and MSP is an important element of this strategy.</p> <p>Existing Cygnnet units have internal Recovery Trainers that deliver this training in house.</p>	<p>Audit of Service Involvement in Care Plans</p>	<p>Re audit monthly to ensure previous actions are completed and standards are maintained.</p> <p>Ward managers to go through named nurses' service user files with nurses in supervision ensuring that action plans are put in place where improvement or update is necessary with time frames for completion are given.</p> <p>Clinical Manager to randomly pick three staff nurse supervisions to spot check that files are being discussed and will then look at the notes of those nurses.</p> <p>Every other month Ward Managers to complete audit with Clinical Quality Lead Monthly audit results to be presented in Governance.</p> <p>Further roll out of Recovery and My Shared Pathway training across the group.</p>		<p>Sam Barrow Clinical Quality Compliance Lead</p> <p>Clinical Manager</p> <p>Sally Gendle</p>

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4	<p>Cygnnet Health Care should ensure that any care plans regarding restrictive practice are compliant with the MHA Code of Practice (revised 2015).</p>	<p>Cygnnet Health Care have a group wide Reducing Restrictive Practice Strategy and work plan in place, we have made a significant investment in this work and have appointed two full time Reducing Restrictive Practice Nurses, and have a project delivery structure in place.</p> <p>We have undertaken a dedicated audit of Care Plans to review restrictive interventions.</p>	<p>See Item 3 Audit of Service User Involvement in Care Plans</p> <p>See Item 4A Audit Reducing Restrictive Practice</p> <p>See Item 4B Cygnnet's Reducing Restrictive Practice Strategy</p> <p>See Item 4C Local Delivery Plan Reducing Restrictive Practice</p> <p>See Item 4H Reducing Restrictive Practice Project update.</p> <p>See Item 4D Promoting Safe & Therapeutic Services The Prevention Management of Violence & Aggression Policy</p>	<p>Ongoing audit.</p> <p>Delivery of the Reducing Restrictive Practice Strategy and work plan</p>	<p>July 2016</p>	<p>Julie Kerry Director of Nursing</p> <p>Nick Horne RRP Lead Nurse</p> <p>Sam Barrow, Clinical Quality Compliance Lead</p>

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			<p>See Item 4E Policy for Seclusion & Long Term Segregation</p> <p>See Item 4F Physical Healthcare Policy</p> <p>See Item 4G Medication Management Policy</p>			
5	Cygnnet Health Care should ensure that all patients in their hospitals have the facility to lock their bedrooms and secure their belongings.	Install individual locks on each bedrooms door to enable privacy	<p>See Item 5 Review of Bedroom Access & Privacy Arrangements Inc. Project plan for installation individual bedroom locks and how this will be individually risk assessed.</p>		Sept 2016	Hayley Butler Ward Manager
7	Cygnnet Health Care should ensure that hospitals comply with the policy on routine monitoring of physical healthcare checks for patients on anti-psychotic medication.	Audit of compliance with High Dose Anti- psychotic monitoring requirements	<p>See Item 6 Audit of High Dose Anti-psychotic Treatment</p> <p>See Item 4F Physical Healthcare Policy which details screening/</p>	The Audit of High Dose Anti-psychotic is part of the unit's audit cycle and will be re-audited in October 2016.	June 2016	Sam Barrow Clinical Quality Compliance Lead

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			monitoring arrangements See Item 6A The process for monitoring physical health			
8	Cygnnet Health Care should ensure that where there is evident concern about a patient's mental capacity, any assessment of capacity should be clearly recorded and a care plan developed.	Audit of capacity assessment evident at first Ward Rounds/Clinical Team Meeting or Consultant review (whichever is sooner)	See Item 7 Position Regarding Mental Capacity Act & Assessments of Capacity Inc. description of standard & description of compliance in 2 cases & how compliance is shown	Implement and monitor the finding from the local audit. New MCA Policy has been developed – currently in sign off process. We are currently in a process to procure an external trainer to provide our MHA and MCA training: to be delivered via e-learning: now launched	Sept 2016 Sept 2016 Nov 2016	Dr Rob Kehoe Medical Director Vicky McNally Director of Corporate Governance Julie Kerry Director of Nursing
9	Cygnnet Health Care should ensure that a suite of safeguarding indicators, including the use of	Agreement of metrics (below), provision of metrics to commissioners Review of supervision template in line with recommendations from	We have appointed a Group Professional Lead for Safeguarding.	Safeguarding Conference	July 2016	Julie Kerry Director of Nursing

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			<p>Spreadsheet 2015-2016</p> <p>See Item 8D 1-1 Safeguarding Supervision Template</p> <p>See Item 8E Group Safeguarding Supervision Template</p> <p>See Item 8F Safeguarding Supervision Contract</p> <p>See Item 8G Safeguarding Supervision Master Booking Sheet</p> <p>See Item 8H Safeguarding Supervision Timetable</p> <p>We will also be rolling out a safeguarding audit and Safeguarding</p>			

