

### Cygnet Derby Action Plan re Homicide of SK by AM

Recommendation Identified (in Report/Review/CQC) <small>Issue/ Driver/ Gap/ Objective requiring action</small>	Outcome <small>Measure of success. How will you know the actions have resolved the issues identified in the recommendation (a set target, percentage gain, audit results etc.)</small>	Actions <small>Stated clearly and concisely the actions to achieve the desired outcome.</small>	Resource demand/ constraints <small>Relevant to all people, any issues in completion</small>	Person Responsible Initials	Person Accountable Initials	Target Date for Completion <small>Realistic deadline</small>	RAG Rating Status/ See Key	
<p>Following a Joint Stakeholder meeting on 7th July 2021 into the Homicide Review of SK by AM ex-service user at Cygnet Derby a report will be made public in September 2021.</p> <p>X4 Recommendations were made for Cygnet Healthcare which need to be actioned and available for Public Scrutiny .This Action plan details those recommendations and relevant actions as agreed by Senior Management team. The 4 recommendations were:</p> <p>1. Cygnet must ensure that all risk management information is included in care planning. 2. Cygnet must ensure that all of the expected standards are met when arranging conditional discharges for patients on Section 37/41 to including communication with the local GP. 3. Cygnet must ensure that standards for reporting to the Ministry of Justice regarding the progress of conditional discharged patients are maintained. 4. Cygnet must ensure that standards for reporting to the Ministry of Justice regarding the progress of conditional discharged patients are maintained</p>	<p>To have met the recommendations as set out by the Joint Stakeholder report</p>	<p>1. Cygnet must ensure that all risk management information is included in care planning. - 6 monthly basis QAM to review care plans, risk assessments, and pink note, DRA entries, START &amp; HCR-20 to ensure there is a triangulation of risk. Audit to be completed by the Clinical Manager and presented in clinical governance meeting in November 2021 and then to be held 6 monthly thereafter. Any improvements required are highlighted to management team and relevant action plans are formulated. Reported on in Heads of Department meetings, local and regional clinical governance meetings, with the action plan status and outcomes also reported to the board. Audit Schedule : Clinical Governance &amp; Themes &amp; Trends meeting to be held on 24th November 2021, 25th May 2022, 30th November 2022; Audits to be complied by Marie Howlett Clinical Manager and actioned accordingly. Action plans to be monitored by feedback in Audit.</p>	<p>Actions contained within this action plan are based on a low number of patients and a low level of discharges on which an audit can be based.</p>	MV	MV	30/11/2022		
		<p>2. Cygnet must ensure that all of the expected standards are met when arranging conditional discharges for patients on Section 37/41 to including communication with the local GP. Audit of conditional discharges to be completed and presented in clinical governance meeting in November 2021 and then to be held 6 monthly thereafter.Audit Schedule: Clinical Governance &amp; Themes &amp; Trends meeting to be held on 24th November 2021, 25th May 2022, 30th November 2022; Audit to be compiled and presented by Dr Dale and actioned accordingly. Action plans to be monitored by feedback in Audit.</p>		PC	MV	30/11/2022		
		<p>3. Cygnet must ensure that standards for reporting to the Ministry of Justice regarding the progress of conditional discharged patients are maintained. Audit of conditional discharges to be completed and presented in clinical governance meeting in November 2021 and then to be held 6 monthly thereafter.See action point above 2.</p>		PC	MV	30/11/2021		
		<p>4. Cygnet must ensure that all the available relevant information is reviewed for the production of a report for a formal external review. Following liaison with the Operational Director, Director of Nursing and Legal Advisors, management at Cygnet Derby will provide any information requested within 20 working days.</p>		MV	MV	31/12/2021		
<b>How (and to whom) have the lessons learnt relating to the recommendation been disseminated.</b>								
Discussed in HoD and IG meetings								
<b>Has the recommendation been escalated to the Local Risk Register for risk assessment and monitoring</b>								
No								
<b>List of Evidence/ Controls: (Embed evidence of completed actions detailed above – click on insert, object, create from file, browse, select document, click on display as icon and click OK</b>								
Domestic Homicide Review Report								
<a href="#">HR22 Professional Boundaries Policy</a>								

<a href="#">HR22.01 Professional Boundaries Guidance</a>			
<a href="#">Safeguarding Adults Policy</a>			
<a href="#">Staff Support Information</a>			