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			<p>Competency Framework (See Item 81).</p> <p>Outcome of audit will be proactively shared with lead commissioners and offered to all commissioners</p>			
10	<p>Cygnnet Health Care should ensure that all staff involved fully understand what constitutes a safeguarding event, and that all potential safeguarding incidents are reported and investigated and be monitored routinely by commissioners.</p>	<p>Review of data within Quality and Safety Report to assess over/under reporting in comparison to other services of a similar nature. Ongoing provision of data to commissioners via routine contract monitoring structures. Review of referrals.</p>	<p>See Item 9 Position Regarding Understanding of Safeguarding. Inc. Review of Quality & Safety Report Review of last quarter of safeguarding referrals & outcome.</p> <p>See Item 81 Draft Safeguarding Competency Framework.</p>	<p>Safeguarding Conference</p> <p>Roll out of Competency Framework.</p> <p>Review of safeguarding Training.</p>	<p>July 2016</p> <p>July 2016</p> <p>July 2016</p>	<p>Clinical Manager & Neil King Professional Lead for Safeguarding Lead</p> <p>Julie Royce Training Lead Neil King Professional Lead for Safeguarding</p>
11	<p>Cygnnet Health Care should ensure the policy on levels of observations is clear and understood by staff, and routinely audit engagement</p>	<p>Test of understanding for the Observation and Engagement Policy CCTV audit cycle Cycle of six monthly out of hours visits</p>	<p>The policy test is issued to all regular workers to ensure safe and effective</p>		<p>June 2016</p>	<p>Jenny McVinnie Hospital Manager</p>

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	<p>and observation records to ensure full compliance with their policy. This audit performance should be reported to local and corporate clinical governance meetings, and at quality performance meetings with local and national commissioners.</p>	<p>Ongoing provision of data to commissioners via routine contract monitoring structures.</p>	<p>care is provided by all staff</p> <p>See Item 10A Engagement & Observation Policy</p> <p>See Item 10B & 10C All Staff & Denholme Engagement & Obs Test Completed</p> <p>CCTV audits are completed monthly to ensure compliance with the policy.</p> <p>See Item 10D Audit CCTV Denholme</p> <p>These are fed back on a local level to governance and to the board during twice yearly Board Meetings</p> <p>Work has started to improve</p>			

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			Agency nurse induction process. Out of Hours Visits tool is now being used.			
12	Cygnnet Health Care should review the location and size of their PICU provision and take steps to ensure that it is compliant with national guidance.	Paper to be taken to Executive Management Board in September 2016 for formal review and consideration of the size of the PICU.	See Item 11 AIMS Accreditation Certificate		Sept 2016	Julie Kerry Director of Nursing Jenny McVinnie Hospital Manager
13	Cygnnet should review the levels of senior clinical cover out of hours to provide more robust support in the assessment and acceptance of referrals, and look to reduce the number of night time admissions.	Implementation of local operational procedure for each ward to define clinical support for decision making out of hours.	See Item 12 Position regarding Out of Hours Admissions Operational Procedure in place			Jenny McVinnie Hospital Manager
14	Cygnnet should ensure that the new Quality Dashboard fully supports the application of integrated governance by triangulation of a range of reports and quality performance data, to enable the Board to assure itself that the organisation has a grip of quality performance at from local hospital to corporate body.	Detailed recording of duration of all types of restraint (de-escalation, precautionary holds, supine and prone restraint are detailed within the revised Incident form and policy and reported upon via the Quality Safety report which feeds into the local Board meeting	A number of improvements have been made to the types of information recorded which has enabled the organisation to report Key Performance Indicators, by unit as well as by		July 2016	Mark Stacey Corporate Risk Manager

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			<p>service type. This is reviewed locally as well as at Board level.</p> <p>Cygnets Quarterly Quality & Safety Report is used to support units & compare similar services. See Item 13 Introduction to the Quality & Safety Report</p> <p>Cygnets has created a new role Operations Improvement Director See Item 13A Operations Improvement Director</p> <p>Cygnets has created a new Patient Safety Subcommittee to ensure lessons are learnt from deaths, serious incidents (as well as near misses)</p>			

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			and shared across the Group. See Item13B Patient Safety Committee Terms of Reference			
19	Cygnnet Health Care, NHS Bradford Districts CCG and NHS England Specialised Commissioning should ensure that relevant Serious Incident investigation policies adhere to the framework of the Memorandum of Understanding to ensure that in future, in any incident where there is an ongoing police investigation, the health service providers are able investigate the incident in line with the timescales outlined by the revised NHS Serious Incident framework.	A revised structure has been developed for a dedicated Patient Safety Committee to review all deaths to ensure timely investigation and close oversight	We have strengthened our corporate oversight of all deaths and very serious incidents See Item 13B Patient Safety Committee Terms of Reference See Item 13C Process for Reporting & Investigating Serious Incidents. We have also strengthened our senior clinical leadership – employing a Director of Nursing and Full time Medical Director		July 2016	Julie Kerry Director of Nursing and Patient Experience

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			<p>We now have a copy of the MoU and will abide by this in the future.</p> <p>Locally, we have initiated and developed working relationships with an identified local police representative</p>			
20	<p>Cygnnet Health Care should ensure that the organisational policy on managing and investigating serious incidents complies with national guidance, and that all completed investigation reports are checked for robustness and quality of the investigation to ensure that appropriate actions can be implemented and organisational learning take place so as to reduce the likelihood of future harm.</p>	<p>A revised structure has been developed for a dedicated Patient Safety Committee to review all deaths to ensure timely investigation and close oversight</p>	<p>See Item 13B Patient Safety Committee Terms of Reference</p> <p>See Item 13C Process for Reporting & Investigating Serious Incidents.</p>		July 2016	<p>Julie Kerry Director of Nursing an Patient Experience</p>

Key:

Completed	Completed
Ongoing	Ongoing